

Templates

Templates Checklist

- Journal page (*4 required*)
- Clinical site or Home Visit Scavenger Hunt
- Interdisciplinary Introduction
- Interdisciplinary Team Observation
- Family Meeting Observation
- Advance Directive Discussion Observation
- Sx Grid
- Pain Note
- Spiritual History Note

Students and Residents:

- **You are expected to complete all templates during this rotation, and it is your responsibility to have the templates with you and ready to use at the clinical sites.**
- You can use the checklist on the preceding page to help keep track of your completed templates.

REFLECTION

- Training in geriatric and palliative medicine is complex, addressing physical, emotional, social, and spiritual aspects of the patient. How you process your training experience affects how you may respond to similar experiences in your future practice.
- One way to help process the impact of experiences is through self reflection. Being reflective is critical to understanding how your experiences influence learning and other aspects of your professional life.
- When self reflection becomes a regular practice, it enables you to:
 - Deepen and clarify your clinical thinking.
 - Facilitate better understanding of your response to patients, colleagues, clinical situations.
 - Bring your whole self to your practice of medicine, putting into practice the things that you know about yourself. This “wholeness” forms the core of our professional integrity.
 - Be a better physician, more compassionate caregiver, more effective colleague, and a more fully developed human being.
 - Prevent burnout.

To promote self reflection, we use weekly debriefing and 3 writing activities:

Weekly Debriefing:

At the start of Seminar Sessions 2, 4, 6, and 8, there will be time devoted to sharing of thoughts and feelings related to the week's experiences. This is an opportunity for the group to identify themes and address growth and progress.

Writing Activities:

1. **Insight of the week** (see top box of journal page template)

We ask that you keep a personal journal throughout this rotation. This is an opportunity to incorporate reflective practice into your clinical experience. Write about your experience with patients, colleagues, and how your interactions with the people and environment of this clinical training affect you as a developing physician. **This is not a reporting of events.**

We are asking you to work at:

- ✓ **Perceiving the unobvious**
- ✓ **Interpreting the unspoken**
- ✓ **Sensing the impact of your actions and the actions of others**

2. **Words that work** (see bottom box of journal page template)

While at your clinical site, you will be exposed to many communication styles and many approaches to talking with patients, families, and colleagues. As an active observer, we ask you to note “words that work,” effective words that help to establish and maintain good relationships and/or help to address conflict or misunderstandings.

3. **Narrative assignments**

During Seminar Sessions 4, 6, and 8, you will be asked to take 20 minutes to write a personal response to a specific discussion topic. More specific instructions will be given at that time.

The templates described below have been developed to facilitate your learning at the clinical sites.

1. Use the [Journal Template](#) to practice self reflection about your clinical experience: complete the [Insight of the Week](#) and [Words That Work](#) sections weekly.
2. Use the [Clinical Site Orientation Scavenger Hunt](#) or the [Clinical Home Visit Orientation Scavenger Hunt](#) to become familiar with your clinical site.
3. Use the [Interdisciplinary Introduction](#) to initiate relationships with interdisciplinary staff at your site and learn more about their perspectives.
4. Use the [IDT Meeting Observation Tool](#) to complete your assigned critical observation of an interdisciplinary team meeting.
5. Use the [Advance Directive Checklist](#) as a resource for learning the essentials of a discussion on advance directives and code status with patients/ families.
6. Use the [Advance Directive Discussion Observation Tool](#) to complete your assigned critical observation of an advance directive discussion.
7. Use the [Family Meeting Checklist](#) a resource for learning the essentials of running an effective family meeting.
8. Use the [Family Meeting Observation Tool](#) to complete your assigned critical observation of a family meeting.
9. Use the [Symptom Grid](#) to dissect the multiple components of a single sx.
10. Use the [Spiritual History Note Template](#) to guide you in eliciting and documenting a patient's spiritual history.
11. Use the [Pain Note Template](#) to guide your pain assessment and plan for a patient.

Clinical Facility Orientation Scavenger Hunt

Name/date:

- 1. Clinical site:**
- 2. What year did this facility open?**
- 3. What is unique about this facility/organization? What is its mission?**
- 4. What services are offered here?**
- 5. How many staff are there? What disciplines are represented?**
- 6. What role do volunteers play?**
- 7. Who is eligible for care here?**
- 8. What is the patient capacity?**

Clinical Home Visit Orientation Scavenger Hunt

Name/date:

