

This document applies to those who begin training on or after July 1st, 20xx.

(Please see also the "Policies and Procedures.")

DEFINITION

Palliative Medicine is a medical subspecialty concerned with the study, research, assessment and medical management of **patients with chronic disease, life threatening illness and/or at end-of-life and their families to relieve suffering and improve the quality of living and dying.**

GOALS

Upon completion of training, a resident is expected to be a competent specialist in **Palliative Medicine** capable of assuming a consultant's role in the **subspecialty**. The resident must acquire a working knowledge of the theoretical basis of the **subspecialty**, including its foundations in the basic medical sciences and research.

Candidates certified by the Royal College of Physicians and Surgeons of Canada in **Internal Medicine and Pediatrics** may be eligible for certification in **Palliative Medicine**.

During the course of training, the resident must acquire the medical knowledge, clinical skills and professional attitudes needed to provide exemplary care to patients and families "who are living with or dying from advanced illness or are bereaved". They must understand and appreciate the effect of chronic disease and life threatening illness on the individual and family. The resident must acquire understanding of the basic scientific principles of pain and other common symptoms experienced by the population served to expertly assess and manage the complex issues associated with chronic disease and life threatening illness. Competency must also be attained in principles of epidemiology, natural history, and complications of advanced cancer and non-malignant diseases. The resident must develop the ability to function as a consultant in the inpatient, ambulatory, and community settings as part of an interprofessional team. Expertise in communication to promote the development of supportive, respectful, caring relationships, and ethics, especially related to end of life decision making are essential.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centered care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

PATHWAY 1: Entering from Internal Medicine

PALLIATIVE MEDICINE SUBSPECIALTY COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, **Palliative Medicine Subspecialists** integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: *Palliative Medicine Subspecialists* are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care

- 1.1. Perform a **Palliative Medicine** consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
- 1.2. Demonstrate use of all CanMEDS competencies relevant to the practice of **Palliative Medicine across settings of care**
- 1.3. Identify and appropriately respond to relevant ethical issues arising **from the care of patients with advanced disease, life threatening illness and/or at end-of-life, and their families**
- 1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
 - 1.4.1. **Recognize symptoms/issues/situations when caring for patients with advanced disease, life threatening illness and/or at end-of-life that require emergent/urgent care**
- 1.5. Demonstrate compassionate and patient-centered care
 - 1.5.1. **Demonstrate skills in developing a shared understanding of patient-centred goals of care**
- 1.6. Recognize and respond to the ethical dimensions in medical decision-making for patients **with advanced disease, life threatening illness and/or at end-of-life**
- 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to **Palliative Medicine**

- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to **Palliative Medicine, including**

2.1.1. Pain

- 2.1.1.1. Assessment, classification, and neurophysiology of pain transmission including 'total pain' and common pain syndromes
- 2.1.1.2. Pharmacology of medications used in pain management: opioids and adjuvant drugs
- 2.1.1.3. Dose selection, titration, routes of administration and appropriate monitoring of pain medications
- 2.1.1.4. Identification, prevention, management of side-effects of medications used in pain management including opioid toxicity
- 2.1.1.5. Tolerance, physical dependence, and addiction as it relates to opioids
- 2.1.1.6. Indications for, management and complications of continuous analgesic infusions by CADD pumps, and interventional anaesthetic techniques such as epidurals, intrathecal analgesia, and neurolytic blocks
- 2.1.1.7. Nonpharmacologic approaches to management of pain e.g. radiation, chemotherapy, massage therapy, relaxation training

2.1.2. Physical Symptoms

- 2.1.2.1. Advanced knowledge of the pattern of symptoms found in patients with advanced disease, life threatening illness and/or at end-of-life
- 2.1.2.2. Assessment, pathophysiology, etiology, prevention and management of: nausea and vomiting; dyspnea; cough; delirium; constipation; diarrhea; skin and mouth issues; terminal agitation; anorexia and cachexia; weakness and fatigue; edema; bleeding and thrombosis
- 2.1.2.3. Advanced knowledge of the role of hydration and nutritional therapies in patients with advanced disease, life threatening illness and/or at end-of-life

2.1.3 Psychological, Social, Spiritual and Existential Issues

- 2.1.3.1. Identification of psychological, social, spiritual and existential issues associated with advanced disease, life threatening illness and/or at end-of-life and strategies to address them
- 2.1.3.2. Consideration of coping styles when caring for patients with advanced disease, life threatening illness and/or at end-of-life
- 2.1.3.3. Identification and effective management of anger, fear and other strong affective responses, depression and anxiety in patients with advanced disease, life threatening illness and/or at end-of-life

