AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 269

Recommended Curriculum Guidelines for Family Medicine Residents

Palliative and End-of-Life Care

This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), and the Society of Teachers of Family Medicine (STFM).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians***.

Preamble

Caring for dying patients is inseparable from our efforts as physicians to improve our patients' lives. The increasingly large numbers of patients who are part of our aging population along with technologic advancements make it vitally important to improve and refine our teaching of palliative and end-of-life care.

One of medicine's most important missions is to allow terminally ill patients to die with as much dignity, comfort, and control as possible. Recognizing that palliative medicine is focused on relieving and improving quality of life in patients for whom a cure is not possible, there is still an enormous amount of care and support that can and should be provided for patients and their families. Many of the tenets embodied in family medicine are very important in the care of the dying. A holistic approach to the patient's physical and psychosocial well-being, a focus on the family, continuity of care, and an emphasis on quality of life are four important principles that make the family physician uniquely suited to care for the terminally ill.

The end of life is one of the most critical times in the doctor-patient relationship. Palliative medicine may be combined with other treatments or modalities with a therapeutic goal, or it may be the complete focus as in hospice care. A family physician providing and coordinating hospice or other team care for a dying patient can ease physical symptoms and provide social, emotional, and spiritual support. The care and support can set the stage for very meaningful experiences. The time and care surrounding a loved one's death can have an impact that lasts a lifetime. Appropriate teaching and experiences in palliative and end-of-life care throughout residency training will not only provide the necessary knowledge to help ease pain and suffering, but it will also inspire family physicians to participate in the ultimate continuity of care: that of the terminally ill.

Competencies

At the completion of residency training, a family medicine resident should:

- Be able to identify a plan of care for terminally ill patients, which is based upon a comprehensive interdisciplinary assessment of the patient and family's expressed values, goals and needs, and be able to effectively communicate the plan to the patient and family. (Patient Care, Medical Knowledge, Interpersonal and Communications)
- Be able to recognize that quality of life is what is defined by the patient and not by the physician. (Patient Care, Interpersonal and Communication Skills, Practice-based learning and Improvement, Professionalism)

- Be able to identify the primary decision maker when the patient is unable to communicate and / or make medical decisions, and be aware of the ethical and legal issues from which terminally ill patient's preferences and choices may be based upon and/or limited within. (Practice-based Learning and Improvement, Interpersonal and Communication Skills, Systems-based Practice, Professionalism)
- Be able to facilitate patient autonomy, access to information, as well as choice, and be able to provide palliative care throughout the continuum of illness while addressing physical, emotional, social, and spiritual needs. (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism)
- Recognize the signs and symptoms, as well as anticipate the needs, of the imminently dying patient. (Medical Knowledge, Patient Care. Interpersonal and Communication Skills)
- Demonstrate systematic recognition, assessment, and management of pain syndromes utilizing evidence-based medicine. This should include both pharmacologic (opiate and non-opiate) and non-pharmacologic treatments and possible side effects. (Patient Care, Medical Knowledge, Practice-based Learning and Improvement)

Attitudes

The resident should demonstrate attitudes that encompass:

- The ability to compassionately and empathetically deliver bad news.
- An understanding of the psychosocial issues and family dynamics affecting the terminally ill patient.
- An understanding of the spiritual and religious issues affecting the terminally ill patient as well as the family members.
- A respect of the cultural beliefs and customs of the patient and family in the context of death and dying.
- An understanding of the dying patient's need for palliative care, pain relief, control, and dignity.
- An understanding of the special issues associated with children, either as terminally ill patients or as family members of a terminally ill patient.
- An understanding of the bereavement process for the dying patient and the family members during the continuum of illness and after death.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Palliative and End-of-life Care
    a. Mission
        i. Improving quality of life
        ii. Alleviate suffering
        iii. Autonomy of the patient
        iv. Patient-family centered care
            1) The 8 Domains of Quality Hospice and Palliative Care
                a) Structure and process of care
                b) Physical aspects of care
                c) Psychosocial and psychiatric aspects of care
                d) Social aspects of care
                e) Spiritual, religious, and existential aspects of care
                f) Cultural aspects of care
                g) Care of the imminently dying patient
                h) Ethical and legal aspects
            2) Concept of total pain, inclusive of spiritual, physical, and existential components
            3) Transition from palliative care to hospice care

2. Hospice team roles
    a. Physician
        i. Identification of appropriate patients for hospice care
            1) Cancer-related
            2) Noncancer-related
                a) Pulmonary
                b) Cardiovascular
                c) Neurologic
                d) Infectious
                e) Liver
                f) Kidney
        ii. Referral process and criteria
        iii. Insurance and Medicare coverage in various settings
    b. Nurses
    c. Family
    d. Pharmacists
    e. Home health care aides
    f. Social worker
    g. Chaplain

h. Volunteers

3. Prognostication
    a. Accuracy of prognosis
    b. Karnofsky Index
    c. ECOG Scale
    d. Palliative Prognostic Scale

