PALLIATIVE CARE COMPETENCIES FOR UNDERGRADUATE MEDICAL STUDENTS IN CANADA

June 27, 2018

BACKGROUND

A competency-based model of medical education is being integrated across the trajectory of medical education in Canada -- from undergraduate, to postgraduate, to continuing professional development -- as a way to ensure that Canadian physicians have the skills and abilities required to provide safe and effective medical care, and to guide lifelong learning, where physicians' skills and abilities evolve along with changes in healthcare and in response to patients' and societal needs.

Original EFFPEC Project (2004-2008)

In 2004-2008, national undergraduate competencies for palliative and end-of-life care were developed through a project called Educating Future Physicians in Palliative and End-of-life Care (EFPPEC). The project was funded by Health Canada and was led by the Canadian Hospice Palliative Care Association (CHPCA) in partnership with the Association of Faculties of Medicine of Canada (AFMC), the Canadian Society of Palliative Care Physicians (CSPCP), and the faculties of medicine at Canada's 17 medical schools. The goal was to graduate every medical student with the knowledge, skills and attitudes appropriate to meet patients' primary palliative care needs.

EFPPEC Update Project (2017-2018)

In 2017, the project partners undertook a "refresh" process to reflect the changes in the practice environment, and to align to the 2015 CanMEDS framework.[1] The CSPCP led content development and the validation process, with support from project partners AFMC and CHPCA. In alignment with transitions in undergraduate medical education towards a competency-based model, the revised EFPPEC document also provides the foundation for developing Entrustable Professional Activities (EPAs) in palliative care specific to medical students; the AFMC recently published EPAs for the transition from medical school to residency[2] will guide the next steps in this important work.

Summary of key changes

[1] http://canmeds.royalcollege.ca/en/framework
[2] https://afmc.ca/sites/default/files/documents/AFMC_Entrustable_Professional_Activities_EN_0.pdf

- Shift from “palliative care,” which historically was provided at end of life primarily to individuals with cancer, to a “palliative approach to care,” which starts earlier in the course of a life-threatening malignant or non-malignant illness.

- Addition of competencies, or focused objectives, that address changes in the practice environment, including safe and appropriate use of opioid prescribing; recent changes in Canadian laws around Medical Assistance in Dying (MAiD); and the growing use of cannabinoids for symptom management.

- Considerations for pediatric palliative care.

Key steps in the refresh process

The updated competencies were developed through a multi-stage validation process that invited the following stakeholders to comment: members of the CSPCP Undergraduate Education Committee (which includes representatives from all 17 medical schools in Canada); Program Directors for palliative medicine, geriatrics, and family medicine at all of the medical schools in Canada; the Medical Council of Canada (MCC); the Royal College of Physicians and Surgeons of Canada (RCPSC); the College of Family Physicians of Canada (CFPC); the Collège des Médecins du Québec (CMQ); palliative medicine practitioners (including pediatric palliative care practitioners), palliative medicine residents and medical students. The competencies were validated by 60 individuals and organizations from across Canada. (See Appendix A.)

The EFPPEC Refresh Project Team

Core Team
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Acknowledgements
The Project Team and the Partner Leads gratefully acknowledge the individuals and organizations who participated in the multi-stage validation project. A list of participants is provided in Appendix A.

INTRODUCTORY NOTES

The goal of this palliative and end-of-life care (PEOLC) undergraduate curriculum is to integrate key competencies and their enabling competencies into each medical school's curriculum and build on currently existing curricula. **Students are expected contribute at an educationally appropriate level to address the key competencies; they are not expected to be able to "do everything".** The end point is not to create a single PEOLC course or clinical rotation, because some of the competencies will be addressed within established courses and other clinical rotations within each faculty. The goal is to ensure students are equipped with the skills to support patients and their families through attention to physical, mental, emotional, social and spiritual suffering, and to help prepare them for care throughout a life-threatening illness, the dying process and death. The most effective palliative care begins long before the last few days or weeks of life.

1. The framework of key competencies and enabling competencies is aligned with CanMEDS 2015.[3] Extensive descriptions of this framework are available and will not be repeated here. The PEOLC key competencies have been listed under the major CanMEDS domain that applies but it is recognized that the PEOLC competencies may involve one or more CanMEDS domains.

2. The updated PEOLC key competencies and enabling competencies in this document have been subjected to national review and have received widespread approval from medical educators across Canada.

