

Educational Exchange– Submission Example #1

(From the 2011 Educational Exchange)

Name: Gordon J. Wood

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Current Institution or Training/Graduate Program: University of Pittsburgh

City: Pittsburgh

State: PA

Name of Educational Innovation: CODE: Chronic Opioid Documentation Evaluation

Setting/Program/School for which innovation is intended: University of Pittsburgh Hospice and Palliative Medicine Fellowship

Degree or Certificate to which your innovation contributes: HPM Fellowship completion

Co-authors (If applicable):

Name Julie Childers, MD

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Abstract (400 words or less, Background through Conclusion; please do not include any identifying geographical or hospital references in the abstract and review for spelling and grammar before submission) Fill in abstract text below following the general headings outline. Minor alterations to better fit a particular innovation are acceptable.

Background: As patients with all types of life-threatening illnesses live longer, Palliative Care clinics are increasingly tasked with the management of chronic pain with opioids. Since this has traditionally been the domain of other specialties, HPM fellowships may not have the tools to effectively train their fellows in the proper use of opioids for chronic pain. To meet this need, CODE (Chronic Opioid Documentation Evaluation) was developed. CODE engages the learner by using chart review of their own patients to highlight knowledge gaps and facilitate instruction. After attending a didactic, reviewing consensus guidelines and completing an online module, the learner reviews their patient's chart and attempts to complete several validated chronic pain tools such as the Brief Pain Inventory (BPI) and the Opioid Risk Tool (ORT), noting any deficiencies in their documentation. The learner presents a plan of care based on this chart review to the faculty member who then uses informal role play to help the fellow with any difficult communication tasks they are likely to encounter based on their plan.

Objectives of the Innovation (2-5 total):

1. To describe an algorithm for the use of opioids in chronic pain, including key components of initial and follow-up visits.
2. To describe the data supporting screening tools regarding opioid risks and teach learners how to complete them.

3. To practice key communication tasks relevant to chronic opioid therapy.

Methods: CODE was initially designed for internal medicine residents but, based on requests from fellows, it was adapted for inclusion in our HPM fellowship. Its design is based on a search of the literature and recent consensus guidelines for the management of chronic pain.

Results: Initial feedback has been extremely positive. Data from a “knowledge and attitudes” survey and an evaluation of the session from the initial 3 HPM fellows and approximately 20 medicine residents will be presented.

Discussion: By using chart review of the learner’s own patients in conjunction with standardized chronic pain tools, CODE makes teaching points obvious and relevant. Collaborative development of a plan of care and informal role play makes the lessons instantly applicable. CODE can be easily adopted at other sites and can help reduce the discomfort trainees feel with these sometimes difficult encounters.

Conclusion: CODE is an effective and engaging method for training HPM fellows in the appropriate use of opioids for chronic pain in the outpatient palliative care setting.

Please list Interactive/Hands-on Materials that could be shared with Exchange attendees (e.g. pocket care, video display, online module, handouts): Attendees will obtain all tools necessary to complete a CODE training session including citations for consensus guidelines, a link to an online training module, a handout describing how to complete a session and the tools used in the chart review (BPI, ORT, COMM, PADT).

For all disciplines, please identify which, if any, medical education competency domain(s) is/are addressed by your educational innovation (ACGME, 1999 with HPM focus):

Patient and Family Care (*demonstrate compassionate, appropriate, and effective care, in collaboration with an interdisciplinary team, based on the existing evidence base in palliative medicine, aimed at maximizing well being and quality of life for patients with life-threatening illness and their families*)

Medical Knowledge (*demonstrate knowledge about established and evolving biomedical, clinical, population science, and social-behavioral sciences relevant to the care of patients with life-threatening illnesses and to their families, and relate this knowledge to hospice and palliative care practice*)

Practice-Based Learning and Improvement (*investigate, evaluate, and improve practices in caring for patients and families, and appraise and assimilate scientific evidence relevant to palliative care*)

Interpersonal and Communication Skills (*demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making and teaming with patients, their patients’ families, and professional associates*)

Professionalism (*demonstrate a commitment to carrying out professional responsibilities, awareness of role in reducing suffering and enhancing quality of life, adherence to ethical principles, sensitivity to a diverse patient population, and appropriate self-reflection*)

Systems-Based Practice (*demonstrate an awareness of and responsiveness to the larger context and system of health care, including hospice and other community-based services for patients, including children and families, and the ability to effectively call on system resources to provide high-quality care*)

None

Comments:

How did you hear about this opportunity to submit an abstract to the 2011 Educational Exchange?

