

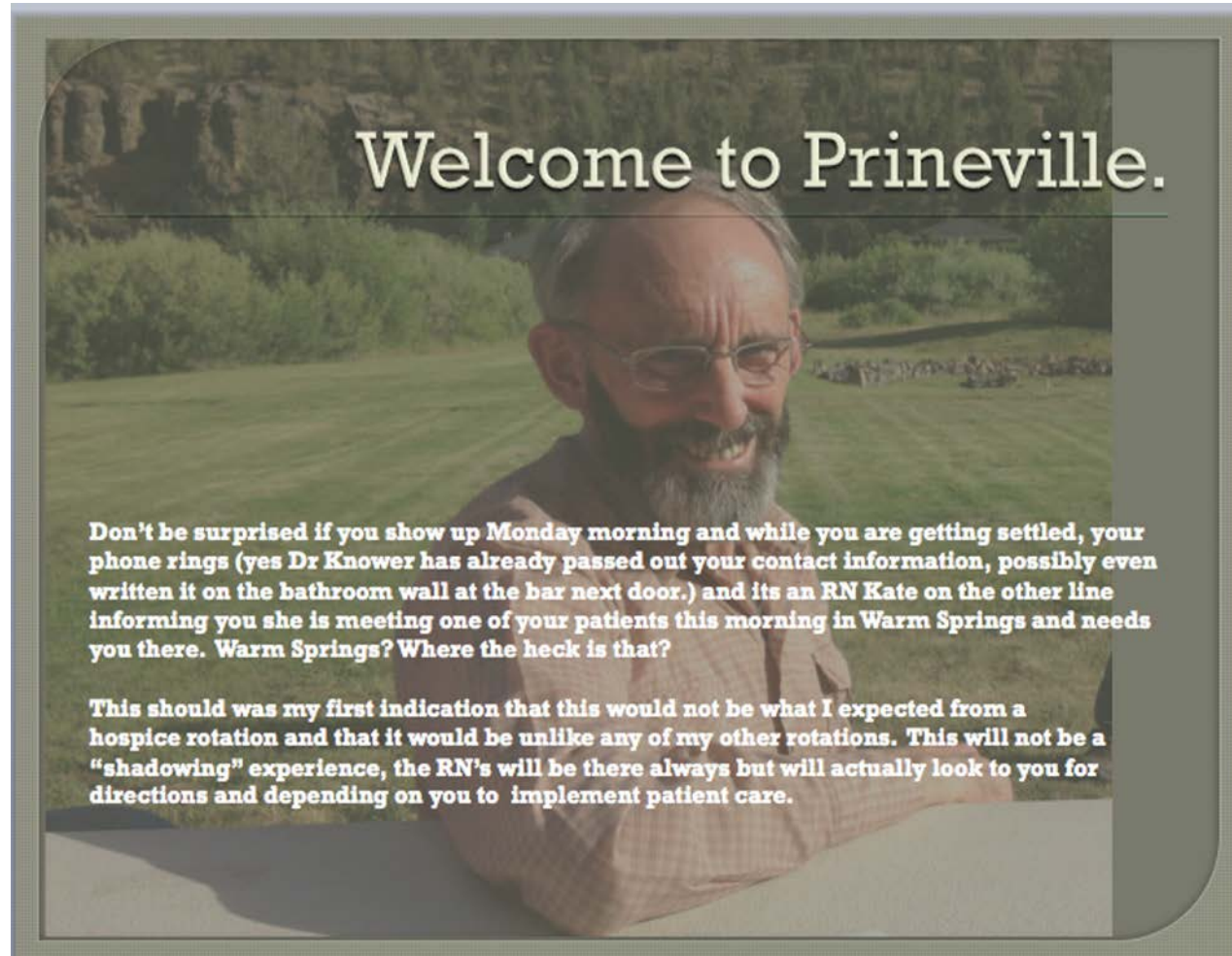
# The Patient Panel

- Students are expected to know their patients'
  - Diagnoses
  - Natural history of disease processes
  - Medications
  - Personal goals
- Students are expected to know their patients'
  - Families
  - Significant relationships
  - History in the community
  - Support systems



# Getting Started

## A Typical First Day



- Dr. Knower will be the first to tell you “there is no such thing as a typical day.”
  - Jessica Lee, DO, Student Welcome
- Read UNIPAC assignment and supplemental PDFs the evening before
- Make home visits with members of the Hospice team

# Week 1

## Communication and the Interdisciplinary Team

- A comprehensive and timely interdisciplinary assessment of the patient and family forms the basis of the plan of care.
- An interdisciplinary team provides services to the patient and family consistent with the care plan.
  - *Clinical Guidelines for Quality Palliative Care*, Third Edition, National Consensus Project for Quality Palliative Care, 2013
- Participate as a member or leader of an interdisciplinary team.
- Prevent and mediate conflict and distress over complex medical decisions.
  - *Hospice and Palliative Medicine Entrustable Professional Activities*, American Academy of Hospice and Palliative Medicine, 2015

# What Our Students Learned Communication

- “Because communication is key during this rotation, it gives you the foundations to do just about anything in residency and in practice.”
  - May-Lynn Chu, DO
- “So much of what goes on in hospice involves communication, and not the normal patient-provider communication.”
  - Joy Light, PA-C
- “One thing I've seen attending physicians struggle with is the articulation that a patient is dying and the uncertainty around the dying process. There have already been multiple times where I feel confident that I could have done a better job with this than the attending physicians did and I believe that is a direct result of participation in this elective.”

# What Our Students Learned The Interdisciplinary Team

- “The best part of the rotation was working with a variety of staff on multiple assignments, so you really got to a feel for what it's like to work on a medical team and why all the moving parts are so important....I sincerely say that I looked forward to getting up every morning and working with you and your team because I very much enjoyed my experiences everyday.”
  - May-Lynn Chu, DO
- “Much of the training received in the classroom, from textbooks, etc does not address the actual process of dying or the events surrounding death. I am not sure how much of this can be learned without directly experiencing it....I remember my first week with a dying patient, I felt completely inadequate, scared and confused. I was so glad to have the nurse(s) and social worker(s) there - they were amazing!”
  - Joy Light, PA-C

# What Our Students Learned

## It's about the Patient



- “The home visits with patients and getting to work with them one-on-one as a medical student was invaluable.”
  - May-Lynn Chu, DO
- “This rotation changed my career trajectory. Before this rotation, I had very little exposure to any other health care that wasn’t curative/treatment focused. This rotation opened my eyes and brain to comfort focused, quality-of-life care that honored and respected medical limitations.... I saw many people cared for by family members in their homes, preparing to have a good a death as possible. I found a passion within medicine because of this rotation, and I’m currently doing a hospice and palliative medicine fellowship at the University of Minnesota.”
  - Amanda Meegan, DO

# What Our Students Learned

## It's about the Patient

- “My rural hospice rotation was the hardest rotation I had, but also the most rewarding. In practice today, I try to remember to look at the whole person.....I try to remember that I cannot "fix" every patient,...that there is more to the patient than what I can see or "diagnose" and there is more to do than just write a prescription or order some labs.”
  - Joy Light, PA-C
- “At some point in week three or four, I was shocked to realize that I was no longer talking medicine or symptoms with my patients. Probably more than anything else, this ease of simply talking with patients about life and death and bird watching and constipation has helped me in my current family practice position.”
  - Patty Wise, PA-C



# Week 3

## Pain Management

- The interdisciplinary team assesses and manages pain and/or other physical symptoms and their subsequent effects based upon the best available evidence.
  - *Clinical Guidelines for Quality Palliative Care*, Third Edition, National Consensus Project for Quality Palliative Care, 2013
- Provide comprehensive pain assessment and management for patients with serious illness.
  - *Hospice and Palliative Medicine Entrustable Professional Activities*, American Academy of Hospice and Palliative Medicine, 2015



# Week 4

## Non-pain Symptom Management



- Provide comprehensive nonpain symptom assessment and management for patients with serious illness.
- Manage palliative care emergencies.
  - *Hospice and Palliative Medicine Entrustable Professional Activities, American Academy of Hospice and Palliative Medicine, 2015*

# What Our Students Learned

## Clinical Skills

- What have you been able to put to use in your subsequent training experiences?
  - -practical skills including opioid knowledge and conversion;
  - -approach to dyspnea other common symptoms of dying patient
  - -identification of the dying patient;
  - -better ability to identify or anticipate "end stage" to proactively initiate conversations with families
    - Michelle Beam, MS4
- What did you carry away—aside from that crumpled nausea and vomiting diagram—from the rotation that you have subsequently used and found useful?
  - In fact, I've used the pharmacology and varied approaches to nausea and vomiting in and out of end of life care. It's continually useful.
    - David Simmons, MD

# Week 5

## Psychosocial and Spiritual Issues

- The interdisciplinary team assesses and addresses psychological and psychiatric aspects of care based on the best available evidence to maximize patient and family coping and quality of life.
- The interdisciplinary team assesses and addresses the social aspects of care to meet patient-family needs, promote patient-family goals, and maximize patient-family strengths and well-being.
- The interdisciplinary team assesses and addresses spiritual, religious, and existential dimensions of care.
  - *Clinical Guidelines for Quality Palliative Care*, Third Edition, National Consensus Project for Quality Palliative Care, 2013
- Support patients and families in the psychosocial domain.
- Support patients and families in the spiritual and existential domain.
  - *Hospice and Palliative Medicine Entrustable Professional Activities*, American Academy of Hospice and Palliative Medicine, 2015