- 2.1.3.4. Support hope and address quality of life issues when transitioning from a curative/disease modifying approach to an approach aimed at maximizing symptom control
- 2.1.3.5. Address requests for euthanasia and assisted suicide
- 2.1.3.6. Understanding of family dynamics and factors that contribute to distress in families of patients with advanced disease, life threatening illness and/or at end-of-life
- 2.1.3.7. Identification of caregiver stress and strategies to provide support
- 2.1.3.8. Understanding of grief, normal and complicated, including identification of risk factors, and strategies for supporting patients and families
- 2.1.4. Elements of a good death across settings of care
 - 2.1.4.1. Provision of medical care that is structured around the patients' and family's needs, their level of understanding and their priorities, with the aim of relieving suffering, maximizing quality of life, and providing support
- 2.1.5. Oncology
 - 2.1.5.1. Understanding of principles of cancer epidemiology, natural history, complications and symptom burden, and basic principles of management of breast, lung, colon, prostate, pancreatic, and haematological cancer
 - 2.1.5.2. Basic knowledge of radiation and chemotherapy provided with curative intent in the management of cancer patients
 - 2.1.5.3. Advanced knowledge of the role of radiation and chemotherapy provided with palliative intent in the management of cancer patients
 - 2.1.5.4. Advanced knowledge of side-effects of radiotherapy and chemotherapy in cancer patients and their management
 - 2.1.5.5. Identification and management of pain and symptoms related to cancer and/or its treatment with appropriate pharmacologic and non-pharmacologic approaches
 - 2.1.5.6. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with oncology patients (e.g. airway obstruction, catastrophic bleeding, spinal cord compression, superior vena cava syndrome, hypercalcemia, biliary/urinary/bowel obstruction) including potential surgical, procedural, radiological, and oncological therapy as appropriate
- 2.1.6. Pulmonary Disease

- 2.1.6.1. Understanding of principles of progressive lung failure including epidemiology, natural history, complications, and symptom burden
- 2.1.6.2. Basic principles of managing patients with obstructive and restrictive lung disease
- 2.1.6.3. Basic knowledge of the therapies used to optimize medical management of non-palliative patients with pulmonary disease (e.g. bronchodilators, steroids, oxygen, non pharmacologic interventions)
- 2.1.6.4. Advanced knowledge of the therapies used in the symptom management of patients with end stage pulmonary disease (e.g. opioids)
- 2.1.6.5. Advanced knowledge of side-effects of medications used in the management of non-palliative patients with pulmonary disease and for symptom management in patients with end stage pulmonary disease, and their management
- 2.1.6.6. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with pulmonary disease (e.g. airway obstruction, mucous plug management, secretion management, tracheostomy management, pneumonia, pulmonary embolism, progressive severe dyspnea) including potential surgical, procedural and medical therapy as appropriate

2.1.7. Cardiac Disease

- 2.1.7.1. Understanding of principles of progressive heart failure including epidemiology, natural history, complications and symptom burden, and basic principles of management of: blood pressure, angina, congestive heart failure, arrhythmias, and valvular heart disease in the context of progressive heart failure
- 2.1.7.2. Basic knowledge of the medical and surgical therapies used to optimize management of non-palliative patients with cardiac disease
- 2.1.7.3. Advanced knowledge of the therapies used in the symptom management of patients with end stage heart disease
- 2.1.7.4. Advanced knowledge of the side-effects of medications used in the management of non-palliative patients with cardiac disease and for symptom management of patients with end stage heart disease, and their management
- 2.1.7.5. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with cardiac disease (e.g. painful acute coronary syndrome, crescendo angina, progressive severe dyspnea) including potential surgical, procedural and medical therapy as appropriate

2.1.8. Renal Disease

- 2.1.8.1. Understanding of principles of various stages of renal disease including epidemiology, natural history, complications and symptom burden, and basic principles of management
- 2.1.8.2. Basic knowledge of the medical and surgical therapies used in the management of non-palliative patients with renal disease
- 2.1.8.3. Advanced knowledge of the therapies used in the symptom management of patients with end stage renal disease
- 2.1.8.4. Advanced knowledge of the side-effects of medications used in the management of non-palliative patients with renal disease and for symptom management of patients with end stage renal disease, and their management
- 2.1.8.5. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with renal disease (e.g. uremic encephalopathy, pruritus, volume overload states/pulmonary edema, coagulopathy, acidosis, hyperkalemia, uremic pericarditis) including potential surgical, procedural and medical therapy as appropriate

2.1.9. Gastrointestinal and Hepatic Disease

- 2.1.9.1. Understanding of the essential features of progressive liver and gastrointestinal disease including epidemiology, natural history, complications and symptom burden, and basic principles of management
- 2.1.9.2. Identification of patients at risk of dying of hepatic or gastrointestinal failure
- 2.1.9.3. Basic knowledge of the medical and surgical therapies used in the management of non-palliative patients with hepatic and gastrointestinal disease
- 2.1.9.4. Advanced knowledge of the therapies used in the symptom management of patients with end stage hepatic and gastrointestinal disease
- 2.1.9.5. Advanced knowledge of the side-effects of medications used in the management of non-palliative patients with hepatic and gastrointestinal disease and for symptom management of patients with end stage hepatic and gastrointestinal disease, and their management
- 2.1.9.6. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with hepatic and gastrointestinal disease (e.g. bowel obstruction, hepatic encephalopathy, bleeding, intractable nausea and vomiting, fistulas, painful mouth) including potential surgical, procedural and medical therapy as appropriate

2.1.10. Neurologic Disease

- 2.1.10.1. Understanding of principles of progressive neurologic and neuromuscular disease including epidemiology, natural history, complications, and symptom burden and basic principles of management
- 2.1.10.2. Basic principles of managing patients with dementia, stroke, neurodegenerative (e.g. Parkinson's, Huntington's) and neuromuscular (e.g. ALS, MS, muscular dystrophy) conditions
- 2.1.10.3. Basic knowledge of the medical and surgical therapies used in the management of non-palliative patients with neurologic disease
- 2.1.10.4. Advanced knowledge of the therapies used in the symptom management of patients with end stage neurologic disease
- 2.1.10.5. Advanced knowledge of the side-effects of medications used in the management of non-palliative patients with neurologic disease and for symptom management of patients with end stage neurologic disease, and their management
- 2.1.10.6. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with neurologic disease (e.g. falls, aspiration, severe escalating dyspnea, excessive secretions, dysphagia) including potential surgical, procedural and medical therapy as appropriate

2.1.11. HIV/AIDS

- 2.1.11.1. Understanding of principles of HIV/AIDS including epidemiology, natural history, complications and symptom burden, and basic principles of management
- 2.1.11.2. Basic principles of managing patients with HIV/AIDS
- 2.1.11.3. Basic knowledge of the medical therapies used in the management of non-palliative patients with HIV/AIDS
- 2.1.11.4. Advanced knowledge of the medical therapies used in the symptom management of patients with end stage HIV/AIDS
- 2.1.11.5. Advanced knowledge of the side-effects of medications used in the management of non-palliative patients with HIV/AIDS and for symptom management of patients with end stage HIV/AIDS, and their management
- 2.1.11.6. Recognition and understanding of pathophysiology and management of urgencies/emergencies associated with HIV/AIDS (e.g. delirium, bleeding, severe escalating dyspnea) including potential procedural and medical therapy as appropriate

2.1.12. Pediatric

2.1.12.1. Recognition of differences and similarities in the provision of palliative care to children and adults

2.1.12.2. Recognition of differences and similarities in the provision of pediatric palliative care related to age and developmental stage

2.1.12.3. Basic knowledge of physiologic differences in the pediatric population and their implications for therapeutic choice

2.2. Describe the CanMEDS framework of competencies relevant to Palliative Medicine

2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence

2.4. Contribute to the enhancement of quality care and patient safety in Palliative Medicine, integrating the available best evidence and best practices

3. Perform a complete and appropriate assessment of a patient

3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences

3.1.1. Understand the experience of disease from the perspective of the patient, and the meaning and consequences of illness to the patient and family

3.1.2. Demonstrate culturally responsible palliative care through consideration of personal, historical, contextual, legal, and social/societal influences

3.2. Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management

3.2.1. Include review of physical, psychosocial, and spiritual domains

3.2.2. Use validated assessment tools (e.g. Edmonton Symptom Assessment Scale, Palliative Performance Scale) in the assessment of pain and symptoms

3.2.3. Recognize and accommodate for patients' diversity and difference including but not limited to state of disease, disabilities, gender, sexual orientation, age, developmental stage, culture, race, religion, and socio-economic status

3.3. Perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management

3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner

3.4.1. Select investigations appropriate to stage of disease and concomitant with patient-centred goals of care

- 3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

- 3.5.1. Develop a management plan throughout the disease trajectory that balances disease modifying treatments and symptom management in accordance with patient-centred goals of care

4. Use preventive and therapeutic interventions effectively

- 4.1. Implement a management plan in collaboration with a patient and their family

- 4.1.1. Work effectively with the patient and family to establish common, patient-centred goals of care, ensuring responsiveness to patient's needs, values, beliefs, and wishes

- 4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Palliative Medicine

- 4.2.1. Develop a proactive approach to managing patient and family expectations and needs by anticipating symptoms/issues and addressing advance care planning with specific discussion of the indications, use, discontinuation of therapeutic interventions (e.g. hydration, supplemental oxygen, paracentesis, non invasive ventilation)

- 4.2.2. Demonstrate skills in providing educational counseling to dying patients and their families

- 4.2.3. Demonstrate a systematic approach to working with the families of patients with advanced disease, life threatening illness, and/or at end-of-life, including bereavement counseling

- 4.2.4. Demonstrate selection of pharmacologic and non-pharmacologic approaches to pain and symptom management that is evidence-based and concomitant to patient-centred goals of care

- 4.2.5. Monitor the efficacy of pain and symptom management and adjust the plan of care as appropriate

- 4.3. Ensure appropriate informed consent is obtained for therapies

- 4.3.1. Assess capacity to consent for treatment

- 4.3.1. Demonstrate understanding of the role of the substitute decision maker in medical care

- 4.4. Ensure patients receive appropriate end-of-life care

- 4.4.1. Act as a role model for physicians and members of the interprofessional team by demonstrating skillful care of patients with advanced disease, life threatening illness, and/or at end-of-life

- 4.4.2. Assist institutional and community palliative care programs in develop

standards of care consistent with accepted standards of palliative care practice

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

5.1. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Palliative Medicine

5.1.1. Demonstrate advanced knowledge of indications for, complications of, and performance of diagnostic thoracentesis and paracentesis

