

## Goals and Objectives End of Life Curriculum

### **Goal #1 Medical Knowledge**

Students must demonstrate knowledge about the medical aspects of death and dying, as well as the skills and attitudes necessary to use this knowledge effectively as a physician. Our students will know:

- 1) death is a natural part of the life cycle
- 2) the concepts and philosophy of palliative care
- 3) uncertainties of prognostication when managing terminally ill patients
- 4) the various settings in which palliative and end of life care are provided
- 5) the pathophysiology and management of the common symptoms encountered at end of life:
  - a) pain
  - b) nausea and vomiting
  - c) anorexia
  - d) anxiety
  - e) constipation
  - f) delirium
  - g) depression
  - h) fatigue
  - i) dyspnea
- 6) the potential adverse effects of common medications used for control of symptoms of terminally ill patients
- 7) the World Health Organization pain ladder
- 8) the physiologic changes that occur as patients are dying
- 9) the principle of double effect
- 10) normal and complicated bereavement and grief reactions

### **Goal #2 Communication Skills**

Students must demonstrate knowledge of the principles of communication and the skills and attitudes that allow effective interactions with patients, families, healthcare workers, and others who affect the well-being of patients at the end of life. Students will be able to:

- 1) elicit, record, and present a whole patient assessment for a person with a life-threatening illness
- 2) demonstrate appropriate skills and strategies for communication of goals of care with patients and their families (e.g. living will, DNR, donor programs)
- 3) demonstrate an understanding of the impact of life-threatening illness on patients and their families
- 4) demonstrate appropriate skills and strategies for communication during difficult situations, such as giving bad news
- 5) demonstrate appropriate skills and strategies for developing advance directives with patients and their families
- 6) effectively communicate with patients and families in the face of sudden illness
- 7) demonstrate an understanding of how family, culture, and religious beliefs can influence healthcare decisions and outcomes at the end of life
- 8) respectfully and effectively communicate issues of end of life patient care with non-physician healthcare workers, including clergy

- 9) demonstrate appropriate techniques for collaborating with and teaching members of the healthcare team.

### **Goal #3 Professionalism**

Students must demonstrate a combination of knowledge, skills, attitudes, and behaviors necessary to function as a member of the health care team caring for the dying. Students will be able to:

- 1) identify the major obligations of physicians to their patients at the end of life
- 2) advocate at all times the interest of patients over personal interests
- 3) work collaboratively as members of a healthcare team in a variety of settings
- 4) reflect on personal and professional experiences around death and loss
- 5) identify and use resources to develop personal strategies to cope with death and loss

### **Goal #4 Patient Care**

Students must use their knowledge, skills, and attitudes to provide patient care at the end of life that is appropriate, effective and sensitive to the psychological, sociologic, cultural and spiritual aspects of death and dying. Students will be able to:

- 1) identify the multiple determinants of suffering: physical, psychological, social, cultural and spiritual
- 2) identify the psychological, sociologic, cultural, and spiritual aspects of loss and bereavement
- 3) develop and implement a care plan for patients when cure is no longer a rational goal and health services are most appropriately directed at comfort
- 4) collaborate effectively with an interdisciplinary team to deliver end of life care to meet the needs of dying patients and their families
- 5) develop a care plan responsive to the various environments in which end of life and palliative treatment are provided and recognize the advantages and disadvantages of the environment
- 6) apply the knowledge of the principle of double effect in providing end of life patient care
- 7) apply knowledge to effectively evaluate and manage the most common physical symptoms encountered at the end of life
- 8) apply knowledge of the points of consensus and controversy to make reasonable judgements regarding the following ethical aspects of end of life care:
  - a) withholding treatment
  - b) withdrawing treatment
  - c) euthanasia
  - d) pain management
  - e) non-abandonment of patients
  - f) access of patients to high quality palliative and end of life care
  - g) conflicts of interest

**Goal #5 Practice Based and Lifelong Learning:**

Students should demonstrate the knowledge, skills, and attitudes needed to be able to begin to evaluate their method of practice, use appropriate tools of evidence to analyze clinical practice, and understand concepts of quality in healthcare and quality improvement for patients and their families at the end of life. Students should be able to:

- 1) Search, evaluate, and critically review scientific evidence appropriate to the care of individual patients with chronic debilitating illness and at the end of life.
- 2) Recognize that research and evidence based practice of quality symptom palliation and end of life medicine are growing fields
- 3) demonstrate an awareness of information resources for providers, patients and families

**Goal #6 Social and Community Context of Healthcare**

Students must demonstrate the knowledge, skills, attitudes necessary to function within the larger healthcare system in which they will receive further training and identify resources available to provide high-quality care for their patients. Our students will:

- 1) demonstrate knowledge of the philosophy of hospice and the services provided by a hospice program
- 2) develop an awareness of state, region and system-specific legal guidelines regarding end of life issues including physician assisted death
- 3) demonstrate knowledge of the American healthcare system including reimbursement mechanisms, the roles of government and private sector, and the ways patients pay for healthcare
- 4) demonstrate an understanding that some individuals in our society are at risk for inadequate healthcare, including the poor, uninsured, underinsured, children, unborn, single parents, elderly, racial minorities, immigrants, refugees, physically disabled, mentally disabled, chemically dependent, and those with incurable diseases
- 5) implement strategies to access healthcare services for patients who need advocacy and assistance
- 6) under supervision, develop diagnostic and treatment strategies that are cost-effective, sensitive to limited resources, and do not compromise quality of care, and
- 7) demonstrate knowledge of non-biological determinants of poor health, such as child abuse and domestic violence and the economic, psychological, social, and cultural factors that contribute to their development and continuation

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