VA-Greater Los Angeles

Visiting Geriatric Fellow
Palliative Care Information

2015-2016

Veteran’s Administration
Greater Los Angeles Healthcare System
(VA-GLAHS)
11301 Wilshire Blvd.
Los Angeles, CA 90073

Palliative Care Fellows’ Room: 2 North, Pod D, Room 2057

Main Phone Number: 310-478-3711

Program Fax Numbers:
2nd Floor: 310-268-4272

Palliative Care Emergency Pager:
1-800-918-2007
Introduction
Welcome to your rotation with the palliative care team at VA-GLAHS. This packet is designed to orient you to our clinical and educational activities as well as provide information to make you feel comfortable with our service.

What is Palliative Care?
Palliative Care is the symptom-directed, patient-centered, life-affirming care of individuals, their families and friends who are living with progressive life-threatening illnesses. Palliative Care focuses on a patient’s need for pain control and symptom management caused either by a disease process or treatments for the disease. The ultimate goal of Palliative Care is to improve quality of life for the patient and family.

Palliative Care specialists treat difficult to control pain and non-pain symptoms, handle intensive patient-family communication, including helping to define goals of care, and provide support to patients and families with complex psychological, social, and spiritual needs during the patient’s illness and during bereavement. The traditional medical model of ‘treat to cure’ may not apply to many of the patients for whom you will be caring while on this rotation.

Palliative Care Rotation at VA-GLAHS

Goals
It is expected that Geriatric fellows will gain knowledge of the spectrum of Palliative Care. They will understand the indications for a Palliative Care referral, the components of the interdisciplinary team, and how to work as an active member of this team.

Trainees will gain experience and knowledge in the following areas:

- **Pain Management**—ability to utilize opioid and non-opioid methods for managing pain at the end of life.
- **Communication**—knowledge of goals of care discussions, ‘breaking bad news’ discussions, and family meetings.
- **Symptom Management**—ability to manage refractory symptoms including but not limited to dyspnea, nausea, depression, constipation, and anorexia.
- **Psychosocial and Spiritual Care**—recognition of the psychological, social, cultural, familial, and spiritual/existential issues associated with life limiting illness.

Trainees will meet these goals through exposure to the palliative care continuum through the following:

- **The inpatient consult service**
Palliative Care Rotation at VA-GLAHS

Objectives:

1. Develop communication skills with patient and families in the course of serious illness, including an understanding of developing goals of care discussions

2. Learn skills in palliative care evaluation and assessment, including pain and non-pain symptoms

3. Identify signs and symptoms of impending death

4. Recognize and respond to family and caregiver needs for psychosocial support, grief, and spiritual counseling

5. Develop a working knowledge of opioid equi-analgesic dosing

6. Demonstrate skill in professional consultation communications and interdisciplinary team care
Inpatient Consult Service

The primary clinical responsibility of the trainee during this rotation will be to see new and follow-up inpatient referrals daily under supervision of the palliative care attending physician and in collaboration with the interdisciplinary team. The members of the inpatient palliative care team are the attending physician, social worker, palliative medicine fellow, chaplain, RN and resident. The inpatient team may be consulted for a variety of different issues including (not limited to) pain and symptom management, decision-making, goals of care, and inpatient and outpatient hospice referrals.

- Palliative care rounds take place on weekdays at **1PM** (see daily schedule on pp. 13-14) in the **fellows’ room** (2057).
- Presentations of patients should include relevant history and physical findings, social and spiritual history, medications, goals or care, and a **plan of care**.
- **Geriatric Fellows** may be invited to give a **weekly talk** (5-15 minutes) on an afternoon at the beginning of rounds. Please see Didactic Education section on p. 7 for possible topics.
- As needed VIP case managers may consult with attending and fellow(s) on service at the beginning of rounds.
- All consults will be seen **within 24 hours**, with the exception of Saturday afternoon consults that may be seen **within 36 hours** due to weekend coverage.
- You may utilize the white board in the **fellows’ room** to keep track of patients being followed by palliative care.
- Patients are followed until the team has officially **signed off** (“follow from a distance.”) It is important to document that palliative care is signing off and request a re-consult for future issues (please discuss with your attending).
- In CPRS, the **inpatient initial palliative care template** should be used for the first note, followed by **inpatient palliative care follow-up notes** daily. Before you open a new consult, please speak with the palliative care fellow +/- attending about electronic workload capture and the National Clinical Template—for the initial consult, you MUST change the location (so, if you see a pop up asking you to change the location—please discuss with the attending/fellow). You will also need to change the location for follow up notes (see your fellow).
- Identify the palliative care attending as an additional signer on ALL progress notes and orders.
- Family meetings are generally scheduled according to the family/team’s availability. Please check with your attending or palliative care team members if/when you are planning on choosing a meeting time.
Veterans Integrated Palliative (VIP) Outpatient Clinic

