



# Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)

## Background

The Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) Project's overall goal is to have every medical student and resident graduate with knowledge, skills and appropriate attitudes in end-of-life care. EFPPEC first developed national consensus on Undergraduate competencies in medical education. Then, working with the Ontario Palliative Undergraduate Network (OPUN) and the Réseau Universitaire Québécois en soins palliatifs (RUQSP), EFPPEC developed an undergraduate curriculum in palliative and end-of-life care based on the EFPPEC Competencies and their own work. Pan-Canadian consensus was reached on this curriculum through a survey process involving all 17 faculties of medicine.

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## Palliative and End-of-Life Care Curriculum Undergraduate Medical Education

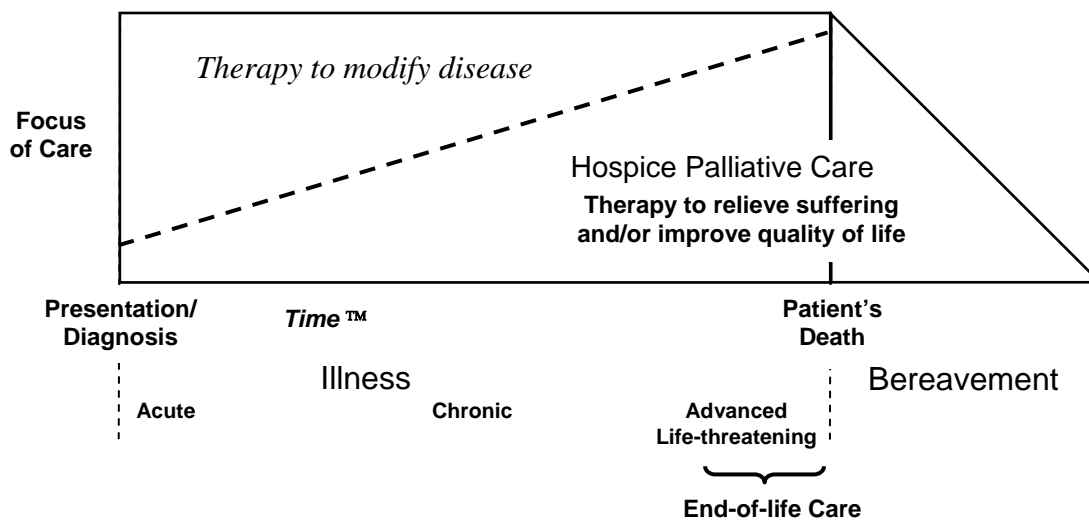
### Introductory Notes

- 1 The goal of this palliative and end-of-life care undergraduate curriculum is not to usurp curriculum but to integrate end-of-life care competencies, their enabling competencies and specific objectives into each medical school's curriculum and build on currently existing curriculum. The end point is not to create a single course or clinical rotation. Rather it is known and expected that some of the competencies may be handled within established courses such as bioethics, communications and other courses and clinical rotations within each faculty.
- 2 The framework of the competencies and enabling competencies is CanMEDS 2005. Extensive descriptions of this framework are available and will not be repeated here.<sup>1</sup> The palliative and end-of-life care (PEOLC) competencies have been listed under the major CanMEDS competency that applies but it is recognized that some of the PEOLC competencies may involve one or more of other CanMEDS areas.
- 3 The PEOLC competencies and enabling competencies in this document have been subjected to a national consensus building survey. All of them received wide approval across Canada from medical educators.
- 4 The PEOLC curriculum enabling competencies and specific objectives will:
  - Cover pre-clerkship and clerkship years.
  - Have the students on graduation being competent to contribute effectively to discussions on the interdisciplinary management of terminally-ill patients and their families.
  - Students are not expected to be able to 'do' everything but to contribute at an appropriate level to address all the competencies.
- 5 This curriculum should not be seen as a curriculum taught by palliative medicine specialists only. It is critical that other opinion leaders and teachers in other specialties and professions be involved.
- 6 The curriculum must be taught both in pre-clerkship and clerkship parts of the medical school curriculum.
- 7 It is important that medical students are exposed to role models in all specialties who practice quality end-of-life care.
- 8 The curriculum in many areas provides opportunity for interprofessional education. In the national consensus building survey, almost every enabling competency and specific objective was seen as an opportunity for interprofessional learning. The EFPPEC Project recognizes that few interprofessional programs exist in these areas but there is growing interest in them and a need to develop these programs.

<sup>1</sup> Frank, JR. (Ed). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada.

- 9 This curriculum discusses which teaching methods and evaluation methods may be most effective. The roster of teaching programs, evaluation and teaching materials on the EFPPEC Learning Commons will help guide teachers and curriculum developers.
- 10 The undergraduate curriculum will be complemented by the development of postgraduate competencies for all clinical residents.
- 11 The definition of palliative care and the model of palliative care follows the national model developed by the Canadian Hospice Palliative Care Association<sup>2</sup>

**Figure #8: The Role of Hospice Palliative Care During Illness**



<sup>2</sup> Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.

