



# The CARES Toolkit

## End-of-Life Cases and Resources:

An Interprofessional Toolkit for Health Science Students

Case Study

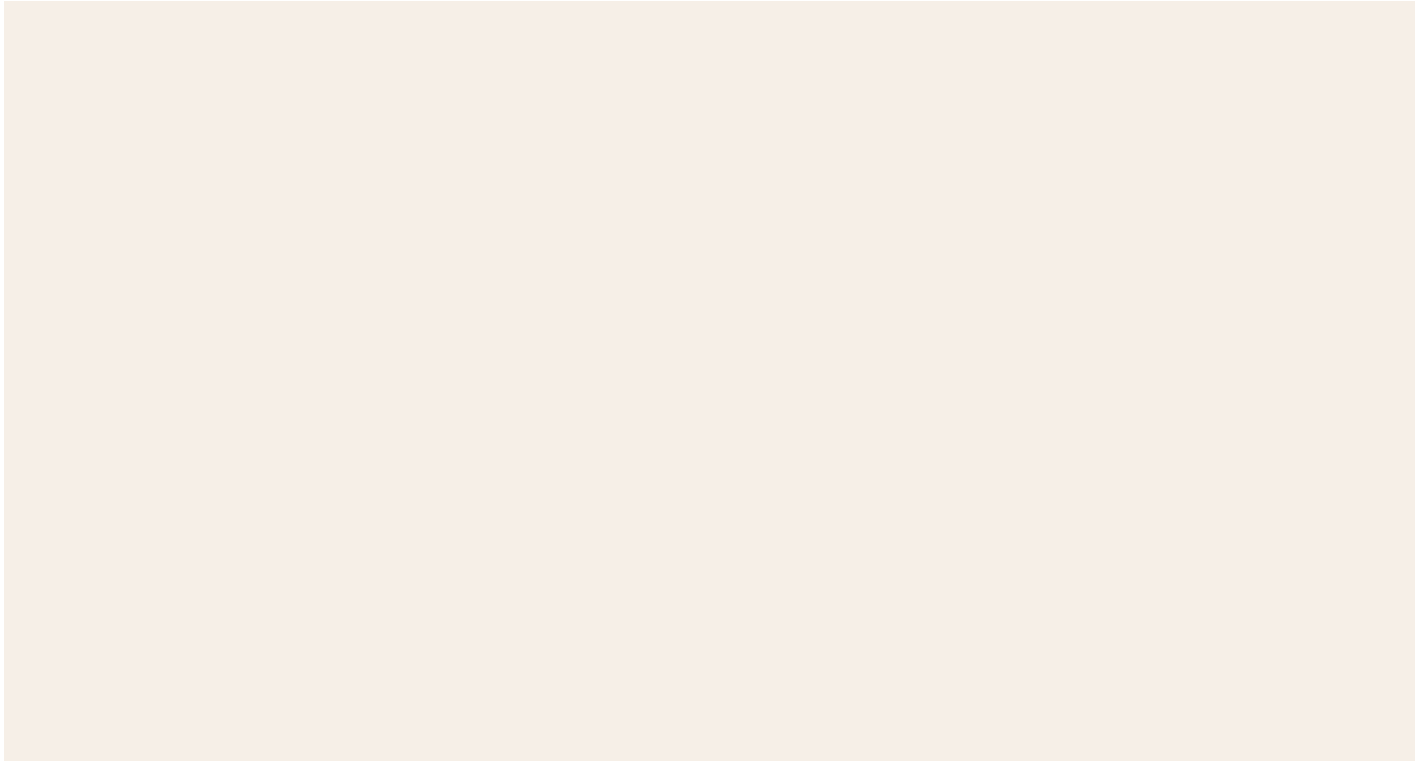


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*Case Title*

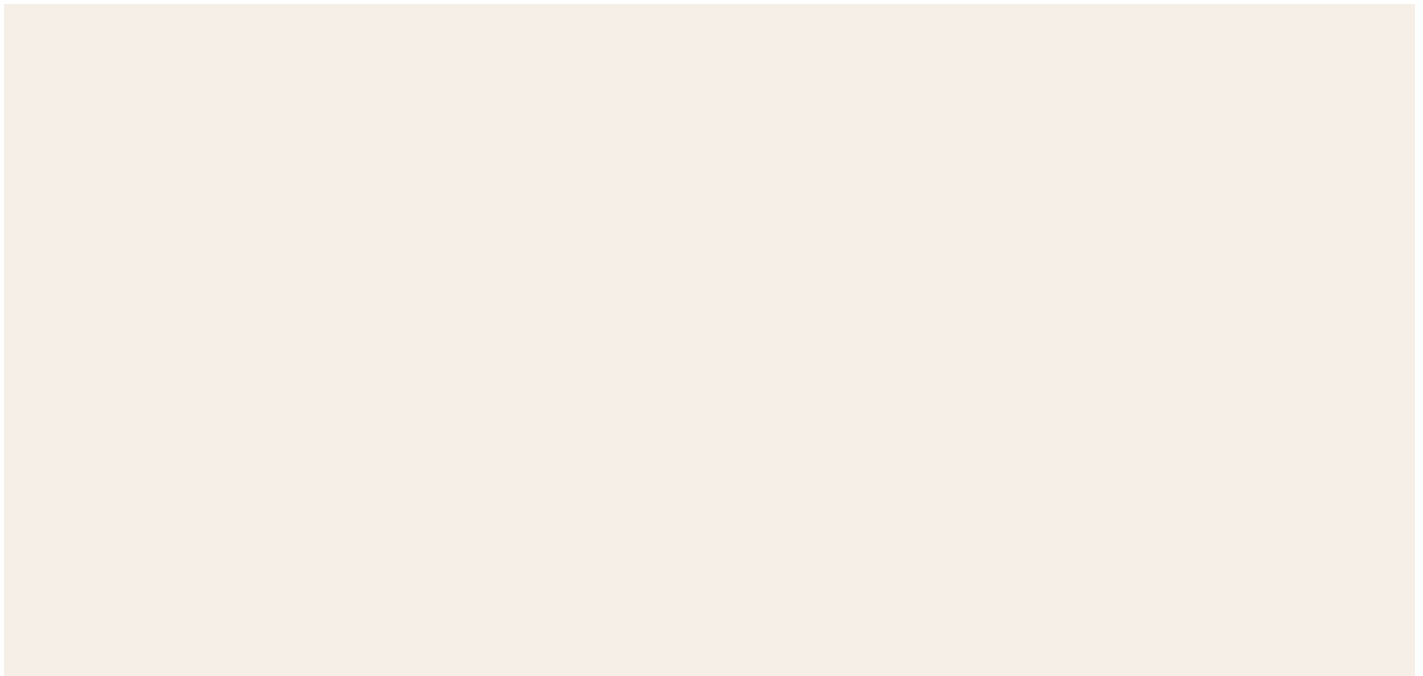
## Case Summary

### Encounter Setting



*Ex. Community site, home, clinic, ED, hospital, assisted living, long-term care nursing home*

### Context / Reason for Encounter



*Ex. Background/sets the stage; include cultural beliefs/perspectives, ADLs/IADLs, suicide ideation or risk of*

## Demographics

Gender

Age or Date of Birth

Ethnicity

Living Situation

*Ex. Living in house/apartment/mobile home/homeless (unhoused), number of people in home, do they feel safe at home or in neighborhood, primary language/languages spoken at home*

Patient Occupation

Insurance Coverage Status

*Eligible for the following benefits/services*

## Family / Caregiver Issues

*One or more caregivers, family caregivers, paid caregiver, etc.*

## Social History

### Social Economic Status

### Social Determinants of Health

*Ex. Food or housing or transportation insecurity; utility need; financial resources; childcare; education; employment instability; legal resources; social isolation; health literacy*

**Social / Mental Health Wellbeing**

**Religious / Spiritual Considerations**

**Cultural Beliefs / Perspectives**

# Patient Health Information

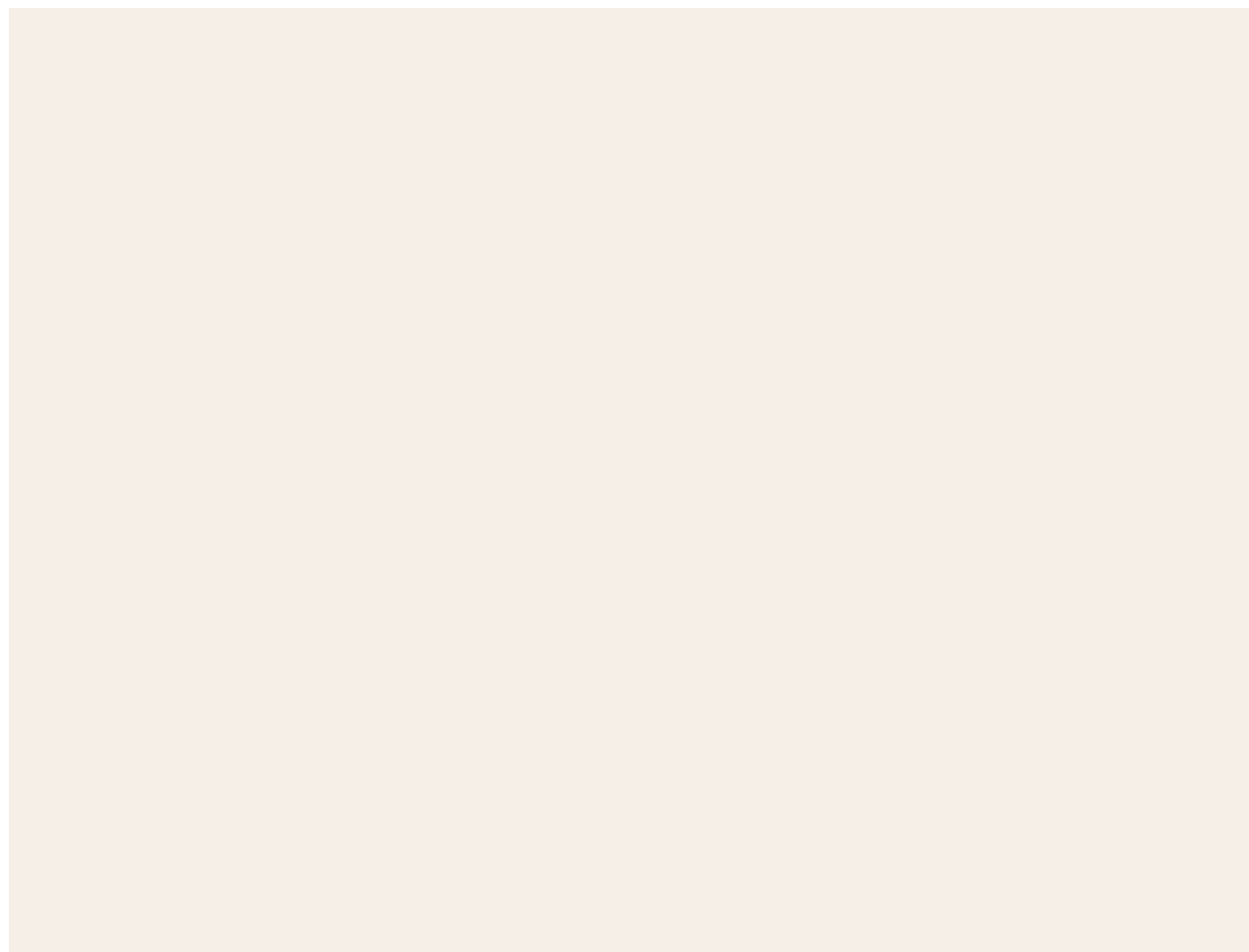
## History of Present Illness

A large, empty, light beige rectangular area intended for the patient's history of present illness.

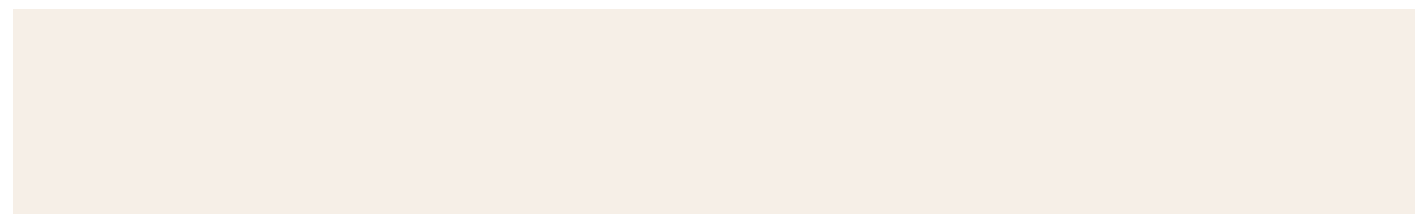
## Illness Course / Treatment Information

A large, empty, light beige rectangular area intended for the patient's illness course and treatment information.

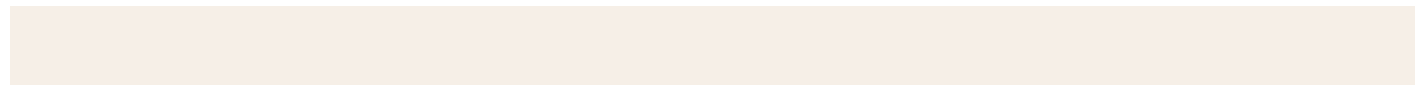
## Physical Exam



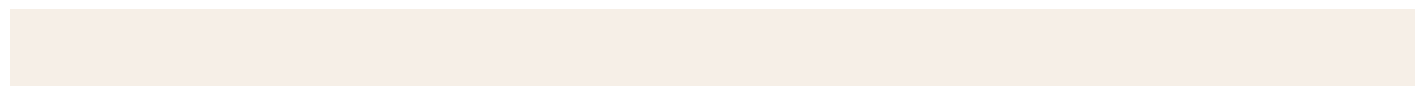
## Medications / Treatments



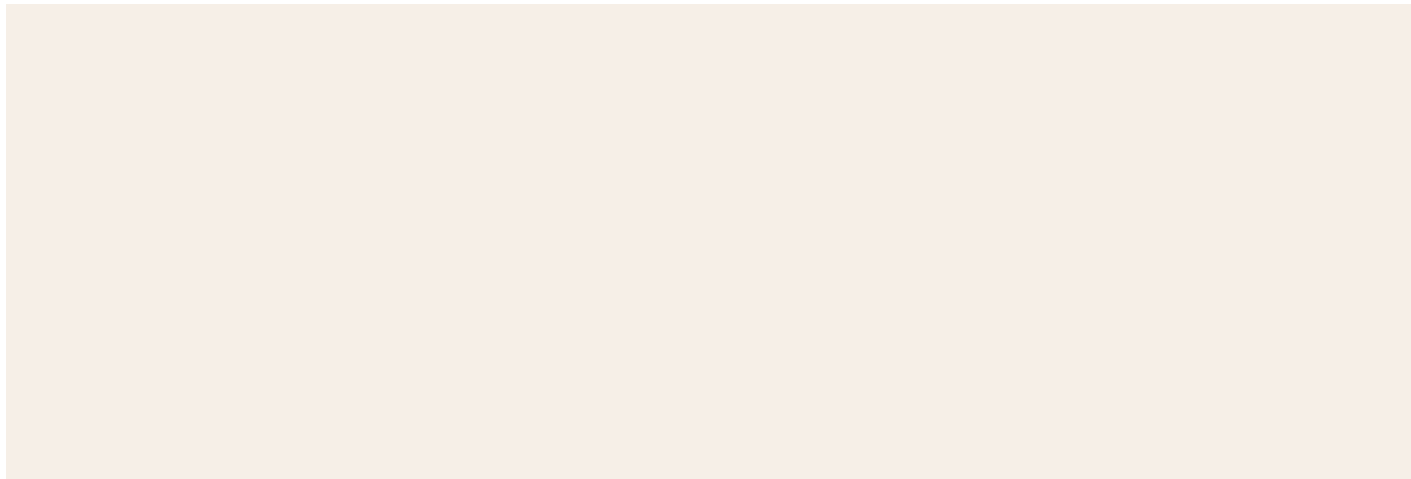
## Allergies / Intolerances



## Tobacco, Alcohol, or Substance Abuse

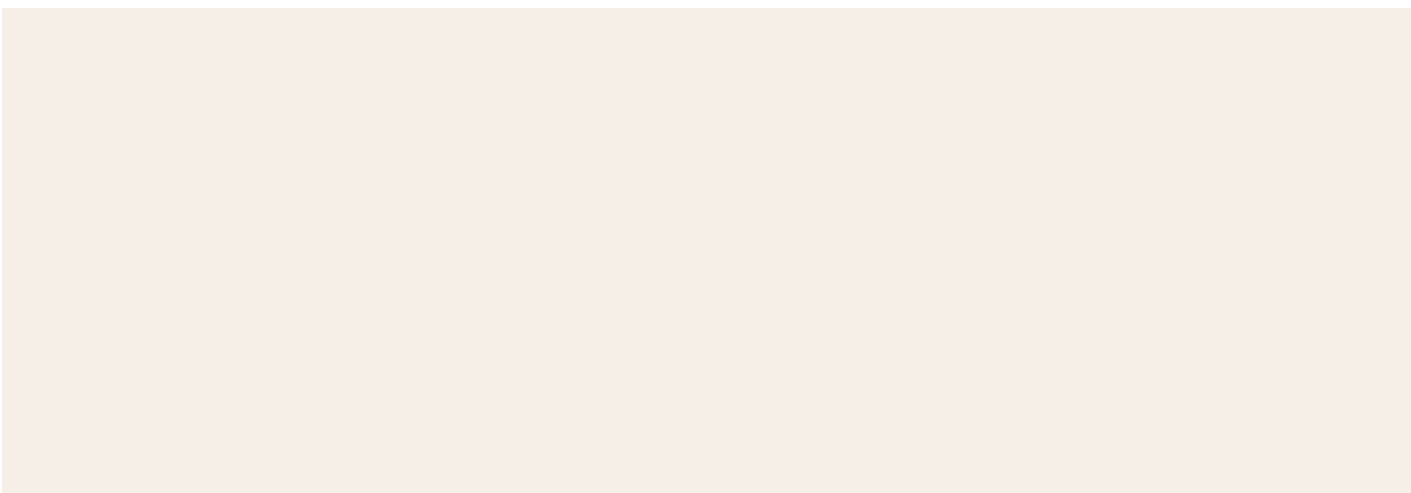


## Review of Systems



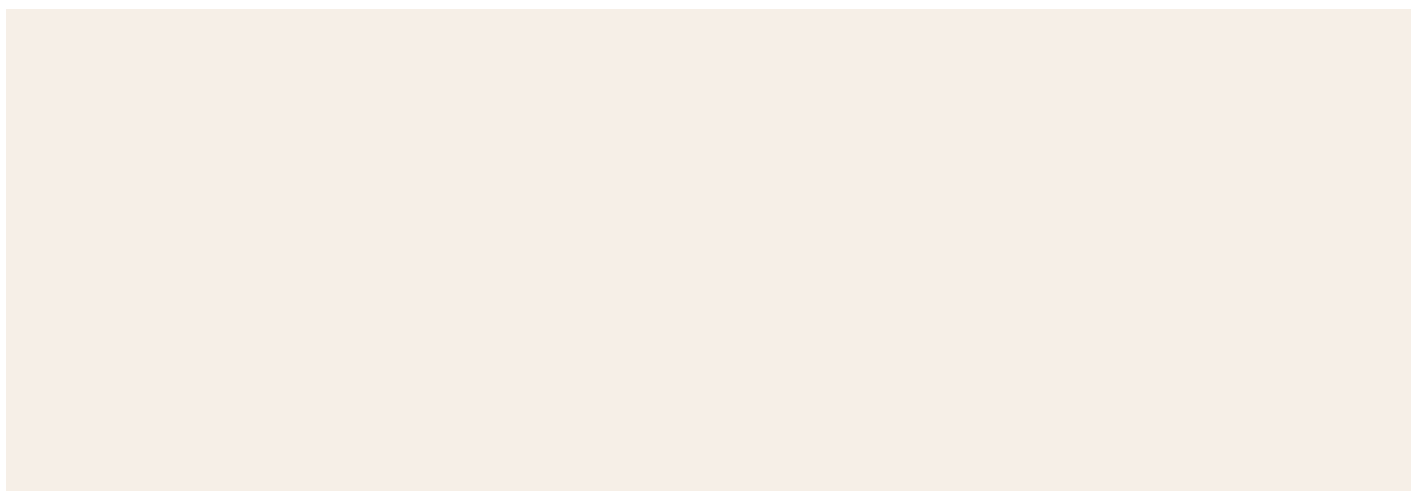
*Include mobility, cognition, mood; do they need assistive devices? Does living environment impact mobility?*

## Past Medical History



*Include alternative medicine preferences; cultural perspectives*

## Family History





## Health & Community Services

Is the Patient Currently Receiving or Will They Need Any New Home and/or Community-Based Services?

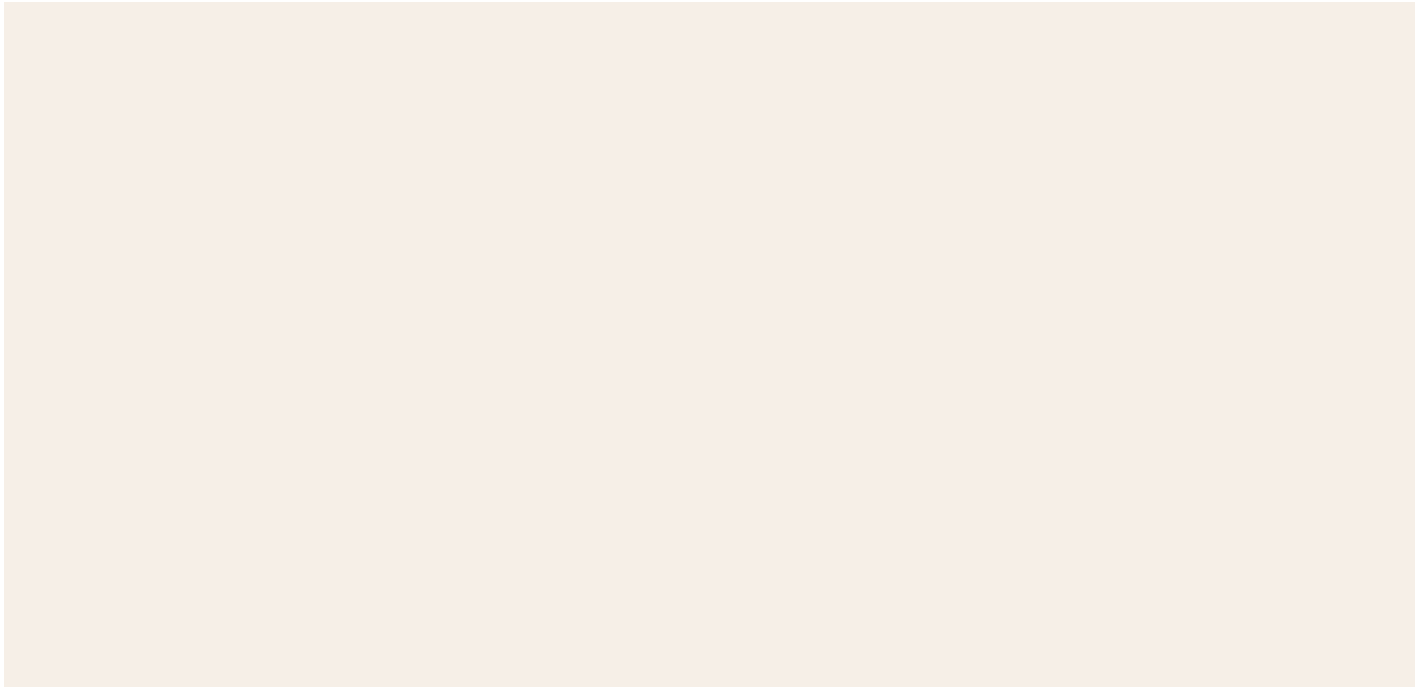
### Healthcare Services:

*Eligibility / Enrollment / Contact Information*

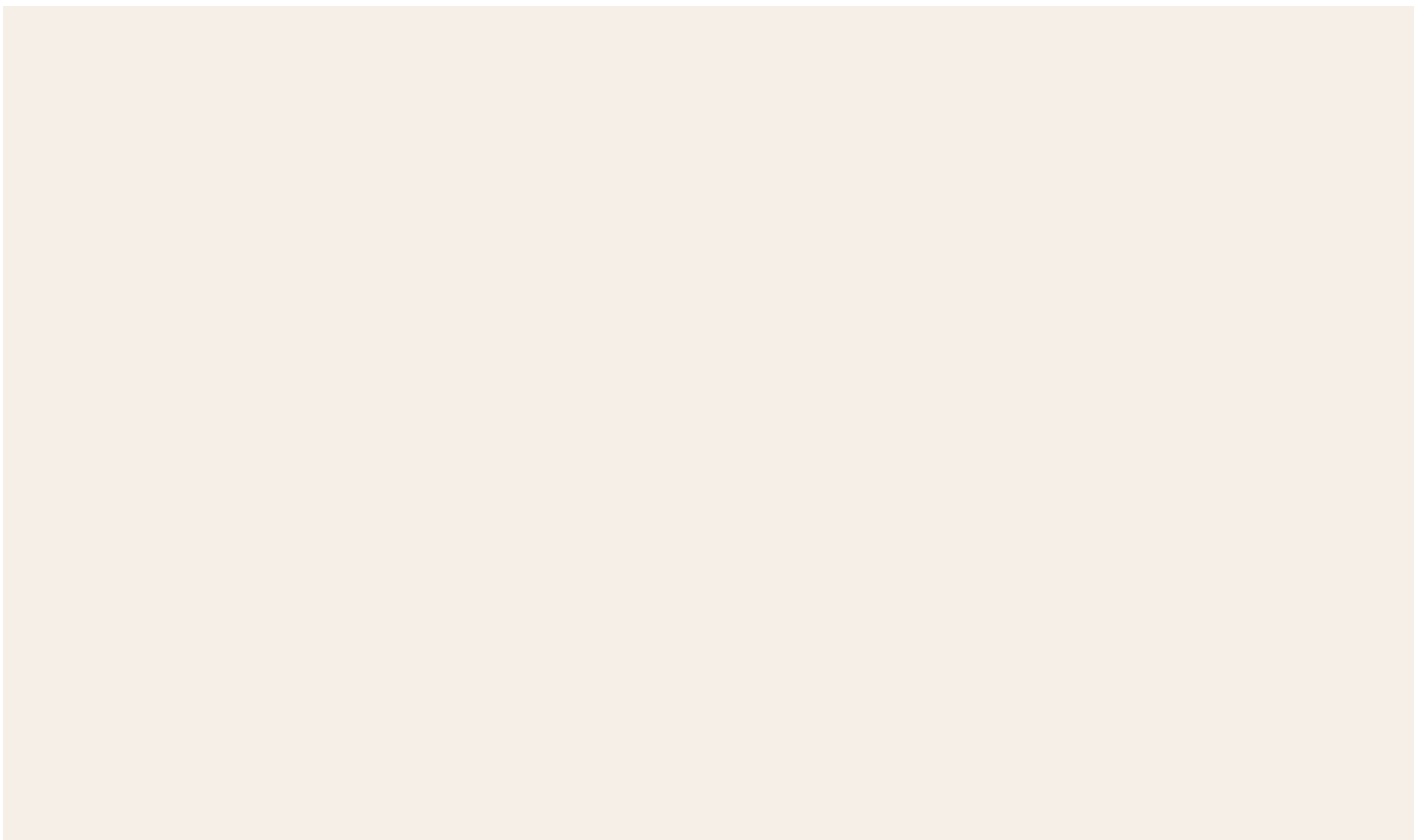
### Community Services:

*Eligibility / Enrollment / Contact Information*

## Overall Assessment



## Advance Care Planning



*Please provide details/scenario about serious illness or end-of-life conversations with the patient, family and/or providers; and indicate if the patient has any Advance Directives on file*

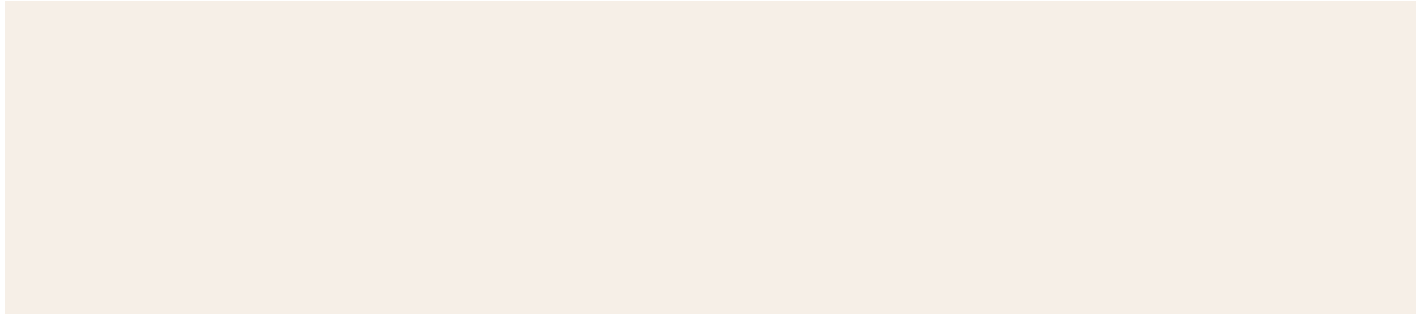
What Matters Most to the Patient Now?

What Do They Want Their Health For?

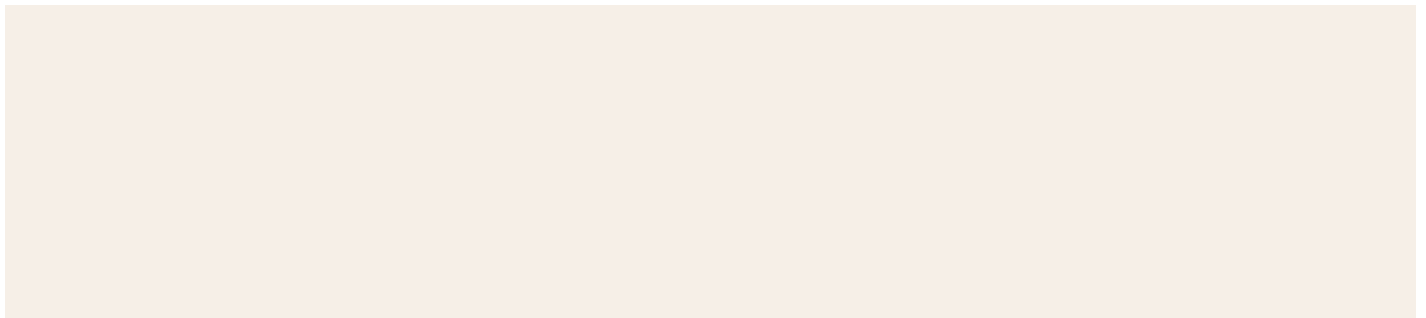
**What  
matters  
most?**

## Next Steps / Outcomes

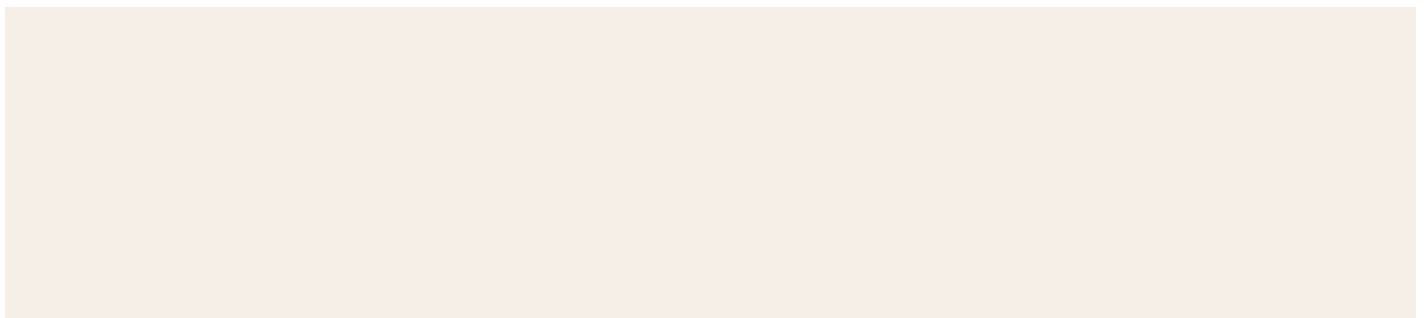
What Happens Next?



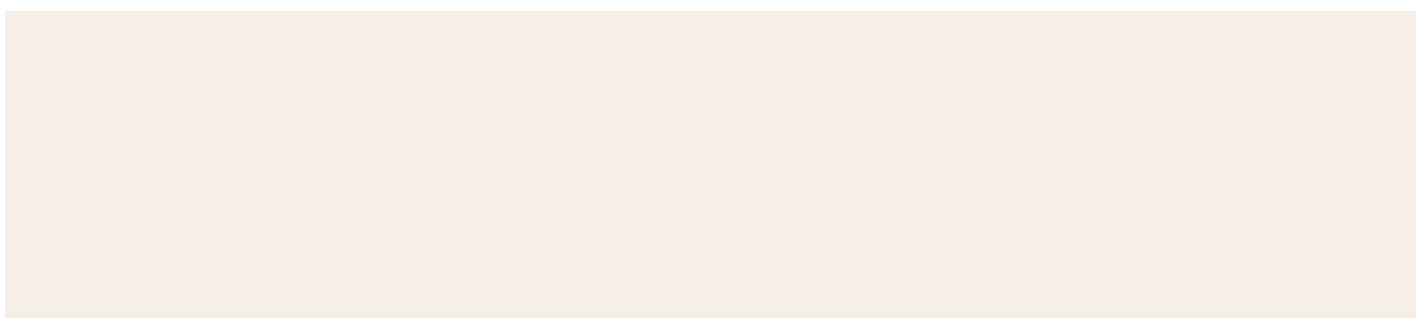
Details About Family Conversations



What Happens at, or Near, Death of Patient?

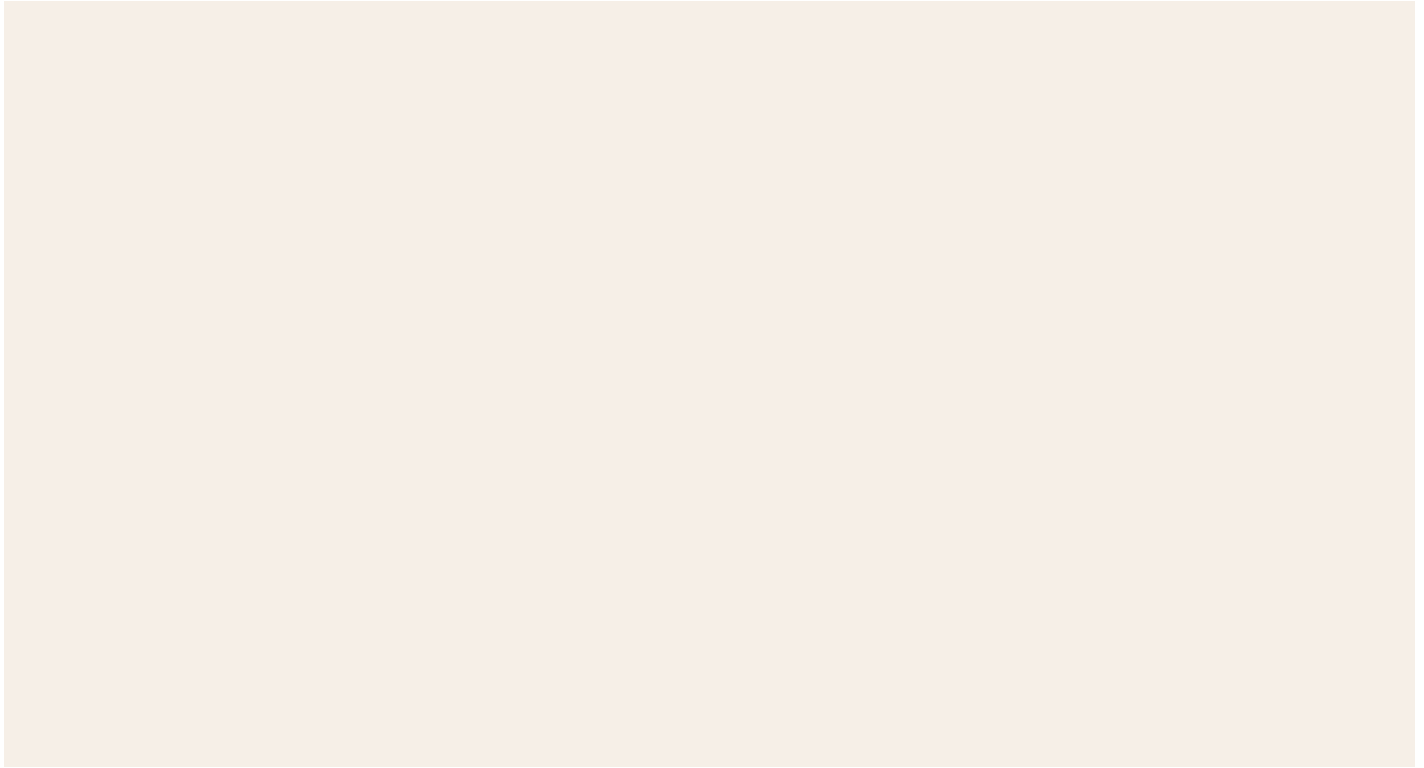


What Support Does Family Need Before and After Death of Patient?

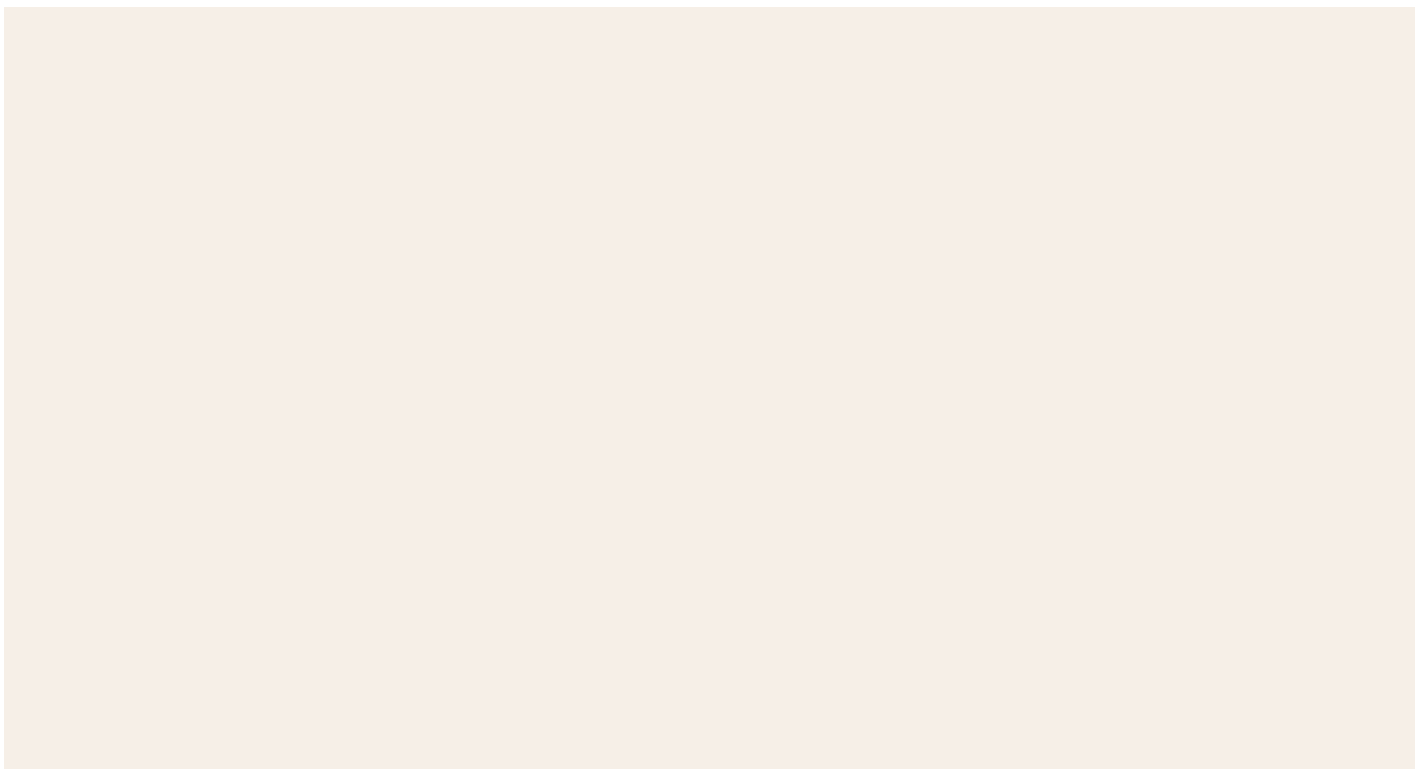


# Challenging Conversations

**Best / Worst Case**



**Risk / Benefit of Intervention**



## **Interprofessional Focus**

**What Role Do Other Disciplines Play in This Patient's End-of-Life Care?**

**Who Can Help You Provide the Best Care and Honor the Patient's Wishes?**

**How Will You Approach Utilizing a Team Approach to Providing Care?**

**Beyond Referrals, How Will You Become Comfortable with Going Outside Your Comfort Zone?**

**Are there any Integrative, Traditional, or Complementary Therapies that will Help the Patient at this Stage or Later?**

## Questions to Consider

**Can You Identify Any Overarching Bias?**

**Can You Identify Any Possible Assumptions One Might Make About This Patient?**

**What Information About This Patient Might Inform Public Policy or Regulatory Action?**

### ADVANCE CARE DIRECTIVE

**Teaching point:** Each health science student should be

- knowledgeable about advance care directives; and
- be able to communicate and engage patients/families in advance care planning across settings and across the lifespan.

### PALLIATIVE CARE AND HOSPICE

**Teaching point:** Each health science student should be

- knowledgeable about palliative care and hospice and
- be able to effectively communicate this information to patients/families.

### CULTURAL HUMILITY

**Teaching point:** Each health science student should be

- knowledgeable about knowledgeable about cultural considerations in the care of patients and families, and
- be able to effectively communicate with humility, curiosity, care, respect, & dignity.

### COMMUNITY RESOURCES

**Teaching point:** Each health science student should be

- knowledgeable about community resources to support serious illness and end of life care, and
- be able to effectively connect patients/families with these resources.

### CHALLENGING CONVERSATIONS

**Teaching point:** Each health science student should be

- knowledgeable about how to deliver “best case/worse case” and
- be able to effectively conduct challenging conversations with patients/families (including how to discuss risk/benefits of interventions).

### INTERPROFESSIONAL CARE

**Teaching point:** Each health science student should be

- knowledgeable about the role of team members & benefits of team-based care and
- be able to effectively work with team members in the care of patients/families with serious illness or at the end of life.