5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Palliative Medicine

5.2.1. Advanced knowledge of therapeutic procedures relevant to the care of patients with advanced disease, life threatening disease, and/or at end-of-life, including indications for, complications of, and methods of obtaining consultation for, when appropriate

5.2.1.1. Oncology – parenteral lines (e.g. Hickman catheters, PICC lines, Port-a-cath), venting tubes, nephrostomy tubes, esophageal and colorectal stents, biliary drain procedures, vertebroplasty

5.2.1.2. End stage pulmonary disease - oxygen, thoracentesis, pleurodesis, chest tube, suctioning, non-invasive ventilation, invasive ventilation including tracheotomy placement

5.2.1.3. End stage cardiac disease - implantable pacemakers, implantable defibrillators, oxygen, non-invasive ventilation, heart transplant

5.2.1.4. End stage renal disease - hemodialysis, peritoneal dialysis, kidney transplant

5.2.1.5. End stage hepatic and gastrointestinal disease - stents, endoscopy, venting tubes

5.2.1.6. End stage neurologic disease - feeding tubes, non-invasive ventilation, invasive ventilation including tracheotomy placement, suctioning

5.2.1.7. End stage HIV/AIDS – oxygen, feeding tubes, non-invasive ventilation, invasive ventilation including tracheostomy placement, suctioning

5.3. Ensure appropriate informed consent is obtained for procedures

5.4. Document and disseminate information related to procedures performed and their outcomes

5.5. Ensure adequate follow-up is arranged for procedures performed

5.5.1. Demonstrate understanding of the roles of the primary care physician and specialists to ensure adequate follow-up for procedures

5.5.2. Collaborate with primary care physician and specialists to ensure adequate follow-up for procedures

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1. Demonstrate insight into their own limitations of expertise

6.1.1. Practice self-reflection as a tool to understanding personal limitations of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.2.1. Identify health care professionals who should be utilized in assessing and/or managing issues in patients with advanced disease, life threatening illness and/or at end-of-life for optimal patient care

6.2.2. Demonstrate effective communication skills when requesting referral for consultation

6.3. Arrange appropriate follow-up care services for a patient and their family

6.3.1. Demonstrate understanding of the roles of the primary care physician and specialists in the care of patients with advanced disease, life threatening illness and/or at end-of-life

6.3.2. Assist in the coordination of care by the primary care physician, specialists, and members of the interprofessional team

Communicator

Definition:

As *Communicators*, **Palliative Medicine Subspecialists** effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: *Palliative Medicine Subspecialists are able to...*

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes

1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy

- 1.2.1. Understand the value of maintaining hope when working with patients with advanced disease, life threatening illness, and/or at end-of-life and their families
 - 1.2.2. Demonstrate skills in discussing palliative and end-of-life issues with patients and families including treatment choices, location of care, advance care planning, euthanasia, physician assisted suicide, withholding/withdrawing of treatment, and palliative sedation
 - 1.2.3. Provide supportive counseling and resources to those coping with loss
 - 1.3. Respect patient confidentiality, privacy and autonomy
 - 1.4. Listen effectively
 - 1.5. Be aware of and responsive to nonverbal cues
 - 1.5.1. Recognize that emotions, empathy and caring can be expressed through both verbal and nonverbal communication
 - 1.6. Facilitate a structured clinical encounter effectively
 - 1.6.1. Organize, participate in, and, when appropriate, lead clinical encounters structured to achieve predetermined goals e.g. advance care planning while respecting patient autonomy and maximizing the involvement of the patient and family
 - 2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**
 - 2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations and illness experience
 - 2.1.1. Sensitively explore the patient's beliefs, wishes, hopes, concerns, and expectations considering physical, psychological, social and spiritual domains
 - 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals
 - 3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals**
 - 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making
 - 3.1.1. Identify challenges to effective communication e.g. anger, confusion, denial, culture, language, educational level, deafness, and modify approach to ensure understanding of information and explanations
 - 3.1.2. Adapt the communication style to accommodate the patient and family
 - 3.1.3. Demonstrate interpersonal and communication skills that result in the effective exchange of information with other health care professionals, ensuring that consistent messages are delivered to the patient and family
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4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

- 4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
 - 4.1.1. Understand the importance of patients' beliefs, wishes, hopes, concerns, and expectations regarding their illness experience in the establishment of goals of care
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
 - 4.2.1. Communicate professionally and compassionately incorporating respect for diversity and difference
 - 4.2.2. Recognize the role diversity and difference can play in decision-making related to palliative and end-of-life care
- 4.3. Encourage discussion, questions, and interaction in the encounter
 - 4.3.1. Provide information to the patient and family in a compassionate understandable manner that promotes active participation
- 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
 - 4.4.1. Work effectively with the patient, family and interprofessional team in the development of a shared plan of care concomitant with patient-centred goals of care
 - 4.4.2. Participate effectively as a member or leader, when appropriate, of an interprofessional team
 - 4.4.3. Participate in and facilitate family meetings to discuss relevant issues such as goals of care and discharge planning
- 4.5. Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

5. Convey effective oral and written information about a medical encounter

- 5.1. Maintain clear, concise, accurate and appropriate records (e.g., written or electronic) of clinical encounters and plans
 - 5.1.1. Ensure records of clinical encounters and plans include physical, psychosocial and spiritual domains
- 5.2. Present verbal reports of clinical encounters and plans
- 5.3. Present medical information to the public or media about a medical issue
 - 5.3.1. Demonstrate effective communication skills to educate the public about palliative and end-of-life care

- 5.3.2. Demonstrate effective communication skills to present issues related to palliative and end-of-life care through the media

Collaborator

Definition:

As Collaborators, Palliative Medicine Subspecialists effectively work within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Palliative Medicine Subspecialists are able to...