- 1. Description of the home or apartment:** *Location, appearance, age:*
- 2. Who seems to own the home/ apartment?**
- 3. Who seems to be living in the home/ apartment?** *(number of people and relationships)*
- 4. What seems to be the patient's overall functional status?** *i.e., bedbound, ambulatory, assist with ADL's*
- 5. Who seems to be providing care for the patient?** *(age of person, their own health or apparent functional status, and relationship)*
- 6. Does anyone else seem to be helping to care for the patient or provide respite?**
- 7. Do you see any signs of caregiver burnout?** *(irritability, anger, disengagement, apathy, etc)*
- 8. Does the patient or family receive services from agencies?** *(Meals on Wheels/ nurse visits, etc)*
- 9. Do you detect any barriers for the patient to receive care outside the home?** *(i.e., transportation, cognitive issues, functional (i.e. can't get down the stairs), etc)*
- 10. Do you see any visible safety hazards in the home?** *(spills on floor, tripping hazards like rugs, grab bar in shower (if you go in with patient), floor plan free of obstacles, adequate lighting, stairs, any other safety issues)*

Interdisciplinary Introduction

Name/date:

Seek out these professionals at your clinical site and ask:

1. How does one become a _____?
2. A common error doctors make when working with _____ is...
3. When working with _____, I wish doctors knew...

Discipline	Training	Common Error	I wish doctors knew...	Name/ Initials Date
PT				
OT				
Speech				
SW				
Pharm				
Nursing				
Chaplain				
Dietary				
Other				

Pain Note

Name/date:

CC:

HPI: *(use PQRST: Palliating factors, Quality, Radiation, Severity, Time frame) Effect on function, work, family, etc. Be sure to include meds or therapies that have been tried and the pt's response to them.*

Medications: *Especially: Any pain meds, doses, use of prn's in last 24-48 hours and any adjunct or psychoactive meds, and bowel regimen. Use of Complimentary/Alternative Meds (CAM).*

Allergies: *Intolerance or resistance to previous pain therapies.*

PMH: *What contributes to the person's pain and how?*

PsychoSocial: *What else is contributing to the person's pain, are other types of suffering present? What is the meaning of pain and suffering? What is the meaning of pain and suffering to the patient's family?*

Physical Exam:

VS:

pay specific attention to vital signs

moaning, grimacing, clonus, splinting

area of patient's pain

use PE to test your hypotheses for what is causing the pain

provide evidence from your PE to support your top three causes of the pain.

Any additional data that may be helpful: *(labs, xrays, CT's, MRI's)*

A/P:

1. *Give the pain, category, what's causing it, and how it is currently being treated (if at all). Next, give your proposed treatment: What drug(s) you will use, the dose, how to convert them from what they are currently on if needed, and any adjunctive medications to consider.*

Spiritual History Note

Name/date:

1. Family of origin:
2. Any particular faith training:
religious/spiritual background, current congregation/clergy if applicable
3. Major branching points: *"forks in the road of life;" events that determined life's path*
4. Losses/peaks: *major losses and high points of life*
5. Source of strength/coping: *"what do you do during difficult times; what is your source of strength?"*
6. Current status: *assess religious/spiritual domains, note any signs/sx of spiritual distress (see boxes below)*
7. Document your response: *i.e., empathic support, non-judgmental listening, explore illness meaning, facilitate hope & acceptance, address guilt & shame, encourage self-forgiveness, reframe self-esteem, assist with end-of-life closure, facilitate spiritual practice and access to resources*
Avoid common pitfalls: trying to solve problems, resolve unanswerable questions, providing premature reassurance, imposing own beliefs on patient)
8. Provide closure/ plan for follow up:

Signs and symptoms of spiritual distress

- Signs: *hopelessness, rage, anger, hurt, guilt, self-blame, fear, rejection of others, rejection of God, helpless, overwhelmed, feeling out of control*
- Symptoms: *difficult to explain, unresponsive to treatments, associated with emotional responses out of proportion. Also: refusal of treatment, noncompliance, expressions of lost meaning or lack of faith*

Religious/Spiritual Domains

- Worldview: Faith *Basic acceptance of life's finality; meaning in midst of loss and suffering; grateful and appreciative*
- Vision: Hope: *Sense of death as transition; wisdom and renewal; transcendence*
- Relationship: Love *Sense of belonging; wonder in nature; trust in Higher Creative Will*
- Ethics: Virtue *Integrity and character; altruistic and caring, principle-centered*
- Order: Beauty *Sense of awe and mystery; discerns order in universe; generativity*

Symptom Assessment and Treatment Grid

Name/date:

Pt description:		
c/o:		
Physiological	Assessment: <i>list at least one contributing factor</i>	Treatment: <i>identify at least one treatment</i>
Local		
Central		
Mental	Assessment: <i>list at least one contributing factor</i>	Treatment: <i>identify at least one treatment</i>
Cognitive		
Affective		
Spiritual		

Example:

