Rady Faculty of Health Sciences | University of Manitoba

Max Rady College of Medicine
Department of Family Medicine
P228 Pathology Building
770 Bannatyne Avenue
Winnipeg, Manitoba, R3E 0W3

Palliative Care

Description

The goal of the Palliative Care rotation is to provide learning opportunities that will enable residents to develop skills required for care for dying patients and their families in a collaborative model.

Objectives

While on this rotation, residents will develop the following competencies:

Family Medicine Expert

Demonstrate an effective approach to advance care planning (PAL2)

Discuss the patient's goals of care, and needs (spiritual, emotional and psychosocial) (PAL3)

Assess function and symptoms using palliative care tools (PAL4)

Assess and manage pain by multiple modalities and delivery systems (PAL5)

Assess and manage common non-pain symptoms in the last year of life (PAL6)

nausea	dyspnea	cachexia
vomiting	cough	oral problems
constipation	delirium	wounds
bowel obstruction	anxiety	ascites
urinary retention	fatigue	edema
urinary incontinence	anorexia	

Recognize and appropriately address palliative emergencies (PAL7)

spinal cord compression	SVC syndrome	hemorrhage
malignant bowel obstruction	cardiac tamponade	
	seizures	
	urinary obstruction	

Perform family medicine specialty-appropriate procedures to meet the needs of individual patients (ME5)

Provide end-of-life care in multiple environments: hospital, hospice, care facility, home (PAL8)

Communication

Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families (CM2)

Engages patients and their families in developing plans that reflect the patient's health care needs, values, and goals (CM4)

Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)

Collaborator

Works effectively with others in a collaborative team model (CL1)

Recognizes and facilitates the necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, and/or hand over care to enable continuity and safety (CL3)

Leader/Manager

Engages in the stewardship of health care resources (LD2)

Health Advocate

Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA1)

Scholar

Integrates best available evidence into practice with consideration given to context, epidemiology of disease, multi-morbidity, and complexity of patients (SC2)

Professional

Demonstrates a commitment to patients through clinical excellence and high ethical standards (PR1)

Recognize ethical challenges in providing palliative care and demonstrate the use of an ethical framework for decision-making (PAL11)

Demonstrates a commitment to society by recognizing and responding to societal expectations in health care (PR2)

Demonstrates a commitment to reflective practice (PR5)

Demonstrate skills in self-reflection on the personal impact of patient's illness, dying and death (PAL12)

Entrustable Professional Activities

- F3: Facilitates and manages care transitions
- C1: Assess, manage, and follow-up adults presenting with undifferentiated / common (key) conditions
- C2: Manage and follow-up up patients with common chronic conditions and multiple co-morbidities
- C6. Provide palliative and end-of-life care
- C7: Perform common family medicine procedures
- C8: Provide expert advice and obtain consultation for patients
- C16. Provide leadership within inter-professional healthcare teams

Evaluation

- Field notes
- In-training Assessment Report (ITAR)