

### Ward-Based End-of-Life (EOL) Care Exercise for YMS 3

YSOM students have found this experiential, “hands-on” EOL care exercise very useful to become more comfortable communicating and evaluating patients facing EOL.

#### Goals of Exercise:

1. Understand the needs of hospitalized patients facing EOL issues.
2. Develop comfort and skills in EOL care communication and evaluation.
3. Reflect on your experiences with patients at EOL.

#### Explanation of Exercise:

For this exercise, you will identify a patient on the ward or consult service who is facing EOL issues. The patient may or may not be actively dying, but will have a serious, life-shortening illness. Your attending or resident can help you identify an appropriate patient. Review the patient’s chart and speak to your resident or attending about the patient’s condition and clinical course. **In all cases, you must have permission to do this assignment from the patient’s personal or ward/consult attending.** No matter what your perspective on the clinical situation is, respect the primacy of the doctor–patient relationship.

**The most important** part of this assignment is to spend time with the patient or family, and focus on listening, exploring and simply being present. Be sure to budget enough time with the patient to allow for respectful and fruitful dialogue. If you are involved in the care of the patient on your ward or consult team, your discussions with the patient and health care team may take place in the context of your team activities. Recognize that EOL issues are often not addressed with the same attention as acute medical problems and your focused consideration is needed. If you select a patient with whom you are not directly involved, you might want to explain to the patient or family that you are a medical student working on an assignment to better understand the needs of patients facing serious illnesses.

Remember to use communication skills you have been working on for the past 2 years, especially open-ended questioning and active listening. You may find useful the “Communication Phrases Near End of Life” pocket card to get started. Consider open-ended questions concerning quality of life and prognosis that are useful to open up dialogue about EOL issues, e.g., “How has your disease affected your daily life, your family and friends?”, “Have you been feeling worried or sad about your illness?” “What have the doctors told you about what to expect?”

You should not feel you need to “force” discussion of EOL issues. Follow the patient’s lead. Some questions or issues may come up that you may not feel comfortable or qualified to handle. If so, explain that you can speak with your attending or the team and get back to them. At this stage of your training, you are not qualified, on your own, to provide specific information on prognosis, to initiate discussions of advance directives, or tell a patient that he or she is dying. If these issues come up, enlist the help of your consult/ward attending and the EOL core faculty (see contact info. below).

In addition to talking with your patient, speak to the patient's family if available with the patient's permission. Speak with the nurses caring for the patient. Patients often will talk with nurses about concerns they may not bring up with their physicians. If appropriate, ask the housestaff about their perception of prognosis, about palliative care needs and plans for EOL care. Observe to what extent EOL issues are addressed on rounds or in the chart. Consider list of questions outlined in write-up section below.

Take the time to reflect on your experience and personal reactions. Being aware of your responses and emotions can be helpful in caring for patients at EOL and help you stay therapeutic in your interactions.

If you will be evaluating a Pediatric patient, see page 3 for special considerations.

### **Write-up:**

With information gathered from your discussions and observations, prepare a 1-2 page report including the following:

1. Patient's diagnosis and prognosis. What is your patient's understanding? Family? Housestaff? Nurses? Physicians? Are there differences?
2. Is symptom (physical and non-physical) management optimal? If not, what barriers exist and what might be done about them?
3. Identify two main sources of physical, psychological, social, or spiritual suffering the patient is experiencing. Are these being addressed effectively?
4. How is EOL care planning being addressed? What barriers exist?
5. Reflect on how this experience affected you personally and professionally. How does it feel to be with a seriously ill patient and speak about EOL issues? In what ways was this challenging for you? What was helpful for you facing these challenges?
6. What have you learned from this experience? What problems did you encounter in the exercise?
7. Do you have any concerns about this assignment? Any suggestions for improvement?

### **Summary of Steps of Assignment Exercise:**

- a. **Identify a suitable patient ON ANY CLERKSHIP and review chart.**
- b. **Speak to the patient and family (if appropriate) with EOL agenda in mind.**
- c. **Speak to the nurses, housestaff and/or attending caring for the patient.**
- d. **Complete 1-2 page report for your portfolio.**
- e. **Attend EOL conference (last Thursday of Psychiatry Clerkship). Prepare to briefly present your patient, report on 2 EOL issues/challenges in your case, and reflect on your experience.**

**EOL Core Faculty Contacts:****Medicine**

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**End-of-life Evaluation of Pediatric Patients**

If you chose a pediatric patient, as with other patients, you need to start by having permission from the patient's personal or ward/consult attending. Before taking to the patient, you should always start by discussing it with the parents and obtaining permission from them to talk to the patient. The attending can help you with that. You should always consider the developmental influences on the child's understanding of death. Before 3 years of age children sense different moods and changes in routine, but have no understanding of the concept of death. Preschool children (3-5 y) tend to see death as temporary and reversible, just as sleep. The world is viewed in terms of good or bad, and magical thinking leads children to believe they have a direct impact on the events in their lives. Early school age children (6-8 y) often view death in a personified and externalized form which is frightening to them such as skeleton man or a ghost that pursues them, so they may fear death. There is a sense of guilt and they often think they are sick because they did something wrong. Around age 9 children begin to appreciate death as a natural process that is irreversible and inevitable. Pre-adolescents tend to intellectualize a great deal and thus remove themselves from the emotional experience of death. Adolescents are at the stage of development where they have an adult-like understanding of death. Cognitively they are fully capable of appreciating death as final and inevitable. Emotionally, however, they have the most difficult time of any of the age groups; body image and self-esteem are paramount.

**\*Contact Dr. McCabe for questions about pediatric evaluation.**