

UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM HOSPICE AND PALLIATIVE CARE

LOCATION SITE: HOSPICE OF THE RED RIVER VALLEY

CONTACTS

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INTRODUCTION:

HOSPICE: Hospice care entails comfort care for those with a life-limiting, serious illness who have chosen to stop or go without curative treatments. Hospice relieves pain and symptoms while attending to an individual's physical, personal, emotional and spiritual needs. Choosing hospice means taking control of your care and making the most of every day. In addition to expert pain and symptom management, the hospice team brings sensitivity, compassion and skill to meet patients' needs as well as support their loved ones and caregivers. With an emphasis on comfort rather than curative treatments, patients and their loved ones are able to spend time simply being together. When pain and symptoms are relieved, the anxiety and stress that may accompany a terminal illness are lessened.

PALLIATIVE CARE: Geriatricians need expertise in palliative care, often directed at older people living with end-stage chronic disease. Supporting the needs and goals of older adults is complex and requires balancing competing issues such as restoration, maintenance of function, life prolongation, and symptomatic relief. Adding to this complexity is that dementia and multi-morbidity may reduce the benefit of an intervention which might otherwise work in a single disease state.

Palliative care seeks to improve the quality of life both patient and family. Overall, it provides relief from symptoms, pain and stress of a chronic disease—whatever the diagnosis. Palliative care does not replace treatment of an illness, however, the two approaches can go hand – in – hand.

UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM HOSPICE AND PALLIATIVE CARE

This is accomplished by early identification, assessment and treatment of pain, symptoms and problems. Palliative care is available for anyone at any stage of a serious illness. Red River Valley Palliative Care is a community-based, consultative service that provides nursing care visits and specialized medical care for people living with a chronic disease.

GOALS & OBJECTIVES

Geriatric Medicine fellows will gain knowledge of the spectrum of Hospice & Palliative Care. They will understand the indications for a patient referrals and how to work as an active member of a team. Fellows will gain experience and knowledge in the following areas:

Pain Management—ability to utilize pharmacological and non-pharmacological methods for managing pain at the end of life.

Communication—know how to discuss goals of care, ‘break bad news’, and facilitate family meetings.

Symptom Management—ability to manage refractory symptoms including but not limited to dyspnea, nausea, depression, constipation, and anorexia.

Psychosocial and Spiritual Care—recognition of the psychological, social, cultural, familial, and spiritual/existential issues associated with life limiting illness.

Professional- Enhance consultation skills and professional skills with team-based healthcare.

OBJECTIVES BASED ON ACGME-CORE COMPETENCIES:

1. Patient Care

- a. Identify palliative care needs.
- b. Develop skills to manage pain, symptoms and stress.
- c. Modify palliative care according to special populations such as older adults with dementia, frailty, or multiple chronic conditions as well as considering issues of gender, sexual preference, ethnicity and cultural diversity.
- d. Deliver primary care to a hospice patients.

2. Medical Knowledge

- a. Demonstrate core principles of pain assessment and management, including pharmacologic and non – pharmacologic interventions.
- b. Describe the prevalence of common nonpain symptoms in older adults, especially fatigue and dyspnea
- c. Assess other distressing symptoms and formulate a treatment plan
- d. Use core principles of medical ethics required to support clinical communication and decision-making
- e. Report epidemiology of palliative care needs
- f. Report tools for remaining life expectancy (both active and absolute).

3. Practice Based Learning and Improvement

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- a. Identify a quality improvement project, such as tracking the number of patients with a pain score of 4 or more and develop an intervention.

4. Interpersonal and Communication skills

- a. Participate in patient / family meetings including decision-making and delivering bad news (see “SPIKES” as a mnemonic) related to serious illness.
- b. Develop necessary communication skills to work effectively in an interdisciplinary team.
- c. Demonstrate timely and effective communication – both verbal and written – with referring physicians and other health care providers for Palliative Care consults during the block rotation.
- d. Communicate and document hospice & palliative care consultations.

5. Professionalism

- a. Profess the highest standards of professional behavior toward patients, families, and other health care providers during this rotation
- b. Demonstrate skills of empathy, compassion and humanism with seriously ill patients and their families

6. Systems based practice

- a. Learn about the systems of care that provide for hospice and palliative care delivery, including structure and reimbursement.
- b. Understand advance care planning processes (e.g., POLST, durable power of attorney, etc) and how it applies across the continuum of care (e.g., emergency response, withdrawal of therapy, etc).

DUTIES AND EXPECTATIONS OF THE FELLOW

Fellows meet at Red River Valley Hospice to participate in patient visits with a hospice team member (nurse, physician, social worker). Fellows are scheduled for interdisciplinary team meetings. They respond to documentation needs, certification processes, and urgent calls / visits of patients.

- Provide for proactive communication with other site contacts as appropriate to your week’s schedule.
- Identify and key clinical question to frame the evidence-based review required during the block rotation; discuss and refine this question with the attending physician.
- Track and document the required clinical care activities; review these activities at the end of the block rotation with the attending physician.
- Read the core background materials provided in the rotation syllabus.
- Work through on-line educational materials noted in the syllabus.
- Accept primary patient responsibility gradually during Palliative Care consultations as guided by the attending physician and nurse practitioner on the service.

UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM HOSPICE AND PALLIATIVE CARE

SPECIFIC EXPECTATIONS OF SUPERVISING FACULTY

- a. Provide for graduated patient care responsibility during Palliative Care consultations during the block rotations.
- b. Provide feedback on directly observed patient assessments and exams during the block rotation.
- c. Provide feedback on directly observed family meetings during the block rotation.
- d. Review and correct all written clinical documentation done by the fellow within 24 hours.
- e. Complete a timely written and verbal evaluation at the end of the block rotation.

GERIATRIC MILESTONES

UND Geriatric Medicine Fellowship Curricular Milestones can be found in the handbook/website.

ROTATION SPECIFIC MILESTONES

Communication

2 Work effectively as a member or leader of an interprofessional healthcare team

Complex illness(es) and frailty in older adults

24 Assess and incorporate family/caregiver needs and limitations, including caregiver stress, into patients' management plans

26 Regularly reassess goals of care to recognize patients likely to benefit from palliative and/or hospice care, including those with noncancer diagnoses (e.g., congestive heart failure, chronic obstructive pulmonary disease, dementia)

Palliative and end-of-life care

27 Counsel patients and families/caregivers about the range of options for palliative and end-of-Life care

28 Assess, manage, and provide anticipatory guidance for patients and families/caregivers for common nonpain symptoms during severe chronic illness or at the end of life

RESOURCES:

1. Hazzards Geriatric Medicine and Gerontology, Chapters 55 – 60
2. GRS slide deck on Hospice & Pallative Care
3. A Pilot Study of an Interprofessional Palliative Care Curriculum. *American Journal of Hospice & Palliative Medicine* 2018, Vol. 35(3) 390-397

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EVALUATIONS

Evaluations will be based on core competencies and completed by multiple entities:

COMPETENCIES	PATIENT CARE	MEDICAL KNOWLEDGE	PRACTICE BASED LEARNING	INTERPERSONAL COMMUNICATION SKILLS	PROFESSIONALISM	SYSTEMS BASED PRACTICE
EVALUATOR						
ATTENDING	X	X	X	X	X	X
PEER						
PROGRAM DIRECTOR*			X			
SELF**						
PATIENT/FAMILY MEMBER				X	X	
ALIED HEALTH PROFESSIONAL	X	X		X	X	
PARTICIPATION IN DIDACTICS		X				

*Milestones based quarterly evaluations *Evaluations performed semi-annually and annually