

## ORIENTATION MATERIALS FOR APS 402-48, PALLIATIVE CARE MEDICINE

Course Administrator: Eden Gifford, (919) 966-2891, [eden\\_gifford@med.unc.edu](mailto:eden_gifford@med.unc.edu)

### Nursing Coordinators:

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Kyle Terrell (Adult Inpatient Service), 843 3650 [kpterrel@email.unc.edu](mailto:kpterrel@email.unc.edu); (pager) 216 1549

Nicole Stone (Pediatric Inpatient Service), [nstone@unch.unc.edu](mailto:nstone@unch.unc.edu)

Sandra Jarr (Outpatient Supportive Care Consult Service and Clinic) 966 1500, [sjarr@unch.unc.edu](mailto:sjarr@unch.unc.edu), (pager) (919) 347 1854

### Physician Staff:

#### Adult Outpatient Service

Stephen Bernard, 843 7706, [steve\\_bernard@med.unc.edu](mailto:steve_bernard@med.unc.edu); 216 6252

#### Adult Inpatient Service

Margaret Drickamer, 843 4096, [margaret\\_drickamer@med.unc.edu](mailto:margaret_drickamer@med.unc.edu)

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Gary Winzelberg, 966 5945, ext 254, [gary\\_winzelberg@med.unc.edu](mailto:gary_winzelberg@med.unc.edu), 216 2560

#### Pediatric Inpatient Service

Elizabeth Dellon, 966 1055, [epdellon@med.unc.edu](mailto:epdellon@med.unc.edu); 216 6154

### Pharmacy Staff

#### Outpatient Supportive Care:

John Valgus, 8430630, [jvalgus@unch.unc.edu](mailto:jvalgus@unch.unc.edu), 3471047

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## INTRODUCTION, EXPECTATIONS AND REQUIREMENTS

Welcome to Ambulatory Practice Selective in Medicine 402-48. This course has been developed to acquaint you with the management of adults and children with far-advanced disease many of whom are at the end of life. However, the principles of symptom management, e.g., pain, in this group of patients can be applied to other situations in medical care where pain management is needed. Similarly management of other symptoms; and communication of bad news all can be applied with other patients at other times in their illness and throughout your career.

During the rotation, students should contact either one of the Inpatient Nurse Practitioners for consults and other information; Eden Gifford is the course administrator and will have the most current schedule for lectures-dates, place and times.

*Following the first day which is spent with Dr. Mounsey and her group (Curriculum in Systems Based Practice); you will meet with Dr. Bernard on the second day to review the materials that we have sent you. These include the course schedule, go over course requirements and obtain any updates. Please contact Mrs. Gifford to set up a time.*

Student pager: 216 1546

## EXPECTATIONS FOR THE INPATIENT ROTATION

Consultations require the student to see patients with life-limiting illness who are often quite ill. These patients and their families require considerable sensitivity and may provoke strong emotions from the student. The skills needed to work with this population require time to develop. Nonetheless, we feel it important that the student develop those skills in a hands-on-manner while on this rotation. You should discuss with the Nursing Coordinator, your comfort level and skills. You will be asked to observe at first, but please speak with the attending physician and Nursing Coordinator about expanding your independent role. You should also speak with the attending and the Nursing Coordinator before carrying out an initial visit on a consult. We would expect that the student should see and follow no more than 2 patients each week on the inpatient service.

An example of the formatting of notes on the Inpatient Service can be found in Appendix F. With the new EMR-EPIC, there are some changes, but the basic note is the same.

**The time of rounds is generally 8:00 AM unless otherwise specified. Rounds start in the NC Cancer Hospital on the 4<sup>th</sup> floor unit on the “A” side (the side as you enter the unit—meet at the nursing station). You should pre-round on your patient each morning when you are here and discuss their condition with the Nursing Coordinator. A student note should be written each day if appropriate.**

## COURSE REQUIREMENTS

The following areas will be covered and the student is expected to attend and participate:

1. Didactic sessions on various topics in Palliative Care. There will be two lectures each week. These are generally scheduled for Wednesday in the afternoon in the Physician’s Office Building, but instructors may move the time and place.

2. Several practice sites will be utilized in addition to the inpatient Palliative Care Consultation Service 2 weeks (REQUIRED). These include:

UNC Hospice Module 1 week (REQUIRED)

Optional Module (1 week on 1 module is REQUIRED):

Supportive Care Clinic and Outpatient Consultation Service—contact Dr. Bernard to coordinate.

Anesthesia Pain Clinic (with possible rotation on the inpatient consultation service as well)—Contact information for Drs. Blau and Wunnawa is provided further along in the document.

Pediatric Palliative Care Consultation Service (Please speak with the course director early in the rotation if you are interested in this aspect of Palliative Care.

