

On Death (or: Life, as Told Through Four Prompts) (S711).

Eugene Kim
USF MCOM- LVHN, Eugene.Kim@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/select-program>



Part of the [Medical Education Commons](#), and the [Psychiatry Commons](#)

Published In/Presented At

Kim, E. (2018). On Death (or: Life, as Told Through Four Prompts) (S711). *Journal of Pain and Symptom Management*. 55(2), 661-662. DOI: <https://doi.org/10.1016/j.jpainsymman.2017.12.365>

This Article is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.


Data were analyzed using descriptive statistical techniques and content analysis of open-ended responses.

Results. Obtained 385 responses from 44 states and nine countries. 77% female, 23% male ranging in age from 24-76 years and with 1-50 years in practice. Respondents included physicians, advanced practice nurses, RNs, SWs, and chaplains. The majority had a working knowledge of PTSD, less for PTSD at end of life. 62% routinely screen for PTSD. 53% use medications to manage PTSD, the most common being sertraline. Therapy/counseling often delivered by SWs are commonly used non-pharmaceutical interventions. Open-ended comments discussed under-recognition, challenges, knowledge limits, and care of Veterans.

Conclusion. There is a general awareness of and knowledge about PTSD among HPC professionals; however, more education and a better understanding of the condition and its recognition and management are needed.

Implications for Research, Policy, or Practice.

Interdisciplinary care is imperative, as is the need to integrate general knowledge, screening and management of trauma and PTSD into the education of all HPC professionals. More research is needed to fully understand the impact of PTSD and to develop best practices for assessing and managing PTSD in the presence of life-limiting illness.

Impact of a Nurse-Driven Opioid Titration Protocol on Appropriateness of Orders at End of Life (S710) 

Maria Cardinale Saint Peter's University Hospital, New Brunswick, NJ. Genevieve Kumapley, PharmD, Saint Peter's University Hospital, New Brunswick, NJ. Mary Eileen Kuc, MSN APN, Montgomery Internal Medicine Group, Princeton, NJ. Cecilia Wong, PharmD, Rutgers' University/Saint Peter's University Hospital, New Brunswick, NJ. Erinn Beagin, MD, Saint Peter's University Hospital, New Brunswick, NJ.

Objectives

- Determine appropriate symptom management for inpatients at end of life.
- Describe the impact of a standardized symptom management protocol on the appropriateness of orders at end of life.

Background. A nursing-driven opioid titration protocol and symptom management order set were developed at a community teaching hospital to be used to manage pain and dyspnea in patients at the end of life.

Aim Statement. The aim of this study is to evaluate the impact of the opioid titration protocol and order set on symptom management at the end of life.

Methods. This is a retrospective study in which medical records of adult patients that received morphine infusions for end of life were analyzed. An order set and nursing-driven opioid titration protocol were implemented in August 2016 following extensive nursing education. Medical records were reviewed during 3-month periods pre and post implementation (PRE-group and POST-group) for the presence of supportive care management and appropriate opioid infusion orders. Morphine orders were considered appropriate if they included an as-needed bolus dose with an objective indication, and specific infusion titration instructions.

Results. There were 32 patients included in the PRE-group and 37 patients in the POST-group. In the PRE-group, 6 of 32 orders (18.8%) were considered appropriate compared to 35 of 37 orders in the POST-group (94.6%, $p < 0.0001$ for comparison). Of the orders considered inappropriate in the PRE-group, 12 included a sedation score as a target, 7 listed "comfort" as a target, and 7 did not state any goal or target. Morphine infusion orders in the POST-group were significantly more likely to include a maximum dose ($p = 0.041$) and an initial bolus dose ($p < 0.0001$) compared to the PRE-group. In addition, patients in the POST-group were significantly more likely to receive additional medications to manage other end of life symptoms ($p < 0.05$ for all).

Conclusions and Implications. In this study, implementation of a standardized opioid titration protocol and symptom management order set led to an improvement in the management of symptoms such as pain and dyspnea at end of life.

On Death (or: Life, as Told Through Four Prompts) (S711) 

Eugene Kim Lehigh Valley Health Network, Allentown, PA.

Objectives

- Understand a standardized approach to discuss death and dying with individuals from diverse backgrounds.
- Learn about the character and goals of the rising generation of physicians.

