2006

Advanced Palliative Care/Geriatrics Residency Rotation
University of Colorado Health Sciences Center

Specific Goals and Objectives:

1. To gain an understanding of the role of hospice and palliative medicine in the care of patients with chronic and advanced illness including:
   - Identifying current gaps in end-of-life care
   - Understanding the relationship between "hospice" and "palliative care"
   - Understanding the interdisciplinary team model
   - Understanding the 'myths' of hospice and the Hospice Medicare Benefit
   - Recognizing emerging models of palliative care services delivery
2. To gain knowledge and skills in the assessment of patients with advanced and terminal illness including:
   - Assessing goals of care
   - Assessing the patients' physical, psychological, social and spiritual needs
   - Assessing patients' functional ability
   - Assessing medical decision-making capacity
   - Discussing hospice and palliative care services with patients and families
3. To gain knowledge and skills in practical symptom management including:
   - Assessing and managing pain
   - Assessing and managing non-pain symptoms (e.g., nausea, SOB, depression)
4. To gain an understanding of other key topics in palliative care including:
   - Understanding and communicating prognosis
   - Understanding "suffering"
   - Understanding and discussing physician-assisted suicide and euthanasia
   - Understanding and discussing food and fluids at the end of life
   - Identifying "hope" at the end of life
   - Providing culturally sensitive care
   - Providing care in the last hours of living
   - Understanding caregiver needs, grief and bereavement

To gain familiarity with local and national palliative and hospice care resources

Curriculum:

►The resident is provided with:

1. A course syllabus containing key evidence-based geriatric and palliative acre articles, materials from the Robert Wood Johnson sponsored Education for Physicians on End-of-Life Care (EPEC) curriculum, and selected tools for patient assessment

2. A complete set of "Fast Facts" (from the End-of-life Physicians' Education Resource Center) highlighting essential principle in caring for patients with serious and advanced illness

3. Regular didactic sessions with Dr. Dan Johnson tailored to the resident's needs covering salient palliative care topics-advance care planning, goals and values discussions, and pain and symptom management

Clinical Experiences:

This is a community-based clinical experience. The residents will have a variety of experiences that include caring for patients at a free-standing inpatient hospice facility, making home visits for home care hospice patients, and visiting a variety of hospice programs to understand the range and different approaches of palliative care. Residents will perform a history and physical on the patients they see including a detailed palliative care focused assessment, conduct family meetings, and interface with the primary care providers to ensure any recommendations are communicated. Resident duty hours are less than 80 hours a week. No Palliative Care call is required. Residents continue to attend their weekly general medicine continuity clinic(s) and required conferences. In addition, the residents will have the opportunity to visit and learn about the Alzheimer's Association, a non-profit agency serving the community to support persons with Alzheimer's disease and their caregivers. The residents will tour the organization, attend a support group, and visit a Memories in the Making session-where persons with Alzheimer's create art.

Method of Evaluation of Resident Competence:

The residents will complete pre and post testing to assess level of comfort and knowledge of palliative care. The evaluation form provided by the Internal Medicine Residency Office will also be completed. This evaluation is competency-based as it pertains to the specific goals and educational objectives of the rotation. The evaluation is shared with the resident.

Course Contacts:

Daniel Johnson, MD
Office: 303-636-3304, Pager: 303-203-4179
daniel.johnson@kp.org

Susan Anderson
Hospice of Metro Denver
Office: 303-398.6326
sanderson@hmd.org
Office location: 501 S. Cherry Street, Suite 700, Denver, CO 80246

Course Requirements:

- Attend and participate in all scheduled activities
- Complete Brief Clinical Presentation at Hospice of St. John**
- Complete pre- and post-tests
- Complete and return Elective Evaluation form

If for any reason you cannot attend a specific scheduled event (or need to leave early/ come in late etc.), you ***must*** contact 1) the person you are scheduled to see (e.g., Kellie Woodman if at HSJ) and 2) Susan Anderson (Hospice of Metro Denver) at 303-398-6326.