1. Participate effectively and appropriately in an interprofessional health care team

- 1.1. Describe the specialist's roles and responsibilities to other professionals
 - 1.1.1. Identify patients who would benefit from assessment and management by a Palliative Medicine Subspecialist
 - 1.1.2. Describe the roles and responsibilities of the Palliative Medicine Subspecialist in the assessment and management of patients with advanced disease, life threatening illness and/or at end-of-life and their families across setting of care (institutional, palliative care unit, hospice, ambulatory clinic, community including patient's home)
- 1.2. Describe the roles and responsibilities of other professionals within the health care team
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
 - 1.3.1. Recognize the unique roles, expertise and limitations of each member of the interprofessional team and how they overlap or are complementary to their expertise and limitations
 - 1.3.2. Respect the role of the primary care physician, actively supporting continuity of care for patients with advanced disease, life threatening illness and/or at end-of-life
- 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
 - 1.4.1. Demonstrate advanced knowledge of the role of collaborative advance care planning and interprofessional collaborative management of patients with advanced disease, life threatening illness and/or at end-of-life
- 1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate in interprofessional team meetings
 - 1.6.1. Participate effectively in and, when appropriate, lead family conferences and

interprofessional team rounds and meetings

- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
 - 1.7.1. Participate collaboratively with medical and radiation oncologists, general internists, respirologists, cardiologists, gastroenterologists, neurologists, surgeons, pediatricians, and members of the interprofessional team (e.g. nurses, social workers, OT, PT, spiritual care providers) in the care of patients with advanced disease, life threatening illness and/or at end-of-life
 - 1.7.2. Demonstrate delivery of optimal interprofessional palliative and end-of-life care in informal and formal teams across health care settings
- 1.8. Describe the principles of team dynamics
 - 1.8.1. Recognize the importance of collaboration, assess the stages of team formation and development, describe the elements of an effective interprofessional team
 - 1.8.2. Demonstrate an understanding of team dynamics and problems that can occur in an interprofessional team
 - 1.8.3. Describe common causes for team dysfunction and conflict, and different types of team management frameworks
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Demonstrate leadership in a health care team, as appropriate
- 2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**
 - 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
 - 2.1.1. Participate in interdisciplinary and interprofessional meetings, demonstrating ability to accept, consider, and respect the opinions of others, while contributing subspecialty-specific expertise
 - 2.2. Work with other professionals to prevent conflicts
 - 2.2.1. Assist in the development and maintenance of a team environment that respects and appreciates the contributions of all members
 - 2.3. Employ collaborative negotiation to resolve conflicts
 - 2.3.1. Demonstrate effective conflict resolution skills, including ability to identify the nature and cause(s) of the conflict, and strategies to resolve or mediate the conflict
 - 2.4. Respect differences and address misunderstandings and limitations in other professionals

- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
 - 2.5.1. Practice self-reflection as a tool to enhance team function and support resolution of team conflict
 - 2.5.2. Demonstrate a willingness to receive and incorporate feedback from colleagues, other health care providers, patients and families
- 2.6. Reflect on interprofessional team function
 - 2.6.1. Promote team reflection as a tool to enhance team function and support resolution of team conflict

Manager

Definition:

As *Managers*, **Palliative Medicine Subspecialists** are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Palliative Medicine Subspecialists are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

- 1.1. Work collaboratively with others in their organizations
 - 1.1.1. Work effectively with other members of the health care team to provide optimal palliative and end-of-life care in the location of practice, whether institutional or community based
 - 1.1.2. Manage and coordinate care of patients across settings of care including the use of appropriate referrals
 - 1.1.3. Work collaboratively in a formal or informal interprofessional team within an academic setting (research, education, administration)
- 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
 - 1.2.1. Assist institutional and community based palliative care programs in developing and implementing evaluative processes that ensure delivery of optimal palliative and end-of-life care based on accepted standards
- 1.3. Describe the structure and function of the health care system as it relates to **Palliative Medicine**, including the roles of physicians
 - 1.3.1. Describe the models of palliative and end-of-life care delivery and their utilization, advantages and disadvantages
 - 1.3.2. Explain how palliative and end-of-life care fits within the broader health care

system

1.3.3. Describe the role of the Palliative Medicine Subspecialist, primary care physician and other medical disciplines in the care of patients with advanced disease, life threatening illness and/or at end-of-life across settings of care

1.3.4. Describe the roles of other health care professionals involved in the interprofessional care of patients with advanced disease, life threatening illness and/or at end-of-life across settings of care

1.4. Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively

2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life

2.1.1. Cope with uncertainty

2.2. Manage a practice including finances and human resources

2.2.1. Demonstrate business and financial principles required for a successful practice and/or academic career in Palliative Medicine