3. The PEOLC curriculum enabling competencies and specific objectives will:
    - Cover pre-clerkship and clerkship years.
    - Enable graduating students to contribute effectively to interprofessional discussions on the management of patients requiring palliative care and their families.

4. This curriculum should not be seen as a curriculum taught only by palliative medicine specialists. It is critical that opinion leaders and teachers in other specialties and professions be involved.

5. The curriculum must be taught both in pre-clerkship and clerkship phases of the medical school curriculum.

6. It is important that medical students are exposed to role models in all specialties who practice quality palliative and end-of-life care.

7. The curriculum and associated competencies provide opportunity for interprofessional learning and education.

Definition of Palliative Care

The World Health Organization (WHO) defines palliative care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. The full definition is available here: http://www.who.int/cancer/palliative/definition/en/

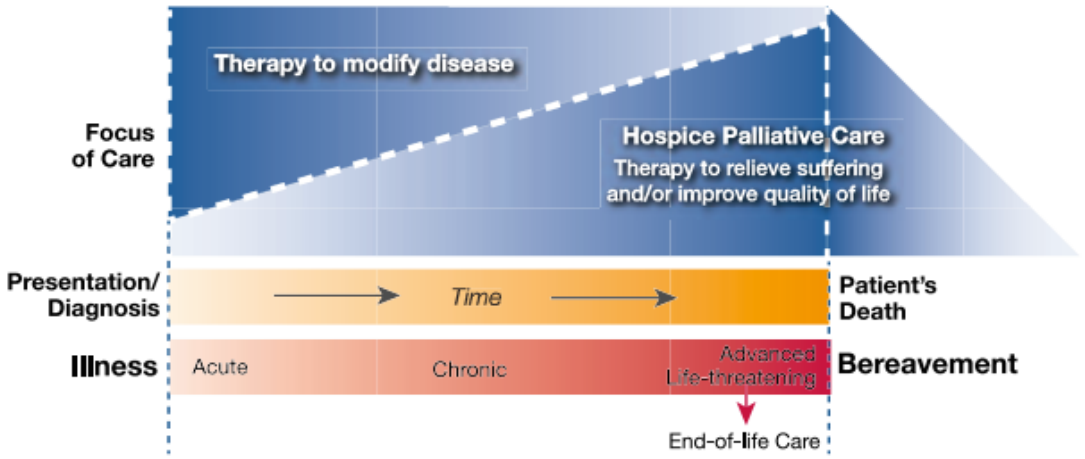
The WHO notes that palliative care for children represents a special, albeit closely related field to adult palliative care. Their definition of palliative care appropriate for children and their families is here: http://www.who.int/cancer/palliative/definition/en/

[3] htt://cameds.royalcollege.ca/en/framework

Models of Palliative Care

The model shown below, **The Role of Hospice Palliative Care During Illness** (Canadian Hospice Palliative Care Association) illustrates the typical shift in focus of care over time and how palliative care plays an increasingly significant role as the person moves through the illness trajectory.[4]

The Role of Hospice Palliative Care During Illness



The **Bow Tie Model**[5] illustrates the double reality of hoping for cure while facing and preparing for the reality that cure may not be possible.

Palliative Care Bow Tie Model

[4] Canadian Hospice Palliative Care Association. *A Model to Guide Hospice Palliative Care - Based on National Principles and Norms of Practice, Revised and Condensed Edition: 2013*. p.7.

[5] Hawley, P. *The Bow Tie Model of 21st Century Palliative Care*. J Pain Symptom Manage 2014 January 47(1) e2-e5.

Medical Expert / Scholar

1. When graduating from medical school, students will be able to describe a palliative approach to care.[6]

Enabling competencies

1.1 Identify when to initiate a palliative approach to care across the multiple different settings of care.

	Specific Objectives	Pre-Clerkship or Clerkship
1.1.1	Describe (PC) and identify (C) patients who would benefit from a palliative care approach early in their illness trajectory.	PC/C
1.1.2	Describe common trajectories of functional decline.	PC/C
1.1.3	Describe the benefits of an early collaborative palliative approach to care.	C

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

Enabling Competencies

2.1 Assess pain and symptoms effectively by conducting a thorough pain history, appropriate physical exam and relevant investigations.