4. Pain control
    a. Opiates (long- and short-acting)
    b. Conversion of opiates (equianalgesic table)
    c. Nonopiates
    d. Addiction, habituation, and dependence
    e. Baseline dosing and rescue
    f. Complementary and alternative medicine
    g. Non-pharmacologic pain control measures
    h. Side effects of pain control measures

5. Causes and treatment of non-pain symptoms
    a. Nausea
    b. Shortness of breath
    c. Loss of appetite
    d. Vomiting
    e. Sleeplessness
    f. Depression
    g. Anxiety
    h. Cough
    i. Constipation
    j. Diarrhea
    k. Xerostomia
    l. Secretions
    m. Seizures
    n. Incontinence
    o. Encopresis

6. Nutrition and hydration in the terminally ill
    a. Artificial feeding
    b. Intravenous fluids
    c. Withholding feeding and fluids
7. Care locations
    a. Emergency department
    b. Inpatient
    c. Outpatient
    d. Extended-care facilities
    e. Home
8. Data related to end-of-life care in the United States
    a. Aging population
    b. Most common chronic illnesses
    c. Most common causes of death by age
    d. Cost of care for the terminally ill in various settings
    e. Where people die (home vs. in hospital)
9. The bereavement process
    a. Normal grief reaction
    b. Identify / differentiate characteristics of a dysfunctional grieving process, including depression, anxiety, guilt, substance abuse, and reconciled relationships
10. Legal issues
    a. Patient competency
    b. Advance directives
    c. Do-not-resuscitate (DNR) orders
    d. Durable Power of Attorney for health care
    e. Living will
    f. Estate planning for patient and family
    g. Withholding and withdrawing life support
    h. Pronouncement of death
    i. Completion of death certificate

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer

1. Perform an accurate physical assessment, with attention to common findings of the terminally ill patient
2. Facilitate a family meeting using appropriate wording and questioning and understand the impact of this process on the patient and family
3. Be in compliance with regulations pertaining to use of controlled substances in the terminally ill patient in and outside hospice care
4. Develop an initial and ongoing analgesic regimen to include the use of morphine-equivalent dosages and other narcotic equivalents
5. Effectively use alternative routes of analgesia
    a. Rectal
    b. Topical (e.g., creams, gels, patches)
    c. Nasal
    d. Subcutaneous
    e. Sublingual
6. Refer to available social services for both patient and family
7. Effectively counsel family and others throughout the bereavement process
8. Assist families in providing self-care and seeking support when patients die

Implementation

This curriculum should be taught in a combination of longitudinal and block learning experiences over the 3 years of residency training. The curricular content should be integrated into the core conference schedule and should include exposure to hospice care, home visits, and bereavement counseling whenever possible. Relevant literature should be available. An attempt should be made to include patients who have terminal illnesses in all resident-patient panels. The faculty should function as role models for residents in the care of dying patients and their families. Active learning techniques such as role playing, simulated patients, case discussions, and topic presentations are useful.

Resources

American Academy of Hospice and Palliative Medicine. *Primer of Palliative Care.* 5th ed. Glenview, Il: AAHPM; 2010.

Berger AM, Shuster JL, VonRoenn JH. *Principles and Practice of Palliative Care and Supportive Oncology*. 3rd ed. Philadelphia, Pa: Lippincott Williams, & Wilkins; 2007.

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McPhee SJ, Papadakis MA, Rabow MW, eds. *Current Medical Diagnosis and Treatment 2011*. 50th ed. New York NY: Lange Medical Books/McGraw-Hill; 2010.

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Watson M, Lucas CF, Hoy AM, et al, eds. *Oxford Handbook of Palliative Care*. New York, NY: Oxford University Press; 2005.

Website Resources

American Academy of Hospice and Palliative Medicine, National Consensus Project for Quality Palliative Care (NCP). http://www.nationalconsensusproject.org/

Medical College of Wisconsin, End-of-life / Palliative Education Resource Center (EPERC). http://www.eperc.mcw.edu/EPERC

Journal Titles

Advances in Palliative Medicine

American Journal of Hospice and Palliative Care

BMC Palliative Care

Journal of Pain and Palliative Care Pharmacotherapy

Journal of Pain Symptom and Management

Journal of Palliative Medicine

Pain Research and Management

Palliative and Supportive Care

Palliative Care Research

Palliative Medicine

Progress in Palliative Care

First Published: 07/1998
Revised 06/2003
Revised 2/2008 by North Oakland Family Residency Program
Revised / Title Change 06/2011 by UCSF Fresno, Department of Family and Community Medicine