2.3. Implement processes to ensure personal practice improvement

2.3.1. Incorporate accepted standards of palliative and end-of-life care and evidence based decision-making into their practice

2.3.2. Demonstrate principles of self-reflection to monitor practice

2.3.3. Utilize mentors to support learning and practice improvement

2.3.4. Demonstrate an understanding of the context, meaning and implementation of risk management strategies, audits, quality assurance and quality improvement activities

2.3.5. Demonstrate awareness of management and/or academic skills required for different career paths in Palliative Medicine

2.4. Employ information technology appropriately for patient care

2.4.1. Demonstrate competence in the use of health information technology

2.4.2. Utilize information technology to optimize patient care, life-long learning and other professional activities associated with patient care

3. Allocate finite health care resources appropriately

3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care

3.1.1. Recognize factors that influence the allocation of health care resources in

general and specifically to patients with advanced disease, life threatening illness and/or at end-of-life across settings of care

- 3.1.2. Promote timely advance care planning and goals of care discussions to ensure appropriate use of health care resources
- 3.1.3. Describe the resources available to support patients with advanced disease, life threatening illness and/or at end-of-life across settings of care
- 3.1.4. Describe how the various models of palliative and end-of-life care delivery affect the health care system (e.g. resource allocation, human resources)
- 3.1.5. Demonstrate effective allocation/utilization of finite health care resources across the health care system
- 3.2. Apply evidence and management processes for cost-appropriate care
 - 3.2.1. Incorporate considerations of costs and risk-benefit analysis in patient care as appropriate
 - 3.2.2. Apply evidence-based information in advocating for health care resources for patients with advanced disease, life threatening illness and/or at end-of-life across settings of care

4. Serve in administration and leadership roles

- 4.1. Chair or participate effectively in committees and meetings
 - 4.1.1. Demonstrate the administrative and organizational skills required to effectively Chair committees and meetings
- 4.2. Lead or implement change in health care
 - 4.2.1. Demonstrate awareness of theories associated with facilitating change within organizations
 - 4.2.2. Describe characteristics essential to provide effective leadership within a team or organization
 - 4.2.3. Demonstrate awareness of local, regional, provincial, national and international organizations (e.g. Canadian Hospice Palliative Care Association and Canadian Society of Palliative Care Physicians) that advocate for palliative and end of life care at all levels of government
 - 4.2.4. Participate in groups and organizations that provide advocacy for patients with advanced disease, life threatening illness and/or at end-of-life
 - 4.2.5. Demonstrate administrative and leadership skills required to develop, implement, manage and evaluate initiatives to improve care for patients with advanced disease, life threatening illness and/or at end-of-life e.g. hospice, regional program, palliative care unit
- 4.3. Plan relevant elements of health care delivery (e.g., work schedules)

- 4.3.1. Demonstrate administrative and leadership skills required to participate in planning, implementation and evaluation of health care delivery to patients with advanced disease, life threatening illness and/or at end-of-life across settings of care

Health Advocate

Definition:

As *Health Advocates*, **Palliative Medicine Subspecialist** responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: *Palliative Medicine Subspecialists are able to...*

1. Respond to individual patient health needs and issues as part of patient care

- 1.1. Identify the health needs of an individual patient
 - 1.1.1. Describe the physical, psychological, social and spiritual issues of patients with advanced disease, life threatening illness and/or at end-of-life, and their families
 - 1.1.2. Define the elements of suffering experienced by patients at the end of life and their families
- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
 - 1.2.1. Develop a proactive approach to managing patient's and family's expectations and needs
 - 1.2.2. Reflect on the psychosocial and spiritual issues of dying patients and their families in the context of reducing suffering and improving quality of life
 - 1.2.3. Recognize and respond to issues, settings or circumstances on behalf of patients with advanced disease, life threatening illness and/or at end-of-life, and their families where advocacy is appropriate

2. Respond to the health needs of the communities that they serve

- 2.1. Describe the practice communities that they serve
 - 2.1.1. Define palliative care recognizing its application across the disease trajectory
 - 2.1.2. Identify patient populations with health care needs that would benefit from palliative and end-of-life care
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
 - 2.2.1. Assess societal, environmental, financial and political factors relevant to the

provision of palliative and end-of-life care in Canada

2.2.2. Identify issues related to palliative and end-of-life care relevant to different cultures, beliefs and traditions

2.2.3. Describe barriers to effective palliative and end-of-life care across settings of care

2.3. Appreciate the possibility of competing interests between the communities served and other populations

2.3.1. Describe societal, environmental, financial and political that affect resource allocation

2.3.2. Recognize the implications for other populations of allocating resources to palliative and end-of-life care

3. Identify the determinants of health for the populations that they serve

3.1. Identify the determinants of health of the populations, including barriers to access to care and resources

3.1.1. Describe current barriers to access of palliative care services including: availability of specialized resources (e.g. Palliative Medicine consultants, interprofessional teams); geographic inequities (e.g. provincial, rural vs urban); availability of local resources (e.g. home care, pharmaceuticals)