Patient description: 56 yr old male with metastatic lung carcinoma and R pulmonary effusion
 c/o: SOB unrelieved by O2 via NC

Physiological	Assessment: <i>list at least one contributing factor</i>	Treatment: <i>identify at least one treatment</i>
Local	<ul style="list-style-type: none"> - Interstitial infiltration - Bronchial obstruction - Pleural effusion 	<ul style="list-style-type: none"> - Tumor resection via bronchoscope - Pleural tap
Central	<ul style="list-style-type: none"> - Anxiety secondary to SOB - Hypoxia 	<ul style="list-style-type: none"> - Anxiolytics - Increase oxygen
Mental	Assessment: <i>list at least one contributing factor</i>	Treatment: <i>identify at least one treatment</i>
Cognitive	<ul style="list-style-type: none"> - Will my children inherit the tendency? 	<ul style="list-style-type: none"> - Discuss genetic links of lung cancer
Affective	<ul style="list-style-type: none"> - Anxiety secondary to financial issues 	<ul style="list-style-type: none"> - Assistance with financial planning
Spiritual	<ul style="list-style-type: none"> - Guilt over smoking 	<ul style="list-style-type: none"> - Psychosocial counseling

Advance Directive Discussion Checklist

This is a reference for you to keep

1. Preparation

Know state laws, institutional policies.

Know details of patient's case including medical and social history, diagnoses, treatment course, prognosis, options. Be familiar with other providers input and recommendations.

2. Cultural considerations

Language barriers

Use of written documents

Family decision making

Disclosure

Open discussions of death

3. Starting the conversation

Be straightforward, normalize, explain the process, determine the patient's competency, understanding, familiarity, motivation, and comfort level.

4. Promote discussion and elicit patient's perspective

Acknowledge and address barriers to discussion.

Do you know the patient's/family's values, goals, preferences, expectations, fears, and hopes?

5. Discuss possible future situations

Consider the natural history of diagnoses and available interventions in the setting of potentially improving or declining functional status and ability to communicate; talk about what care to provide and what to avoid.

6. Determine Proxy

Primary and secondary proxy: willing, available, capable, and likely to honor the patient's wishes.

7. Provide patient and proxy education

Explain proxy role/responsibility: follow patient instructions, represent the patient's best interest, and participate in discussions with health care team. Circumstances when proxy gains authority and extent of decision making may vary.

Define key medical terms, benefits burdens of treatment, intervention can be refused or withdrawn, recovery cannot always be predicted, Advance directives may be revoked. Nuances of initiating, withholding, withdrawing interventions, and initiating comfort care.

8. Discuss pertinent common interventions

Artificial nutrition and hydration

CPR (realistic outcomes)

Comfort measures

Hospice

Aggressive treatment modalities

IV fluids

Antibiotics

Hospitalization

Setting of care

9. Document preferences

Review advance directive, sign the documentation, enter into the medical record, and ensure portability. If possible use a validated advisory document; other forms of documentation are also acceptable.

10. Future review and updates

This is an ongoing process not a one time deal. Convey this expectation to patient/family. Plan to revisit this discussion at major transition points: change in health status, hospitalization, nursing home placement, change in functional/cognitive level, follow up periodically, note major life events, discuss, document changes.

Observations**1. Preparation/background**

- Was provider familiar with state laws & institutional policies?
- Did patient have an advance directive document on file?
- Did patient have decision making capacity? How was this established?
- Was there a surrogate decision maker? How was this established?
- Were patient wishes known to anyone?

2. The conversation

- How was the discussion initiated?
- Were patient/family's understanding, perspective, goals, hopes elicited?
- Was the medical situation clearly explained?
- Were treatment options and risks/benefits presented?
- Were consequences of treatment and non-treatment explained?
- Was there medical jargon used? Were medical/legal terms explained?
- Was information provided in clear, understandable, respectful manner?
- How did provider demonstrate empathy?

3. The response

- How did patient/family respond?
- What is your assessment of patient/family perceptions, expectations, level of medical sophistication, emotional state, conflict, psychosocial issues
- Were their questions, concerns addressed?

The result

- What decision was made?
- Do you think patient/family understood, participated in, and agreed with the decision made?

4. Debriefing

- Did the provider debrief with you?
- What do you think went well?
- What could have been done better?
- Do you have questions?

