2015 AAHPM & HPNA Interactive Educational Exchange - Call for Submissions

1.

First Name

Shelley

Last Name

Adler

Degrees Completed

PhD

Email Address

Work Phone Number

Current Institution or Training/Graduate Program:

UCSF

City

San Francisco

State

CA

2. Abstract Title

1. Name of Educational Innovation:

Death Cafes: A Tool for Teaching about End of Life in Both Academic and Community Settings

2. Setting/Program/School for which innovation is intended:

academic health center/university and community

3. Degree or Certificate, or Training Program, etc.. to which your innovation contributes:

health professions degrees (MD, RN, PharmD, PT, DDS)

3. Add Co-authors

Please list co-authors (if applicable):

	Name and Credentials	Facilty	City	State	Email
Co-author #1	Roy Remer	Zen Hospice Project	San Francisco	CA	

Co-author #2	Yvette Z. Coulter, BA	UCSF	San Francisco	CA	
Co-author #3	BJ Miller, MD	Zen Hospice Project	San Francisco	CA	
Co-author #4					

4. Abstract Text

Fill in abstract text below following the general headings outline. Minor alterations to better fit a particular innovation are acceptable.

	Abstract Text
Background	Since 2011, over 1,000 Death Cafes have been held around the world. A Death Cafe is a casual group discussion of dying and death, typically hosted in someone's home. Participants, usually strangers, gather to eat cake, drink tea, and discuss death. The Death Cafe model was developed by Jon Underwood and Sue Barsky Reid (Great Britain), based on the ideas of sociologist Bernard Crettaz (Switzerland). We hosted the first death cafe in San Francisco as part of the UCSF 80-hour interprofessional course, "Integrative Approaches to End-of-Life Care." Over the past two years, UCSF and Zen Hospice Project have hosted regular Death Cafes in both academic and community settings as part of our end-of-life (EOL) educational partnership.
Objectives of the Innovation (2-5 total)	In keeping with the intention of the worldwide Death Cafe movement, our primary objective is (1) "to increase awareness of death with a view to helping people make the most of their (finite) lives." Our local educational objectives are (2) to create a safe and informal forum for health professions learners (medical and nursing students, residents, fellows) and community members to discuss EOL issues openly and authentically and (3) to build a foundation for subsequent training in relationship-centered EOL care, contemplative care, and cross-cultural approaches to dying and death.
Methods	Each Death Cafe consists of a two-hour meeting with 15-25 participants (typically talking in small groups of 4-6 people). One or two facilitators loosely structure the session through prepared discussion prompts or short exercises designed to encourage conversation.
Results	In written evaluations (responses to open-ended prompts regarding the nature and impact of the Death Cafe experience), participants note that discussing difficult or taboo subjects in a safe, informal context has helped to transform their attitudes toward death. People report being surprised at the ease with which they are able to discuss end-of-life issues in these settings; they emphasize that sharing personal concerns in a group of strangers is not only comforting, but also serves to normalize the death-related topics.
Discussion	Because Death Cafes provide a secure and casual context in which to explore one of the most challenging and fear-inducing topics, the discussions can be used strategically as points of entry for much-needed societal reappraisal of how we approach—and how we want to approach—the end of life.
Conclusion	We have found Death Cafes to be an extremely effective educational tool. We will share practical guidelines and suggestions for the use of Death Cafes in both academic and community settings.

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

handouts, death cafe guidelines, suggestions for hosting academic and community death cafes

5.

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)
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)

How did you hear about this opportunity to submit an abstract to the 2015 Interactive Educational Exchange?

AAHPM related communication

2015 AAHPM & HPNA Interactive Educational Exchange - Call for Submissions

1.

First Name

Kenneth

Last Name

Pituch

Degrees Completed

MD

Email Address

Work Phone Number

Current Institution or Training/Graduate Program:

University of Michigan

City

Ann Arbor

State

MI

2. Abstract Title

1. Name of Educational Innovation:

The Mock No-Code: Cases and Resources for Professionals in Pediatric ICU's.

2. Setting/Program/School for which innovation is intended:

All Pediatric ICU's, Neonatal ICU's, and Pediatric Cardiac ICU's

3. Degree or Certificate, or Training Program, etc.. to which your innovation contributes:

For nurses, physicians, residents, fellows, respiratory therapists and chaplains

3. Add Co-authors

Please list co-authors (if applicable):

	Name and Credentials	Facilty	City	State	Email
Co-author #1	Maureen Giacomazza, RN, BSN	CS Mott Children's Hospital	Ann Arbor	Michigan	

Co-author #2	Matthew Niedner, MD	CS Mott Children's Hospital	Ann Arbor	Michigan	
Co-author #3					
Co-author #4					

4. Abstract Text

Fill in abstract text below following the general headings outline. Minor alterations to better fit a particular innovation are acceptable.

	Abstract Text
Background	In the last decade most children's hospital deaths occur in intensive care units following orders to limit resuscitative efforts. Although physicians and nurses in pediatric ICU's are usually required to be certified in Pediatric Advanced Life Support, these professionals are less likely to participate in a 'code blue' event than they are to be involved in caring for a child whose death is anticipated or will follow a planned withdrawal of care. Training for these expected pediatric ICU deaths is not required and rarely standardized in most children's hospitals. This innovation addresses these gaps in training.
Objectives of the Innovation (2-5 total)	1. Anticipate areas of potential distress in the patient, the family and the other team members. 2. Recognize, assess, and treat symptoms of suffering and distress in the patient in ways that are effective, safe, and ethical. 3. Articulate the advantages and disadvantages of different modes of withdrawal and non-escalation of life-support. 4. Use language and specific phrases that can help frame care decisions in ways that are helpful to patients and families. 5. Adapt the learning tools for use in your own institution.
Methods	Each 'Mock No-Code' begins with a case discussion that will highlight two or more learning objectives. A pocket card (downloadable to a smart phone) with algorithms and evidence-based guidelines is reviewed. The facilitator ensures that equal attention in end-of-life situations is placed on 'What to be ready to SAY', as on 'What to be ready to do.'
Results	Pilot data indicate that participation in this training increases the confidence and lowers the anxiety of both nurses and physicians. Physicans and nurses find the pocket card to be a useful resource when dealing with end-of-life care.
Discussion	The materials presented in this session can be adapted for use in any ICU. Sessions to highlight objectives can range in time from 20 to 40 minutes.
Conclusion	Increasing staff preparedness for anticipated pediatric deaths in children's ICU's should be an important part of ongoing training. The Mock No-Code can be an important part of this curriculum.