3.1.2. Reflect on the physical and emotional effect of the availability and quality of palliative and end of life care on patients with advanced disease, life threatening illness and/or at end-of-life

3.1.3. Reflect on the effect of the availability and quality of palliative and end of life care on the current and future physical and emotional health of families of patients with advanced disease, life threatening illness and/or at end-of-life

3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve

4.1.1. Promote advance care planning and the use of advance directives

4.1.2. Support interprofessional care for patients with advanced disease, life threatening illness and/or at end-of-life, and their families

4.1.3. Promote services that provide bereavement counseling

4.1.4. Apply principles of quality improvement and quality assurance to identify

issues requiring change

- 4.1.5. Identify and reflect on key issues under debate e.g. euthanasia, physician assisted suicide, palliative sedation with a view to understanding the arguments put forth by both advocates and opponents
 - 4.1.6. Appreciate how the research literature informs health care debates related to palliative and end of life care
 - 4.1.7. Act as an effective advocate for the rights of patients with advanced disease, life threatening illness and/or at end-of-life, and their families related to key issues under debate
 - 4.1.8. Identify public policy initiatives and existing legislation that pertain to patients with advanced disease, life threatening illness and/or at end-of-life
 - 4.1.9. Identify organizational issues that affect the delivery of palliative and end of life care e.g. lack of community resources for those who wish to die at home
 - 4.2. Describe how public policy impacts on the health of the populations served
 - 4.2.1. Describe how changes in legislation e.g. legalization of physician assisted suicide or euthanasia would affect the practice of palliative and end of life care
 - 4.2.2. Describe how changes in the funding and structure of the health care system affect the delivery of palliative and end of life care
 - 4.3. Identify points of influence in the health care system and its structure
 - 4.3.1. Describe the role of the Canadian Hospice and Palliative Care Association, provincial palliative care associations, the Canadian Society for Palliative Care Physicians, and palliative care sections of provincial medical associations, etc. in advocating for patients with advanced disease, life threatening illness and/or at end-of-life, and their families
 - 4.3.2. Identify the role of health care professionals and families in advocating for patients with advanced disease, life threatening illness and/or at end-of-life
 - 4.3.3. Appreciate the role of local, regional, provincial, national and international advocacy to improve palliative and end of life care
 - 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
 - 4.4.1. Identify ethical issues of specific significance when providing care to patients with advanced disease, life threatening illness and/or at end-of-life, and their families e.g. principle of double effect, proxy decision-making
 - 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
 - 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety
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- 4.6.1. Assist institutional and community palliative care programs in utilizing accepted standards of palliative and end of life care
- 4.6.2. Participate as a member of the Canadian Society of Palliative Care Physicians and other organizations to advocate for equitable, accessible, safe and high quality palliative and end of life care for all Canadians

Scholar

Definition:

As *Scholars*, **Palliative Medicine Subspecialists** demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: *Palliative Medicine Subspecialists are able to...*

1. Maintain and enhance professional activities through ongoing learning

- 1.1. Describe the principles of maintenance of competence
 - 1.1.1. Investigate and evaluate their care of patients, appraise and assimilate scientific evidence, continuously improve patient care based on self-evaluation and life-long learning
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
 - 1.2.1. Design, implement, document and monitor a personal plan for continuing education
 - 1.2.2. Use information technology to optimize learning
- 1.3. Recognize and reflect on learning issues in practice
 - 1.3.1. Practice self-reflection as a learning tool
- 1.4. Conduct a personal practice audit
 - 1.4.1. Identify gaps in knowledge and expertise related patient care and/or academic practice
 - 1.4.2. Systematically analyze practice using quality improvement methods and implement changes with the goal of enhancing practice
- 1.5. Pose an appropriate learning question related to the care of patients with advanced disease, life threatening illness and/or at end-of-life and their families
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
 - 1.7.1. Critically appraise and assimilate the scientific literature, and demonstrate an

evidence-based decision-making approach to patient care

1.8. Evaluate the impact of any change in practice

1.9. Document the learning process

1.9.1. Maintain records of educational and scholarly activities

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

2.1. Describe the principles of critical appraisal

2.2. Critically appraise retrieved evidence in order to address a clinical question related to palliative and/or end of life care

2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

3.1. Describe principles of learning relevant to medical education

3.1.1. Describe the principles of medical education, specifically with reference to adult learning theory, personal learning styles and reflective practice

3.1.2. Describe the role of the learner and teacher in the context of adult learning

3.2. Identify collaboratively the learning needs and desired learning outcomes of others

3.3. Select effective teaching strategies and content to facilitate others' learning

3.3.1. Provide educational counseling to patients with advanced disease, life threatening illness and/or at end-of-life, and their families

3.3.2. Describe the components and process of developing an effective learning experience

3.4. Demonstrate effective teaching in a variety of contexts (undergraduate, postgraduate, CPD/CME) and the use of appropriate educational methods including lecture or presentation, small groups, one-to-one, and bedside teaching