	Specific Objectives	Pre-Clerkship or Clerkship
2.1.1	Demonstrate a patient and family* centered and interprofessional approach to assessing pain and other symptoms in patients with advanced and progressive illness.	PC/C
2.1.2	Describe the effect of the physician's personal experiences and beliefs on the assessment and management of pain and other symptoms.	PC/C

* For the purposes of this document, "family" refers to any person that is close to the patient, regardless of whether or not they are biologically related.

[6] Care that focuses on meeting a person's and family's full range of needs – physical, psychosocial and spiritual – at all stages of a chronic progressive illness. It reinforces the person's autonomy and right to be actively involved in his or her own care – and strives to give individuals and families a greater sense of control. It sees palliative care as less of a discrete service offered to dying persons when treatment is no longer effective and more of an approach to care that can enhance their quality of life throughout the course of their illness or the process of aging. It provides key aspects of palliative care at appropriate times during the person's illness, focusing particularly on open and sensitive communication about the person's prognosis and illness, advance care planning, psychosocial and spiritual support and pain/symptom management. As the person's illness progresses, it includes regular opportunities to review the person's goals and plan of care and referrals, if required, to expert palliative care services. http://www.hpcintegration.ca/media/53072/TWF-lexicon-eng-final.pdf

2.1.3	Describe (PC) and recognize (C) “total pain”, where physical, psychological, social, emotional and spiritual concerns each contribute to the pain experience.	PC/C
2.1.4	Discuss issues in identifying and treating pain and other symptoms across the spectrum of developmental, cognitive and physical abilities.	C
2.1.5	Describe standardized tools for pain assessment.	PC/C
2.1.6	Discuss appropriate/relevant investigations of pain and pain symptoms.	C
2.1.7	Discuss patient and family education regarding self-management techniques for controlling pain and other symptoms.	C

Enabling Competencies

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

	Specific Objectives	**Pre-Clerkship or Clerkship**
2.2.1	Outline the WHO approach to the management of cancer pain.	PC /C
2.2.2	Describe how pharmacokinetics & pharmacodynamics impact the choice of opioids, including patient-specific considerations such as age, weight, frailty, prior exposure, and renal and hepatic function.	PC/C
2.2.3	Describe common side effects of opioids & an approach to their management that includes anticipation & prevention of side effects.	PC/C
2.2.4	Describe (PC) and assist in the management of (C) patient and family concerns or myths about opioids at the end of life.	PC/C
2.2.5	Explain the concepts of tolerance, physical dependence, & addiction as they relate to the use of opioids in palliative care.	PC/C
2.2.6	Identify potential risk factors for opioid use disorder, including topics such as abuse, addiction and/or diversion.	C
2.2.7	Describe safe storage of opioids, responsible prescribing and disposal.	C
2.2.8	Discuss routes of opioid administration.	C
2.2.9	Describe and explain an appropriate prescription for an opioid naïve patient including breakthrough dosing.	C
2.2.10	Describe appropriate approaches to opioid titration for patients with palliative care needs.	C
2.2.11	Identify and describe strategies to manage opioid-induced neurotoxicity vs. overdose.	C

Enabling Competencies

2.3 List and justify adjuvant modalities and medications for pain management in patients with palliative care needs.

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

Enabling Competencies

2.4 Discuss approaches for assessment and management of other symptoms including fatigue, cachexia and anorexia, constipation, dyspnea, nausea and vomiting, delirium, anxiety and depression.

	Specific Objectives	**Pre-Clerkship or Clerkship**
2.4.1	Describe the prevalence and impact of major symptoms in patients with palliative care needs.	PC/C
2.4.2	Systematically assess symptoms in patients with palliative care needs and participate in the evidence-based holistic and interprofessional management of these symptoms.	PC/C
2.4.3	Describe the potential role for chemotherapy, radiation therapy, other oncological therapies, surgery, and interventional procedures in the management of symptoms.	C

Enabling Competencies

2.5 Assist in monitoring the efficacy of treatment plans for pain and other symptoms.

	Specific Objectives	**Pre-Clerkship or Clerkship**
2.5.1	Describe the role of the patient, family and interprofessional care team in monitoring treatment plans.	C
2.5.2	Apply techniques for the assessment of pain and other symptoms on a longitudinal basis and identify opportunities to modify the management strategy according to effectiveness, side-effects, patient preferences and the stage of disease.	C

