

630 R Palliative Medicine

This course is available to UC Irvine 4th year students only

Course Description: This two to four-week clinical rotation provides an opportunity for students to improve their knowledge of palliative care and pain and symptom management. They will appreciate the role of culture and spiritual needs in providing care for patients with serious and life-threatening illnesses. It is a unique opportunity to appreciate a team approach to patient care in the inpatient and outpatient setting. Students will be expected to function at the level of a sub-intern and work under the supervision of the attending physician.

Department: Internal Medicine

Prerequisites: UC Irvine students must be in the final year of undergraduate medical education

Restrictions: UCI medical students only.

Elective Director: Solomon Liao, MD, 101 The City Drive, Bldg 26, ZC4076HCA 92868 ssliao@uci.edu

Instructing Faculty: Solomon Liao, MD; Jamie Capasso, DO; Mudit Dabral, MD; Shiho Ito, MD

Course Website: None

Who to Report to on the First Day: Solomon Liao

Location to Report on the First Day: Bldg 26

Time to Report on the First Day: 8:30 AM

Site Coordinator: Solomon Liao, MD, 101 The City Drive, Bldg 26, ZC4076HCA 92868 ssliao@uci.edu

Site: UC Irvine Medical Center

Periods Available: Throughout the year

Duration: 2 or 4 weeks

Number of Students: 1

Scheduling Coordinator: UC Irvine students please email comsched@uci.edu or call (714) 456-8462 to make a scheduling appointment

Course Objectives: At the end of this elective students will ...

- Take a history and physical examination, and communicate effectively in ways essential to palliative medicine
- Understand and respond to the psychological, sociological, cultural and spiritual aspects of patients with serious and life threatening illnesses and their families.
- Understand the pathophysiology and management of common symptoms
- Formulate a treatment plan, incorporating biological, psychological and social influences.

- Work with an interdisciplinary team of care providers to provide coordinated comfort care for patients with serious and life threatening illnesses and their families. Understand points of consensus and controversy in the ethical aspects of palliative care.

Key Topics:

- Pain Management
- Symptom Management
- Addressing Goals of Care
- Levels of Hospice Care

Competencies:

- Conduct complete histories and perform mental status exams
- Gather information from patients, relatives, other informants, and records, leading to appropriate health management
- Work with an interdisciplinary team to coordinate the care and follow up care of patients
- Review scientific information bearing on the care of the patient and share such information with attending physicians, staff, and fellow students, in the form of oral or written reports
- Manage strong emotional displays from patients and their families and staff, including feelings of grief, shame, anger, anxiety, and mistrust

Attitudes and Commitments:

- Compassion for the burden of the disease carried by patients and their families
- Respect for patients' spiritual and cultural characteristics.
- Curiosity about ethical decision-making and biological, psychological, and social aspects of death and dying
- Professionalism at all times, regardless of one's own feelings, and awareness of boundaries in professional settings and ways to avoid violating them
- Cooperation with others involved in the care of patients
- Take active steps to protect one's own safety and well being in matters of security, infection control, and emotional stress, through seeking help from others and through paying proper attention to one's own personal and family needs.

Educational Activities:

- Monthly case conference
- Palliative Care Interdisciplinary Teaching Rounds
- Weekly lectures

What Students Should do to Prepare for the Rotation:

Clinical Responsibilities of the Student:

Patient Care Responsibilities:

Call Schedule of the Student: There is no call schedule.

Procedures to be Learned by the Student:

Percentage of Time Student will Participate in Ambulatory Setting: 10%

Conference/Lecture/Small Group Sessions:

Course Hours Weekly Summary:

1	Grand Rounds
30	Patient-Care Activities
5	Ward Rounds
2	Other
38	Total

Content Theme Integration:

Alternative Medicine/ Integrative Medicine (CAM)

Communication skills

Community Health

Decision Making

End of Life Care

Ethical Problems in Medicine

Evidence Based Medicine

Family Violence/Abuse

Geriatrics

Health Care Systems

Human Development/Life Cycle

Human Sexuality

Medical Jurisprudence

Medical Socioeconomics

Multicultural Medicine

Nutrition

Pain Management

Palliative Care

Patient-Health Education

Practice Management

Preventive & Health Maintenance

Spirituality

Substance Abuse

Recommended Reading:

A. Books: UNIPAC series

UNIPAC One: The Hospice/Palliative Medicine Approach to End-of-Life Care

UNIPAC Two: Alleviating Psychosocial and Spiritual Pain in the Terminally Ill

UNIPAC Three: Assessment and Treatment of Pain in the Terminally Ill

UNIPAC Four: Management of Selected Non-pain Symptoms in the Terminally Ill

UNIPAC Five: Caring for the Terminally Ill - Communication and the Physician's Role on the Interdisciplinary Team

UNIPAC Six: Ethical and Legal Decision Making When Caring for the Terminally Ill

B. Articles (Linked to the article data base):

1. Okon TR. Spiritual, Religious, and Existential Aspects of Palliative Care. J Palliat Med. April 2005; 8(2):392-414.

2. Meisel A. Ethics and Law: Physician-Assisted Dying. J Palliat Med. June 2005; 8(3): 609-21.

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3. Curtis JR, Rubenfeld GD. Improving Palliative Care for Patients in the Intensive Care Unit. *J Palliat Med.* Aug 2005; 8(4): 840-54.
4. Plonk WM, Arnold RM. Terminal Care: The Last Weeks of Life. *J Palliat Med.* Oct 2005; 8(5): 1042-54.
5. Selwyn PA. Palliative Care for Patient with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrom. *J Palliat Med.* Dec 2005; 8(6): 1248-68.
6. Dalal S, Del Fabro E, Bruera E. Symptom Control in Palliative Care. *J Palliat Med.* April 2006; 9(2): 391-436.
7. Lorenz KA, Shurgarman LR, Lynn J. Health Care Policy Issues in End-of-life Care. *J Palliat Med.* June 2006; 9(3): 731-48.
8. Block S. Psychological Issues in End-of-life Care. *J Palliat Med.* June 2006; 9(3): 751-72.
9. Cohen LM, Moss AH. Renal Palliative Care. *J Palliat Med.* Aug 2006; 9(4): 977-92.

C. Websites (with links): www.aahpm.org, www.eperc.org

D. Guidelines

E. Other

Optional:

Ngo-Metzger Q, Phillip RS, McCarthy EP. Ethnic disparities in hospice use among Asian-American and Pacific Islander patients dying with cancer. *J Am Geriatr Soc.* 2008; 56:139-144

Bruce CA Helping patients, families, caregivers, and physicians, in the grieving process. *J Am Osteopath Assoc.* 2007 Dec;107(12 Suppl 7):ES33-40.

Von Gunten CF, Discussing do-not-resuscitate status. *J Clin Oncol.* 2003 May 1;21(9 Suppl):20s-25s.

Von Gunten CF. Discussing hospice care. *J Clin Oncol.* 2003 May 1;21(9 Suppl):31s-36s.

Jones BL, Parker-Raley J, Higgerson R, Christie LM, Legett S, Greathouse J. Finding the right words: using the terms allow natural death (AND) and do not resuscitate (DNR) in pediatric palliative care. *J Healthc Qual.* 2008 Sep-Oct;30(5):55-63.

Gorbien, M. Eisenstein, AR. Elder Abuse and Neglect: An Overview Clinics in Geriatric Medicine May 2005 21:2 279-29

Kinzbrunner, Barry M., Weinreb, Neil J., Policzer, Joel S., *20 Common Problems in End-of-Life Care.* McGraw Hill, New York (2002)

Film

Wit (2001) Directed by Mike Nichols

Official Grading Policy: The student will receive a grade of Honors, Pass or Fail. The student's final grade will be submitted on the standard UC Irvine elective form. The student will be evaluated by attending physicians and resident physicians in the areas of knowledge base, clinical skills, technical skills, motivation, professionalism, humanistic qualities. There is no exam for this course. If the student fails the elective a grade of "F" will be permanently recorded on his/her transcript. The student can repeat the course for a second grade, however, the "F" will not be removed from the transcript.