

UK Inpatient Palliative Care Rotation 2025-2026

Purpose/Goals:

The overall goal of this rotation is for the resident to hone the necessary knowledge and skills in palliative care required for a general internal medicine practice and across medicine subspecialties.

Logistics:

This is an inpatient rotation at Chandler Hospital. The workroom is located in Kentucky Clinic, Room B303 (two floors above the Starbucks). There is desk space for residents to work at, but please bring your own computer for EPIC access. Dress is business casual/professional.

Team Structure:

The palliative group is made up of physicians, APPs, nurses, social workers, pharmacists, and chaplains. The physicians and APPs are split into two different rounding groups. Each week (Monday-Friday), you will be assigned to work with one attending/rounding group. This will allow for week-long preceptor continuity to maximize growth and feedback over the rotation.

Daily Workflow:

- Table rounds/interdisciplinary team meetings are daily at 8:30am in KY Clinic Conference Room #J467.
- You can pre-chart before or after rounds. Generally, you will start seeing patients around 9:30-10am.
- Follow-ups and new consults are seen throughout the day with an attending physician. New consults are accepted up to 3:30pm daily. After seeing a patient, you may be expected to write a consult or progress note.
- Residents are generally dismissed between 3:30 and 5pm.
- Workdays are Monday – Friday. Residents do not work on weekends.
- Attending noon conference and/or Internal Medicine grand rounds from 12-1pm is encouraged.

Expectations:

- **Patient Care:** Our patients are followed for both symptom management and identification of care goals and values. You may follow patients for symptom management individually with oversight by the attending physician. For patients with goals of care evaluations/family meetings, you will not see patients independently at first. Based on growth of skills during rotation, residents will have increased opportunity to facilitate these conversations based on complexity of patient.
- **Interdisciplinary Collaboration:** Where opportunities arise, see patients as a multidisciplinary team with chaplain, social worker, nurse.
- **Independent Learning:** Complete the included readings and modules (also attached on your rotation introductory email). There is downtime between patients during the month, and you will often be able to complete the modules during that time. You may also receive additional modules and readings during the rotation.
- **Evidence-Based Practice:** Develop a clinical question for at least one palliative care consult, identify relevant medical literature, and present this as a succinct learning point during Palliative Care interdisciplinary rounds.

Learning Objectives:

Clinical Care

- Obtain a comprehensive medical history and physical exam with emphasis on communication with the patient/family about living with serious illness, including:
 - Patient/family understanding of illness and prognosis
 - Goals of care, values, cultural beliefs, and advance care planning related to serious illness
 - Systematic assessment of pain and non-pain symptoms
 - Psychosocial history/coping/spirituality
 - Functional assessment
- Assess prognosis as appropriate – can utilize online calculators and solicit expertise from specialists to formulate a prognosis
- Develop a comprehensive palliative care assessment/plan, including:
 - Prioritized problem list with focus on patient/family quality of life
 - Treatment plan that respects and aligns with patient/family goals & values, effectively treats symptoms, and addresses psychological distress
 - Interdisciplinary approach/support to treat suffering (integrative medicine, social work, chaplaincy, etc)
- Provide information about settings of palliative care (ie. Hospital, Outpatient, Home/Inpatient Hospice) to other providers, patients, and families

Medical Knowledge

- Describe the scope and practice of hospice and palliative medicine, including:
 - Domains of palliative versus hospice care
 - Settings where hospice and palliative care provided (ie. hospital, clinic, home, community)
 - Medicare/Medicaid Hospice Benefit, including eligibility requirements
- Recognize the role of the interprofessional team in hospice and palliative care
 - Identify the members of the interdisciplinary palliative care team and their roles and responsibilities
- Identify ethical and legal principles that inform decision-making capacity and substituted judgement
- Evaluation and Management of Symptoms:
 - Explain the principles of assessing pain and other common non-pain symptoms
 - Describe the concept of total pain
 - Explain the pathophysiology, associated signs and symptoms, and diagnostic options useful in differentiating among different etiologies of pain and non-pain symptoms
 - Describe the proper use of opioids in pain and non-pain symptom management
 - Utilize equianalgesic conversions and appropriate titrations for opiates
 - Describe opiate toxicities and the management of common side effects
 - Describe the use of non-opioid pharmacologic and non-pharmacologic approaches to pain management (ie. adjuvant analgesics, interventional pain procedures, massage, acupuncture, etc)
 - Explain pharmacologic and non-pharmacologic approaches to the management of common non-pain symptoms, including: Nausea/Vomiting, Dyspnea, Bowel Obstruction, Constipation, Fatigue, Depression/anxiety, and Delirium

Interpersonal and Communication Skills

- Initiate informed, relationship-centered dialogues about medical care for patients with serious illness
 - Explore patient and family understandings of illness, concerns, goals, and values
 - Determine the appropriate participants in discussions about a patient's care
 - Assess patient's decision-making capacity and other potential limitations to communication (ie. hearing loss, etc)
- Demonstrate empathic communication
 - Use communication techniques such as naming, reflection and silence in an appropriate context
- Utilize fundamental principles for patient-physician communication, including the following strategies: "Ask-tell-ask", "Tell me more", and NURSE mnemonic for responding to emotion.
- Demonstrate effective patient-centered communication when sharing bad news or prognostic information, discussing resuscitation preferences, and/or guiding patients/families through treatment plans
 - Describe a six-step model for giving bad news ("SPIKES" model)
 - Outline and practice an organized approach to facilitating a family meeting

Required Readings/Modules/Tools: Complete the following readings and modules during the rotation. These should also be attached to your introductory rotation email.

- Center for the Advancement of Palliative Care (CAPC) Modules- will need to join CAPC.org as a "University of Kentucky" resident/fellow. Please complete the modules below and email a copy of the certificate to jessie.logeman@uky.edu
 1. *An In depth Look At Palliative Care and Its Services (1 module)*
<https://www.capc.org/training/introduction-to-palliative-care/>
 2. *Communication (5 courses)*
<https://www.capc.org/training/communication-skills/>
 3. *Non Pain Symptom Management (5 courses)*
<https://www.capc.org/training/symptom-management/>

Additional Educational Resources: FastFacts [Palliative Care Network of Wisconsin](#), [UCSF E-prognosis calculator](#)

Rotation Point of Contact: Dr. Jessica Logeman – contact via EPIC Chat or Email - jessie.logeman@uky.edu