



Palliative Medicine Elective

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY:2-3

Description of Rotation:

On this rotation, the resident will work with Palliative Care and Hospice Medicine Specialty trained physicians in the inpatient setting. The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies

Overall Goal of Palliative Medicine Rotation:

Learners will:

- Develop the skills necessary to gather essential and accurate information about patient’s current condition, prognosis, treatment plan, and goals of care.
- Participate as an active member of an interdisciplinary palliative care team which, based on the patient, may include the members from representatives from medical, nursing, social work, chaplaincy, counseling, and pharmacy disciplines.
- Promote the attitudes and knowledge central to providing compassionate, effective, and appropriate patient care to patients living with serious, chronic, painful, debilitating and/or life limiting illness.

Rotation Location: NGMC – Braselton
71400 River Pl
Braselton, GA 30517

Rotations Preceptor(s): Dr. Meredith Pickett

Sample schedule for PGY3 Residents

M	T	W	TH	F	Sat	Sun
Palliative Medicine Rounds	FM Clinic	Palliative Medicine Rounds	FM Clinic	Palliative Medicine Rounds		
Palliative Medicine Rounds	FM Clinic	Didactic Half Day	FM Clinic	Palliative Medicine Rounds		

Objectives Patient Care	
PGY level	By the end of the rotation:
2-3	Evaluate the psychological, social and spiritual needs of patients and their family members, then link these needs with the appropriate interdisciplinary team members

Medical Knowledge Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Compare the indications, appropriateness, and adverse effects of ten medications commonly used in palliative care (e.g., morphine, oxycodone, hydromorphone, fentanyl, methadone, lorazepam, glycopyrrolate, haloperidol, and promethazine)
2-3	Achieve cognitive proficiency in the diagnosis of non-pain symptoms (delirium/hallucinations, anorexia/cachexia, dyspnea, constipation, nausea/vomiting, fatigue/asthenia)



2-3	Define eight terms and principles often encountered in palliative care (advance care directives, goals of care, disease trajectory, quality of life, withholding/withdrawing therapy, palliative sedation, assisted suicide, and euthanasia)
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Interpersonal and Communication Skills	
PGY level	By the end of the rotation:
2-3	Complete at least 2 POLST forms during the rotation
2-3	Communicate effectively with patients and families by leading/co leading a family meeting. (C-2)
2-3	Review and explain how to complete Georgia Advance Directives forms
2-3	Communicate effectively with physician colleagues at all levels (C-3)
2-3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (C-3)
2-3	Present information concisely and clearly both verbally and in writing on patients. (C-4)

Systems Based Practice Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1)
2-3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1)
2-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1)
2-3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)
2-3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-3)

Practice Based Learning and Improvement Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
2-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
2-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-3);

Professionalism Objectives and Competencies	
PGY level	By the end of the rotation:
2-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
2-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2)
2-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-3);
2-3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-3)
2-3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-4)



Additional Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> • Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1) 	
<ul style="list-style-type: none"> • Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2) 	
<ul style="list-style-type: none"> • Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc) (MK1) 	
<ul style="list-style-type: none"> • Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> ○ “1. The body is a unit; the person is a unit of body, mind, and spirit. ○ 2. The body is capable of self-regulation, self-healing, and health maintenance. ○ 3. Structure and function are reciprocally interrelated. ○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” (MK2) 	
<ul style="list-style-type: none"> • Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3) 	
<ul style="list-style-type: none"> • Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1) 	

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research

Procedures/Skills Taught (PC5)	
POLST	Living will

Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified Family physicians or Internists. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation (family meeting/review of advanced directive conversation)	POLST form completion
End of Rotation Evaluation	

EPA's
(12) Manage end-of-life and palliative care.
(13) Manage inpatient care, discharge planning, transitions of care
(15) Develop trusting relationships and sustained partnerships with patients, families and communities.



Additional Osteopathic Curricular Elements	
Osteopathic Considerations in the Geriatric Patient	<ul style="list-style-type: none">• SDOFM 2nd edition<ul style="list-style-type: none">○ Chapter 16 – The Geriatric Patient<ul style="list-style-type: none">▪ Read pages 167 - 182▪ View PowerPoint on <i>The Geriatric Patient</i>○ Chapter 17 – The Patient at the End of Life<ul style="list-style-type: none">▪ Read pgs. 183 – 194▪ View PowerPoint on <i>The Patient at the End of Life</i>
Gait impairment	<ul style="list-style-type: none">• OMT Video Library<ul style="list-style-type: none">○ View videos under Gait Impairment
Low back pain	<ul style="list-style-type: none">• OMT Video Library<ul style="list-style-type: none">○ View videos under <i>Low Back pain</i>
Osteopathic Foundations in Care of Senior Adults	<ul style="list-style-type: none">• Foundations of Osteopathic Medicine fourth edition<ul style="list-style-type: none">○ Read pgs. 1417-1446 (orthopedics)○ Read 1447-1457 (General surgery topics)

Residency Outcomes
Practice as <i>personal physicians</i> , to include <i>care of women, the elderly, and patients at the end of life</i> , with excellent rate of <i>continuity and appropriate referrals</i>
<i>Assess priorities of care for individual patients</i> across the continuum of care—in-office visits, emergency, hospital, and other settings-- balancing the preferences of patients and medical priorities