The program at UNC is now able to have students but Dr. Dellon will need to coordinate each student's rotation individually; there is also an opportunity to observe at the program in Greensboro [Kids Path-<http://www.hospicegso.org/>]; either site will need to be contacted early in your rotation to confirm space and availability for the dates desired)

All of these sites are in outpatient areas and complement your experience on the inpatient side. Only the Hospice rotation is required; the others are options for your fourth module on the rotation.

The Schedule for these rotations is:

Modules 1 and 2: Inpatient Palliative Care Consultation Service. These two modules should be done together and not split. They are each 1 week long.

The other 2 modules can be done during remaining time. They also are 1 week long.

**\*\*Time allotted for each module:**

In order to integrate the Palliative Medicine Selective with the requirements for projects related to the Systems Based Practice component which require preparation time, each module for the clinical rotation will be 5 days however there is generally time in the afternoons each week to work on your project for SBP. You should discuss the time allotments with your instructor each week. All of them are aware of this requirement and can also free you up in the event that service demands are unusually heavy.

3. Tests: Students will review Parts 1 and 2 of the exam from the Medical College of Wisconsin that is on the Sakai website with the course director. This time will be scheduled during the orientation meeting but is generally on Wednesday afternoons and have been used there for many years.

4. Journaling: All students are expected to keep a journal of their experience while on hospice. The journal is generally a description of daily events over several days. Examples are at the end of this file.

5. Literature based review of selected topic: On the third or fourth Wednesday of each rotation, each student will present a 15-20 minute review of the literature on an aspect of palliative care to the faculty at the weekly meeting. This conference starts at 8 AM. **Due to increased numbers of speakers/learners, please speak with the inpatient attending or Dr. Hanson ([lhanson@med.unc.edu](mailto:lhanson@med.unc.edu)) during your first week on service to firm up this time and location. (see under Other Conferences)**

6. Evaluations of Student and Faculty: Standard 4<sup>th</sup> year student evaluations will be completed by the course director and the student at the end of the rotation. The assessment will be based on:

a. Evaluations from attending physicians, nurses, and hospice nurses who had contact with the student during the rotation.

b. Oral presentation

c. Journals

A separate form will be completed by the student for faculty evaluations.

Other Conferences which students may participate in while on the rotation:

- A. Palliative Care Conference meets most Wednesdays at 8 AM in the Starbucks Conference Room or Family-Patient Family Resource Center Conf Room (ground floor of NC Cancer Hosp just beyond Pharmacy)
- B. Schwartz Rounds meets every 3<sup>rd</sup> Monday. Check with Charlotte Rowe for topics and location.

#### COURSE MATERIALS

There is no single text used in this course. We have provided an example of a small textbook from the University of Alberta (CAN) that has the basic topics in individual chapters.

The course uses Sakai. There are several sets of material, both from UNC and the Med Coll Wisconsin. You are not expected to read all of the material.

Some of this material can also be found on the Palliative Care website at UNC:

[www.med.unc.edu/pcare](http://www.med.unc.edu/pcare)

#### CONTACT INFORMATION AND LOGISTICS FOR THE DAILY SCHEDULE

- A. Mon-Fri, Consults on Palliative Care Consult Service. This service is a consultation service similar to other subspecialty services in Internal Medicine. The Nursing Coordinator, Charlotte Rowe, 843 3163, or Kyle Terrell, 843 3650 receives the consult and will contact you to check on your availability. There are days when you will be off site and would not be expected to see a consultation request.
- B. For the rotation on UNC Hospice please contact Emily Shaw, EShaw@unch.unc.edu, Clinical Supervisor, or Libby Hart, Hospice preceptor to set up the initial schedule. They can be reached at the main hospice number-919 542 5545. Their address is 480 Hillsboro Street, Suite 800, Pittsboro, NC.
- C. The Supportive Care Service is an outpatient service that sees adult patients with cancer who are being treated or followed at UNC. There is a Clinic on Tuesday, and consults occur throughout the week. Please contact Sandi Jarr, the Nursing Coordinator at 61500 to set up the schedule.
- D. For the rotation through [UNC Pain Management Center](#) and the inpatient consultation service. Dr. Bill Blau is the person in charge. Please contact Dr. Blau at least one day in advance to coordinate, as there are three practice locations. There are different attendings every week, so Dr. Blau is the first contact, pager [123-3583](#); cell phone [919-923-0242](#). [If Dr. Blau is unavailable, contact Dr. Bobby Wunnava, pager 123-9572; cell phone \(919\) 951-8406. Their secretary is Tasha Chau at 6-5136.](#)

#### APPENDICES:

- A. EXAMPLES OF JOURNALS, PRESENTATIONS
- B. SYLLABUS-LECTURE SCHEDULE
- C. CASE
- D. FACULTY
- E. TEXTBOOK AND OTHER URL'S

## APPENDICES:

### APPENDIX A, EXAMPLES OF JOURNALING, PRESENTATIONS:

#### Presentations



#### Journals



## APPENDIX B, SYLLABUS:

Syllabus for Ambulatory Practice Selective in Medicine, Palliative Care Medicine, APSM 402-48:

### LECTURE INFORMATION

Site, Day, Time, and Location of Lectures:

There will be two lectures each week. These are can be scheduled for Wednesday in the afternoon in the Physician's Office Building, but instructors may move the time and place. Eden Gifford will have the most current information for each week.

