

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA  
THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CONJOINT PALLIATIVE MEDICINE RESIDENCY PROGRAM  
QUEEN'S UNIVERSITY  
Kingston, Ontario, Canada

**PROGRAM GOALS AND OBJECTIVES**

**Goals of the Program**

1. To provide advanced training for physicians who wish to develop added competence in Palliative Medicine.
2. To prepare physicians to provide secondary consultant level expertise to support other physicians and their patients.
3. To provide basic clinical training for academic careers in Palliative Medicine.

**Educational Objectives of the Program**

Successful residents will acquire a broad-based understanding of the principles, philosophy, and core knowledge, skills and attitudes of Palliative Medicine. Using the CanMEDS format, Competencies and Objectives have been developed for the Program to satisfy the requirements of the Specific Standards Document.

Medical Expert
Definition: <i>As <b>Medical Experts</b>, Palliative Medicine Physicians possess medical knowledge, clinical skills and professional attitudes needed to provide exemplary care of patients “who are living with or dying from advanced illness or are bereaved”. They understand and appreciate the effect of chronic disease and life-threatening illness on the individual and family. They promote the development of supportive, respectful, caring relationships.</i>
Key Competencies and Enabling Objectives:
1. The resident will be able to function effectively as a consultant, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered palliative care.
The resident will be able to:
1.1 perform a complete palliative care consultation, including assessing the physical, social, psychological, spiritual and functional parameters; and
1.2 effectively present the assessment and recommendations in written and/or verbal form to the referring health care professional.
2. The resident will be able to describe medical and societal attitudes towards death and dying.
The resident will be able to:
2.1 describe current societal attitudes about death and dying;

2.2	describe societal and environmental factors relevant to care of the dying; and
2.3	identify issues in death and dying relevant to different cultures, faiths and traditions.
3.	The resident will be able to demonstrate a whole person (person-centered) approach to care for patients facing advanced illness and their families.
The resident will be able to:	
3.1	define palliative care and describe its basic principles;
3.2	describe the physical, psychological, social and spiritual issues encountered by patients living with or dying from an advanced illness and their families;
3.3	demonstrate an ability to work with the patient and family to establish common, patient-centered goals of care;
3.4	demonstrate effective communication skills in dealing with patients and their families; and
3.5	demonstrate an ongoing commitment to a patient and family appropriate to their role as primary or consultant physician.
4.	The resident will be able to demonstrate advanced knowledge, skills and attitudes in managing symptoms in advanced illness.
The resident will be able to:	
4.1	perform an assessment (including a thorough history using validated assessment tools, a physical exam, and ordering/interpreting appropriate investigations); understand the pathophysiology; propose an etiology and management strategy for each of the following symptoms: <ul style="list-style-type: none"> <li>• Nausea and vomiting</li> <li>• Dyspnea</li> <li>• Delirium</li> <li>• Constipation</li> <li>• Skin and mouth care</li> <li>• Terminal agitation</li> <li>• Anorexia, cachexia</li> <li>• Weakness and fatigue</li> <li>• Edema</li> <li>• Bleeding and thrombosis</li> </ul>
4.2	demonstrate an understanding of the role for hydration and nutritional therapies in patients requiring a palliative care approach; and
4.3	demonstrate skills in performing paracentesis, thoracentesis, and managing CADD pumps and venous access with port-a-caths and PICC lines.
5.	The resident will be able to demonstrate advanced knowledge, skills and attitudes in managing pain in advanced illness.
The resident will be able to demonstrate knowledge of:	
5.1	assessment of pain, including the use of validated assessment tools, history-taking skills, physical examination skills, and appropriate ordering and interpretation of investigations;
5.2	the common cancer pain syndromes;
5.3	the neurophysiology of pain transmission;
5.4	the pharmacology (pharmacokinetics and pharmacodynamics) of medications used in pain management;

