

## **Palliative Care Consult Service Elective: Kaiser/St. Joe's Hospital**

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**Overview:** During this one-month rotation, you will provide care for patients on the Palliative Care Consult Service (PCCS) at St. Joseph Hospital. The PCCS typically receives about 50-75 consults per month. You will be part of an interdisciplinary team that consists of a palliative care attending physician, nurse providers, a social worker, chaplain and pharmacist. Patients and families are referred to the palliative care team for a variety of reasons including:

- Clarification of patient and family care goals
- Clarification of care options
- Pain and symptom management in patients with advanced illness
- Withdrawal of life-sustaining therapies including mechanical ventilation, nutrition and hydration
- Coordination of terminal care, including facilitating referral to home-based palliative care or hospice services

During the month, you will also have structured time with one or more of the palliative care physicians to discuss core palliative care topics including the palliative care assessment, end-of-life communication, and pain and symptom management (refer to the rotation calendar for designated session times).

**Responsibilities:** You are expected to round with the palliative care team daily. Your responsibilities will vary by case, but generally include:

- . Identification of key consult question(s)
- . Chart review to summarize key clinical and psychosocial elements
- . Participation in the palliative care assessment (physical, emotional, social, and spiritual elements) by the interdisciplinary team (see syllabus)
- . Participation in the care plan development based on patient/family needs and goals, and available resources
- . Document consult discussions and recommendations in the medical chart
- . Participate in and document follow-up discussions on selected patient-cases to facilitate care plan implementation

Typically, the team will meet daily at 8:30 AM in the Spiritual Care Department at St. Joe's Hospital (in basement). The rounding schedule will be variable based on the team availability (coordinate with individual attending physicians).

If you receive a request for a palliative care consult, please forward the contact and case information to the palliative care team. The team will triage the case and

staff the consult within the context of current resources and priorities.

During the first week of the rotation, the team will orient you to daily flows and activities. You will spend time with each of the different disciplines to better understand individual roles. During this initial period, you will:

- Quietly OBSERVE the team during patient/family consult
- Actively participate in the meeting by thinking about the following questions:
  - What did you like about the meeting? What would you do differently?
  - How is the meeting structured? Describe the typical consult flow.

- Why does palliative care utilize the team approach? Describe advantages and challenges of the team approach.
- Did the patient and/or family understand their diagnosis or prognosis? Was that an important goal (for them)?
- How did the team elicit the patient/family goals or needs? What words do the team members use? What words would you use?
- How did the team facilitate the development of a care plan? Describe the “negotiation” process, especially where patient and family goals remain unrealistic.

Following most family meetings, the team will “debrief” the consult to 1) review the care plan, 2) share thoughts/concerns and constructively critique the process and fellow team members, and 3) recognize and attend to the emotions of participants (self care). *Use this debriefing time to express observations, ask questions and share your own emotional responses.*

As you gain experience, the team will guide you regarding your role and level of participation. Seek feedback – the team will help you to understand some of the challenges and joys in providing palliative care for patients with serious and advanced illnesses.

### **Inpatient Team Contact Information:**

Please refer to the handout included in your syllabus (Palliative Care Department Contact Information). Attending physicians change regularly on the PCCS. Utilize to the enclosed consult schedule to identify consult coverage and coordinate with the team for changes in the daily rounding schedule.

Some residents may get the opportunity to work with the Home-based Palliative Care Team and/or the Palliative Care Inpatient Team at Good Samaritan Hospital. In such an event, Dr. Johnson will provide you with individual contact information.

**Rotation Themes and Objectives:** The syllabus and rotation objectives (for palliative care consultation) focus on five key themes:

1. Palliative Care Consultation
2. The Palliative Care Assessment
3. End-of-Life Communication
4. Pain and Symptom Management
5. Other Palliative Care Topics

Primary objectives: Following this rotation, all residents will:

1. Gain an understanding of the function of palliative care (PC) consultation for seriously ill, hospitalized patients and their families including:
  - Understanding the role of the interdisciplinary team in PC consultation
  - Understanding the patient/family centered approach to defining care goals
2. Gain an ability to effectively conduct a palliative care assessment including:
  - Identifying patient's physical, psychological, social and/or spiritual needs
  - Identifying family and caregiver needs