# Palliative and End-of-Life Care Curriculum Guide

## Medical Expert/Skilled Clinical Decision Maker

### 1. When graduating from medical school, students will be able to address and manage pain and symptoms.

#### Enabling Competencies

- 1.1. Assess pain and symptoms effectively via a pain history, appropriate physical exam and relevant investigations.

	Specific-Objectives	Pre-Clerkship or Clerkship
1.1.1	Demonstrate a patient and family centered and interdisciplinary approach to the assessment of pain in patients with advanced progressive illness.	PC / C
1.1.2	Describe the effect of the physician's personal experiences and beliefs on the assessment and management of a patient's pain.	PC/C
1.1.3	Discuss the issues in assessing pain and symptoms in patients at the end of life whose cognition or communication may be impaired.	C
1.1.4	Identify "total pain" incorporating the roles that psychological, social, emotional and spiritual concerns, along with physical symptoms, play in producing the pain experience.	PC/C
1.1.5	Discuss potential choices for appropriate/relevant investigations of pain and symptoms in seriously ill patients.	C

#### Enabling Competencies

- 1.2. Propose evidence-based opioid therapies, including effective prescribing, titration, breakthrough dosing and prevention of side effects.

	Specific Objectives	Pre-Clerkship or Clerkship
1.2.1	Outline the WHO approach to the management of cancer pain.	PC/C
1.2.2	Describe the specific issues in pharmacokinetics & pharmacodynamics in choosing opioids in patients at end-of-life.	PC/C
1.2.3	Describe common side-effects of opioids & an approach to their management that includes anticipation & prevention of these adverse effects.	PC/C
1.2.4	Describe and deal with patient and family concerns or myths about opioids at end-of-life.	PC/C
1.2.5	Explain the concepts of tolerance, physical dependence, & addiction as they relate to the use of opioids in palliative care.	PC/C
1.2.6	Discuss routes of administration of opioids.	C
1.2.7	Write an appropriate prescription for an opioid naïve patient including breakthrough dosing.	C
1.2.8	Describe appropriate approaches to opioid titration.	C

#### Enabling Competencies

- 1.3. List and justify adjuvant modalities and medications for pain in palliative care patients.

	Specific Objectives	Pre-Clerkship or Clerkship
1.3.1	Describe the potential role for chemotherapy, radiation therapy, surgery, and interventional analgesia in the management of pain and symptoms.	C
1.3.2	Describe the use of adjuvant medications in pain management.	PC/C
1.3.3	Discuss the role of other team members in assessing and managing pain.	PC/C

### Enabling Competencies

- 1.4. Recommend evidenced-based plans for other symptoms including fatigue, anorexia and cachexia, constipation, dyspnea, nausea and vomiting, delirium, anxiety and depression.

	Specific Objectives	Pre-Clerkship or Clerkship
1.4.1	Describe the prevalence and impact of major symptoms in terminally-ill patients.	PC/C
1.4.2	Systematically assess symptoms present in a terminally ill patient and participate in the evidence based holistic and interdisciplinary management of these symptoms.	PC/C

### Enabling Competencies

- 1.5. Assist in monitoring the efficacy of treatment plans for pain and symptoms.

	Specific Objectives	Pre-Clerkship or Clerkship
1.5.1	Describe the role of the patient, family and interdisciplinary care team in monitoring treatment plans.	C
1.5.2	Apply techniques for assessing pain and symptoms on a regular basis and modify the management strategy based on patient choice, effectiveness, side-effects and the disease's stage.	C

### Enabling Competencies

- 1.6. Contribute to recording a holistic management plan.

	Specific Objectives	Pre-Clerkship or Clerkship
1.6.1	Identify the components of a holistic, interprofessional record in a terminally ill patient.	PC/C
1.6.2	Contribute effectively to the holistic interprofessional record of a palliative patient.	C

### Other Curriculum Facilitating This Competency

- Pain physiology and pathophysiology.
- Pain assessment including standardized tools.
- Opioid pharmacology including receptors, pharmacodynamic and kinetics of the major opioids.
- Pharmacology of non-opioid analgesics.
- Pharmacology of adjuvants for pain.
- Physiology of common symptoms.
- Pharmacology of drugs used in control of symptoms.
- Interview and communication skills.
- Role of chemotherapy and radiotherapy.

## Medical Expert/Skilled Clinical Decision Maker

2. When graduating from medical school, students will be able to address psychosocial and spiritual needs.

### Enabling Competencies

- 2.1. Assess psychosocial and spiritual issues in end-of-life care including grief.