Lecture Modules, Instructors, and Topics (not all topics will be covered in each rotation, but all 4 modules will have lectures drawn from these areas each rotation)

#### Module 1, Pain

Topics:

Valgus or Bernard-Pathophysiology, pharmacology of analgesics, and equi-analgesic dosing in the management of pain.

Blau-Non-medical techniques in pain management,

Chera-Radiation oncology and the management of pain in palliative care.

#### Module 2, Symptom management

Topics:

Dellon-Palliative care in the pediatric patient

Faso-Nausea and vomiting

Hanson-Pain management in geriatric patients and patients with major organ dysfunction

Bernard-Cancer Cachexia/ Anorexia

Rosemond - Practical Approaches to Comfort and Safety in Palliative Care

Kistler-Diagnosing and evaluating delirium

Module 3, Communication

Topics:

Winzelberg/Drickamer—Communication in Palliative Care—the Health Professional, the Patient, and the Family.

Module 4, Psychological, Spiritual, and Social Issues

/Topics:

Mayer-Nursing management of palliative care patients

Rosenstein-Psychiatric concerns in the setting of advanced disease

Gessner- Spirituality and religiosity in palliative care

Libby Hart (Nursing), Rob Lewis (Soc Work), and Cynthia Gail Smith (Chpln)-The Role of Hospice

LECTURE SCHEDULE

Fall Semester (2014-2015)

	Block 1 (Jul 7-Aug 3)	Block 2 (Aug 4-Sep 1)	Block 3 (Sep 2-Sep 28)	Block 4-No Students	Block 5-No Students	Block 6-No Students
Week 1	Bernard	Valgus	Bernard			
	Chera	Blau	Chera			
Week 2	Faso	Dellon	Hanson			
	Rosemond	Bernard	Rosenmond			
Week 3	Winzelberg	Drickamer	Winzelberg			
	Drickamer	Winzelberg	Drickamer			
Week 4	Rosenstein	Mayer	Gessner			
	UNC Hospice	UNC Hospice	UNC Hospice			

Spring Semester (2014-2015)

	Block 7- (Jan5-Feb1)	Block 8 (Feb 2-Mar 1)	Block 9 (Mar 2 – 29)	Block 10 (Mar 30-Apr 26)
Week 1	Valgus	Bernard	Valgus	Bernard
	Blau	Chera	Blau	Chera
Week 2	Faso	Dellon	Hanson	Faso
	Bernard	Rosenmond	Bernard	Rosenmond
Week 3	Drickamer	Winzelberg	Drickamer	Winzelberg
	Winzelberg	Drickamer	Winzelberg	Drickamer
Week 4	Rosenstein	Kistler	Gessner	Rosenstein
	UNC Hospice	UNC Hospice	UNC Hospice	UNC Hospice

## APPENDIX C: Case for the course, for illustration only

### 1. Pain Case

Mrs. Jones has a history of breast cancer. She had surgery 8 years ago and then had hormonal therapy for 5 years which ended 3 years ago. Recently she had pain in her left hip and has been found to have recurrence of her disease. Her evaluation has shown that there are areas that are involved by the breast cancer in the left acetabular area, the T 11 vertebral body, and the left 6<sup>th</sup> rib and the right humeral head. She has had radiation to her left hip, but still notes pain when she moves. While her pain is relieved at rest, she still has trouble getting out of bed to go to the bathroom at night. She is active and still does much of her own housework, but she requires some assistance.

What is incidental pain? What therapies are available to relieve this type of pain?

She has now been treated for her left hip pain, but shortly after completing radiation for this pain she begins to experience pain in her left 6<sup>th</sup> rib.

Discuss this progression of symptoms in light of the concept developed by Malacca and Wall of how the nervous system processes pain messages.

Radiation to the rib is carried out but she gets only modest relief. What non-medical measure might be of benefit to this individual? What is the mechanism by which this type of approach is thought to work?

Mrs. Jones began additional systemic therapy with another oral agent and does well for 10 months but then experiences moderate weakness in her left leg and mild weakness in her right leg. What is the possible etiology for these symptoms?

After treatment for this problem, she now requires a walker. Her therapy is switched and she does well for the next 2 years.

