

# Week 5

## Psychosocial and Spiritual Issues

- “The students who rotated through St. Charles Hospice in Prineville were delightful. All were encouraged to join staff on home visits throughout the area. It was enjoyable to see their enthusiasm and thirst for experience in the field.
- “Our work takes us to homes east of Prineville, full of farmers and cowboys, and then north to the Warm Springs Reservation. This vast, rural territory was full of various experiences for the students. Social work can be challenging in this rural landscape. Many of the patients are young with young families of their own, fractured by loss of life too young. There were many in depth conversations in the car coming back from our visits, talking about the marginalized populations and environmental impact on these people.
- “All of the students became immersed in their rotations. I wish I had had such an experiential experience in my training. I also learned from all of the young students. They all brought new, fresh perspectives and recent, up to date knowledge.”
  - Cheryl Nix, MSW

# Week 6

## Ethical and Legal Issues

- The patient or surrogate's goals, preferences, and choices are respected within the limits of applicable state and federal law, current accepted standards of medical care, and professional standards of practice. Person-centered goals, preferences, and choices form the basis of the plan of care.
- The palliative care program identifies, acknowledges, and addresses the complex ethical issues arising in the care of people with serious or life-threatening illness.
  - *Clinical Guidelines for Quality Palliative Care*, Third Edition, National Consensus Project for Quality Palliative Care, 2013

# At the End of the Day

- “Patients are typically seen two to seven days a week and you will develop a good rhythm with your RN case manager. Some days have more emergencies than others and you will be required to stay in constant contact with your team to update/reschedule as needed. Write your notes when you can (this is typically from 1500-1800).”
  - Jessica Lee, DO, Student Welcome
- After the notes are done, time to debrief
  - Patient encounters
  - Readings



# What Our Students Learned

“There are things that you experience and learn during the rotation that you WILL NOT learn in any other rotation. Of all the clinical rotations I did, this was the most challenging, not because of the medical knowledge I would acquire (which was extensive) but because of the skills and understanding that came only while working with terminally ill patients. The level of empathy, compassion and understanding that comes from working with terminally ill individuals cannot be obtained from simply working in a clinical setting. It comes from visiting their homes, sitting by their bedside to comfort them, trying to figure out how to examine them because they cannot move themselves and yet, still maintain their dignity; it comes from spending time with their family members, reassuring them that this is the right thing to do, even while they have to watch their loved one suffer though you try everything in your power to ease that suffering. And most importantly, it also comes from learning that at some point, there is nothing else to do, and you have to be silent in the face of death, in the face of a family mourning, in the face of a life that is ending.

“No other rotation will teach you those things. No other rotation will impact you in such a way as to make you understand that it is not only our job as providers to try and heal patients; it is also our jobs as providers to know when we cannot, and to be able to give our patients not only our medical expertise, but the compassion, understanding and support they need at the end of their life. Being a part of aiding someone in dying well is every bit as important, if not more so, as helping them live well - as strange as that may sound. “