	Specific Objectives	Pre-Clerkship or Clerkship
2.1.1	Describe the psychosocial and spiritual issues that dying persons and their families may face.	PC/C
2.1.2	Describe the features of normal grief and atypical grief.	PC/C
2.1.3	Describe the incidence and diagnosis of depression in palliative patients.	PC/C
2.1.4	Assess the psychosocial and spiritual needs of a dying patient and family.	C

### Enabling Competencies

2.2. Develop and propose a care plan in collaboration with other disciplines.

	Specific Objectives	Pre-Clerkship or Clerkship
2.2.1	Assist in the development of an interdisciplinary care plan to meet the psychosocial and spiritual needs of a palliative care patient and family.	C

### Enabling Competencies

2.3. Self- assess one's own attitudes and beliefs in caring for the dying.

	Specific Objectives	Pre-Clerkship or Clerkship
2.3.1	Demonstrate awareness of one's own fears and attitudes towards dying and death and how to access a support system.	PC/C
2.3.2	Discuss how one's own attitudes may potentially impact care delivered to a dying patient.	PC/C

### Enabling Competencies

2.4. Demonstrate cultural, religious and aboriginal sensitivity in addressing end-of-life care.

	Specific Objectives	Pre-Clerkship or Clerkship
2.4.1	Discuss potential differences between cultures and religions in issues in end-of-life care, including attitudes towards dying and death, communication, truth-telling and autonomy.	PC/C
2.4.2	Describe an approach to defining various cultural, religious and aboriginal issues in palliative and end-of-life care.	C

### Other Curriculum Facilitating This Competency

- a) Psychological reactions to chronic illness.
- b) Cultural competence.
- c) Diagnostic criteria for depression.

## Manager

### 3. When graduating from medical school, students will be able to address end-of-life decision-making and planning using basic bioethical and legal framework

### Enabling Competencies

3.1. Assist in determining, recording and implementing goals of care through effective communication with patients, families and other caregivers.

	Specific Objectives	Pre-Clerkship or Clerkship
3.1.1	Assist in the development of a care plan, collaborating with other team members and using appropriate resources and including patient and family goals of care at the end-of-life.	C
3.1.2	Describe an approach for resolving ethical issues.	PC/C
3.1.3	Describe different ways that patients and families cope with illness and death.	PC/C

### Enabling Competencies

3.2. Propose advance care plans, including developing and discussing advance directives with patients and families.

	Specific Objectives	Pre-Clerkship or Clerkship
3.2.1	Discuss the importance of the physician-patient relationship in end-of-life decision-making.	PC/C
3.2.2	Discuss the common ethical issues at the end-of-life such as advance care planning, futility withdrawing or withholding therapy, and resuscitation.	PC
3.2.3	Describe the practical clinical application of the principles of medical ethics in palliative and end-of-life care.	PC/C
3.2.4	Describe the components of advanced care planning in palliative patients.	PC/C
3.2.5	Describe end-of-life care issues for substitute decision makers.	PC/C
3.2.6	Assist in the development and discussion of an advanced care plan including discussing and developing advance directives with palliative patients and families.	C
3.2.7	Demonstrate respect for differing family structure and roles and cultural issues when sharing information and arriving at decisions.	PC/C

### Enabling Competencies

3.3. Describe models of end-of-life care.

	Specific Objectives	Pre-Clerkship or Clerkship
3.2.1	Describe the principles and models of hospice palliative care.	PC
3.2.2	Describe local resources in hospice palliative care and participate in the appropriate utilization of these resources.	C
3.2.3	Discuss the important supporting role the physician has in the management of dying patients and their families in community care.	PC/C

### Enabling Competencies

3.4. Distinguish between physician assisted suicide and euthanasia and terminal sedation, and withholding and withdrawing therapy.

	Specific Objectives	Pre-Clerkship or Clerkship
3.4.1	Identify why patients at the end-of-life may request euthanasia and/or physician assisted suicide.	PC/C
3.4.2	Discuss withholding and withdrawing of therapies such as hydration, feeding and ventilation and the differences between these and physician assisted dying.	PC/C
3.4.3	Discuss some of the legal, moral, cultural and biological issues raised when euthanasia and/or physician assisted suicide is requested or advocated.	PC/C
3.4.4	Discuss how to avoid prolongation of the dying process while respecting the goals of care.	C
3.4.5	Discuss the role of terminal or palliative sedation and its ethical implications.	C

### Other Curriculum Facilitating This Competency

- Cardinal principles of ethics.
- A framework for ethical decision-making.
- Elements of advance care planning.
- Patient and family reactions to illness.

## Communicator

### 4. When graduating from medical school, students will be able to communicate effectively with patients, families, and other caregivers.

