

EDUCATING FAMILY PHYSICIANS IN

A FOUR-DAY SMALL GROUP LEARNING PROGRAM AND PRECEPTORSHIP



PROGRAM AGENDA

Welcome, Introduction to Palliative

DAY 1

1:00 PM - 1:45 PM

Care Initiatives, Objectives & Overview 1:45 PM - 3:15 PM Pain Management (Part I) 3:15 PM - 3:30 PM **Nutrition Break** 3:30 PM - 5:00 PM **Pain Cases** 5:00 PM - 5:30 PM **Goals of Care Discussion and Role Play** DAY 2 **Continental Breakfast** 7:30 AM - 8:00 AM Frailty as a Guide to Decision 8:00 AM - 9:00 AM Making **Dyspnea & Palliative Care in** 9:00 AM - 10:15AM **Non-Malignant Diseases** 10:15AM - 10:30 AM **Nutrition Break** 10:30 AM - 11:15 AM **Cases: Dyspnea & Palliative Care in Non-Malignant Diseases** 11:15 AM - 12:00 PM **Palliation of Nausea & Vomiting** Lunch 12:00 PM 12:45 PM **Malignant Bowel Obstruction** 12:45 PM - 1:30 PM 1:30 PM - 2:15 PM **Constipation and Anorexia/Cachexia GI Cases** 2:15 PM - 3:00 PM **Nutrition Break** 3:00 PM - 3:15 PM **Bereavement and Grief** 3:15 PM - 4:00 PM 4:00 PM - 4:45 PM **Spirituality in Medicine**

LEARNING OBJECTIVES

The participant will:

- Use palliative models of care in their practice
- Identify local (Kingston) palliative care team capacity and organization resources
- Discuss pain, nociception, and basic pain ladder
- Review different opioid formulations, dosing, rotation and side effects 3) Provide strategies for particular pains (e.g. neuropathic, bony)
- Identify need for advanced pain management techniques (e.g. CADDs, methadone) and interventional strategies (e.g. intrathecal catheters)
- Practice using palliative pain management strategies, including opioids, adjuvants in group case-based discussions
- Discuss advance care planning, goals of care, and consent in the context of their patient and situation
- Develop a plan of care for patients based on discussions with patients and substitute decision-makers

LEARNING OBJECTIVES

The participant will:

- Integrate palliative care principles into care of patients with frailty
- Discuss the needs and role of palliative care in nonmalignant conditions: cardiovascular, respiratory, renal, and neurologic (including dementia)
- Practice using palliative symptom management strategies for non-malignant diseases in group case-based discussions
- Identify the pharmacologic and non-pharmacologic approaches to nausea and vomiting
- Recognize the prevalence and causes of malignant bowel obstructions
- Discuss treatment of partial and complete malignant bowel obstruction
- Integrate pharmacologic and non-pharmacologic approaches to constipation and diarrhea in clinical practice
- Discuss prevalence and management of anorexia/cachexia in palliative patients
- Practice initiating and managing antiemetics through casebased discussions
- Discuss management of bowel obstructions in group casebased discussions
- Practice bowel management in group case-based discussions
- Discuss the provision of bereavement and grief follow-up
- Discuss the importance of spirituality in holistic care
- Utilize a suggested format for eliciting a patient's spiritual history

PROGRAM AGENDA

DAY 3

7:30 AM - 8:00 AM

8:00 AM - 9:00 AM

9:00 AM - 9:45 AM

9:45 AM - 10:00 AM

10:00 AM - 11:00 AM

11:00 AM - 12:00 PM

12:00 PM - 12:45 PM

12:45 PM - 1:45 PM

1:45 PM - 2:00 PM

2:00 PM - 3:15 PM

Continental Breakfast

Cannabis in Palliative Care

Oncology and Palliative Care Issues

Nutrition Break

Delirium

Continuous Palliative Sedation Therapy and Definition of MAID

Lunch

Emergencies in Palliative Care

Nutrition Break

Care of the Imminently Dying Patient

LEARNING OBJECTIVES

The participant will:

- Evaluate the evidence for medical cannabis in palliative care
- Produce clear instructions on how to authorize cannabis for palliative care patients
- Discuss the impact of legalization of recreational marijuana on palliative care
- Recognize how different types of chemotherapy and radiation regimens fit into patient goals
- Identify the roles that radiation and medical oncology play in symptom management and palliative emergencies
- Describe an approach to managing side effects of oncology treatments
- Diagnose, assess and manage delirium to meet the palliative care patients' goals of care
- Identify and describe emergencies in palliative care and how to manage them in various settings
- Identify and describe emergencies in palliative care and how to manage them in various settings
- Identify the symptoms and trajectory of imminently dying patients, including secretions and terminal delirium

DAY 4

8:00 AM - 8:30 AM

8:30 AM - 10:00 AM

10:00 AM - 10:15 AM

10:15 AM - 11:30 AM

11:30 AM - 12:00 PM

12:00 PM - 12:45 PM

Continental Breakfast

Home Supports and Practical Tips

Nutrition Break

Consolidating Palliative Care Cases

Wrap-up and Closing Remarks

Lunch and Program Close

LEARNING OBJECTIVES

The participant will:

- Integrate resources and critical pieces to provide end-oflife care in the home
- Identify palliative billing codes
- Evaluate aggregate palliative care cases to solidify knowledge from the course
- Evaluate opportunities and challenges associated with providing palliative care

As part of this program, you are required to complete a pre-program needs assessment, a preceptorship and a post-program reflection.

PRECEPTORSHIP

Spend a day (not available on Saturday or Sunday) in Kingston with the Palliative Care team. Details will be provided at a later date.

POST PROGRAM REFLECTION

Your Post Program Reflection will be emailed to you approximately 2 months after the live program is completed.