

Course: Pain, Palliative, Addiction medicine

Department: Palliative and Psychiatry
Faculty Coordinator: Drs. Sigy Chathanatt and Gonzalo J. Perez-Garcia
Hospital: Texas Health Presbyterian Hospital Dallas
Periods offered: all 12 periods to PGY2/3
Length: 1 month
Max no. of residents: 1
First Day Contact: Per schedule provided by Chiefs
First Day Time: to be discussed with attending prior to start
First Day Place: to be discussed with attending prior to start
Weekends: None
Vacation- allowed (REQUIRED 5 DAYS PTO)

- I. Course Description: This required elective is offered to PG2/3 residents and is designed to orient you to the practice of pain, palliative, and addiction medicine. Residents will split the time as follows:
- One week - Palliative medicine
 - One week – Psychiatry/Addiction medicine
 - One week PTO (5 weekdays)
 - One week (plus any additional days in the month) - Procedures and scholarly activities (with PD or APD)
- II. Course Goals and Objectives: (based on ACGME competencies for resident education.)

Patient Care:

Residents are expected to provide care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life.

Objectives:

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures. *Examples:* Demonstration of the above in a dictated history and physical.
- Make informed recommendations about preventives, diagnostic and therapeutic options and interventions that are based on clinical judgement, scientific evidence, and patient preference. *Examples:* Demonstrated by assessments and plans written in the progress notes.
- Develop, negotiate and implement effective patient management plans and integration of patient care. *Examples:* Demonstrated by the use of other health

care professionals appropriately such as SW, Pharmacy, Physical Therapy, Home Health Care to implement effective patient care.

- Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine. *Examples:* central line placement; Airway management; paracentesis; thoracentesis; EKG reading; vaginal culture; joint aspiration; pelvic and pap test.

Medical Knowledge:

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

Objectives:

- Apply an open-minded, analytical approach to acquiring new knowledge. *Examples:* Demonstrated by active listening and participation during rounds, morning report and conferences.
- Access and critically evaluate current medical information and scientific evidence. *Examples:* Demonstrated by reading current literature regarding patients; demonstrated by participation in journal club and residents conference.
- Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of palliative care and addiction medicine. *Examples:* Demonstrated by showing an understanding of the pathophysiology of disease and the pharmacology of drugs used in treating the disease. Demonstrated by resident's willingness to learn about new developments in the basic sciences by reviewing basic science journals.
- Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking. *Examples:* Demonstrated by evidence of independent thinking demonstrated in the appraisal and plan.

Practice-Based Learning and Improvement:

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices:

Objectives:

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care. *Examples:* Demonstrated by a resident's willingness to recognize his/her knowledge gaps and implement strategies to fill those knowledge gaps
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care. *Example:* Demonstrated by resident having an

openness to admitting error and working with the system to analyze and correct the error.

- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education. Example: Use of available on-line resources.

Interpersonal and Communication Skills:

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.

Objectives:

- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
- Use effective listening, nonverbal, questioning, and narrative skills to communicate the patients.
- Clear, concise, accurate communication in the orders and progress notes.

Professionalism:

Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

Objectives:

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues.
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
- Recognize and identify deficiencies in peer performance.

Systems-Based Practice:

Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

Objectives:

- Understand, access, and utilize the resources, providers and systems necessary to provide optimal care.
- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

III. Methods of instruction:

A) Didactic (schedule, topic, faculty)

Daily residents conference 12:00-1:00 p.m. – IM Training Room

Wednesday afternoons 12:-1:00 p.m. – Grand Rounds – Haggar Hall

B) Clinical

Palliative- Patients will be assigned by the attending. Residents will interview the patients and identify areas of need regarding pain and palliative management. Afterwards, residents will discuss the plan of care with the attending and write notes in the chart at the attending's discretion. Residents will participate in discussions between the attending and patient/family members regarding goals of care, pain management, palliative/hospice care options, code status etc.

Addiction medicine- Residents will see assigned consults on medical floor related to substance use/addiction and write notes in chart after discussing management plans with attending. Additionally, residents will follow the attending daily during rounds and participate in discussions with the patients/family and also discuss management plans with the attending

Procedures and scholarly- Residents will be expected to stay in hospital from 8a-5p. For procedures, residents will reach out to ER and ICU attendings daily and will remain on-site and available at all times during the duty hours. Residents will discuss scholarly activity project with PD/APD ahead of time.

Residents are expected to attend all conferences.