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

Curriculum overview: http://open.umich.edu/education/med/resources/palliative-care/2010
Thirteen ICU case cards: http://open.umich.edu/sites/default/files/icu_case_cards.pdf
Downloadable Pocket Card: http://open.umich.edu/sites/default/files/code_cards_december_2013.pdf

5.

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)
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)
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)
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)

How did you hear about this opportunity to submit an abstract to the 2015 Interactive Educational Exchange?

AAHPM related communication

2015 AAHPM & HPNA Interactive Educational Exchange - Call for Submissions

1.

First Name

Lisa

Last Name

Podgurski

Degrees Completed

MD, MS

Email Address

Work Phone Number

Current Institution or Training/Graduate Program:

University of Pittsburgh Medical Center

City

Pittsburgh

State

PA

2. Abstract Title

1. Name of Educational Innovation:

Brief Mindfulness-Based Self-Care Curriculum for an Interprofessional Group of Palliative Care Providers

2. Setting/Program/School for which innovation is intended:

Practicing Palliative Care teams, including practicing physicians, palliative care fellows, nurse practitioners, physician assistants, social workers, and nurses (and potentially others).

3. Degree or Certificate, or Training Program, etc.. to which your innovation contributes:

Faculty/Staff Development. Also being adapted to a hospice and palliative medicine fellowship program to be delivered in the Fall of 2014

3. Add Co-authors

Please list co-authors (if applicable):

	Name and Credentials	Facilty	City	State	Email

Co-author #1	Rene Claxton, MD MS (senior mentor)	University of Pittsburgh School of Medicine	Pittsburgh	PA	
Co-author #2	Carol Greco, PhD	University of Pittsburgh School of Medicine	Pittsburgh	PA	
Co-author #3	Andrea Croom, PhD	University of Pittsburgh Medical Center	Pittsburgh	PA	
Co-author #4	Robert Arnold, MD	University of Pittsburgh School of Medicine	Pittsburgh	PA	

4. Abstract Text

Fill in abstract text below following the general headings outline. Minor alterations to better fit a particular innovation are acceptable.

	Abstract Text
Background	Studies demonstrating high burnout rates for clinicians in hospice and palliative care have raised awareness of the importance of provider self-care. Mindfulness-based interventions have shown self-care benefits, including improved quality of life, job satisfaction, and burnout symptoms. Established programs are time-intensive (most 18- 52 hours of instruction) and target primary care physicians and nurses. This curriculum is a 5-hour mindfulness-based intervention targeting an interprofessional group of palliative care providers within the regular workday schedule.
Objectives of the Innovation (2-5 total)	By the end of their participation in the series, palliative care providers will be able to: 1) describe and give examples of formal and informal mindfulness techniques, 2) demonstrate use of brief mindfulness-based exercises, 3) identify self-care strategies that they use to cope with work-stress
Methods	The curriculum was executed in five monthly 1-hour sessions. The content was based on consultation with texts (primarily books by Jon Kabat-Zinn and Thich Nhat Hanh) and with experts (a Mindfulness-Based Stress Reduction teacher and a physician with experience designing and delivering a published physician mindfulness curriculum of longer length [see Krasner MS et al, JAMA 2009]). Pre- and post-intervention surveys were collected assessing participant mindfulness, burnout, and stress levels on validated scales, and reported mindfulness practice frequency. Satisfaction and narrative data were also collected.
Results	Participants reported being very satisfied with the series and showed statistically-significant improvements in mindfulness levels (3 of 5 subscales) and burnout scores (1 of 3 subscales), and increased frequency of self-reported informal and formal practice. Open-ended narrative evaluation also demonstrated retention of concepts presented during the series. Participants expressed a preference for continuing elements of the series in ongoing program activities.
Discussion	While mounting evidence suggests that mindfulness-based approaches may be useful for self-care, most of the formally-evaluated curricula have not been directly applicable to a clinical work setting. This curriculum offers a brief intervention that was well-received by an interprofessional team of practicing palliative care providers. While the pre-/post-intervention design prevents us from excluding confounding factors, participants did show improved mindfulness and burnout scores on post-intervention evaluation. The curriculum was executed initially on a monthly basis; feedback from participants included requests for more-frequent sessions, and it could be adapted to the team's usual schedule as necessary.
Conclusion	Delivery of a brief, 5-hour mindfulness-based self-care curriculum within the regular workday was feasible, well-liked, and associated with improvements in mindfulness and burnout levels.

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

Handouts:
- Examples of meditation scripts used in the curriculum
- Schedule of themes and individual lesson-plans for the 5 sessions
- Bibliography of key reference texts (and availability of texts for browsing)

Electronic:
-mindfulness apps on smartphones

Visuals:
-photographs of fellows participating in the series

Other:
-formal presentation could include very brief (1-2min) interactive demonstration of an exercise used in the series (e.g. mindful eating of a piece of popcorn)

5.

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):

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)

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Program Director