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Evaluation & Management of a Patient at the End of Life and Provision of Palliative Care

Description of the Activity	All surgical intensivists should be able to identify patients who can benefit from the inclusion of palliative care principles in the overall care plan. Surgical intensivists should identify the goals of patient care in a shared decision-making model. When applicable, the intensivist should address pain, anxiety, and discomfort in a patient-centered manner. The intensivist should recognize the physiologic changes associated with the end of life. While surgical intensivists should provide primary palliative care, they should also recognize the need to involve specialized care teams, such as palliative medicine, the hospital ethics committee, and hospice care.
Functions	❖ Resuscitation ➢ Screen all patients for the need for palliative care, identifying those who would benefit from it. ➢ Share appropriate patient-centered clinical information with families. ➢ Provide culturally sensitive emotional support to patients and families. ➢ Identify patient surrogates based on local guidelines and regulations. ➢ Demonstrate understanding of and implement advance care planning, and address and implement code status (including perioperative). ➢ Coordinate conversations with the interprofessional team. ❖ Ongoing Management ➢ Describe surgical and nonsurgical management options to patients/caregivers, and outline the expected outcomes from these options. ➢ Identify interventions that will not alter overall patient-centered outcomes, and coordinate with other consultants and stakeholders. ➢ Counsel patients, and make recommendations that are consistent with outlined goals. ➢ Optimize symptom management, such as pain medications and anxiolytic strategies to address unmet needs or updated goals. ➢ Actively screen for and address physical and psychological stressors, and engage allied professionals for social and spiritual support as indicated. ➢ Evaluate the need for specialty palliative care consultation. ➢ Deliver clinical updates to patients/caregivers in a compassionate and patient-centered manner, considering medical literacy. ➢ Respect the autonomy of patients/caregivers to make decisions that are consistent with their cultural and personal practices. ➢ Recognize ethical conflict, and consult hospital support teams such as ethics or legal counsel or the patient relations team. ➢ Recognize medical futility, nonsurvivability, and acutely life-limiting conditions, and distinguish between them. ❖ Transition of Care ➢ Recognize limitations in knowledge about prognosis, engage consultants in the determination of prognosis, and demonstrate understanding of local laws and regulations surrounding end-of-life care. ➢ Delineate goals of care and plans for long-term care facilities or home-based care (home hospice). ➢ Recognize the need for long-term symptom management strategies. ➢ Recognize the anticipated level of future dependence and care requirements in the best- and worst-case scenarios. ➢ Recognize and plan for ongoing feeding, respiratory access, and durable medical equipment.

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	➢ Make recommendations that are aligned with achievable goals, delineate unachievable goals when appropriate, and coordinate recommendations with stakeholders on the treatment team. ➢ Integrate patient values and wishes in the recommended care plan.
Scope	❖ In scope ➢ Critical illness, with particular attention to patients with: ▪ Advanced liver and renal disease ▪ Advanced surgical malignancies ▪ Hemorrhage ▪ Older adult trauma and surgical disease ▪ Sepsis ▪ Severe burns ▪ Severe polytrauma ▪ Severe surgical comorbidities ▪ Spinal cord injury ▪ Stroke and hemorrhagic brain conditions ▪ Traumatic and anoxic brain injury ▪ Vascular disease