Course Responsibilities:

The Palliative Care Elective consists of two primary components:

1. Clinical training at the Hospice of St. John
2. Other selected experiences in advanced geriatric, palliative and hospice care

Clinical training at Hospice of St. John

You will provide medical care for patients on the CU inpatient service at the Hospice of St. John (HSJ) during this rotation. Your specific responsibilities (shared with students on the Hospice Elective) include (*prioritized most important to least important*):

Inpatient Setting:

1. Perform and document Admission H&Ps on all new inpatient admissions.
2. Respond to the needs of all 'high acuity' patients (patients with an "inpatient" designation). Check the "Challenge Sheet" posted at HSJ each day to identify particularly active/ difficult issues. Document your care through progress notes.
3. Attend Interdisciplinary Team (IDT) Meetings and act on plans.
4. Document weekly progress notes for all CU patients.
5. At least once during the month, I also recommend (though do not require) that you be present at the bedside during a patient's death. Pastoral care and HSJ nurses will help identify patients who are actively dying ("on watch") and provide support.

Outpatient Setting:

1. Follow one or more outpatients (as identified during Week 1) throughout your elective month. This will typically include 1 visit each week to the patient's home/ NH. In the event of acute issues, you may include additional visits. Your first visit will be conducted with the Home Hospice nurse; subsequent visits can be arranged either alone or with other members of the interdisciplinary care team.

During the month, you will work closely with Karen Coe, PhD, who will help orient you to the HSJ care system. If medical students are participating in the fourth year Hospice Elective, please coordinate with Karen to provide additional guidance and teaching. I recommend (but do not require) that you keep a notebook/ journal during the month to 1) document questions, and 2) provide an opportunity for introspection and reflection.

**HSJ Brief Clinical Presentation: During the month, you are required to make a BRIEF (~ 30 minute) case-based presentation to staff at HSJ (coordinated by Karen Coe, PhD) on a topic of your choice. Provide a one-page BRIEF handout summarizing key points or 'pearls' (HINT: *Fast Facts* can often provide key information!). I recommend the following format:

- Present a patient-case and identify a focused clinical question (<5 minutes)
- Provide a BRIEF overview of your topic of choice (10 minutes)
- Facilitate discussion of management options and defend an approach (15 minutes)

Contact Information:
Kellie Woodman, Administrative Assistant
Hospice of St. John
1320 Everett Ct, Lakewood
303-232-7900
303-232-3614 (fax)

Karen Coe, PhD
Hospice of St. John
Pager: (303) 612-2153
karen.coe@uchsc.edu

Directions: Take 6th Ave. West to the Garrison/ Carr exit, turn right (North) until 14th (following stop light), turn right. Turn right again at Everett Ct.

Other Experiences:
In addition to your core time at the Hospice of St. John, you will participate in two or more supplementary experiences designed to broaden your exposure to the care of patients with chronic, often advanced and/or imminently terminal illness. These sessions are arranged in advance based on your schedule, vacation time, and the availability of preceptors.

1. *Hospice of Boulder and Broomfield Counties*
2. *Hospice of Metro Denver*
3. *Life Source Hospice (Jonathon Weston)*
4. *Outpatient Palliative Care Assessment: Kaiser Permanente*
5. *Alzheimer's Association*

Specific experience objectives and contact information are listed below.

Hospice of Boulder and Broomfield Counties
This 1-day experience will broaden your hospice experience beyond the Hospice of St. John. You will work one-on-one with a hospice medical director in a variety of venues.

Objectives: Variable, depending on specific schedule. This experience will build upon overall course objectives and highlight differences among hospices in regards to philosophy, services and general approach to care.

Contact Information:
George Stark MD
Medical Director
georgestark@hospicecareonline.org
Phone: 303-604-5248

Directions:

Hospice of Metro Denver
This 1-day experience will broaden your hospice experience beyond the Hospice of St. John. You will work with a hospice physician in an inpatient HMD facility.

Objectives: Variable, depending on specific schedule. This experience will build upon overall course objectives and highlight differences among hospices in regards to philosophy, services and general approach to care.

Contact Information:
Susan Anderson
Hospice of Metro Denver
sanderson@hmd.org
Phone: 303-398-6326

Life Source Hospice
This 1-day experience will broaden your hospice experience beyond the Hospice of St. John. You will work with a hospice medical director in a variety of venues.

Objectives: Variable, depending on specific schedule. This experience will build upon overall course objectives and highlight differences among hospices in regards to philosophy, services and general approach to care.

Contact Information:
Jonathon Weston, MD
Life Source Hospice
Phone: 719-548-4757
Pager: 719-236-2029

Directions:

Outpatient Palliative Care Assessment: Kaiser Permanente
During this ½ day rotation, you will participate in a home-based palliative care assessment under the guidance of Kaiser palliative care physicians.

Objectives:
1. To develop knowledge and skills in palliative care assessment including:
    - The ascertainment of patients' and families' goals and expectations for care

- The assessment of common symptoms in patients with advanced illness
- The assessment of patient function and social supports

2. To gain an understanding of family caregiver needs and burdens

Contact Information:
Nora Morgenstern MD
Chief of Geriatrics, Kaiser Permanente
Phone: 303-636-3308
Pager: 303-203-8112
nora.morgenstern@kp.org

Nancy Seibolt, MD
Phone: 303-636-3333 x8029
Pager: 303-203-7792
nancy.seibolt@kp.org

Rosemary Cushman MD
Pager: 303-203-8112
rosemary.cushman@kp.org

Kate Westmoreland MD
Phone: 303-636-3326
Pager: 303-203-5419 or 303-440-2262 "2"
kate.westmoreland@kp.org

Directions: Variable; coordinate directly with facilitator(s)

Alzheimer's Association
Objectives:
- Learn about the different types of programs offered through the Alzheimer's Association
- Observe how different people and family systems deal with Alzheimer's disease and utilize community resources
- Understand that people with Alzheimer's disease continue to have many skills and abilities throughout the disease

Activities
The students will be assigned to attend two of the following four events. The will attend one event that is an "activity" (Memories in the Making or Memory Café) and they will attend another event that is "education and support" (Early Stage Group or Support Group).

- Memories in the Making – weekly art program for people with memory loss held in various community locations, including day centers and long-term care communities. Through this program, people with Alzheimer's disease are able to reach a place outside of their dementia and extract some part of who they once were – and more importantly, who they still are.

- Memory Café – This is a program for those with early stages of Alzheimer's and other dementias to have a fun evening with their spouse, family or caregiver. The evening involves, music, food, and dancing.
- Early Stage Services – Support group for people with early stages of memory loss and their family caregivers. Also available is a 3-week series of education classes for people with memory loss and their families where they learn about the services of the Alzheimer's Association, planning for the future, and community resources.
- Support groups – Monthly groups for caregivers or people who have a family member with Alzheimer's disease to share with one another in a confidential setting.

Contact Information:
Alzheimer's Association
455 Sherman, Suite 500
303-813-1669
Contact person: Amelia Grundy

Memories in the Making art group
Johnson Adult Day Center
3444 South Emerson Street
Englewood, Colorado 80110
303-789-1519

Support Group
Centura Senior Health Center, 1st floor conference room
1601 Lowell

Support Group
Kaiser Permanente, Mimosa Room
8383 W. Alameda, Lakewood

Directions:

Palliative Care Resources:

Written resources for the Palliative Care Elective include:
1. Palliative Care Syllabus
2. Fast Facts

Palliative Care Syllabus:
The Palliative Care Syllabus will provide you additional resources related to the core and additional experience objectives. The Syllabus consists of 5 major sections:
1) Hospice and Palliative Care
2) The Palliative Care Assessment
3) Pain and Symptom Management

4) Other Key Topics in Palliative Care
5) Palliative Care Resources

Fast Facts:
A compilation of over 100 palliative care "pearls" from the End-of-Life Physicians' Education Resource Center (EPERC).

Additional written materials and evidence-based articles will be provided as needed based on specific questions or clinical issues.

In addition to the above portions of the rotation, residents are still required to attend their usual continuity clinics, therefore the following goals and objectives apply not only to the rotations above but also to continuity clinics.

I. **Educational Purpose and Goals**

Outpatient care is essential for the training of physicians who will enter the ambulatory workforce. Primary care electives focus on specialized areas of outpatient medicine, but all of them have similar purpose and goals. Exposure to an array of outpatients presenting to clinics is the primary goal. Unique interviewing skills, focused exams, and specialized procedures as well as common diagnostic differentials and treatment plans are components of each rotation. A complete list of Primary Care Electives is at the bottom of this document, and specialized features for each rotation are in a separate document.

