



General Educational Objectives and Competencies Conjoint Palliative Medicine Residency Program University of Toronto

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Medical Expert

Overall objective: The resident will be able to demonstrate effective knowledge, skills and attitudes in dealing with the complex interplay of the physical, psychological, social and spiritual needs of dying patients and their families across different care settings.

1) General objective #1: The resident will become skilled in performing a palliative care consultation.

Specific competencies - The resident will be able to:

- a) perform a complete palliative care consultation, including assessing the physical, social, psychological, spiritual and functional parameters for a palliative care patient;
- b) effectively communicate the findings both written and verbally.

2) General objective #2: The resident will be able to demonstrate advanced knowledge and skills in managing pain in advanced illness.

Specific competencies - The resident will be able to:

- a) understand and demonstrate the components of a comprehensive pain assessment, including the use of validated assessment tools, appropriate history and physical examination skills, appropriate ordering/interpretation of investigations;
- b) describe and identify the common and less common cancer pain syndromes;
- c) understand the neurophysiology of pain transmission;
- d) understand and apply the pharmacology (pharmacokinetics and dynamics) of medications used in pain control in the clinical setting;
- e) understand the special issues inherent in the assessment of pain for patients with cognitive impairment;
- f) understand and apply principles of dose selection and titration, know routes of administration and relative effectiveness of medications, including:

- i) opioids, including methadone;
- ii) adjuvants: NSAIDs, anti-depressants, anti-convulsants, steroids, ketamine
- g) understand side effects of commonly used pain medications and be proficient in management of side effects;
- h) understand the indications for, management of and complications of interventional anaesthetic techniques such as epidural, intrathecal, and neurolytic blocks;
- i) understand the role of radiotherapy and chemotherapy in cancer pain control and symptom management;
- j) understand the level of evidence in the literature regarding various modalities of pain management.

3) General objective #3: The resident will be able to demonstrate advanced knowledge and skills in managing symptoms in advanced illness.

Specific competencies - The resident will be able to:

- a) understand and demonstrate the components of a comprehensive symptom assessment, including the use of validated assessment tools, appropriate history and physical examination skills, appropriate ordering/interpretation of investigations;
- b) understand the pathophysiology of each symptom;
- c) propose an etiology of each symptom;
- d) propose a management strategy for each symptom.
 - i) Symptoms include:
 1. nausea and vomiting;
 2. dyspnea;
 3. delirium;
 4. constipation;
 5. skin and mouth care;
 6. pruritis;
 7. insomnia;
 8. anorexia, cachexia;
 9. weakness and fatigue;
 10. edema; and
 11. bleeding and thrombosis.

4) General Objective # 4: The resident will be able to demonstrate effective knowledge, skills and attitudes in assessing and managing palliative patients suffering from non-malignant illnesses.

Specific competencies - The resident will be able to:

- a) assess and manage patients with advanced non-malignant diseases including: COPD; CHF; CVA; CRF; Dementias; ALS, other progressive neuromuscular diseases.

- b) list the common symptom complexes in patients with non-malignant illnesses;
- c) describe the challenges of prognostication in patients with non-malignant illnesses.

5) **General Objective #5: The resident will understand principles of oncologic management of common cancers and the role of treatment in the palliative patient.**

Specific competencies - The resident will be able to:

- a) understand the principles of diagnosis and treatment for various cancers, with a focus on breast, lung, colon, prostate, pancreatic and hematologic cancers;
- b) understand the principles of cancer epidemiology, the natural history of the above cancers, complications of the above cancers;
- c) demonstrate knowledge of the role of radiation and chemotherapy in the management of cancer patients;
- d) demonstrate a basic understanding of radiation and chemotherapy in the patient with curable disease and an in-depth understanding of palliative radiation and palliative chemotherapy;
- e) demonstrate knowledge of common side-effects of radiotherapy and chemotherapy and basic management of these side-effects;
- f) demonstrate knowledge of interventional techniques relating to the care of patients with cancer, specifically, the indication for, complications of and methods of obtaining consultation for placement of:
 - i) parenteral lines – Hickman catheters, PICC lines, porta-cath
 - ii) interventional radiological procedures, such as g-tubes, nephrostomy tubes, esophageal stents, colorectal stents, biliary drainage procedures, vertebroplasty.
- g) recognize, describe the pathophysiology of and management of the following palliative care emergencies/urgencies, including any potential surgical, radiological, and oncologic therapy, if appropriate:
 - i) airway obstruction;
 - ii) catastrophic bleeding;
 - iii) spinal cord compression;
 - iv) SVC syndrome;
 - v) biliary, urinary and bowel obstruction; and
 - vi) hypercalcemia.

6) **General Objective #6: The resident will have advanced skills in managing pain, symptoms and psychosocial support of patients in the last hours to weeks of life.**

Specific competencies - The resident will be able to:

- a) skillfully manage symptoms arising in the last hours to weeks of life including pain, nausea, vomiting, delirium, agitation and oral secretions;

- b) appropriately prescribe common medications at end-of-life including opioids, benzodiazepines, anti-psychotics and anti-secretory medications;
- c) understand the role of hydration and nutritional therapies in end-of-life patients;
- d) identify psychosocial or spiritual distress in both patient and families;
- e) provide psychosocial or spiritual support to both patient and families;
- f) involve expert members of the interprofessional team to support both patients and families.

7) General Objective #7: The resident will be able to demonstrate appropriate knowledge, skills and attitudes in managing the psychosocial aspects of advanced illness.

Specific competencies - The resident will be able to:

- a) identify psychological, social and spiritual issues associated with life-threatening illnesses and strategies for management;
- b) understand the role of coping styles in dealing with life-threatening illnesses;
- c) identify and manage anger, fear, and strong affective responses to life-threatening illness;
- d) demonstrate an approach to requests to die in a palliative care population;
- e) identify and manage depression and anxiety;
- f) describe the process of normal grief and features of atypical grief;
- g) describe and implement a basic approach to bereavement work;
- h) demonstrate skills in working with and caring for the families of dying patients;
- i) demonstrate skills in providing education to patients and their families around illness, symptom management and end-of-life decision-making; and
- j) identify the existential needs of dying patients and their families and the strategies for managing those needs.

8) General Objective #8: The resident will be able to describe medical and societal attitudes towards death and dying.

Specific competencies - The resident will be able to:

- a) describe current societal attitudes about death and dying;
- b) identify issues in death and dying relevant to different cultures, faiths and traditions; and
- c) describe current barriers to providing improved care for the dying.

9) General Objective #9: The resident will be able to discuss ethical issues confronting dying patients, their families and healthcare providers.

Specific competencies - The resident will be able to:

- a) outline a general framework for ethical decision-making;

- b) describe an approach to addressing particular ethical issues at the end-of-life, including advanced directives, withdrawal or withholding therapy, palliative sedation, euthanasia and physician-assisted death.

10) General Objective #10: The resident will be able to demonstrate skills in managing patients in their homes.

Specific competencies - The resident will be able to:

- a) describe the community resources available to support dying patients in their homes;
- b) describe the physician's and/or consultant's role in the care of the dying patient at home;
- c) implement a care plan for a dying patient at home including anticipating and addressing patient and caregiver needs, using alternative routes for relevant end-of-life medication and establishing the role of the physician at time of death.
- d) provide on-call services under the supervision of a palliative medicine consultant;
- e) appropriately and safely provide advice to patients and family members via telephone;
- f) appropriately bill for home-based palliative services;
- g) distinguish the indications, assessment and application process for admission to palliative care units and complete forms accurately;
- h) identify potential reasons for hospital admission;
- i) pronounce patient death in the home and accurately complete a death certificate.

Communicator

1) General Objective #1: The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.