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Level	Resuscitation	Ongoing Management	Transition of Care
1 **<u>Limited Participation</u>** Demonstrates limited critical care knowledge and skills **<u>Framework:</u>** What a learner directly out of residency should know Performs ICU procedures on straightforward patients but requires supervision/direction for more complex patients/procedures Requires continuous direct supervision by the attending for patient management	• Recognizes acute life-limiting disease but requires coaching to deliver difficult news to a patient/caregiver(s) • Demonstrates limited consideration of advance directives when providing life-support or procedures (eg, intubation, CPR, tracheostomy, feeding tube placement) • Displays limited ability to differentiate between beneficial and nonbeneficial treatments (eg, in a patient with nonsurvivable brain injury) • Recognizes challenging family/caregiver dynamics but struggles to manage them • Requires active prompting to recognize and acknowledge cultural factors or personal beliefs • Informs caregiver(s) of acute deterioration in the patient's condition but has difficulty delivering difficult news or addressing overall goals of care • Recognizes challenging dynamics or conflict in the care team but struggles to manage it	• Requires coaching to understand negative prognostic factors and their impact on long-term outcomes • Places orders for medications to manage symptoms (eg, pain, nausea) • With guidance, updates the patient care plan based on palliative or hospice service recommendations, including code status orders and symptom management medications • Needs supervision to recognize disease-specific treatments and the need for goal concordance • Demonstrates limited recognition of interventions that are not consistent with goals of care • Communicates with the primary team about life-limiting illness when prompted • Acknowledges principles of medical ethics	• Prepares discharge from the ICU in coordination with case management or the primary team without anticipating palliative care needs • Adheres to established code status and comfort care measures when applicable • Maintains respectful communication but displays limited ability to respond to emotion in difficult conversations; may be personally adversely affected by difficult discussions or untoward outcomes but is without a plan or strategy for self-care • Documents code status and includes relevant information from consultants and caregivers into a note about goals of care (eg, palliative care recommendations) • Requires assistance to communicate the long-term prognosis of life-limiting illness and expected quality of life to a patient/caregiver(s)
2 **<u>Direct Supervision</u>** Initiates straightforward management for many	• Delivers difficult news and transitions into a goals-of-care discussion with assistance	• Demonstrates understanding of negative prognostic factors and their impact on the long-term prognosis of a straightforward patient	• Recognizes discharge readiness but needs guidance in coordinating care to meet discharge goals for a complex patient

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critical illnesses but requires active direction for further management and complex critical illnesses **Framework:** Demonstrates a sufficient fund of knowledge for basic critical care and some knowledge of complex critical illness Performs ICU procedures on straightforward patients but may require supervision/direction for more complex patients/procedures The attending gives active help throughout to direct the clinical course.	• Seeks assistance in interpreting advance directives within institutional policies beyond the code status documented in the medical record • Recognizes that some treatments may be nonbeneficial (eg, patient with nonsurvivable brain injury) and requires some assistance to guide care • Maintains composure during challenging patient/caregiver reactions or dynamics but needs assistance to navigate the situation • Recognizes and acknowledges patient/caregiver cultural factors or personal beliefs but requires assistance to incorporate these into patient care • With assistance, adjusts goals of care in response to changes in a patient's condition in concordance with patient/caregiver preferences • Recognizes challenging dynamics or conflict in the care team and manages it with assistance	• Evaluates symptoms and places orders to alleviate them (eg, pain, air hunger, thirst) but seeks assistance in escalating treatment • Updates the patient care plan based on palliative or hospice recommendations • Describes disease-specific treatments to achieve goal-concordant care in a straightforward patient • Recognizes interventions that are outside the stated goals of care in a straightforward patient • Communicates with the primary team about life-limiting illness but requires assistance to navigate conflicting views • With assistance, applies principles of medical ethics to the care of a patient	• Seeks assistance in determining goal-concordant procedures (eg, tracheostomy, feeding tube) in the context of goals of care and achieving goal-concordant transitions of care • Identifies difficult emotions or other personal distress and seeks assistance in processing or responding to these emotions or initiating self-care • Documents some elements of illness severity and current code status but omits information during goals-of-care discussions or does not incorporate shared decision-making • Independently provides basic communication about the long-term prognosis of life-limiting illness and expected quality of life to a patient/caregiver(s)
3 **Indirect Supervision** Manages most critical illnesses but may require guidance for more complex patients or atypical presentations	• Delivers difficult news and transitions into a goals-of-care discussion and shared decision-making, taking into account specialist input on prognosis • Independently interprets advance directives within institutional policies	• Discusses negative prognostic factors and their impact on the long-term prognosis for a complex patient • Evaluates and places orders to alleviate symptoms, including pain, air hunger,	• Coordinates care when planning discharge to achieve safe disposition • Recognizes conflict in achievable goals and prognosis while advocating for patient autonomy, delivery of