Enabling Competencies

2.6 Contribute to developing a holistic management plan.

	Specific Objectives	**Pre-Clerkship or Clerkship**
2.6.1	Identify the components of a holistic, interprofessional management plan for a patient with palliative care needs.	PC/C
2.6.2	Contribute effectively to the holistic interprofessional management plan for a patient with palliative care needs.	C

The following elements of the undergraduate curriculum may facilitate learning of the above competencies:

a) Pain physiology and pathophysiology
b) Physiology and pathophysiology of common symptoms
c) Pharmacodynamics and pharmacokinetics of medications used for symptom relief
d) Interviewing and communication skills
e) Role of chemotherapy and radiotherapy
f) Management of palliative care / oncological emergencies
g) Role for medicinal cannabis and cannabinoids in common medical conditions
h) Role for complementary therapies

Medical Expert / Scholar / Collaborator

3. When graduating from medical school, students will be able to participate in appropriate care for the dying patient and their family.

Enabling Competencies

3.1 Participate in the management and support of the dying patient and their family.

	Specific Objectives	**Pre-Clerkship or Clerkship**
3.1.1	Identify signs of approaching death.	PC/C
3.1.2	Describe common signs of the natural dying process.	PC/C
3.1.3	Describe how to prepare and educate the patient, family and caregivers when death approaches, and care of the body after death.	PC/C
3.1.4	List common medications used for control of symptoms in the dying phase.	C
3.1.5	Describe the steps needed to pronounce a patient's death and to complete a certificate confirming death.	C

4. When graduating from medical school, students will be able to participate in appropriate care for the <u>pediatric</u> patient with palliative care needs and their family.*

Enabling Competencies

4.1 Participate in the management and support of the dying pediatric patient and their family.

	Specific Objectives	**Pre-Clerkship or Clerkship**
4.1.1	Demonstrate an understanding of pediatric palliative care which can start at diagnosis (including antenatal diagnosis) and continue throughout the life of the child (alongside acute care interventions) and into bereavement for the family.	PC/C
4.1.2	Describe the differences between pediatric and adult palliative care.	PC/C
4.1.3	Describe the multidisciplinary and interprofessional approach to care which benefits the child and family when life-threatening illness is present.	PC/C
4.1.4	Describe elements of support to families in deciding the best treatment option(s), including non-intervention, for their child and demonstrate the ability to respect the choice(s) made.	C
4.1.5	Identify the challenges (societal, professional and personal) which arise when caring for a dying child.	C

***** This topic could be covered in the pediatric and/or palliative care curriculum. (Reminder: For the purposes of this document, "family" refers to any person that is close to the patient, regardless of whether or not they are biologically related.)

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

Enabling Competencies

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

	Specific Objectives	**Pre-Clerkship or Clerkship**
5.1.1	Describe the psychosocial and spiritual issues that a dying patient and their family may experience.	PC/C
5.1.2	Assess the psychosocial and spiritual needs of a dying patient and their family.	C
5.1.3	Describe the impact of developmental stage and cognitive functioning on the understanding of death and manifestations of grief.	PC/C
5.1.4	Describe the features of anticipatory grief, normal grief and atypical grief as defined by current *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria, including risk factors for atypical grief.	PC/C
5.1.5	Describe the incidence and diagnosis of depression and other mood disturbances in a patient with palliative care needs.	PC/C
5.1.6	Describe the features of dignity conserving care.	C

Enabling Competencies

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

	Specific Objective	**Pre-Clerkship or Clerkship**
5.2.1	Assist in the development of an interprofessional care plan to meet the psychosocial and spiritual needs of a patient with palliative care needs and their family.	C

Enabling Competencies

5.3 Self-assess personal attitudes and beliefs in caring for dying patients and their families.

	Specific Objectives	**Pre-Clerkship or Clerkship**
5.3.1	Demonstrate awareness of personal fears and attitudes towards dying and death and how to access a support system.	PC/C
5.3.2	Discuss how personal attitudes may potentially impact the care provided to a dying patient and their family.	PC/C

Enabling Competencies

5.4 Demonstrate sensitivity to cultural/religious considerations and to indigenous, LGBTQ2S, and vulnerable/marginalized people, in addressing palliative and end-of-life care needs.