5.5	the special/specific issues in the assessment of pain in patients with cognitive impairment;
5.6	dose selection, titration, routes of administration and effectiveness of pain medications such as: <ul style="list-style-type: none"> <li>• opioids, including methadone</li> <li>• adjuvants: NSAIDS, anti-depressants, anti-convulsants, steroids, ketamine;</li> </ul>
5.7	side effects of medications and their management;
5.8	the indications for, management of, and complications of interventional anaesthetic techniques such as epidurals, intrathecal route, and neurolytic blocks; and
5.9	the level of evidence in the literature regarding pain management.
6.	The resident will be able to demonstrate knowledge, skills and attitudes in managing the psychosocial aspects of life threatening illness.
The resident will be able to:	
6.1	identify psychological, social and spiritual issues associated with life-threatening illnesses and strategies for management;
6.2	understand the role of coping styles in dealing with life-threatening illnesses;
6.3	identify and manage anger, fear, and strong affective responses to life-threatening illness;
6.4	demonstrate an approach to patient requests for assisted death;
6.5	identify and manage depression and anxiety in this patient population;
6.6	describe the process of normal grief and features of atypical grief;
6.7	describe a basic approach to bereavement work;
6.8	demonstrate skills in working with and caring for the families of dying patients; and
6.9	identify the existential needs of dying patients and their families and discuss strategies for managing them.
7.	The resident will be able to demonstrate advanced skills in managing pain, other symptoms and psychosocial care of patients in the last days to weeks of life.
The resident will be able to:	
7.1	demonstrate knowledge of symptoms and issues arising in the last days and hours of life and their management; and
7.2	demonstrate the role of the physician at the time of death.
8.	The resident will be able to demonstrate effective knowledge, skills and attitudes in assessing and managing palliative patients suffering from advanced non-malignant illnesses.
The resident will be able to:	
8.1	demonstrate knowledge of the assessment and management of patients with advanced non-malignant diseases including: COPD; CHF; CVA; CRF; Dementias; ALS and other progressive neuromuscular diseases.
9.	The resident will be able to understand principles of oncologic management of common cancers and the role of these treatments throughout the disease trajectory.
The resident will be able to:	
9.1	demonstrate an understanding of the principles of cancer epidemiology, its natural history, possible complications, and basic principles of management of the following cancers: breast, lung, colon, prostate, pancreas and haematological;

9.2	demonstrate basic knowledge of the role of radiation and chemotherapy in the management of cancer patients at various stages along the disease continuum;
9.3	demonstrate advanced knowledge of the role of radiation and chemotherapy in the palliative management of cancer patients;
9.4	demonstrate knowledge of the side-effects of radiotherapy and chemotherapy administered with palliative intent and the effective management of these side-effects;
9.5	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: <ul style="list-style-type: none"> <li>• parenteral lines – Hickman catheters, PICC lines, port-a-caths</li> <li>• interventional radiological procedures, such as g-tubes, nephrostomy tubes, esophageal and colorectal stents, biliary drain procedures, vertebroplasty; and</li> </ul>
9.6	recognize, and describe the pathophysiology and management of the following palliative care emergencies/urgencies, including any potential surgical, radiological and oncological therapy, if appropriate: <ul style="list-style-type: none"> <li>• airway obstruction</li> <li>• catastrophic bleeding</li> <li>• spinal cord compression</li> <li>• SVC syndrome</li> <li>• biliary, urinary, and bowel obstruction</li> <li>• hypercalcemia.</li> </ul>
10.	The resident will be able to demonstrate skills in managing patients in their homes.
The resident will be able to:	
10.1	describe the elements that comprise good care of the patient who is dying in the home;
10.2	describe the community resources available to support patients who choose to die in their homes;
10.3	describe the physician's role in providing palliative care for patients at home;
10.4	describe the role of the palliative care consultant in the care of patients receiving palliative care at home;
10.5	describe an approach to the care of the dying patient at home, specifically with regards to anticipating needs, using alternative routes of medication; and
10.6	demonstrate skill in providing home visits to patients.
11.	The resident will be able to discuss ethical issues confronting dying patients, their families and health care providers, including end of life decision-making, advance directives, competency, euthanasia and assisted suicide.
The resident will be able to:	
11.1	outline a general framework for ethical decision-making; and
11.2	describe an approach to use when addressing particular ethical issues at the end of life, including withdrawal or withholding therapy, advance directives, euthanasia and assisted suicide.