Original Research Background. On Death is an interview series released every 2 weeks by medical student Eugene Kim (MS3) to investigate and discuss death and dying. The interviews can be found in their entirety online: (<https://itunes.apple.com/us/podcast/on-death/id1106730310>) or (www.mnmwod.com). The purpose of the podcast is to investigate the various perspectives on the dying process through four open-ended prompts. The subject is culturally taboo and most end-of-life discussions are not held until they are absolutely necessary. This project aims to

change the cultural views surrounding the end of our life-cycle.

Research Objectives. To provide a standardized tool to discuss death and to investigate the various populations of interviewees for trends based on age, gender, as well as ethnic and religious backgrounds.

Methods. As of submission, 50 45-120-minute interviews conducted based on four prompts:

1. I am...
2. Before I die, I want...
3. When I die, I want...
4. After I die, I want...

Each interview is processed for major responses. Responses are qualified into categories and weighted according to number of responses provided.

Results. The majority of interviews have been conducted within a narrow age and professional range: 20-30-year-old students. Further analysis is pending.

Conclusion. The data collected thus far allows for comparison with the younger (under 20) or older (over 30) groups. Limited comparisons can be drawn due to lack of sufficient data from these sides of the bell curve. By the time of presentation in March, there will be an additional 17 interviews which will attempt to flesh out these groups.

Implications for Research, Policy, or Practice. A quantified and qualified approach to death and the understanding through various age, ethnic, and religious groups. A standardized tool via the four prompts to facilitate discussions between care-givers and patients, as well as peer to peer.

Outcomes of an Innovative 6-Week Standardized Residential Training Course for Physicians and Nurses to Provide Primary Palliative Care in India (S712)

Suresh Reddy, MD, The University of Texas MD Anderson Cancer Center, Houston, TX. Nandini Vallath, MD, Indo American Cancer Association, Dallas, TX. Mona Gupta, MD, University Hospitals Cleveland Medical Center, Cleveland, OH. Manoj Gujela Indo-American Cancer Association, Dallas, TX. Sarath Mohan Pallium India, Trivandrum, India. Sriram Yenu, MD, The University of Texas MD Anderson Cancer Center, Houston, TX. Eduardo Bruera, MD FAAHPM, The University of Texas MD Anderson Cancer Center, Houston, TX. M.R. Rajagopal, MBBS MD, Pallium India, Trivandrum, India.

Objectives

- Feasibility to conduct a 6-week residential course in a developing country for physicians and nurses.
- Knowledge improvement in major areas of palliative care.

Original Research Background. The National Program on Palliative Care (NPPC) by the Government

of India has emphasized the need for training clinicians in providing palliative care (PC) with minimum of 6 weeks of residential training. However, there are limited studies on feasibility of such standardized training in PC offered to palliative care providers interested in transition to palliative care.

Research Objectives. To evaluate the feasibility, and change in the self-reported perception of knowledge in palliative care following a 6-week standardized residential training course (SRTC) for physicians and nurses to provide primary PC in India.

Methods. A 6-week standardized residential type educational program, which combined didactics and bedside hands on palliative care training by PC specialists in 5 preselected centers in India. To be eligible licensed physicians and nurses should, (a) qualify in focused interview aimed to evaluate both interest and commitment to provide primary palliative care following the training, (b) Agree to complete all the required surveys.

Results. 46/53 (86%) completed the pre and post surveys. 50/53 (94%) participants completed the course and passed the certification exam. Median age (IQR) was 31 (27, 41). 53% were female and 53% were physicians. Median reported knowledge (1-5) for pain, fatigue, delirium, medical ethics were 4,3,2,2.5 before training vs 5 (P=0.001), 5 (P=0.001), 5 (P=0.001), 5 (P=0.001) after training respectively. All other core areas improved significantly. All participants noted satisfaction with faculty as high (5/5).

Conclusion. Conducting a 6-week standardized residential training course in PC for physicians and nurses in India is feasible. There was a significant improvement in self-reported knowledge of all components of palliative care curriculum. Long term impact studies are needed.

Implications for Research, Policy, or Practice. This will have implications for developing countries who need capacity building of physicians trained adequately to practice primary palliative care. We implemented a standardized curriculum and evaluation methods to improve quality of education.

Influence of Disease Status on Symptom Burden and Quality of Life in Children with Cancer (S713)

Christian Klein, BA, Eastern Virginia Medical School, Norfolk, VA. Linda Pegram, MD, Children's Hospital of The King's Daughters, Norfolk, VA. Turaj Vazife-dan, MS, Children's Hospital of The King's Daughters, Norfolk, VA. Reshil-Marie Dukes, BS, Children's Hospital of The King's Daughters, Norfolk, VA. Melissa