	Specific Objectives	**Pre-Clerkship or Clerkship**
5.4.1	Discuss potential differences between people, cultures and religions in palliative and end-of-life care, including attitudes towards dying and death, communication, truth-telling and autonomy.	PC/C
5.4.2	Describe an approach to defining palliative and end-of-life care needs in indigenous, LGBTQ2S, and vulnerable/marginalized people, as well as various cultural and religious issues in palliative and end-of-life care.	C

The following elements of the undergraduate curriculum may facilitate learning of the above competencies:

a) Psychological reactions to chronic illness
b) Cultural competence
c) Indigenous health
d) Global health / health equity
e) DSM criteria for depression

Leader and Professional

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

Enabling Competencies

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

	Specific Objectives	**Pre-Clerkship or Clerkship**
6.1.1	Describe an approach to addressing ethical issues.	PC/C
6.1.2	Describe different ways that patients and families cope with illness and death.	PC/C
6.1.3	Describe the hierarchy for Substitute Decision Making for a patient who lacks capacity.	C
6.1.4	Participate with the health care team to assist the patient, and if appropriate the Power of Attorney (POA) or Substitute Decision Maker (SDM) (as dictated by the province or territory) or family, in the development of a treatment care plan in alignment with the goals of care, collaborating with other team members and using appropriate resources.	C

Enabling Competencies

6.2 Propose advance care plans, including developing and discussing advance directives with patients and families, in accordance with provincial/territorial regulations.

	Specific Objectives	**Pre-Clerkship or Clerkship**
6.2.1	Discuss the importance of the physician-patient relationship in end-of-life decision making.	PC/C
6.2.2	Discuss common ethical issues at the end of life such as decision making, withdrawing or withholding therapy, and resuscitation orders.	PC
6.2.3	Describe the practical clinical application of the principles of medical ethics in palliative and end-of-life care.	PC/C
6.2.4	Describe the components of advance care planning in patients with palliative and end-of-life care needs.	PC/C
6.2.5	Describe the role of POAs or SDMs in palliative and end-of-life care planning.	PC/C
6.2.6	Assist in the development and discussion of goals of care, including discussing and developing advance directives with patients with palliative care needs and their families.	C
6.2.7	Demonstrate respect for differing family structure, roles and cultural issues when sharing information and arriving at decisions, including treatment care plans.	PC/C

Enabling Competencies

6.3 Describe models of end-of-life care.

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

Enabling Competencies

6.4 Distinguish between Medical Assistance in Dying (MAiD), palliative sedation, and withholding and withdrawing therapy, in accordance with provincial/territorial/federal regulations and terminology.

	Specific Objectives	**Pre-Clerkship or Clerkship**
6.4.1	Describe an approach to responding to suffering expressed by patients and families.	PC/C
6.4.2	Describe an approach to respond to a patient's or family's request for hastened death.	C
6.4.3	Identify why patients at the end of life may request MAiD.	PC/C
6.4.4	Discuss withholding and withdrawing of therapies such as artificial hydration, artificial nutrition, renal support and ventilation and the differences between these and MAiD.	PC/C
6.4.5	Discuss some of the moral and cultural issues raised when MAiD is requested or advocated. *	PC/C
6.4.6	Discuss how to avoid prolongation of the dying process while respecting the goals of care.	C
6.4.7	Discuss the role of palliative sedation (sedation for refractory symptoms at the end of life), its ethical implications, and how it differs from MAiD.	PC/C

* Ethical and legal issues, including current federal and provincial/territorial laws, should be taught as well, as part of the university's MAiD curriculum and not necessarily within the palliative and end-of-life-care curriculum.

The following elements of the undergraduate curriculum may facilitate learning of the above competencies:

a) Cardinal principles of ethics
b) A framework for ethical decision-making
c) Elements of advance care planning
d) Patient and family reactions to illness

Communicator

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

Enabling Competencies

7.1 Communicate information about the illness effectively including bad news.

	Specific Objectives	Pre-Clerkship or Clerkship
7.1.1	Identify the specific issues that may interfere with communication of news or bad news to dying patients and their families.	PC/C
7.1.2	Describe an approach to the communication of information about the illness, including bad news.	PC/C
7.1.3	Demonstrate an ability to communicate bad news with a palliative care patient and his/her family.	C
7.1.4	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
7.1.5	Discuss issues of truth-telling for patients with palliative care needs, including the influence of cultural issues.	PC/C
7.1.6	Describe an approach to discussing prognosis with patients facing a life-limiting illness, and their families.	C