Specific competencies - The resident will be able to:

- a) understand the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcomes;
- b) demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc.;
- c) demonstrate skill in discussing end-of-life issues with patients and families, such as treatment choices, location of care and resuscitation decisions;
- d) skillfully break difficult news to patients and families.

2) General Objective #2: The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.

Specific competencies - The resident will be able to:

- a) participate in and facilitate family meetings to discuss relevant issues such as goals of care and future planning. Goals of care refer to a patient's beliefs, hopes, expectations and concerns regarding their illness experience;
- b) understand the importance of patient confidentiality and respect patient confidentiality;
- c) demonstrate skill in addressing challenging communication issues such as anger, misunderstanding and grief reactions.
- d) respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making.

3) General Objective #3: The resident will be able to convey effective oral and written information about a medical encounter.

Specific competencies - The resident will be able to:

- a) maintain clear, accurate, and appropriate records (e.g. written or electronic) of clinical encounters and plans; and
- b) effectively present verbal reports of clinical encounters and plans to all members of the healthcare team.

Collaborator

1) General Objectives #1: The resident will be able to collaborate as an effective member of an interprofessional team.

Specific competencies - The resident will be able to:

- a) describe the roles of other professions in the provision of palliative care;
- b) describe the role of palliative care to other health care providers;
- c) participate in the interprofessional care of patients, including family conferences, rounds, team meetings and discharge planning;
- d) communicate effectively and respectfully with interprofessional team members;
- e) communicate effectively and work cooperatively with interprofessional teams in a home setting, palliative care unit and acute care institution; and
- f) understand team function and methods to resolve conflicts within teams;
- g) demonstrate the ability to openly engage in thoughtful conversations involving different perspectives on complex issues while maintaining composure and avoiding becoming angry or hurt;
- h) outline the home palliative services which are available in Ontario, including criteria and mechanisms for intake, and limits on services. Utilize this information to appropriately refer patients for home palliative care.

2) General Objective #2: The resident will be able to consult effectively with other physicians and health care professionals.

Specific competencies - The resident will be able to:

- a) demonstrate effective consultation and communication skills when working with referring physicians and services; and
- b) effectively communicate their assessments and plans to referring physicians and services.

Manager

1) General Objective #1: The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.

Specific competencies - The resident will be able to:

- a) describe the different models of palliative care delivery and their utilization;
- b) describe how the models of palliative care delivery fit into the broader healthcare system;
- c) describe the roles of non-palliative care physicians (family doctors and specialists) in the provision of primary palliative care;
- d) demonstrate effective use of resources across the healthcare system, demonstrating awareness of the just allocation of healthcare resources;
- e) describe the principles behind quality assessment and improvement initiatives;
- f) demonstrate an ability to work with others, whether it is community or hospital-based; and
- g) describe the role of administrator and leader.

2) General Objective #2: The resident will be able to demonstrate skills in managing patients in their homes.

Specific competencies - The resident will be able to:

- a) describe the community resources available to support dying patients in their homes;
- b) describe the physician's and/or consultant's role in the care of the dying patient at home;
- c) implement a care plan for a dying patient at home including anticipating and addressing patient and caregiver needs, using alternative routes for relevant end-of-life medication and establishing the role of the physician at time of death.
- d) provide on-call services under the supervision of a palliative medicine consultant;
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- f) appropriately bill for home-based palliative services;
- g) distinguish the indications, assessment and application process for admission to palliative care units and complete forms accurately;

- h) identify potential reasons for hospital admission;
- i) pronounce patient death in the home and accurately complete a death certificate.

3) General Objective #3: The resident will demonstrate an ability to manage their practice in palliative medicine.

Specific competency - The resident will be able to:

- a) manage their time in order to balance the demands of practice requirements as well as non-clinical activities and personal life.

Health Advocate

1) General Objective #1: The resident will be able to demonstrate knowledge and skills in managing palliative care patients in their community.

Specific competencies - The resident will be able to:

- a) describe the societal, environmental and resource allocation factors that are relevant to the care of the dying;
- b) develop a proactive and therefore preventive approach to the dying patient's and family's needs throughout the course of illness;
- c) describe the practice communities that they serve.