- Joy Light, PA-C

# In a Rural Environment

**Steven Tilka, PA-C,  
and the Attack Chickens**



**Liam Lunstrum, DO, Somewhere in Wheeler  
County**



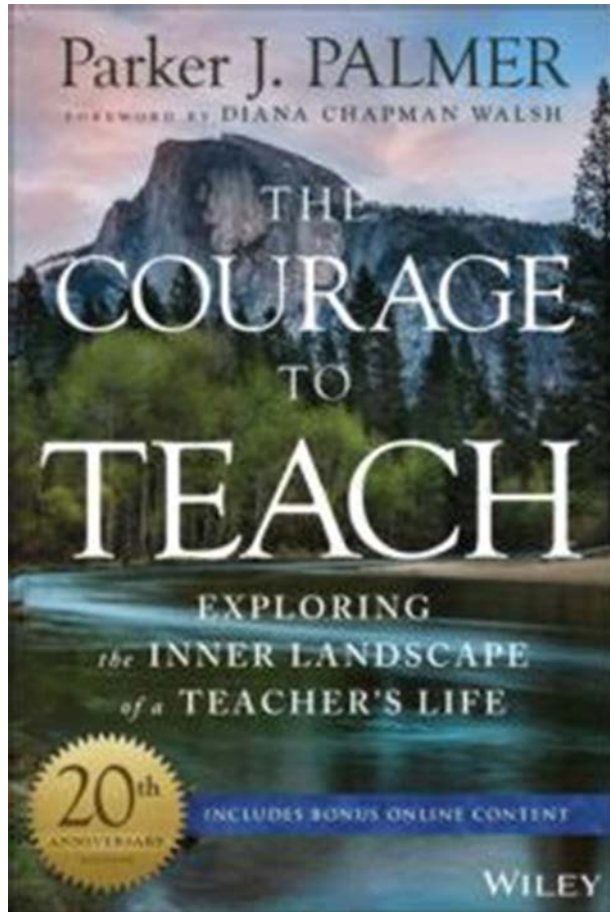
# What We Learned

- Once you have a good curriculum, be prepared to continually revise.
- Choose your students' patient panel thoughtfully.
- Clarify expectations at the front end.
- Keep an eye on your students and your staff.
- Try to avoid overlap.
- Communicate with your cooperating academic institutions.
- Provide good feedback at the conclusion of each rotation.
- Don't mess up.



# Do You Have What It Takes?

## Does Your Community Have What It Takes?



- Teaching in community
  - A preceptor of record
    - Willing and able to teach
    - Academic appointment
  - A willing team
  - Understanding patients
    - Hospice with census of at least fifteen

# Getting Started

- If you are a physician who “does hospice on the side”
  - Contact your favorite academic institution and begin the adjunct faculty appointment process
  - Begin establishing a track record with a more traditional rotation
    - Introduce students to your hospice, and hospice to your students, as part of their experience
  - Secure buy-in from your team and your organization
  - Develop a curriculum, or borrow ours
  - Submit a request to host students for a Rural Hospice experience
    - You may need to do some repackaging

## Benefits

- Access to sponsored faculty development or CME, often at discounted rates
- Access to OHSU library resources
- Opportunities to participate in practice-based research
- Receipt of up to 20 CME credits per year through the AAFP based on teaching hours

## Expectations

Faculty appointments will be reviewed every two years and may be continued or terminated. To retain a faculty appointment the volunteer faculty member must:

- Maintain criteria for eligibility
- Document at least 25 hours per year of teaching or scholarly work in family medicine.
- Complete tasks in a timely manner as assigned by the Department of Family Medicine (surveys, student evaluation or administrative paperwork.)
- Demonstrate an ongoing commitment to lifelong learning by meeting continuing education standards for the appropriate profession.

## Volunteer faculty FAMILY MEDICINE

Guidelines for appointment and reappointment

OHSU Family Medicine  
3181 SW Sam Jackson Park Road  
Portland, OR 97330-4947 [www.oHSU.edu/fam/mymedicine](http://www.oHSU.edu/fam/mymedicine)



OHSU accepts most health plans.  
OHSU is an equal opportunity, affirmative action institution.





# Getting Started

- If you are not a physician
  - Recognize that the process is going to be more challenging
  - Is there a physician in my community with teaching potential?
- If there is not a hospice in your community
  - You need to give up, or
  - Start looking at starting a hospice, or
  - Look at alternative ways to do palliative care



# In Conclusion



- Rural hospice professionals are still in short supply
- Providing a meaningful clinical experience in a rural community is one component for potentially addressing that shortage
- Providing that experience is not easy, but it can be done

# This Is Not the End

- To continue this conversation
  - Contact Michael Knower
    - Work
      - [meknower@stcharleshealthcare.org](mailto:meknower@stcharleshealthcare.org)
      - Phone: 541-706-6700, ext. 3432
      - Cell: 541-420-8605
    - Personal
      - [dr\\_moses@crestviewcable.com](mailto:dr_moses@crestviewcable.com)
      - Cell: 541-815-3495