3.5. Assess and reflect on a teaching encounter

3.5.1. Demonstrate a strategy to improve teaching through self-reflection and assimilation of feedback

3.6. Provide effective feedback

3.6.1. Demonstrate the appropriate use of various methods to assess learning and provide effective feedback

3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- 4.1. Describe the principles of research and scholarly inquiry
 - 4.1.1. Understand research methodology, including hypothesis generation and testing
 - 4.1.2. Explain the principles and techniques of qualitative and quantitative methodologies and outcome evaluation, including the statistical bases and limitations of current methods to assess the validity of palliative and end of life research
 - 4.1.3. Understand the principles of clinical epidemiology
 - 4.1.4. Demonstrate basic understanding of biostatistics, research ethics, study design, protocol writing and manuscript preparation
 - 4.1.5. Identify current themes and trends in palliative and end of life care research
 - 4.1.6. Describe the unique challenges of palliative and end of life care research and strategies to overcome them
- 4.2. Describe the principles of research ethics in the context of palliative and end of life care
- 4.3. Pose a scholarly question related to the care of patients with advanced disease, life threatening illness and/or at end-of-life e.g. clinical, basic science, population health, education, systems-based
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study
 - 4.6.1. Contribute to the development of new knowledge in palliative and end of life care through research

Professional

Definition:

As *Professionals*, **Palliative Medicine Subspecialists** are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: *Palliative Medicine Subspecialists* are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

- 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism

- 1.1.1. Demonstrate awareness of their role in reducing suffering and enhancing quality of life
- 1.1.2. Demonstrate an ongoing commitment to a patient and family from the time of consultation until a patient dies and to the family after the patient dies
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
 - 1.2.1. Use appropriate strategies to maintain and advance professional competence in palliative and end of life care
 - 1.2.2. Incorporate current standards of palliative and end of life care in clinical practice
 - 1.2.3. Act as a role model by demonstrating skillful care of patients with advanced disease, life threatening illness and/or at end-of-life, and their families
 - 1.2.4. Demonstrate sensitivity and responsiveness to a diverse patient population
- 1.3. Recognize and appropriately respond to ethical issues encountered in practice
 - 1.3.1. Demonstrate an ethical approach when discussing issues related to care of patients with advanced disease, life threatening illness and/or at end-of-life, and their families including: truth-telling; consent and capacity; confidentiality; conflict of interest; resource allocation; withdrawal or withholding therapy; advance directives; palliative sedation; physician assisted suicide and euthanasia
 - 1.3.2. Appraise ethical implications related to diversity and difference in the patient with advanced disease, life threatening illness and/or at end-of-life
- 1.4. Manage conflicts of interest
 - 1.4.1. Recognize sources of conflict of interest associated with physician-patient relationships and interprofessional collaborative practice
 - 1.4.2. Demonstrate strategies to resolve conflicts of interest related to palliative and end of life care e.g. resource allocation, autonomy, goals of care
- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- 1.6. Maintain appropriate relations with patients
 - 1.6.1. Recognize and manage boundary issues e.g. over involvement, personal identification that may arise when caring for patients with advanced disease, life threatening illness and/or at end-of-life, and their families

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

- 2.1. Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice especially as it relates to advance directives, withdrawal and withholding therapy, palliative sedation, euthanasia and physician assisted suicide
- 2.2. Fulfill the regulatory and legal obligations required of current practice
 - 2.2.1. Apply relevant legislature that relates to patient care e.g. Advance Directives, Power of Attorney for Personal Care
 - 2.2.2. Recognize different approaches in caring for capable and incapable patients including ethical and legal roles of substitute decision-makers
 - 2.2.3. Demonstrate advanced knowledge of regulations governing the prescribing of controlled drugs e.g. opioids, marijuana and other medications used in the management of pain and symptoms in patients with advanced disease, life threatening illness and/or at end-of-life
- 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.3.1. Provide care to patients with advanced disease, life threatening illness and/or at end-of-life, and their families in adherence to principles and policies of their respective regulatory body e.g. College of Physicians and Surgeons of Ontario
- 2.4. Recognize and respond to others' unprofessional behaviours in clinical practice or in the context of teaching or research
- 2.5. Participate in peer review
 - 2.5.1. Participate in the assessment of other physicians and health care professionals providing care for patients with advanced disease, life threatening illness and/or at end-of-life, and their families

3. Demonstrate a commitment to physician health and sustainable practice

- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
 - 3.1.1. Demonstrate strategies for managing personal stress associated with caring for patients with advanced disease, life threatening illness and/or at end-of-life, and their families
 - 3.1.2. Demonstrate strategies for resolving conflicts and role strain
- 3.2. Strive to heighten personal and professional awareness and insight
 - 3.2.1. Recognize the importance of incorporating self-reflection in all aspects of practice
 - 3.2.2. Reflect on the personal effect of providing care for patients who are suffering and their families

- 3.2.3. Continually evaluate their competence and demonstrate awareness of limitations as a strategy for life-long learning and self-regulation
- 3.2.4. Seek and receive feedback and assistance from others related to professional and personal issues
- 3.2.5. Demonstrate self awareness and self-care
- 3.3. Recognize other professionals in need and respond appropriately
 - 3.3.1. Demonstrate awareness of the effect of caring for patients with advanced disease, life threatening illness and/or at end-of-life, and their families on colleagues and other professionals, and strategies to support them and assist them find appropriate resources