2) General Objective #2: The resident will be able to demonstrate the ability to act as an advocate within the health care system.

Specific competencies - The resident will be able to:

- a) act as an effective advocate for the rights of the patient and family across clinical settings, particularly when in the role of consultant;
- b) identify the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, and integrity;
- c) demonstrate the ability to maximize and integrate community resources.

3) General Objective #3: The resident will be able to identify the determinants of health for the populations that they serve.

Specific competencies - The resident will be able to:

- a) identify the barriers to adequate palliative care for vulnerable or marginalized patients;
- b) describe and access resources to address the barriers to the effective care of dying patients in different care settings across a community.

Scholar

1) General Objective #1: The resident will be able to develop a strategy for life-long learning.

Specific competencies - The resident will be able to:

- a) design, implement and monitor a personal plan for continuing education;
- b) utilize reflective practice as a learning tool;
- c) describe the principles of quality assessment and improvement.

2) General Objective #2: The resident will be able to incorporate evidence-based clinical decision-making in caring for palliative care patients.

Specific competencies - The resident will be able to:

- a) access the relevant literature to address a specific clinical question; and
- b) apply critical appraisal skills to the evidence and integrate this information into clinical care.

3) General Objective #3: The resident will facilitate the learning of patients, caregivers, students and other health care professionals.

Specific competencies - The resident will be able to:

- a) describe the principles of medical education, specifically with reference to adult education principles;
- b) act as an educator for patients and their families around end of life issues;
- c) demonstrate an effective lecture or presentation;
- d) provide effective feedback; and
- e) assess and reflect on a teaching encounter.

4) General Objective #4: The resident will contribute to the creation, dissemination, application and translation of new medical knowledge and practices.

Specific competencies - The resident will be able to:

- a) describe and apply the principles of research and scholarly activity;
- b) describe and apply the principles of research ethics;
- c) pose a scholarly question;
- d) conduct a systematic search for evidence;
- e) select and apply appropriate methods to address a research question; and
- f) appropriately disseminate the findings of a study.

Professional

1) General Objective #1: The resident will demonstrate a commitment to patients, their profession and society through ethical practice.

Specific competencies - The resident will be able to:

- a) demonstrate appropriate professional behaviour, such as honesty, integrity, commitment, compassion, respect and altruism;
- b) demonstrate a commitment to delivering the highest quality of care;
- c) respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making;
- d) describe the importance of patient confidentiality and respect patient confidentiality;
- e) recognize and manage ethical issues in their practice including but not limited to requests for physician assisted death or euthanasia, truth telling, confidentiality, advanced care directives, health care proxies, capacity and power of attorney;
- f) understand and manage conflict of interest including but not limited to recruitment for clinical studies and relationships with pharmaceutical companies;
- g) maintain appropriate boundaries with patients;
- h) accept constructive feedback from peers regarding observed behaviours that may indicate stress or being overwhelmed;
- i) openly engage in thoughtful conversations involving different perspectives on complex issues while maintaining composure and avoiding becoming angry or hurt.

2) General Objective #2: The resident will demonstrate a commitment to participate in profession-led regulation.

Specific competencies - The resident will be able to:

- a) appreciate the professional, legal and ethical codes of practice;
- b) fulfill the regulatory and legal obligations required of current practice;
- c) demonstrate accountability to professional regulatory bodies;
- d) recognize and respond to others' unprofessional behaviours in practice; and
- e) participate in peer review.

3) General Objective #3: The resident will demonstrate a commitment to physician health and sustainable practice.

Specific competencies - The resident will be able to:

- a) describe his or her own concerns about caring for dying patients and their families;

- b) demonstrate how his or her own personal experiences of death and dying influence his or her attitudes;
- c) discuss methods of managing his or her own stress associated with caring for dying patients; and
- d) recognize and respond to other professionals in need.