Enabling Competencies

7.2 Participate effectively in meetings with patients and their families.

	Specific Objectives	Pre-Clerkship or Clerkship
7.2.1	Describe the role of family meetings with a patient with palliative care needs and their families.	PC
7.2.2	Observe a family meeting (or simulation) with a patient with palliative care needs and their family.	PC/C
7.2.3	Participate in a family meeting with a patient with palliative care needs, their family and the interprofessional team.	C

Enabling Competencies

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

	Specific Objective	Pre-Clerkship or Clerkship
7.3.1	Identify the components of an education process for patients with palliative care needs and their families.	PC/C

Enabling Competencies

7.4 Keep adequate medical records.

	Specific Objective	Pre-Clerkship or Clerkship
7.4.1	Identify the components of a holistic interprofessional record of a patient with palliative care needs and record the physician's components.	C

The following elements of the undergraduate curriculum may facilitate learning of the above competencies:

a) Communicating bad news
b) Family dynamics
c) Elements of the medical record
d) Educating patients

8. When graduating from medical school, students will be able to collaborate as a member of an interprofessional team.

Enabling Competencies

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

	Specific Objectives	Pre-Clerkship or Clerkship
8.1.1	Describe the role of the physician in providing end-of-life care.	PC/C
8.1.2	Discuss interprofessional collaboration in palliative and end-of-life care as a fundamental concept.	PC/C
8.1.3	Describe the key roles of other professionals in caring for a person at the end of life.	PC/C
8.1.4	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

8.2 Demonstrate an interprofessional care approach with formal and informal teams.

	Specific Objectives	Pre-Clerkship or Clerkship
8.2.1	Demonstrate appropriate referral, consultation and communication with the other disciplines and professionals involved in caring for patients with palliative care needs.	C
8.2.2	Discuss the importance of routine, interprofessional monitoring of the treatment care plan for patients with palliative care needs.	C
8.2.3	Demonstrate the ability to communicate the perspective of the physician's discipline and elicit those of other professionals while providing palliative and end-of-life care.	C

The following elements of the undergraduate curriculum may facilitate learning of the above competencies:

a) Roles of other professionals in health care
b) Team dynamics

Health Advocate

9. When graduating from medical school, students will be able to attend to multi-dimensional sources of suffering.

Enabling Competencies

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

	Specific Objectives	**Pre-Clerkship or Clerkship**
9.1.1	Describe diverse societal perspectives on dying and death.	PC/C
9.1.2	Identify issues contributing to suffering in patients requiring palliative and end-of-life care and their families/caregivers.	PC/C

Enabling Competencies

9.2 Describe a supportive approach to suffering.

	Specific Objective	**Pre-Clerkship or Clerkship**
9.2.1	Describe a supportive approach to addressing multi-dimensional sources of suffering in patients with palliative care needs and their families/caregivers.	C

Professional

10. When graduating from medical school, students will be able to demonstrate self-awareness and self-care in caring for terminally ill patients.

Enabling Competencies

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

	Specific Objectives	**Pre-Clerkship or Clerkship**
10.1.1	Identify common factors contributing to personal and professional stress in caring for patients who are dying, and their families.	PC/C
10.1.2	Identify and demonstrate use of effective strategies to cope with personal and professional stress that arises in caring for patients who are dying, and their families.	C

The following elements of the undergraduate curriculum may facilitate learning of the above competencies:

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. Simulations, videos, and other technology-supported methods can also be incorporated.

5. Suitable role models are invaluable in guiding students through distressing experiences with dying patients.

EVALUATING COMPETENCIES IN PEOLC

1. It is important to assess students' skills and attitudes related to PEOLC competencies, through observation and evaluation of clinical performance in rotations where the exposure to patients with palliative care needs is the greatest.