#### Enabling Competencies

4.1. Communicate information about the illness effectively including bad news.

	Specific Objectives	Pre-Clerkship or Clerkship
4.1.1	Identify the specific issues that may interfere with communication of news or bad news to dying patients and their families.	PC/C
4.1.2	Describe how personal concerns about caring for patients and families at the end-of-life and/or personal experiences of death and dying influence patient-physician communication.	PC/C
4.1.3	Discuss issues of truth-telling for palliative care patients including the influence of cultural issues.	PC/C
4.1.4	Participate in a "bad news" meeting with a palliative patient and his/her family.	C

#### Enabling Competencies

4.2. Participate effectively in patient and family meetings.

	Specific Objectives	Pre-Clerkship or Clerkship
4.2.1	Describe the role of family meetings with palliative patients and their families.	C
4.2.2	Participate in an interdisciplinary team meeting with a palliative care patient and family.	C

#### Enabling Competencies

4.3. Assist in the education of patients and family about end-of-life care issues and pain and symptom management.

	Specific Objectives	Pre-Clerkship or Clerkship
4.3.1	Define the components of an education process for palliative care patients and their families.	PC/C

#### Enabling Competencies

4.4. Keep adequate medical records.

	Specific Objective	Pre-Clerkship or Clerkship
4.4.1	Define all the elements of a holistic interdisciplinary record of palliative patient and record the physician's components.	C

#### Other Curriculum Facilitating This Competency

- Communicating bad news.
- Family dynamics
- Elements of the medical record.
- Educating patients

## Collaborator

### 5. When graduating from medical school, students will be able to collaborate as a member of an interdisciplinary team.

#### Enabling Competencies

5.1. Describe the complementary roles of physicians and other formal caregivers in end-of-life care.

	Specific Objectives	Pre-Clerkship or Clerkship
5.1.1	Describe the role of the physician in providing end-of-life care.	PC/C
5.1.2	Discuss interprofessional collaboration in palliative and end-of-life care as a fundamental concept.	PC/C
5.1.3	Describe the key roles of other professionals in caring for a person at end-of-life.	PC/C
5.1.4	Demonstrate awareness that the care and decision-making provided by physicians and other team members may be influenced by their ongoing experiences of loss, both personal and professional.	PC/C

#### Enabling Competencies

5.2. Demonstrate an interdisciplinary case approach with formal and informal teams.

	Specific Objectives	Pre-Clerkship or Clerkship
5.2.1	Demonstrate appropriate referral, consultation and communication with the other disciplines and professionals involved in hospice palliative and end-of life care.	C
5.2.2	Discuss the importance of routine, interdisciplinary monitoring of the care plan for palliative care and end-of-life patients.	C
5.2.3	Demonstrates the ability to communicate the physician's disciplinary perspective and elicits those of other professionals while administering palliative and end-of-life care.	C

#### Other Curriculum Facilitating This Competency

- Roles of other professionals in health care.
- Team dynamics

## Health Advocate

### 6. When graduating from medical school, students will be able to attend to suffering.

#### Enabling Competencies

6.1. Describe the elements of suffering in end-of-life care for patients, families and caregivers.

	Specific Objectives	Pre-Clerkship or Clerkship
6.1.1	Describe societal issues of dying and death.	PC/C
6.1.2	Define the issues leading to suffering in palliative and end-of-life care patients.	PC/C

#### Enabling Competencies

6.2. Describe a supportive approach to suffering.

	Specific Objective	Pre-Clerkship or Clerkship
6.2.1	Describe a supportive approach to dealing with the suffering of a palliative care patient.	C

### Enabling Competencies

6.3. Demonstrate self-awareness and self care in caring for terminally ill patients.

	Specific Objectives	Pre-Clerkship or Clerkship
6.3.1	Identify common triggers of personal and professional stress in care of the dying.	PC/C
6.3.2	Identify and demonstrate use of effective stress coping strategies while caring for the dying.	C

### Other Curriculum Facilitating This Competency

a) Stress in the workplace

## Teaching Competencies in PEOLC

- 1 Some of the specific objectives listed in the document can be introduced through interactive lectures with medical students.
- 2 However, in pre-clerkship years, many of the objectives are best served by small group case based teaching that allows development of self-awareness, the expression of feelings and the development of skills and attitudes that are important in achieving the best quality end-of-life care. This case based teaching can include the use of standardized patients.
- 3 Similarly small group case based teaching is appropriate for clerkship but the preferred method of teaching is to integrate teaching into ward rounds, case report rounds and clinical observation and evaluation of students.
- 4 Suitable role models are invaluable in guiding students through distressing experiences with dying patients.

## Evaluating Competencies in PEOLC

- 1 Multiple choice questions are probably the best and most reliable way to assess knowledge acquisition in the competencies.
- 2 However, skills and attitudes are best assessed through the use of OSCEs, standardized patients and families and observation and evaluation of clinical performance in rotations such as general medicine where the exposure to dying patients is the greatest.