II. **Principal Teaching Methods**

A. Supervised Direct Patient Care:

Residents encounter patients via the outpatient clinic setting. Faculty supervise histories, physical exams, and management. Patients are seen both under direct supervision and in concurrent (exception model) care with attending involvement. Evidence-based management is stressed, as well as an emphasis on cost-effective care and health-systems' impact on the treatment plan. Communication skills are stressed, and behavioral medicine skills are implemented as well.

B. Didactic Sessions

Residents are encouraged to attend the ongoing core didactic series of lectures while on most of these rotations. This includes Medical Grand Rounds and the Noon Conference Series. In addition, handbooks, core articles, and scheduled didactics are part of each of these rotations.

III. **Educational Content**

A. Mix of Diseases

Encountered patients have a variety of conditions representative of common medical problems.

B. Patient Characteristics

Patients reflect the clinic base which at most sites has federal payors, private commercial insurance, Medicaid and other state funded programs for underserved, and self pay.

C. Learning Venues

Determined by rotation.

D. Procedures

1. Interpretive skills for any tests related to the field of study are developed throughout the month.
    1. Blood tests
    2. Radiographic tests
3. Consultative skills: Residents are expected to learn the role of serving as a consultant on these rotations.

E. Ancillary Services

1. Subspecialist and Primary Care faculty
2. All medical subspecialty fellows
3. Residents from other specialty training programs: General Surgery, Psychiatry, Orthopedics, Neurosurgery.
4. Case managers
5. Nursing staff
6. Physical Therapy and Occupational Therapy
7. Respiratory Therapy specialists
8. Numerous other ancillary staff – clinical, administrative, and paraprofessionals

F. Structure of Rotation

1. These are weekday, business hours rotations without expectation for call or weekend availability.
2. These are in outpatient clinics, all with University affiliation or primary status. Some rotations can place residents on the ward services as a consultant or in the operating room if they choose. This is infrequent.

IV. **Principal Ancillary Educational Materials**

A. All residents and managing physicians are provided with a Curriculum and Learning Objectives prior to the start of each rotation.

B. Residents are assigned targeted reading in primary literature sources by Managing Attending and Teaching Attending physicians throughout the rotations.

C. Full service libraries are present either immediately if on campus at Denison Library at the University of Colorado Health Sciences Center or at Presbyterian St. Luke's Medical Center. 24-hour access to on-line programs and literature is available.

D. Computer-based resources are available at the hospitals to facilitate patient care, education and communication. The following are made available:

1. Computer-assisted diagnosis and decision support
2. Drug information including side effect and drug-drug interactions
3. Electronic Medical Record internet accessibility
4. Electronic textbooks of medicine
5. E-mail services
6. Internet access to medical sites on the World Wide Web
7. Laboratory and radiology results retrieval
8. Multimedia procedures training
9. Patient education materials

E. The Medical Record is totally computerized.

V. **Methods of Evaluation**

A. Resident Performance

1. Faculty complete computerized resident evaluation forms. The evaluation is competency-based. The evaluation is shared with the resident, who receives a copy, and is internally reviewed by the residency office. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.
2. Residents electronically record completed procedures. The supervising physician verifies that the resident understands the procedure's indications, contraindications, complications and interpretation.
3. In person feedback is given both at mid-month and at the end of the rotation. In addition, due to the nature of these rotations with intensive one-on-experiences with dedicated faculty, there is ample time for feedback throughout each day/session.

B. Program and Faculty Performance

1. Upon completion of the rotation, residents complete a service evaluation commenting on the faculty, facilities and service experience. Evaluations are reviewed by the program and attending faculty physicians receive anonymous copies of completed evaluations. Collective evaluations serve as a tool to assess faculty development needs. The Training and Evaluation Committee reviews results annually.

VI. **Institutional Resources: Strengths and Limitations**

A. Strengths

1 Faculty. Faculty has won numerous awards for teaching excellence at each site.
2. Facilities. Sites are all at modern facilities with state-of-the-art care being practiced. Often with cutting edge research going on.
3. Patients. There is an excellent disease mix and patient panel.