2. Encourage students to seek feedback from interprofessional colleagues and from patients and families.

ABBREVIATIONS

AFMC	Association of Faculties of Medicine of Canada
C	Clerkship
CFPC	College of Family Physicians of Canada
CHPCA	Canadian Hospice Palliative Care Association
CMQ	Collège des Médecins du Québec
CSPCP	Canadian Society of Palliative Care Physicians
DSM	Diagnostic and Statistical Manual of Mental Disorders
EFPPEC	Educating Future Physicians in Palliative and End-of-life Care
EPA	Entrustable Professional Activity
LGBTQ2S	Lesbian, Gay, Bisexual, Transsexual, Queer, 2-Spirited
MAiD	Medical Assistance in Dying
MCC	Medical Council of Canada
PC	Pre-Clerkship
PEOLC	Palliative and End-Of-Life Care
POA	Power of Attorney
RCPSC	Royal College of Physicians and Surgeons of Canada
SDM	Substitute Decision Maker
WHO	World Health Organization

APPENDIX A
Validators

The Project Team and the Partner Leads gratefully acknowledge the following individuals and organizations who participated in the multi-stage validation process.

Organizations

Association of the Faculties of Medicine of Canada	Dr. Sarita Verma
Canadian Hospice Palliative Care Association	Ms. Sharon Baxter
Canadian Society of Palliative Care Physicians	Undergraduate Education Committee and Board of Directors
College of Family Physicians of Canada	Dr. Nancy Fowler
Collège des Médecins du Québec Medical Education Division	Dr. Anne-Marie MacClellan, Dr. Louise Samson, Dr. Isabelle Tardif, Mrs. Isabelle Mondou
Medical Council of Canada	Dr. Claire Touchie, Mr. Yves Lafortune
Royal College of Physicians and Surgeons	Dr. Jason Frank and the Specialty Committee for Palliative Medicine

Individuals

Canadian Society of Palliative Care Physicians – Members of the Undergraduate Education Committee	
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Dr. Lucie Baillargeon	University of Laval
Dr. Anne Boyle	McMaster University
Dr. Carl Bromwich	University of Sherbrooke
Dr. Shirley Bush	University of Ottawa
Dr. Jeff Dempster	Dalhousie University
Dr. Craig Goldie	Queen's University
Dr. Pippa Hawley	University of British Columbia
Dr. Andrew Knight	Northern Ontario School of Medicine
Dr. Susan MacDonald	Memorial University
Palliative Medicine Program Directors	
Dr. Samir Azzaria	University of Laval
Dr. Chris Barnes	University of Ottawa
Dr. Carl Bromwich	University of Sherbrooke
Dr. Sarah Burton MacLeod	University of Alberta
Dr. Andreanne Cote	Université de Montréal
Dr. Deb Dudgeon	Queen's University
Dr. Christian Lariviere	University of Manitoba
Dr. Susan MacDonald	Memorial University
Dr. Amanda Roze des Ordons	University of Calgary
Dr. Alan Taniguchi	McMaster University

Family Medicine Program Directors	
Dr. Russell Dawe (for Dr. Katherine Stringer)	Memorial University
Dr. Karen Schultz	Queen's University
Dr. Jamie Wickett	University of Western Ontario
Geriatrics Program Directors	
Dr. Fiona Lawson	University of Alberta
Pediatric Palliative Care Physicians	
Dr. Estee Grant	Alberta
Dr. Dave Lysecki	Ontario
Dr. Christina Vadeboncouer	Ontario
Additional Palliative Care Clinicians	
Dr. Mahmood Beheshti	Family Medicine, Palliative Care Saskatchewan
Dr. Teneille Gofton	Neurology, Palliative Care Ontario
Dr. Valerie Gratton	Palliative Care Consult Team Ontario
Dr. Carmen Johnson	Medical Director, Palliative Care Pasqua Hospital, Saskatchewan
Dr. Nicola Macpherson	Family Medicine, Palliative Care British Columbia, Alberta & Saskatchewan
Dr. Kevin Workentin	Family and Community Medicine Ontario
Medical Students and Palliative Care Residents	
Dr. Alexandra Farag, resident	McMaster University
Rebecca Hoiland, medical student	University of Saskatchewan
Dr. Erin Kennah, resident	University of Calgary
Sarah Smith, medical student	University of Calgary
Dr. Suzanne Lotimer, resident	University of Ottawa
Kalyani Sabanayagam, medical student	McMaster University
Joshua Stanley, medical student	University of Ottawa
The Canadian Federation of Medical Students and the Fédération médicale étudiante du Québec were invited to comment but did not respond.	
Ethicists and Clinicians with Ethics Expertise	
Mrs. Isabelle Mondou	Quebec
Dr. Jill Rice	Ontario