- The VIP Clinic takes place every Friday from 8:30 to Noon on 4 West. Geriatric Fellows are invited to join the pre-clinic interdisciplinary meeting from 8:30am-9am. Geriatric fellows may also join the 7:30am Friday Morning education program (journal club, didactic, etc).
- Clinic begins promptly at 8:30AM. Please be on time! Please also check with PC fellow as to time/date of PC journal club for your rotation. Please inform your Palliative Care attending/co-fellow if you will miss these secondary to other Geriatric educational commitments.
- Veterans in clinic are generally seen by the Palliative Care fellow (along with the team)
Didactic Education

Palliative Care Lecture Series
Geriatric fellows are invited to attend the weekly palliative care lecture on Fridays from 1:30pm – 2:30pm in building 500 room 3232

Visiting Trainee Lectures
Visiting fellows/residents on a 4 week rotation are encouraged to give at least one talk (5-15 minutes) on an afternoon during rounds to the interdisciplinary team (see daily schedule on pp. 13-14). Please utilize the suggested topics below or discuss other possibilities with the attending physician.

Possible Topics for Visiting Resident/Fellow Lectures

<table>
<thead>
<tr>
<th>Nausea</th>
<th>Neuropathic pain</th>
<th>NG tubes</th>
<th>Bowel obstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td>COPD</td>
<td>Tracheostomy</td>
<td>Boney pain</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>CHF</td>
<td>Pressure ulcers</td>
<td>Advance Directives</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Diabetes</td>
<td>Pruritis</td>
<td>Legal issues</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Hemodialysis</td>
<td>Liver disease</td>
<td>Sedation</td>
</tr>
<tr>
<td>Depression</td>
<td>Feeding tubes</td>
<td>Non-opioid pain medications</td>
<td>Euthanasia</td>
</tr>
<tr>
<td>Spiritual/existential distress</td>
<td>Dementia</td>
<td>Double effect</td>
<td>Hospice</td>
</tr>
<tr>
<td>Opioids</td>
<td>Delirium</td>
<td>Anxiety</td>
<td>Nerve blocks/refractory pain</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Cough</td>
<td>Hiccups</td>
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</tr>
</tbody>
</table>

Visiting Resident and Fellow Information 5
Educational Resources

Teaching files in the fellow’s room are available for general reference. The original copies are to leave the file for the purpose of copying only.

Useful Websites
http://www.aahpm.org Academy of Hospice and Palliative Medicine
http://www.eperc.mcw.edu End of Life Education Resource Center—great articles about symptom management
http://www.cherydatabase.org useful article database for research and presentations
www.capc.org informational site for hospital based palliative care program organization
www.nhpco.org National Hospice and Palliative Care Organization—useful links and job information
http://www.nationalconsensusproject.org goal to promote standard clinical guidelines for palliative care.