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Framework: Demonstrates a sufficient fund of knowledge for basic and most complex critical care Independently performs most ICU procedures and supervises procedures on straightforward patients The learner can manage a critically ill patient in straightforward circumstances but may require input to manage the most complicated ICU patients.	beyond the code status documented in the medical record • Requires intermittent supervision to guide the delivery of care away from nonbeneficial treatment (eg, nonsurvivable brain injury) • Recognizes and acknowledges patient/caregiver cultural factors or personal beliefs and incorporates them into patient care • Maintains composure during challenging caregiver reactions and dynamics; considers team safety/activates relevant protocols; employs de-escalation strategies • Independently adjusts goals of care in response to change in a patient's condition in concordance with patient/caregiver priorities • Recognizes and manages challenging dynamics and conflict in the care team	and thirst, escalating treatment when required • Updates the patient care plan based on shared decision-making and prioritizes symptom control to meet patient needs • Articulates options for disease-specific treatments but requires some assistance in a complex case to achieve goal-concordant care • Recognizes interventions that do not align with established goals of care for a complex patient but requires assistance when conflict arises • Communicates with the primary care team about life-limiting illness but seeks guidance to navigate conflicting views about a complex patient • Independently applies principles of medical ethics to the care of a patient	compassionate care, and avoidance of non–goal-concordant treatments • Identifies emotions and other distress related to delivery of difficult news to patients/caregiver(s) or debriefing with team members; initiates measures of care for self or others • Documents in a manner that reflects care provided in relation to severity of life-limiting illness and goals of care but without detailing complex discussions, including nuances in shared decision-making or advance directives • Demonstrates understanding of negative prognostic factors in the long-term prognosis of life-limiting illness and communicates them with families with minimal prompting
4 **Practice Ready** Independently manages complex critical illnesses and leads a critical care team **Framework:** Demonstrates an attending-level fund of knowledge	• Integrates prognostic information and uses skillful communication while delivering difficult news, recognizing specific patient/caregiver needs • Independently interprets and applies advance directives and related documentation, incorporating institutional policies	• Leads discussions about negative prognostic factors and their impact on long-term prognosis in complex patients • Anticipates and manages negative effects of care within the context of stated goals of care	• Anticipates discharge needs while targeting the best possible goal-concordance and optimizing transition of care • Manages conflict in achievable goals and prognosis while advocating for patient autonomy, delivery of

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Independently performs and supervises procedures The attending is available at the request of the learner but is not routinely needed for common or complex critical illness.	• Leads the team in avoiding nonbeneficial treatments (eg, in a patient with nonsurvivable brain injury) • Proactively recognizes and acknowledges patient/caregiver cultural factors or personal beliefs and incorporates them into patient care • Maintains composure during challenging caregiver reactions or dynamics, maintains team safety, and applies advanced de-escalation techniques tailored for the specific situation (eg, mirroring, labeling, summative reflection) • Initiates discussion and adjusts goals of care in response to change in a patient's condition in concordance with patient/caregiver priorities • Leads the care team in managing challenging dynamics and conflict within the team	• Independently coordinates disease-specific treatments while balancing side effects and alternatives and applies a goal-concordant care plan • Independently manages conflict in goals of care by communicating with a patient/caregiver(s) about achievable medical goals and the patient's values and substituted wishes • Independently communicates complex patient scenarios of life-limiting illness with the primary team and manages conflict between consultant teams • Leads the care team in application of principles of medical ethics	compassionate care, and avoidance of non–goal-concordant treatments • Identifies and responds to emotions or other types of distress in a supportive manner during delivery of difficult news to a patient/caregiver(s) or in debriefing with team members; anticipates and prioritizes patient, caregiver, and care team needs • Comprehensively documents the status of life-limiting illness (eg, condition), current goals of care, advance directives, and the process of shared decision-making in a manner that facilitates coordination with primary and consultant teams • Recognizes and communicates the long-term prognosis of patient with an acute life-limiting illness in the context of the patient's projected level of dependence, prolonged postdischarge needs, and expected quality of life