B. Limitations

1. Continuity can be obtained for some visits throughout the month, but is not possible for the entire rotation given the outpatient nature and constraints of one month blocks.

2. Demand for certain rotations (examples – orthopedics and informatics) can outstrip availability. Additional high-quality mentors may need to be found.

VII. **Rotation Specific Competency Objectives**

A. Patient Care

1. History taking. Residents at all levels of training will collect a thorough history by soliciting patient information and by consulting other sources of primary data in a logical and organized fashion. History-taking will be hypothesis driven. Interviewing within the confines of clinic schedules will be learned, use of appropriate nonverbal techniques, and demonstration of consideration for the patient will all be expected. The resident will inquire about the emotional aspects of the patient's experience while demonstrating flexibility based on patient need.
2. Physical Exam. Residents at all levels of training will learn a focused physical exam relevant to the goals of the rotation, describing the physiological and anatomical basis for normal and abnormal findings.
3. Charting. Residents at all levels of training will record data in a thorough, systematic manner.
4. Procedures.

   Throughout the course of the month, any procedures related to the rotation will be learned under close observation with the goal of having the resident become independently skillful by the end of the month. All residents will be expected to understand and be able to verbalize the indications, risks, benefits, after-care, and follow-up of any procedures used. They will perform the consent of patients, and they will be expected to track results, interpret results, and provide results to patients in a language patients can understand.
5. Medical Decision Making, Clinical Judgment, and Management Plans. All residents will demonstrate improving skills in assimilating information that they have gathered from the history and physical exam.

   Residents will progressively be able to generate a rational differential diagnosis for the most common conditions seen on each rotation, and they will correctly identify and interpret abnormal findings. They will understand their limitation of knowledge and seek the advice of more advanced clinicians. Residents will establish an orderly succession of testing based on their history and exam findings. Basics of treatment as well as common side effects of treatment will be understood by the end of the rotation.
6. Patient counseling

Residents will be able to describe the rationale for a chosen therapy and will be able to describe medication side effects in lay terms. They will assess patient understanding and provide more information when necessary. Residents will demonstrate the ability to be a patient advocate and also educate patients and families for enhanced compliance.

B. Medical Knowledge

Residents will consistently apply current concepts in the basic sciences to clinical problem solving. They will use information from the literature and other sources including electronic databases.

C. Interpersonal and Communication Skills

Residents will develop and refine their individual style when communicating with patients. They will strive to create ethically sound relationships with patients, the physician team and ancillary staff. They will create effective written communications through accurate, complete, and legible notes. They will exhibit listening skills appropriate to patient-centered interviewing and communication. Residents will recognize verbal and nonverbal cues from patients. They will exhibit team leadership skills through effective communication as manager of a team whenever applicable on these rotations. When practicable, residents are expected to assist junior peers, medical students, and other hospital personnel to form professional relationships with support staff. Residents will respond to feedback in an appropriate manner and make necessary behavioral changes. Senior residents should be able to successfully negotiate nearly all “difficult” patient encounters with minimal direction and function with decreasing reliance upon attending physicians.

D. Professionalism

All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supercedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. They will be punctual and prepared for teaching sessions. Residents will demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentially of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender and disabilities.

E. Practice Based Learning and Improvement

Residents will use hospital and University library resources to critically appraise medical literature and apply evidence to patient care. They will use hand-held computers, desktop PC's and Internet electronic references to support patient care and self-education. They will model these behaviors to assist medical students in their own acquisition of knowledge through technology. They will assess the effectiveness of their own interventions and reorganize if they find inefficiencies or omissions. Whenever possible they will seek out and analyze data on practice experience, identify areas for improvement in knowledge or patient care performance and make appropriate adjustments. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.

F. Systems Based Practice

Residents will be sensitive to health care costs while striving to provide quality care. They will effectively coordinate care with other health care professionals as required for patient needs. Clinical practice guidelines will be used whenever applicable. Residents will be expected to seek out and understand current outpatient guidelines, but also recognize the limitations of these guidelines and when they may not be applicable. They will work with patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.