Family Conference Checklist

This is a reference for you to keep

Preparation:

1. **Chart Reviewed:**
 - Diagnoses
 - Treatment course
 - Prognosis
 - Options
 - Advanced Directive
 - Surrogate Decision Maker
 - Know state laws, institutional policy
2. **Family psychosocial issues identified:**
3. **Family instruction given:**
4. **Medical team:**
 - Identified, invited
 - Consensus reached re: goals/questions
5. **Meeting plan:**
 - Leader
 - Attendees
 - Scheduling
 - Room reserved & arranged
 - Draw a seating chart
 - Kleenex
 - Pagers/ cell phones
6. **Check your emotions:**
10. **Telling the story: *Team***
 - Summarize big picture in a few sentences
 - Use "dying" if appropriate
 - No TLA's!
 - Appropriate use of silence, empathy
 - Respond to emotions and specific questions
 - Check for understanding
11. **Prognostication:**
 - Fire a warning shot
 - Acknowledge uncertainty & fluid nature of prediction
 - Use ranges
 - Allow time to digest
 - Respond to emotions, check for understanding
12. **Goal Setting:**
 - Allow patient & family to state their goals
 - Emphasize living vs. dying (rest of life vs. end of life)
 - "What is important for the time that is left?"
 - "What are your hopes for the time that is left?"
 - Look to the advance directive
 - Role of surrogate as patient's voice rather than independent decision maker
 - "If pt were here, what do you think he/she would say?"
 - Don't rush; may take more than one meeting
 - Reinforce with family that nothing is final

Meeting:

7. **Introductions:**
 - Names
 - Relationship to patient
 - Pass out business cards
8. **Goals of Meeting:**
 - Team goals
 - Family goals
9. **Telling the story: *Family***
 - Ask before you tell
 - Give everyone a turn
 - Gauge level of medical sophistication
 - Assess psychosocial content, emotional state
 - Identify & address misconceptions
 - Clarify expectations
13. **Summarize:**
 - Restate key points of understanding
 - Include things that are agreed upon and topics of ongoing discussion:
 - Review goals & plans of care:
 - Clarify the next step (meetings, appointments)
 - Clarify options for contact:
 - Arrange follow up

Afterward:

14. **Write a Note:**
 - Date, time, length of meeting, attendees
 - Key points discussed
 - Decisions Made
 - Plan
15. **Debrief**
 - Check your emotions
 - Debrief with the team:

Family Meeting Observation Sheet

Name/date: _____

Observations

1. Preparation

- Were all providers familiar with details?
- Who attended the meeting?
- Who led the meeting?

2. Setting

- Was the setting private?
- Were there interruptions? Distractions?

3. Purpose

- What was the goal of this meeting?
- Did family know what to expect?
- Was agenda clear to all participants?

4. Introductions

- Did each participant share name/role?

5. Telling the story

- Did providers *ask* before *telling*?
- Was information provided in clear, respectful manner?
- Was medical jargon used? Explained?
- What is your assessment of patient/family perceptions, expectations, level of medical sophistication, emotional state, conflict, psychosocial issues?

6. Responding to questions/emotions

- Was there appropriate time/silence for processing and formulating questions?
- How did providers deal with emotions/conflict?
- How did providers demonstrate empathy?
- Were all questions answered?
- Pace was: rushed, appropriate

7. Developing plan of care

- Were goals of care established and clear?
- Did family have input?

8. Summarize/plan for follow-up

- Were issues, goals, plans summarized?
- Was the next step made clear?
- Was the next contact made clear?
- Does family know how and when they can contact the team?

9. Debriefing

- Did the team debrief after the meeting?
- What was success about this meeting?
- What could have been done better?
- Do you have questions?

Interdisciplinary Team Meeting Observation Sheet

Name/date: _____

<ol style="list-style-type: none"> 1. Is this an established team? Who led/facilitated the meeting? <i>Ask if this changes</i> 2. What was purpose of meeting? Was a written agenda distributed? 3. Did the meeting flow well? What was done to manage time? 4. Was there any conflict? How was it handled? 5. What contributes to the team's success? 6. What would you do differently as the physician? What would you do differently as the facilitator? 7. Were goals established and plans made to achieve the goals? 8. Do you think working with other disciplines adds to the quality of patient care? In what way? 	<h2>Observations</h2>
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Discipline	Present	Spoke during Mtg (circle)	What contribution was made to patient care or healthy teaming? <i>List at least one</i>
Nursing		+ ++ +++	
Physicians		+ ++ +++	
OT		+ ++ +++	
PT		+ ++ +++	
Speech		+ ++ +++	
SW		+ ++ +++	
Dietary		+ ++ +++	
Recreation		+ ++ +++	
Chaplain		+ ++ +++	
Other		+ ++ +++	

Insight of the Week: *Write about your experience with patients, families, colleagues; consider how your interactions with the people and environment of this clinical training affect you as a developing physician.*

Words that Work: *note "words that work," effective words that help to establish and maintain good relationships and/or help to address conflict or misunderstandings*