

## **Internal Medicine Ambulatory Clerkship Course Syllabus**

**Course Director:** Amanda Lund, DO  
Director-MS4 Palliative Care Clerkship  
Assistant Professor Internal Medicine, Geriatrics, Palliative Care  
[amanda.lund@hsc.utah.edu](mailto:amanda.lund@hsc.utah.edu)  
Office: 213.2947  
Pager: 339.2265

- **Regardless of Your Specialty, Why is Palliative Care Important?**
- **What Competencies Am I Expected to Proficient in When I Graduate?**
- **Course Objectives**
- **Communication: Web CT**
- **Course Logistics**

“Studies suggest that medical care for patients with serious and advanced illnesses is characterized by the under treatment of symptoms, conflict about who should make decisions about the patient's care, impairments in caregivers' physical and psychological health and depletion of family resources.”

Medical education has focused almost exclusively on curing illness and prolonging life, rather than on improving the quality of life and relieving suffering. Meeting the needs of your patients will require you to employ skills that are not traditionally taught in medical schools. This elective will offer you the opportunity to:

- Develop the skills necessary to gather essential and accurate information about patient's current condition, prognosis, treatment plan, and long-term goals of care.
- Participate as an active member of an interdisciplinary palliative care team which includes the professions of medicine, nursing, social work, chaplaincy, counseling, nursing assistants, and pharmacy.
- Promote the attitudes and knowledge central to providing compassionate, effective and appropriate patient care to patients living with chronic, painful, debilitating and/or life limiting illness.

In July 2007, the Association of American Medical Colleges (AAMC) and the John A. Hartford Foundation came to a consensus on a **minimum** set of graduating medical student competencies (learning outcomes).

The competencies specific to palliative care are:

1. Assess and provide initial management of pain and key non-pain symptoms based on patient's goals of care.
2. Identify the psychological, social and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members.
3. Present palliative care (including hospice) as a positive, active treatment option for patients with advanced disease.

**Course Objectives: By the conclusion of this 2-week elective you will be expected to:**

- Compare the differences and similarities between palliative care and hospice;
- Complete a 40-question pre-test and post-test;
- Complete eight reading assignments and attend Friday morning lectures at the Pain Clinic;
- Submit one “comprehensive case write-up” for graded evaluation;
- Complete one *Geriasims* Online Interactive Palliative Care Module;
- Compare the indications, appropriateness, and adverse effects of ten medications commonly used in palliative care (morphine, oxycodone, hydromorphone, fentanyl, methadone, lorazepam, glycopyrrolate; scopolamine, odansetron, and promethazine)
- Achieve cognitive proficiency in the diagnosis of ten non-pain symptoms (delirium/hallucinations, depression, anxiety, anorexia/cachexia, dyspnea, constipation, fatigue/asthenia, insomnia, and pruritis);
- Distinguish how the principles of “intended consequences”, “unintended consequences” and “double effect” apply to symptom management; and
- Define eight terms and principles often encountered in palliative care (advance care directives, goals of care, chronic disease model, quality of life, withholding/withdrawing therapy, palliative sedation, assisted suicide, and euthanasia).

**Course Logistics**

All of the assignments are detailed in weekly folders in WebCT and a calendar of important dates is posted under calendars on the left menu bar.

Denise Brooks will be assisting me with the logistics of the course, especially with reference to the materials and the Geriasims interactive module.

- **The Geriasims module is an in-depth module requiring the learner to look at each component and each part of each component. Without doing that, the module won't allow you to progress to the next step. Always: look at the patient's chart; review all questions in the patient history; examine all systems in the physical exam (use your cursor carefully), and consult all of the consultants.**
- **Once you have submitted your evaluation of the module, a page will pop up indicating you have completed it. Copy that message into a blank page which you will submit with your evaluation for that week.** If you have trouble getting through the module, contact Denise. Her contact information is listed below.

### **Web Links**

Web links are located in the WebCT left menu bar for this course.

### **Time Commitment**

Completion of the daily readings and the online modules will take a **minimum of two hours**. Time has been incorporated into your schedule so that you can complete the assignments during a 40-hr work week. In addition, you are required to **perform a comprehensive case write-up with 1 patient encounter on the in-patient service and receive feedback from your preceptor**.

### **Grades and Due Dates**

Assignments are expected to be completed and submitted on time. Reading assignments will be discussed during in-patient rounds. **They are to be submitted directly to Dr. Lund her email [amanda.lund@hsc.utah.edu](mailto:amanda.lund@hsc.utah.edu). DO NOT** submit them through the WebCT assignment or mail system.

### **Administrative Support**

For questions regarding the online modules, the GeriaSims interactive modules or reference materials, contact Denise Brooks at 213.2945 or email her [denise.brooks@hsc.utah.edu](mailto:denise.brooks@hsc.utah.edu).

For clinical questions, contact Dr. Lund or Dr. Bekanich. His contact information is:

Steven Bekanich, MD

[Steven.bekanich@hsc.utah.edu](mailto:Steven.bekanich@hsc.utah.edu)

Office: 581.7818

Pager: 339.6699