AAHPM related communication

HPNA or other nursing related communication

Social Work related communication

Faculty Member

Program Director

Pallimed (<http://www.pallimed.org>)

Geripal (<http://www.geripal.org>)

Other (please specify):

Educational Exchange - Submission Example #2

(From the 2010 Educational Exchange)

Name: Susan Gerbino

Degrees Completed: PhD, MSW

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Work Phone: 212-998-5917

Current Institution or Training/Graduate Program:

New York University, Silver School of Social Work

City: New York

State: NY

Name of Educational Innovation:

Zelda Foster Studies in Palliative and End-of-Life Care – Zelda Foster Fellows Program

Setting/Program/School for which innovation is intended:

Graduate programs in Social Work

Degree or Certificate to which your innovation contributes: MSW; Post-Masters Certificate Program in Palliative and End-of-Life Care

Co-authors (If applicable):

Name Daniel S. Gardner, PhD

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Name Esther Chachkes, DSW

Email ec11@nyu.edu

Abstract (400 words or less, including Background through Interactive Materials; please do not include any identifying geographical or hospital references in the abstract and check for spelling and grammar) Fill in abstract text below following the general headings outline. Minor alterations to better fit a particular innovation are acceptable.

Background:

There is a critical, growing shortage of social workers trained in providing high-quality palliative and end-of-life care (PELC). Social workers receive little education about PELC in MSW programs and there are few programs to train and mentor emerging leaders in the field. Palliative social workers often feel isolated and marginalized, and many abandon the field when the need for high quality psychosocial care is increasing. In

order to recruit, prepare, and retain the next generation of social work leaders in PELC, the Zelda Foster Fellows Program provides four years of education and mentoring in interdisciplinary psychosocial end-of-life care, leadership development, and capacity building.

Objectives:

- Educate and support the professional development of 3-6 MSW students/year in PELC
- Supplement the advanced-year MSW curriculum with PELC seminars and specialized field placements to enhance students' clinical and professional knowledge and skills
- Provide 1:1 mentorship for two years post-masters to support professional and leadership development
- Provide interdisciplinary seminars, trainings and financial support for membership in professional organizations and conferences
- Provide partial tuition for two-year Post-Masters Certificate program in PELC to enhance competencies and build professional capacity
- Disseminate evaluation findings and strategies for replicating this learning model to other PELC programs and professionals

Methods:

The learning model has roots in the empirical literature on leadership development and retention, and is grounded in a relational pedagogy that emphasizes self-reflection, interpersonal relationships, praxis, and practice. Pilot data was collected during Years 1 and 2 from surveys, focus groups, and interviews with field supervisors and mentors.

Results:

Two Cohorts (n=9) have been selected for the 4-year program. Cohort 1 completed a year of field learning and seminars, obtained their MSWs, and were assisted in finding direct service positions in palliative care settings. They have been matched with experienced PELC mentors who are helping them develop their long-term career goals.

Evaluations following Year 1 and selection of two cohorts indicate the program has had a successful start. Fellows report feeling supported and “energized” about working in hospice and palliative care, have a deeper understanding of clinical aspects of PELC, and greatly appreciate having been chosen to participate in a competitive program. Field instructors evaluated the candidates highly, and appreciated the supplemental educational seminar for their students.

Conclusions:

Preliminary indicators suggest the ZF program is a successful model for enhancing the education and mentoring of new social workers in palliative and end-of-life care.

Please list Interactive/Hands-on Materials that could be shared with Exchange attendees (e.g. pocket care, video display, online module, handouts):

Handouts:

- PELC seminar topics, exercises, and learning objectives
- Mentor-training syllabus
- Post-Masters Certificate program brochure
- Executive summary of Year 1 program evaluation

For all disciplines, please identify which, if any, competency domain(s) is/are addressed by your educational innovation (ACGME, 1999):

X **Patient and Family Care** (*demonstrate compassionate, appropriate, and effective care, in collaboration with an interdisciplinary team, based on the existing evidence base in palliative*

medicine, aimed at maximizing well being and quality of life for patients with life-threatening illness and their families)