Useful Journals
Journal of Palliative Medicine
Journal of Supportive Oncology
Hastings Center Report (Bioethics)
Journal of Clinical Oncology
Journal of Pain and Symptom Management

Useful Textbooks
Principles and Practice of Palliative Care and Supportive Oncology
Oxford Text of Palliative Medicine

VA Medical Library—6th floor
Articles may be requested through the VA librarian. Be advised that articles might not be available immediately.
General Information

The Fellows’ Room
- The fellows’ room is located on the 2nd floor (2 NORTH, pod D, room 2057).
- Rounds take place in this room at 1PM each day (or as noted by the attending)
- The fellows’ room is a shared space for the palliative care department with printers, computers, phones, sink, and refrigerator used by numerous people.
  - Please be sure to keep the room and your work space NEAT.
  - Please remember to LOG OFF your computer when you are finished as someone else might need to LOG ON.
  - If you need a quieter spot to make phone calls to patients/families, you may use the family room.
- There is a restroom in the fellows’ room and two others just down the hallway (toward the elevator).
- There are lockers behind the door for any personal belongings.

Computer
- You can access many resources (phone/pager directory, research through Up to Date, PubMed, Ovid) via VA Intranet at http://vhaglaweb3
- For general computer-related assistance, call 14 from any VA computer.
- For CPRS help, call x84111.

Phones
- To check/leave messages from outside the VA call: 310-268-3838
- VA employee directory can be accessed through the Intranet by clicking GLA Phones or Yellow Pages.
- For telephone-related assistance, call x42806.

Paging
- Internal VA Page: 11 + pager ID
- External VA Page: 310-268-3461 + pager ID
- Palliative Care Emergency Pager: 800-918-2007
1. Open VISTA using username and access code

2. From the Special Menu for Research select "DOCTOR'S MENU" (#11)

3. From the DOCTOR'S MENU, type "RACO" (Consult/Radiology Request Menu)

3. From the RACO Menu, type "STAT" (Print Consult Status by Service and date range). The STAT menu lists all consults - completed, discontinued, and pending. It is a good way to double check that completed consults have been closed, as well as alert you to new pending consults.
4. Select CONSULT SERVICE, type "PALL" to see a list of all palliative services.
Select CONSULT SERVICE: pall
   1. PALLIATIVE CARE HOSPICE HOME SERVICES
   2. PALLIATIVE CARE INPATIENT HOSPICE UNIT
   3. PALLIATIVE CARE INPATIENT SERVICES
   4. PALLIATIVE CARE OUTPATIENT SERVICES
   5. PALLIATIVE CARE SERVICES-GHA-GROUPEX GROUPEX ONLY
   CHOOSE 1-5:

5. Select a service by entering a number 1 - 5
   EX:  3 would list PALLIATIVE CARE INPATIENT SERVICE CONSULTS
   Please note that outpatient, inpatient, and hospice unit consults must be viewed separately

6. Enter a date range — from {start date} to {end date}
   Notes:
   ▶ You can use forward slash between month/day/year or simply enter the numeric as long as you use
     two digits for days, months, and years. 01/01/07 denotes January 1, 2007.
   ▶ You can use "T" or "T" to represent "today" and then "- (# of days)" to search consults within a given
     period. (T - 3" would display today’s consults plus consults from the past 3 days; "T" would just list
     today’s consults; "T-1" would list yesterday’s plus today’s consults...)

7. Press return twice and list of consults will show for the specified date range
   At "DEVICE" Press return or enter key to indicate you want to display results on your computer.
   At "Right Margin: 80/" Press return or enter key to show on screen
## Palliative Care Phone List

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Extension</th>
<th>Pager</th>
<th>Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Moran, MD</td>
<td>49517</td>
<td>5589</td>
<td>2058</td>
</tr>
<tr>
<td>Acting Section Chief; fellowship director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jillisa Steckart, M.Ed., Psy.D. Education and Program Administrator</td>
<td>83500</td>
<td>N/A</td>
<td>2056</td>
</tr>
<tr>
<td>Tricia Covington Program Support</td>
<td>40702</td>
<td>N/A</td>
<td>2063</td>
</tr>
<tr>
<td>James Lewis Program Support</td>
<td>42447</td>
<td>310-992-2372</td>
<td>3246</td>
</tr>
<tr>
<td>Geoff Tyrrell, D.Min. Palliative Care Chaplain</td>
<td></td>
<td>5108</td>
<td>2055</td>
</tr>
<tr>
<td>Contract social worker: Michael Tiratira Inpatient Palliative Care Social Worker</td>
<td></td>
<td></td>
<td>2055</td>
</tr>
<tr>
<td>Jennifer Limas</td>
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</tbody>
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| Palliative Care Rotating Faculty    |                  |           |        |
| Deborah Moran, MD                  |                  |           |        |
| Katie Murphy, MD                   |                  |           |        |
| Annie Walling, MD, PhD             |                  |           |        |
| Eric Prommer, MD                   |                  |           |        |
| Peter Glassman, MBBS               |                  |           |        |