### 2. Anorexia Case

Mrs. Jones has now had her treatment changed 3 times over the last 4 years. Recently her doctor has found that she has had increase in the size of her liver metastases despite a switch in her therapy 6 months ago. Mrs. Jones has had increasing side effects with each set of new medicines. She lives with her cat; her family-2 sons-live at a distance and she has not been close to them.

For the last 3 months, despite nutritional supplements, she has been losing weight and is increasingly dependent on a network of friends that she has had for many years. They have also become frailer and are less able to provide her support. Several have moved away to be closer to their families. Today in the doctor's office she weighs 120 lbs (She is 5 feet 6 inches with a medium frame). She is using a walker for the trip from the parking lot. She is not using the walker at home, but puts her hand on the wall, or holds on to furniture as she moves about her 1 floor house. Someone else is now doing the housework and she has found an agency that will drive her to her physician visits.

What is her ideal weight? What other tests might help to better define her nutritional status?

What other points in the history might help distinguish the etiology of her ongoing weight loss and decline in her activity level?

Her evaluation has shown that she has lost the desire to eat. Certain foods—red meat and highly sweetened food no longer appeal to her. She has no difficulties with early satiety.

Today her physician discusses further therapy with her. She is not certain that she wishes further therapy and wants to speak with her two sons about this discussion.

### 3. Communication

During the discussion about further therapy by her physician with her what topics would be important to address?

Discuss the way this discussion is held; are there other ways to carry out such a discussion?

How could this news of her disease becoming worse be best described to the 2 sons?

### 4. Psychosocial

Following her decision to forego any other active treatment, her physician brings up hospice. She speaks with the hospice staff and decides to participate.

Discuss the payment system in the United States for hospice services.

Once she is enrolled on hospice, the nurse makes a home visit. At that visit, she confides that she is increasingly tearful without any obvious precipitant. She has trouble staying asleep but frequently wakes up at 2 or 3 AM and then lies in bed tossing and turning. She may sit up and stare at the window.

How is depression in a cancer patient different from that of a non-cancer patient? Could her anorexia be in part related to depression?

APPENDIX D: FACULTY:

Stephen Bernard  
[bernmed@med.unc.edu](mailto:bernmed@med.unc.edu)

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[wblau@aims.unc.edu](mailto:wblau@aims.unc.edu)

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## APPENDIX E

### ADDITIONAL WEBSITES

#### **URL for Palliative Care Textbook:**



ACB PC resource  
manual.pdf

#### **URL for UNC Palliative Medicine Website:**

<http://www.med.unc.edu/pcare>

#### **Websites and apps for opioid conversion:**

<http://www.hopkinsopoidprogram.org>

IPhone App (in app store): eOpioid™: Opioids & Opiates Calculator by SentientWare

<http://pharmacy.intranet.unchealthcare.org/opiatechart.pdf>

APPENDIX F:

FORMATTED NOTE FOR INPATIENT PALLIATIVE CARE SERVICE

**Service**

Service Date :

Admit Date :

Consulting Service: Palliative Care

Requesting Service:

Patient Location: Inpatient/Observation

Requesting Attending Physician:

Consulting Attending Physician:

**Patient**

Name:

MRNO:

Age:

Sex:

Race:

**Present Illness**

Reason for Consult:

Pt seen in consultation at the request of Dr. \_\_\_\_\_ for management of the following:

Symptom Management

Goals of Care

Present at interview:

History of Present Illness:

Clinical Summary:

SYMPTOMS:

GOALS:

DECISION MAKING:

Surrogate Decision Maker:

Contact Information:

Code Status:

SUPPORT:

**Medical/Surgical History**

**Social/Family History**

**Allergies**

**Pertinent Medications**

## **Review of Systems**

Palliative Performance Scale (PPS: 10-100%) =

Symptom Ratings (from patient or surrogate report):

Pain= /5

Dyspnea/Secretions= /5

Poor Appetite= /5

Nausea= /5

Constipation= /5

Depression= /5

Anxiety= /5

Decreased LOC= /5

Agitated Delirium= /5

Tiredness/Fatigue= /5

Psychosocial Distress= /5

Spiritual Distress= /5

[Scores range from 1 - 5 with 1 = absence of symptom; 5 = worst symptom possible]

## **Physical Examination**

### **Pertinent Diagnostic Tests**

### **Assessment and Recommendation**

Assessment:

Recommendations:

\*\*SYMPTOMS

\*\*PROGNOSIS

\*\*GOALS OF CARE

\*\*DECISION MAKING

\*\*SUPPORT

Recommendations relayed to primary service. Thank you for this consult. We will continue to follow.

Please page "Palliative Care" under WebXchange with questions.

Total Time:        minutes; >50% in counseling and coordination of care