<b>Communicator</b>	
Definition:	<i>As <b>Communicators</b>, Palliative Medicine Physicians facilitate the patient-physician relationship and the dynamic exchanges that occur before, during and after the medical encounter. This includes the ability to obtain and share pertinent information with the patient and the health care team.</i>
Key Competencies and Enabling Objectives:	
1. The resident will be able to develop rapport, trust and ethical therapeutic relationships with patients and families.	
The resident will be able to:	
1.1	understand the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcome;
1.2	demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc.;
1.3	demonstrate skill in discussing end of life issues with patients and families, such as treatment choices, location of care and resuscitation decisions; and
1.4	demonstrate skill in breaking bad news to patients and families.
2. The resident will be able to demonstrate skill in developing a shared understanding of a patient's goals of care and demonstrate an ability to communicate these to all the caregivers in the health care team.	
The resident will be able to:	
2.1	understand the importance of a patient's beliefs, hopes, expectations and concerns regarding their illness experience in the establishment of goals of care;
2.2	participate in and facilitate family meetings to discuss relevant issues such as goals of care and future planning;
2.3	understand the importance of patient confidentiality;
2.4	demonstrate skill in addressing challenging communication issues such as anger, misunderstanding and grief reactions; and
2.5	respect diversity and difference, including but not limited to the effect of gender, religion and cultural beliefs on decision-making.
3. The resident will be able to convey effective oral and written information about a medical encounter.	
The resident will be able to:	
3.1	maintain clear, accurate, and appropriate records (e.g. written or electronic) of clinical encounters and plans; and
3.2	effectively present verbal accounts of clinical encounters and plans.

<b>Collaborator</b>	
Definition:	As <b>Collaborators</b> , Palliative Medicine Physicians are part of a community of health care providers. They establish effective relationships with other physicians and health care professionals, and collaborate with the patient/family and interprofessional team for provision of optimal patient care, education, and research.
Key Competencies and Enabling Objectives:	
1.	The resident will be able to collaborate as a member of the interprofessional team.
	The resident will be able to:
1.1	describe the roles of other health care providers involved in the provision of palliative care;
1.2	describe the role of palliative care to other health care providers;
1.3	participate in the interprofessional care of patients across different settings of care (community, out-patient, in-patient), including family conferences and team meetings;
1.4	communicate effectively with other care providers across different settings of care (community, out-patient, in-patient);
1.5	understand team function and strategies to resolve conflict within teams; and
1.6	demonstrate skills in educating and learning from members of the interprofessional team.
2.	The resident will be able to consult effectively with other physicians and health care professionals.
	The resident will be able to:
2.1	demonstrate effective consultation and communication skills when working with referring physicians and services;
2.2	effectively communicate their assessment and plans to referring physicians and services;
2.3	identify those situations in which consultation would be appropriate for patients under their care; and
2.4	demonstrate effective communication skills when requesting consultation.

Manager
<p>Definition:</p> <p><i>As <b>Managers</b>, Palliative Medicine Physicians practice as clinicians, managers, educators, and researchers in a variety of health care settings. They interact in their practice environment as individuals and as member of formal and informal interprofessional teams. They promote accepted standards of palliative and end-of-life care by providing leadership locally, regionally and/or nationally and advocating for the effective utilization of resources throughout the health care system.</i></p>
Key Competencies and Enabling Objectives:
1. The resident will be able to understand the importance of activities that contribute to the effectiveness of the health care organizations within which they work.
The resident will be able to:
1.1 describe the different models of palliative care delivery and their utilization;
1.2 describe how the models of palliative care delivery fit into the broader health care system;
1.3 describe the roles of the family physician and the specialist in the provision of palliative care;
1.4 demonstrate effective use of resources across the health care system, recognizing the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care;
1.5 demonstrate the ability to incorporate accepted standards of palliative care in his/her practice;
1.6 participate in quality assessment and improvement initiatives;
1.7 demonstrate an ability to work with others in the location of practice, whether it i community or hospital-based; and
1.8 describe the role of administrator and leader within the health care system.
2. The resident will be able to demonstrate an ability to manage their practice and career in palliative medicine.
The resident will be able to:
2.1 set priorities and manage time in order to balance the demands of practice requirements, non-clinical activities, and personal life.

