

630R Palliative Medicine

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

Course Name Palliative Medicine

Course Director Solomon Liao

Academic Year 2020-2021

1. Course Director, Coordinator and General Administrative Information

FACULTY AND STAFF

Name	Office Location	Phone	Email
Director: Solomon Liao	Bldg. 26, Ste. 1001, ZOT 4076H	714-456-5003	ssliao@uci.edu
Coordinator: Solomon Liao	Bldg. 26, Ste. 1001, ZOT 4076H	714-456-5003	ssliao@uci.edu

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.

PREREQUISITES

This course is intended for 4th-year students enrolled in the undergraduate medical education program at University of California, Irvine School of Medicine (UCISOM).

RESTRICTIONS

This course is intended for 4th-year students enrolled in the undergraduate medical education program at University of California, Irvine School of Medicine (UCISOM).

COURSE DIRECTOR

Solomon Liao has worked in higher education since 1999. Dr. Liao is the director of palliative care at UCI medical center and is board certified in palliative medicine and geriatric medicine.

Solomon Liao is the course coordinator for 630R course.

INFORMATION FOR THE FIRST DAY

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 AM

SITE: UC Irvine Medical Center

DURATION: 2 or 4 weeks

Scheduling Coordinator: UC Irvine students please call (714) 456-8462 to make a scheduling appointment.

Periods Available: The time of the course must be pre-approved by the elective director at least 3 months prior to the start of the course. No exceptions.

NUMBER OF STUDENTS ALLOWED: 1 per rotation

COMMUNICATION WITH FACULTY

Questions about logistics should be directed to the Course Coordinator. Direct questions, comments, or concerns about the course can be directed to the Course Director. Contact information and office location are at the beginning of this document.

The Course Director is also available to meet in person. Please email ssliao@uci.edu to arrange an appointment. To ensure that your email will not be lost in the large volume of email received, please use the following convention for the subject line:

SUBJECT: COURSE NAME, your last name, your issue (e.g. XXX, Smith, Request for appointment)

2. Course Objectives and Program Objective Mapping

The following are the learning objectives for the 630R course. Students are expected to demonstrate proficiency in these areas in order to satisfactorily complete the course. In addition, the extent of a student's mastery of these objectives will help guide the course evaluation and grade.

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Course Objective	Mapped UCI School of Medicine Program Objective	Sub Competency	Core Competency
Take a history and physical examination, and communicate effectively in ways essential to palliative medicine.	B1. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment;	Medical Interview	Skillful
	B2. The ability to competently perform a complete and organ-system-specific examination including a mental health status examination	Physical Examination	Skillful
Understand and respond to the psychological, sociological, cultural and spiritual aspects of patients with serious and life threatening illnesses and their families.	A5. Knowledge of medical practice, including health care economics and health systems impacting delivery and quality of patient care.	Medical Practice	Knowledgeable
	C3. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health and illness;	Cultural and Social Awareness	Altruistic
	C4. The commitment to seek knowledge and skills to better serve the needs of the underserved in their communities.	Cultural and Social Awareness	Altruistic

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Understand the pathophysiology and management of common symptoms	A2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease;	Disease Pathogenesis and Treatment	Knowledgeable
Formulate a treatment plan, incorporating biological, psychological and social influences.	B3. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines;	Patient Management	Skillful
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.	C1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations;	Professionalism	Altruistic
	D2. A commitment to coordinated patient care and to the well-being of patients and colleagues as evidenced by effective collaboration on interprofessional health care teams;	Patient Care	Dutiful

3. Course Resources

TEXTS AND READINGS: SUGGESTED

Articles (Linked to the article data base):

- Shinall MC, Stahl D, Bibler TM. Addressing a Patient’s Hope for a Miracle. J Pain Symptom Manage 2018; 55:535-9.
- Quill TE, Arnold R, Back AL. Discussing Treatment Preferences with Patients Who Want “Everything” Ann Intern Med 2009; 151:345-9.
- Billings JA. The End-of-Life Family Meeting in Intensive Care. J Palliat Med 2011; 14: 1042-64.

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- Arnold RM, Quill TE. Hope for the Best, and Prepare for the Worst. Ann Intern Med 2003; 138:439-43
- Hallenbeck J, Arnold R. A Request for Nondisclosure: Don't Tell Mother. J Clin Onc 2007; 25: 5030-4.
- Mitchell SL. A 93-Year-Old man with Advance Dementia and Eating Problems. JAMA 2007; 298: 2527-36.
- Schenker Y, Smith AK, Arnold RM, Fernandez A. "Her Husband Doesn't Speak Much English": Conducting a Family Meeting with an Interpreter. J Palliat Med. 2012; 15: 494-8.

Websites (with links):

- www.aahpm.org
- www.eperc.org

TEXTS AND READINGS: SUPPORTING AND REVIEW

Film

- "End Game" on Netflix
- On Our Own Terms: Moyers on Dying, <https://billmoyers.com/series/on-our-own-terms-moyers-on-dying/>

4. Major Exams, Assignments and Grading

MANDATORY SESSIONS

Daily rounds

MAJOR ASSIGNMENTS AND EXAMS

Complete patient notes

GRADING

Medical Students are graded using the following scale: Honors (H), Pass (P), Fail (F) and Incomplete (I). For further information, please review the [Grading Policy](#).

You have 30 days from the date of the grade to appeal any aspect of this grade. Please contact your Clerkship/course Director should you have any questions

Requirements for "Pass": To receive a grade of Pass, students must demonstrate successful performance in all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Requirements for “Honors”: To receive a grade of Honors, students must demonstrate exceptional performance all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Grounds for “Incomplete”: You will not be issued a grade until all elements of the course have been completed.

REMEDICATION

Remediation, if needed will be designed by the Course Director to suit the issue at hand.

Grounds for “Fail”: You will receive a grade of "Fail" if the requirements for passing the course have not been met. Please refer to the [Grading Policy](#) for the impact of the "Fail" grade to the transcript.