Medical Knowledge (*demonstrate knowledge about established and evolving biomedical, clinical, population science, and social-behavioral sciences relevant to the care of patients with life-threatening illnesses and to their families, and relate this knowledge to hospice and palliative care practice)*

Practice-Based Learning and Improvement (*investigate, evaluate, and improve practices in caring for patients and families, and appraise and assimilate scientific evidence relevant to palliative care)*

Interpersonal and Communication Skills (*demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making and teaming with patients, their patients' families, and professional associates)*

Professionalism (*demonstrate a commitment to carrying out professional responsibilities, awareness of role in reducing suffering and enhancing quality of life, adherence to ethical principles, sensitivity to a diverse patient population, and appropriate self-reflection)*

Systems-Based Practice (*demonstrate an awareness of and responsiveness to the larger context and system of health care, including hospice and other community-based services for patients, including children and families, and the ability to effectively call on system resources to provide high-quality care)*

None

Comments:

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AAHPM related communication

HPNA or other nursing related communication

Social Work related communication

Faculty Member

Program Director

Pallimed (<http://www.pallimed.org>)

Other (please specify):

Educational Exchange - Submission Example #3

(From the 2011 Educational Exchange)

Name: Jeff Myers

Degrees Completed: MD, MEd

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Work Phone: 416 480 6100 x7093

Current Institution or Training/Graduate Program: University of Toronto

City: Toronto

State: Ontario, Canada

Name of Educational Innovation: De novo development of an Interprofessional HPC Case-Based Simulation

Setting/Program/School for which innovation is intended: All ten health care professional faculties

Degree or Certificate to which your innovation contributes: Degrees associated with all ten faculties

Co-authors (If applicable):

Name: Ms. Susan Blacker

Email: Blackers@smh.ca

Abstract (400 words or less, including Background through Interactive Materials; please do not include any identifying geographical or hospital references in the abstract and check for spelling and grammar) Fill in abstract text below following the general headings outline. Minor alterations to better fit a particular innovation are acceptable.

Background: Responding to a call for greater emphasis on interprofessional educational experiences in the curricula of health care professions faculties, a formal IPE competency framework was developed at our institution. Given the trans-professional nature of the knowledge, skills and attitudes within the scope of hospice palliative care, this was viewed as an opportunity to develop an educational experience for learners addressing competency development in both hospice palliative care-related content and interprofessionalism. An "IPE Palliative Care Working Group" was formed and given the task of developing an interprofessional palliative care educational experience.

Objectives of the Innovation (2-5 total): To develop an educational experience involving learners from all ten health care professions faculties with the specific innovation being a de novo process that itself was interprofessional in nature.

Methods: Eleven faculty members (working group lead plus one rep from each faculty) with education as their academic focus and clinical background in hospice palliative care participated in the two-year process. Faculties represented include medicine, nursing, social work, occupational therapy, physiotherapy, dentistry, speech language pathology, pharmacy, med rad sci and physical education. The product was an innovative facilitated case-based interprofessional experience. Both mock pilot and formal pilot sessions were key elements of the process.

Results: The general context for the session is a simulated interprofessional team meeting during which ten learners represent their respective profession. A dyadic model of facilitation is utilized with the overall purpose of the session being to prepare learners for a patient/family meeting during which care goals for a patient with advanced incurable disease are to be addressed. Given tremendous variation in professional program length (2-4 years) and curricular design for each of the ten faculties, it was determined “learner readiness level” for the session would be defined as “able to interpret, understand and communicate elements of a clinical assessment of their respective profession”.

Two examples of learner objectives for the session are:

Hospice Palliative Care: Clarify the appropriate uniprofessional roles and IP team approach to delivering care when the primary goal of care is to achieve and maintain quality of life as defined by the patient/family

Interprofessionalism: Understand the role and contribution of each health care profession in the context of addressing goals of care for a patient/family

Discussion/Conclusion: To effectively develop a de novo interprofessional educational experience, comprehensive interprofessional input and participation is required. Topics in hospice palliative care serve as an effective platform to teach skills in interprofessional knowledge, skills and attitudes.

Please list Interactive/Hands-on Materials that could be shared with Exchange attendees (e.g. pocket care, video display, online module, handouts): Documents: “Session Development: Comprehensive Overview of Process”, “HPC Case-Based Simulation: The Educational Experience” and “Developing a Facilitator Guide”

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