

Palliative Care

Core competencies detailed descriptions

The graduating resident will reliably and correctly, with sensitivity and in a patient-centred way:

1. Identify patients who might benefit from a palliative approach and initiate this early in the disease trajectory (*FM Expert, Collaborator, Health Advocate*)

- Identify opportunities for advance care planning discussions, whether or not a patient has a life-threatening or life-limiting illness.
- Initiate a “palliative care approach” early in the illness trajectory.

2. Break bad news and discuss prognosis (*Communicator, FM Expert, Professional, Health Advocate*)

- Demonstrate sensitivity, compassion, empathy and respect for the dignity of patients and their families through verbal and non-verbal means.
- Inform patients of the diagnosis of life-threatening or life-limiting illness or change in trajectory of chronic illness. Inform patients of progression of disease and complications.

3. Discuss the patient’s goals of care, and needs (physical, spiritual, emotional and psychosocial)

(*Communicator, Health Advocate, FM Expert, Collaborator, Professional, Manager*)

- Discuss and address the patient’s feelings, impact on function, ideas, fears and expectations about their illness, dying and palliative care.
- Determine patient (and family’s) values, wishes, needs (physical, spiritual, emotional and psychosocial) and decisions regarding where they will receive care, treatments they will receive, and the roles of supports and caregivers (family, friends, professionals).
- Identify potential goal conflicts (between the patient and others) and seek to resolve these conflicts when possible (eg using to ethical frameworks (see #10) or prioritizing quality of life to guide decisions)

4. Communicate with patient, families and care team about palliative and EOL care (*Communicator, Collaborator, Health Advocate, Manager*)

- Identify situations that may benefit from a family meeting, plan and coordinate these meetings. Critically reflect on the outcomes of these meetings in order to optimise patient care.
- Support patients and families coping with loss and bereavement, and grief (including anticipatory grief). Identify individuals displaying atypical grief. List local resources to assist families coping with loss.

5. Assess function and symptoms using palliative care tools (e.g., ESAS, PPS) (*FM Expert, Scholar, Health Advocate, Collaborator*)

- Demonstrate appropriate use of standard symptom assessment and communication tools (e.g., Edmonton Symptom Assessment Scale, Palliative Performance Scale) to screen for and assess symptoms and other needs.
- Use evidence based palliative symptom management resources (including educational resources, books and tools).
- Collaborate and consult with local resources as required.

6. Assess and manage pain by multiple modalities and delivery systems (*FM expert, Collaborator, Health Advocate*)

- Describe the concept of total pain and an approach to address this.
- Assess pain using history, physical exam and investigations appropriate to the illness trajectory and goals of care.
- Develop an approach to pain management which considers pain patho-physiology, and the World Health Organization pain ladder. Include a role for opioids, adjuvant medications and non pharmacological tools.
- Prescribe opioids effectively including proper initiation, dosage, titration, rotation, breakthrough dosing, side effect prevention and use of oral and parenteral routes.
- Describe and manage the clinical presentation of opioid overdose, and opioid neurotoxicity.

7. Assess and manage common non-pain symptoms in the last year of life (*FM expert, Collaborator, Health Advocate*)

- Prevent, identify and manage common EOL symptoms including: nausea, vomiting, constipation and bowel obstruction, dyspnea, delirium, anxiety, fatigue, anorexia, cachexia (considering pathophysiology and including pharmacological and non-pharmacological and complementary approaches). [Note change in order]
- Screen for delirium and investigate and manage appropriate to the illness trajectory and goals of care.

8. Provide end of life care to patients in community (ambulatory clinics, home, hospice, long-term care) and in-patient (hospital settings) settings. (*FM expert, Manager, Collaborator*)

- Plan and manage for the care of the dying patient during the last days and hours of life.
- Describe common emergent or catastrophic problems at the end of life (e.g., pain crises, agitation, seizures, catastrophic haemorrhage) and the anticipatory planning required to address these successfully. Write “catastrophic orders” for a dying patient to address this possible situation, when indicated.
- Pronounce death and properly complete death certificate. Identify situations in which the coroner must be contacted.

9. Recognize ethical challenges and demonstrate the use of an ethical framework for decision making in palliative care. (*Professional, Add Health Advocate*)

- Describe an approach using ethical frameworks or tools for decision making in common palliative and EOL situations
- Describe a sound ethical and legal approach to: obtaining informed consent, assessment of capacity and substitute decision making.
- Distinguish between physician assisted suicide, euthanasia, palliative sedation and withholding and withdrawing therapy using an ethical framework.

10. Use appropriate palliative care billing codes (*Manager*). Employ billing codes that are applicable to palliative care in multiple settings: clinic, home, hospital, care facility.