

Palliative Care and Cancer Rehabilitation

ME 298.99

General Information

COURSE CHAIR: Neha Darrah, MD and Arash Asher, MD

STUDENT COORDINATOR'S CONTACT INFORMATION: PHONE: (310) 423 5161 * E-MAIL: lMMedicalStudents@cshs.org

STUDENTS / PERIOD: max 1 min 1

DURATION: 2-4 weeks

Electives at Cedars-Sinai start in May. Please visit our <u>VSAS</u> catalog for dates and to submit your application. This course is also offered by arrangement, please contact the student program coordinator.

Requirement(s)

1. USMLE Step 1 Score

Description

This course is designed to help medical students develop the essential competencies required to provide quality care to patients with serious disease. By the end of this rotation, students will be able to perform a basic symptom assessment, describe the difference between palliative care and hospice, and initiate goals of care conversations. The role of the rehabilitation team throughout the cancer trajectory will also be highlighted.

Students will spend 80% of their time with the inpatient palliative care team at Cedars Sinai Medical Center. Experiences will include:

- Providing consultative services (symptom assessment and management, goals of care, psychosocial and spiritual support) for patients with serious and chronic illnesses including but not limited to COPD, cancer, heart failure, dementia, and ESRD
- Engaging with the multi-disciplinary team and participating in team rounds
- Caring for actively dying patients enrolled into the inpatient hospice program

Students will spend 20% of their time at the Cancer Rehabilitation and Survivorship Program at the Samuel Oschin Cancer Center. Experiences will include:

- Participation/shadowing in a cancer rehabilitation clinic
- Observation of various cancer rehabilitation programs including a Cancer Exercise Program, Chemobrain Program, Art Therapy, etc.
- Exposure to a lymphedema rehabilitation program
- · Weekly didactics focused on high impact palliative care topics

Course Objectives

- Describe ethical principles that inform decision-making in serious illness, including the right to forgo or withdraw lifesustaining treatment and the rationale for obtaining a surrogate decision maker.
- Reflect on personal emotional reactions to patients' dying and deaths
- 3. Identify psychosocial distress in patients and families
- Explore patient and family understanding of illness, concerns, goals, and values that inform the plan of care
- Define the philosophy and role of palliative care across the life cycle and differentiates hospice from palliative care
- 6. Demonstrate patient-centered communication techniques when giving bad news and discussing resuscitation preferences
- Assess pain systematically and distinguishes nociceptive from neuropathic pain syndromes¹
- Learn principles in tailoring an exercise program for cancer patients and survivors
- Cultivate skills in recognizing the role of the rehabilitation team (including physical, occupational, and speech-language pathology) in optimizing cancer rehabilitation care
- Recognize the role of non-pharmacologic pain options in the management of cancer pain
- Demonstrate principles of rehabilitation within the care of the patient with cancer

Student Experiences

COMMON PROBLEMS/DISEASES

- COPD
- Cancer
- Heart Failure
- Dementia
- ESRD

INPATIENT: 80% OUTPATIENT: 20%

CONSULTATION: 100%

CLOSE CONTACT WITH

- Full-Time Faculty
- Clinical Faculty
- Fellows
- Residents
- Interns



Palliative Care and Cancer Rehabilitation

Typical Schedule

Approx. # of Patients Evaluated/Week by Student	5-10
Approx. # of Patients Eval./Each Week by Service	100
Typical Monday	Morning: Cancer Rehabilitation Clinic Afternoon: Inpatient Consult
Typical Tuesday	Full Day: Cancer Rehabilitation Clinic
Typical Wednesday	Full Day: Inpatient Consult
Typical Thursday	Full Day: Inpatient Consult
Typical Friday	Full Day: Inpatient Consult
On-Call Schedule	NONE
Weekend Activities	NONE
Additional Comments/Special Requirements	¹ Schaefer et al. Raising the Bar for the Care of Seriously III Patients: Results of a National Survey to Define Essential Palliative Care Competencies for Medical Students and Residents. Acad Med. 2014 Jul; 89(7): 1024–1031.