ORIENTATION MATERIALS FOR APSM 402-48 (AKA MEDI 464), PALLIATIVE MEDICINE

KEY CONTACTS FOR THE COURSE:

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Supportive Care Service
Stephen Bernard, 919-843-7706, steve_bernard@med.unc.edu; 919-216-6252

Student pager: 919-216-1546

INTRODUCTION, EXPECTATIONS AND REQUIREMENTS

Welcome to the Ambulatory Practice Selective in Medicine 402-48 (aka MEDI 464). 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 the appropriate individuals for consults and other information for the component you are on; Donna Lague 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. Because of the need to start the rotation after Monday for many students, Dr. Bernard may already have communicated with you by email to establish your preferred rotations during the month. At the time of the face to face meeting, he will again go over the course schedule, course requirements and provide any updates. Please contact Mrs. Lague to set up a time.

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. Please discuss with the Nurse Practitioner your comfort level and skills. You will be asked to observe at first, but please speak with the attending physician and Nurse Practitioner about expanding your independent role. You should also speak with the attending and the Nurse Practitioner 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 note in EPIC on the Inpatient Service can be found in Appendix F.

The time of rounds is generally 8:30 AM unless otherwise specified. Rounds start at a specified unit each morning. Please contact the Nurse Practitioner or Attending PRIOR to meeting the first day. If you are meeting with Dr. Bernard prior to going to rounds, he will either have contacted these individuals ahead of time or on the morning of the meeting. You should review chart data on your patient each morning and discuss their condition with the Nurse Practitioner or Attending during rounds. 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 Dr. Rountree 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. Please discuss the time allotments with your instructor each week. They are aware of the need to give you sufficient time to prepare for the weekly project paper in Systems Based Practice and can 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.

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 week 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. Due to increased numbers of speakers/learners, please speak with the inpatient attending or Kyle Terrell, NP during your first week on service to firm up this time and location. (See under Other Conferences)

6. Evaluations of Student and Faculty: Standard 4th 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 Family-Patient Family Resource Center Conf Room (ground floor of NC Cancer Hosp just beyond Pharmacy)
B. Schwartz Rounds meets every 3rd Monday. Check with Kyle Terrell for topics and location.
COURSE MATERIALS

There are several textbooks that are available online in the Health Sciences Library Collection. A small textbook with a new edition from 2016 can be found at:

http://web.a.ebscohost.com/ehost/detail/detail?sid=3b7c7017-9266-41fd-8a7f-5ab1559c3ec8%40sessionmgr4004&vid=0&hid=4201&bdata=JnNpdGU9ZWhvc3QtGlg3ZQ%3d%3d&preview=false#db=nlebk&AN=1168006

Information about ebscohost can be found at:

http://support.ebsco.com/knowledge_base/detail.php?id=5358

This course is on 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; but may find this source helpful.

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

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 Nurse Practitioner, Kyle Terrell, 843 3163 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 Adamski, Sharon (Scheduling) (Sharon.Adamski@unchealth.unc.edu) or Elizabeth Hart, RN (Preceptor) (Elizabeth.Hart@unchealth.unc.edu) to set up the initial schedule. They can be reached at the main hospice number-919 542 5545. Their address is 287 East St. Pittsboro, NC 27312 (please note the office is in Pittsboro, not Chapel Hill).

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 formal clinic on Tuesday and Thursday, but consults in the outpatient adult oncology clinics occur throughout the week. Please contact Stephen Bernard (stephe_bernard@med.unc.edu) to set up the schedule.

D. For the rotation through UNC Pain Management Center and the inpatient consultation service. Dr. Justin Rountree is the person in charge. Please contact Dr. Rountree at least one day in advance to coordinate, as there are three practice locations. There are different attendings every week, so Dr. Rountree is the first contact, pager 123-6988; cell phone 919-914-4587. If Dr. Rountree is unavailable, contact Dr. Manoj Bobby Wunnava, pager 919-123-9572; cell phone 919-951-8406. Their secretary is Shannon Wolfgang at swolfgang@aims.unc.edu, 919-966-5136.
APPENDICES:
A. EXAMPLES OF JOURNALS, PRESENTATIONS
B. SYLLABUS-LECTURE SCHEDULE
C. CASE
D. FACULTY
E. TEXTBOOK AND OTHER URL’S
F. FORMATTED NOTE IN EPIC (SMART PHRASE)
G. APPENDICES:

APPENDIX A, EXAMPLES OF JOURNALING, PRESENTATIONS:

Presentations
- Palliative Medicine in Italy (1).pptx
- Radiation treatment for painfull Care - Bradon Good

Journals
- JLaks 2016 Hospice Journal.docx
- Hospice week journal.docx
- PalliativeJournal.docx

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. Time/space is offered on Wednesday in the afternoon in the Physician’s Office Building, but instructors may move the time and place. Donna Lague 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:
- Keisler or Bernard-Pathophysiology, pharmacology of analgesics, and equi-analgesic dosing in the management of pain.
- Rountree/Wunnawa-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
Physical Therapy/Occupational Therapy--TBD
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:
Rosenstein—Psychiatric concerns in the setting of advanced disease
Mayer—Nursing management of palliative care patients
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

First Semester (2016-2017)

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APPENDIX C: The evolution of illness—a case study, for illustration only

1. Pain

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 6th 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 6th rib.

Discuss this progression of symptoms in light of the concept developed by Melzack and Wall (1965) 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

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 own 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 two 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:

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APPENDIX E

ADDITIONAL WEBSITES

URL for Palliative Care Textbook:

http://web.a.ebscohost.com/ehost/detail/detail?sid=3b7c7017-9266-41fd-8a7f-5ab1559c3ec8%40sessionmgr4004&vid=0&hid=4201&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d&preview=false#db=nlebk&AN=1168006

URL for UNC Palliative Medicine Website:

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

Websites and apps for opioid conversion:

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

http://pharmacy.intranet.unchealthcare.org/opiatechart.pdf
APPENDIX F:

Palliative Care Consult Note Template (both Initial note and f/u notes can be accessed on EPIC using the “smart phrase”\textit{\texttt{pall}})

Requesting Attending Physician:
Service Requesting Consult:
Primary Care Provider:
Code Status:
Advance Directive Status:

Reason for Consult:
Symptom Management, Goals of Care / Decision Making and Patient and Family Support

Assessment/Recommendation:

Palliative Care was asked to consult for symptom management and clarification of goals of care.

1. Pain-
2. GI-
3. Goals/Decisions
4. Support-

Symptom Management:

Prognosis and Understanding:
Goals of Care and Decision Making: Family meeting

Decision Maker at time of visit:
Support Issues:
Communication and Counseling:
Family meeting:

Subjective:
History of Present Illness:
Symptom Severity and Assessment: (1 = No symptom --> 10 = Most Severe)

Pain:
Nausea/Vomiting:
Constipation:
Diarrhea: 0
Secretions/Congestion: 0
Shortness of Breath: 0
Anxiety:
Depression: -
Delirium, Hypoactive: 0
Delirium, Hyperactive: 0
Other:

Allergies:

Medications

Past Medical History

Past Surgical History

Social History:

Social/Spiritual Support:
Pt has a ______ faith belief.

Family History:

Review of Systems:
A 12 system review of systems was negative except as noted in HPI.

Objective:

Function:
XX% - Ambulation: / Self-Care: / Intake: / Level of Conscious:

VS:
Physical Exam:
General
HEENT
CV
Pulmonary
Abd
Ext:
Neuro
Psych
Test Results:
Lab Results

Pathology

Imaging:

Greater than XXX time spent on counseling/coordination of care:

Total time spent with patient: