



The CARES Toolkit

End-of-Life Cases and Resources:

An Interprofessional Toolkit for Health Science Students

Facilitator Notes



Case Title

Directions

- 1** Develop a series of questions and answers that address specific discussion points.
- 2** Develop 1-2 different scenarios (with questions and answers) that change or add discussion points.
- 3** Develop a list of needed community/healthcare resources and support services.

Possible Discussion Points (See Pages 12-14 for Example Questions):

- Difficult Conversations
- Ethical / Legal Considerations
- Patient Goals, Preferences and Values
- Medical Decision-Making Capacity
- Social Determinants of Health
- Advance Care Planning
- Community Resources/Access to Care
- Cognitive Impairment
- Health Literacy
- Sensory Deficits
- Ageism, Gender or Other Bias
- Cultural Humility / Diversity / Spiritual Considerations
- Family / Caregiver Concerns
- Limited English Proficiency
- Public Policy

Questions

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Scenario 1 and Questions

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Scenario 2 and Questions

Develop 1-2 different scenarios (with questions and answers) that change or add discussion points.

Resources and Support Services for the Patient / Family

Develop a list of needed community/healthcare resources and support services.

Example Questions for Discussion Points

DIFFICULT CONVERSATIONS

- What is the specific communication/conversation skill(s) that is needed for this case? (e.g., Best Case/Worse Case framework; Serious Illness Conversation)
- How would you begin the conversation?

ETHICAL / LEGAL CONSIDERATIONS

- Are there any ethical/legal considerations that need our attention?
- Do they have a medical power of attorney?

PATIENT GOALS, PREFERENCES AND VALUES

- How do you ensure you know/understand the patient's care preferences and values?
- What strategies would you use to assess the patient's goals, preferences, and values?

MEDICAL DECISION-MAKING CAPACITY

- Decision-Making capacity is always related to a specific medical decision. Capable patients have the legal and ethical right to make their own treatment decisions.
- Does the patient have decisional capacity? What more would you need to know?

COMMUNITY RESOURCES / ACCESS TO CARE

- What community or healthcare resources or services would help the patient and/or family?

SOCIAL DETERMINANTS OF HEALTH (SDH)

- How would you address any known SDH issues? (food, housing or transportation insecurities; childcare, utility, legal, or education needs; financial resources; employment instability).

ADVANCE CARE PLANNING

- What do you see as the important decisions that the patient/family are facing?
- What specific knowledge is needed to provide the best of care? (e.g., definition of palliative care vs. hospice benefits).

COGNITIVE IMPAIRMENT

- Does the patient have any cognitive impairment?

HEALTH LITERACY

- Can the patient understand and navigate health-related issues? Note: health literacy is different from general literacy.

SENSORY DEFICITS

- Does the patient have any sensory impairment (hearing, vision)?

AGEISM, GENDER OR OTHER BIAS

- Can you identify any overarching bias?
- Can you identify any possible assumptions one might make about this patient?
Note: Ageism occurs for people of ALL ages.

CULTURAL HUMILITY / DIVERSITY / SPIRITUAL CONSIDERATIONS

- How does the patient's culture influence our approach to care?
- What terms may be misunderstood because of cultural definitions?

FAMILY / CAREGIVER CONCERNS

- Does the patient have a caregiver?
- What is their relationship?
- Does the patient live with the caregiver?
- If not, does the caregiver live close-by or are they a long-distance caregiver?
- How is caregiver handling the stress of being a caregiver?
- Do they need support/resources?

LIMITED ENGLISH PROFICIENCY

- How do you identify if someone has limited English proficiency?
- When do you know you should bring a translator into the conversation?
- How do you access a translator?

PUBLIC POLICY

- What information about this patient might inform public policy or regulatory action?