Secondary objectives: Additional objectives are variable (case-by-case) and relate to specific palliative care topics. These include:

3. To learn and practice a patient/family-centered approach toward communication in advanced illness including:
  - Delivering difficult news
  - Discussing prognosis
  - Negotiating goals of care
  - Discussing advance directives and resuscitation preferences
  - Conducting a family conference
  - Introducing palliative and/or hospice care
4. To gain knowledge and skills managing symptoms in patients with serious or advanced illness including:
  - The barriers to effective pain and symptom management
  - The use of pharmacologic and non-pharmacologic approaches to the treatment of pain including:
    - Initiation, titration and effective use of opioids
    - Use of adjuvant medications (i.e., for bone and neuropathic pain)
  - The use of pharmacologic and non-pharmacologic approaches to the treatment of other physical and psychological symptoms including:
    - Nausea, dyspnea, constipation, fatigue and anorexia
    - Depression, anxiety, and agitation
5. To gain knowledge, skills and experience with other key aspects of inpatient palliative care including:
  - Ethical challenges at the end of life
  - Withdrawing or withholding life-sustaining therapy
  - Nutrition and hydration in advanced illness
  - Hospice eligibility and the Medicare Hospice Benefit

## **Syllabus Contents:**

The palliative care syllabus is organized according to the major themes of the rotation. Specific contents include:

### **1. Palliative Care Consultation**

- "Palliative Care Consultations: How Do They Impact the Care of Hospitalized Patients?" (Manfredi et al., JPSM, 2000)
- "Palliative Care and the Hospitalist: An Opportunity for Cross-Fertilization" (Muir et al., Am J of Med, 2001)
- "Palliative Care" (Morrison et al., NEJM, 2004)
- "End-of-Life Care in the Intensive Care Unit: Can We Do Better" (Levy, CCM, 2001)
- "Reflections at a Palliative Care Unit" (McPhee et al., JAMA, 2002)

### **2. The Palliative Care Assessment**

- "The Palliative Care Assessment" (adapted from *Endlink*, Northwestern Univ., 2004)
- "Whole Patient Assessment" (EPEC, 1999)
- "Brief Pain Inventory" (Cleeland, 1991)
- "Edmonton Symptom Assessment System" (Regional PC Program, 2001)
- "Supporting Family Caregivers at the End of Life: They Don't Know What They Don't Know" (Rabow et al., JAMA, 2004)
- "Sunsets" (Coulehan, 1994)
- Selected *Fast Facts* (EPEC)

### **3. End-of-Life Communication**

- "Communicating With Dying Patients Within the Spectrum of Medical Care From Terminal Diagnosis to Death" (Wenrich et al., Arch Intern Med, 2001)
- "Discussing Hospice Care" (Von Gunten)
- Selected *Fast Facts* (EPEC)

### **4. Pain and Symptom Management**

- "Challenges in Pain Management at the End of Life" (Miller et al, Am Fam Phys, 2001)
- "Management of Common Symptoms in Terminally Ill Patients: Part I – Fatigue, Anorexia, Cachexia, Nausea and Vomiting" (Ross et al., Am Fam Phys, 2001)
- "Management of Common Symptoms in Terminally Ill Patients: Part II – Constipation, Delirium and Dyspnea" (Ross et al., Am Fam Phys, 2001)
- "Medication Tables" (EPEC, 1999)
- Selected *Fast Facts* (EPEC)

### **5. Other Palliative Care Topics**

- "Seven Legal Barriers to End-of-Life Care: Myths, Realities, and Grains of Truth" (Meisel et al., JAMA, 2000)
- "Withdrawal of Life Support: Intensive Caring at the End of Life" (Prendergast et al., JAMA, 2002)
- "Sedation, Alimentation, Hydration and Equivocation: Careful Conversation about Care at the End of Life" (Jansen et al., Ann Intern Med, 2002)
- "Serving Patients Who May Die Soon and Their Families: The Role of Hospice and Other Services" (Lynn, JAMA, 2001)
- "The Medicare Hospice Benefit" (Kinzbrunner, AAHPM Bulletin, 2001)
- Selected *Fast Facts* (EPEC)