<b>Health Advocate</b>	
Definition:	As <b>Health Advocates</b> , Palliative Medicine Physicians practice in a variety of health care settings. They recognize the importance of advocacy in response to the challenges of societal and environmental factors relevant to the care of the dying. They responsibly use their expertise and influence to advance the quality of life for individual patients, and promote the principles of palliative care for populations with advanced disease, life threatening illness and/or end-of-life needs, and the broader community.
Key Competencies and Enabling Objectives:	
1.	The resident will be able to demonstrate knowledge and skills in managing patients who are living with or dying from an advanced disease in the communities that they serve.
	The resident will be able to:
1.1	describe the societal, environmental, and resource allocation factors that are relevant to care of the dying;
1.2	develop a proactive and therefore preventative approach to managing patient and family expectations and needs throughout the course of the illness; and
1.3	describe the practice communities that they serve.
2.	The resident will be able to demonstrate the ability to act as an advocate within the health care system.
	The resident will be able to:
2.1	identify the health needs of a patient with an advanced illness;
2.2	act as an effective advocate for the rights of these patients and families in clinical situations that involve serious ethical considerations;
2.3	advocate for the needs of patients/families confronted with advanced illness as they receive care throughout the health care system; and
2.4	identify the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism.
3.	The resident will be able to identify the determinants of health for the populations that they serve.
	The resident will be able to:
3.1	identify the barriers to adequate palliative care for vulnerable or marginalized patients in their patient population; and
3.2	describe the barriers to providing effective palliative care to patients in different care settings.



Scholar
<p>Definition:</p> <p><i>As <b>Scholars</b>, Palliative Medicine Physicians engage in life-long reflective learning to maintain clinical mastery. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge and practices, and facilitate the education of patients, students and other health care professionals.</i></p>
Key Competencies and Enabling Objectives:
1. The resident will be able to develop a strategy for life-long reflective learning.
The resident will be able to:
1.1 design, implement and monitor a personal plan for continuing education; and
1.2 understand and practice reflection as a learning tool.
2. The resident will be able to incorporate evidence-based clinical decision-making in providing palliative care for patients and their families.
The resident will be able to:
2.1 appreciate the level of evidence underpinning common palliative care practices/interventions;
2.2 access the relevant literature to address a specific clinical question; and
2.3 apply critical appraisal skills to the evidence and integrate it into clinical care.
3. The resident will facilitate the learning of patients, students and other health care professionals.
The resident will be able to:
3.1 describe the principles of medical education, specifically with reference to adult education principles;
3.2 act as an educator to patients and their families regarding end of life issues;
3.3 act as a role model to other health care providers by demonstrating effective care of patients with palliative needs and their families;
3.4 demonstrate effectiveness in teaching using a variety of methods;
3.5 act as an educational resource for undergraduate and postgraduate trainees;
3.6 provide effective feedback; and
3.7 assess and reflect on teaching encounters.
4. The resident will contribute to the creation, dissemination, application and translation of new medical knowledge and practices.
The resident will be able to:
4.1 describe the principles of research and scholarly activity;
4.2 describe the principles of research ethics;
4.3 pose a scholarly question;
4.4 conduct a systematic search for evidence;
4.5 select and apply appropriate methods to address the question; and
4.6 appropriately disseminate the findings of a study.

<b>Professional</b>	
<p>Definition:</p> <p><i>As <b>Professionals</b>, Palliative Care Physicians have a unique societal role as professionals providing care to a particularly vulnerable patient population. As reflective practitioners, they are committed to the provision of clinical care based on ethical considerations, profession-led regulation, and high personal standards of behavior.</i></p>	
Key Competencies and Enabling Objectives:	
1. The resident will demonstrate a commitment to their patients, profession and society through ethical practice.	
The resident will be able to:	
1.1	demonstrate appropriate professional behavior, such as, honesty, integrity, commitment, compassion, respect and altruism;
1.2	demonstrate a commitment to delivering the highest quality of care;
1.3	recognize and manage ethical issues in their practice;
1.4	appropriately manage conflict of interest; and
1.5	maintain appropriate relationships with patients and family members.
2. The resident will demonstrate a commitment to their patients, profession and society through participation in profession-led regulation.	
The resident will be able to:	
2.1	appreciate the professional, legal and ethical codes of practice;
2.2	fulfill the regulatory and legal obligations required of current practice;
2.3	demonstrate accountability to professional regulatory bodies;
2.4	recognize and respond to others' unprofessional behaviors in practice; and
2.5	participate in peer review.
3. The resident will demonstrate a commitment to physician health and sustainable practice.	
The resident will be able to:	
3.1	describe his/her concerns about caring for dying patients and their families;
3.2	demonstrate how his/her personal experiences of death and dying influence his/her attitudes;
3.3	discuss methods of managing his/her stress associated with caring for dying patients; and
3.4	recognize and respond to personal needs and to other professionals in need.