

EXPECTATIONS FOR PALLIATIVE CARE ROTATION

Logistics

▪ Summary of Logistical Expectations

- Meet at **8:30 AM** Monday - Friday in Palliative Office (6th floor, near IV, between old and new hospital)
- Keep supervising physician informed of where you are between 8:30 and 5 M-F, page them if you can't find your team at any time
- Attend family meetings / care conferences on patients that you are following
 - ✓ This may occasionally be at noon or in evening (no more than once a week) or on a weekend (no more than ½ day on weekend)
- Please use most recent versions of *smart text* note templates, they are named by year (currently 18)

▪ We try to run an efficient team

- **We will meet at 8:30 AM to discuss patients – Team Card Rounds** in The Palliative Office
 - ✓ Please review the chart and be familiar with the overnight events for your assigned patients prior to team rounds
 - ✓ You may round on your assigned patients prior to this time if this has been discussed with your attending
- Presentations should be concise *and* complete
 - ✓ **Strong focus on symptoms, function, and goals**
 - ✓ Have **plan** developed for treatment

▪ Know your patients

- Details in Palliative Care are important (*The difference between something good and something great is attention to detail.*)
 - ✓ **Family Dynamics** are very important – get a detailed social history.
 - ✓ **Impact of the illness** on patient and family is also important.

▪ Daily progress notes

- **Need to be done early in the day** (not always possible, but that's the goal)
- Use the **PALLIATIVE CONSULT DAILY smart text template** (for both PC patients and consult patients)
- Document, document, document – everything you say, do, or think should be in your daily progress note
- If there is a status change, please write a **NEW** note, in addition to the daily progress note
 - ✓ Example: a patient develops dyspnea or pain and needs morphine drip. This helps to let other people know what happened, and also protects you legally. Note that you talked with patient /family about changes.

▪ Keep an up-to-date and accurate problem list

- Residents should review the problem lists on their patients prior to leaving for the day.
 - ✓ Resolve any problems that are no longer active
- **Make the problem list as specific as possible**
 - ✓ Add **“Advanced directives, counseling/discussion”** to problem list when you address this
 - Note **AD, POA, POST, Guardianship and CPR status**
 - ✓ We bill mainly under symptoms (pain, dyspnea, nausea)
 - Add these to your NOTE Assessment/Plan only when **CONSULTING**
 - Add these to your Epic Problem list when **PRIMARY**
 - **If PRIMARY** make sure to add **“Encephalopathy”** and **“Protein Malnutrition”** as it applies
- Review all the problem lists prior to leaving for the day to make sure they are current and accurate
 - ✓ use this when signing out to on call provider

▪ Before you leave for the day, make sure you sign out with supervising physician

- Double check on your patients before you leave (symptoms managed, new psychosocial issues, etc.)
 - ✓ *Readdress PCA dosing to allow for symptom titration overnight*
- Please page supervising physician at end of day (including after clinic) to sign out patients

Patient Care

▪ Admissions to Palliative Care Service

- When patients are admitted to Palliative Care, please use **“Palliative Admission Order Set”**
- A *Palliative Admission template* is found under smart text: **PALL HISTORY 18**
- We also admit patients to Inpatient Hospice or Hospice Respite - please use **“Hospice Admission Order Set”**
- *Hospice Admission templates* are found under smart text: **PALL HOSPICE**
- We have developed Palliative Care service Admission Criteria
 - ✓ Please review this document
- The **“Imminently Dying Order Set”** is used for patients who are actively dying in the hospital, but who are not admitted under hospice, please **do not** use on *Hospice Patients*
- **Notify** patient's PCP with an **EPIC Staff Message** with all admissions or changes in status

- **Consults**
 - Are received throughout the day starting at 7:30 am
 - We try to complete all consults within 3-4 hours
 - Protocol for consult:
 - ✓ **Determine reason(s) for consult:**
 - Goals of Care r/t complex medical decisions, Symptom Management, Transition to End of life care, etc.
 - ✓ Ask how you can help
 - ✓ Document with **PALL CONSULT** template
- **Palliative Extubation**
 - You will be expected to participate in **Ventilator Withdrawals** and the associated family conferences
 - If actively dying, palliative care may take over primary role, please add in the **“Imminently Dying Order Set”**
- **Anticipate discharge needs**
 - Make recommendations for symptom management to help primary team with discharge
 - Determine need for Outpatient Palliative Care Follow-up, Advance Care Planning, and/or Hospice
 - ✓ Place orders for follow up with **outpatient** palliative care if needed
 - ✓ Place **Referral to GHS Hospice** Order if needed
 - With GHS Hospice Referral Include who will be primary hospice provider
 - Contact this provider to ensure that they are able
 - Help primary team assess discharge needs
 - ✓ **Complete POST form**
 - ✓ Review - Functional status/ Home environment
 - ✓ Equipment or services needed after discharge, DME orders, address with SW
 - ✓ Order ACP or Next Steps referral if needed

Teaching and Learning

- **Pre-Test** – Please complete **Palliative Pre-test** provided by your attending
- **Direct Observation**
 - A lot of what we do you cannot learn from reading. We will expect you to shadow the MD/DO/ NP/PA for at least 1-2 days before completing consults yourself. We will also observe you in order to be able to give good feedback, as well to support you in difficult situations.
 - Please think about your learning goals, we will do our best to cover your interests and meet your goals
 - We will do a lot of debriefing
 - ✓ Please be ready to discuss each encounter you participate in or observe
 - **Palliative Learner Binder.** It is in your desk area. Binder articles are also on MEO link
 - ✓ We will review these articles throughout the rotation
 - Use the **MEO Education Website** for Goals, Articles and the **“Milestones in Palliative Care” skills sheets**
 - ✓ <https://www.gundersenhealth.org/medical-education/medical-students/for-students/orientation/>
- **We expect all Learners on the team to read about their patients’ problems**
 - We will ask you questions about the problems patients face
 - ✓ These are not meant to make anyone feel stupid, just to help trigger your brain to remember key things you may not yet know
- **Feel free to call your supervising physician for any questions. It won’t bother us at all if you call for seemingly insignificant items, but patient safety could be compromised if you don’t call when you should have.**

Last updated: 07/2//2018 JH,KL,RS, MM,SR,CL,MS,AW