| AY 15-16 Palliative Care Fellows    |                  |           |        |
| Jessica Besbris, MD                 |                  |           |        |
| Nitin Ubhayakar, MD                 |                  |           |        |
| Julie Clarke, MD                    |                  |           |        |
| Eunice Kim, MD                      |                  |           |        |

| VIP (Veteran’s Integrated Palliative) Case Management Team | | | |
| Andrea Lenertz, RN                  | 43523 | 5298 | 2055A |
| Tom Oleniacz, MSW                   | 49079 | 5827 | 2065  |

| Palliative Care Emergency Pager     | 1-800-918-2007   |           |        |
Draft Daily Schedule

Monday through Thursday (please check with fellow about 7:30am Friday morning activities as well as 8:30am sharp clinic rounds in building 500, 4 West.)

8am – 9am  Chart review for new/old consults (MD/NP follow-up on patients)
9am – 9:30am Team Morning Meeting/Work Rounds (social worker, fellows, attending, residents)
9:30am – 10am Fellow/Attending/Social Worker review of literature
10am – Noon “Divide and Conquer” (see patients)
Noon - 12:30pm Lunch
12:30pm - 1pm Resident Lecture
1pm Rounds/Walking Rounds (see details in Tues. schedule on p. 13)
4:30pm (flexible) Wrap-Up (informal check-in/closing at the end of the day)

FRIDAY

8:30 – Noon VIP Clinic (building 500, 4 West)
Noon – 12:30pm Team Meeting
12:30 – 1pm “Divide and Conquer” (for pressing issues)
1pm – 1:30pm Lunch
1:30pm – 2:30pm Lecture (Room 3232)
2:30pm Rounds/Wrap-Up
<table>
<thead>
<tr>
<th>MODULE</th>
<th>TOPIC</th>
<th>REVIEW</th>
</tr>
</thead>
</table>
| I      | **Introduction to Palliative Care** | - PM Assessment Rosenfeld GI Clinics  
- PM Meier Morrison NEJM04 |
| II     | **Communication** | - Decision Making Weissman JAMA Perspectives  
- PM Discussions Lo Quill Tul 99 AIM  
- PM Hospice Discus Casarr-Quill Annals  
- Prognostication Lamont JAMA Perspectives |
| III    | **Pain Management** | - Cancer Pain Bruera JAMA03  
- Opioid Pharmac Rev  
- Neuropath Rev 06  
- Fast Fact and Concept - Good-Bad Orders  
- Fast Fact and Concept -- Opioid dose escalation  
- Fast Fact and Concept -- Opioid dosing intervals  
- Methad Overview Manfredi  
- Fast Fact and Concept - Fentanyl conversion  
- Fast Fact and Concept -- Opioid dose conversions  
- Fast Fact and Concept - PCA |
| IV     | **Nausea SOB** | - N Review Mannix  
- R Dysp Rev von G SuppOnc  
- Nausea NEJM Case Records  
- **Anorexia-Fatigue** | - Anorex Rx Review JCO05  
- E Fatigue JAMA Perspectives |
| V      | **Psychological-Spiritual** | - Psycho-Dignity Chochinov  
- Psychological Block - JAMA Perspectives  
- Discussing Religion Lo et al JAMA 02  
- **Family needs and bereavement** | - Family needs Rabow JAMA Perspectives  
- Bereavement Prigerson JAMA Perspectives |
| VI     | **Cross-cultural and religious** | - A AHN Jewish Gillick JMedEthics  
- Multi-Cult Kagawa JAMA  
- **Ethics** | - Wendland Case Lo NEJM  
- Ethics PM ICU Rev06 |
| VII    | **Self-care** | - MD Emotions Meier JAMA |