



The CARES Toolkit

End-of-Life Cases and Resources:

An Interprofessional Toolkit for Health Science Students

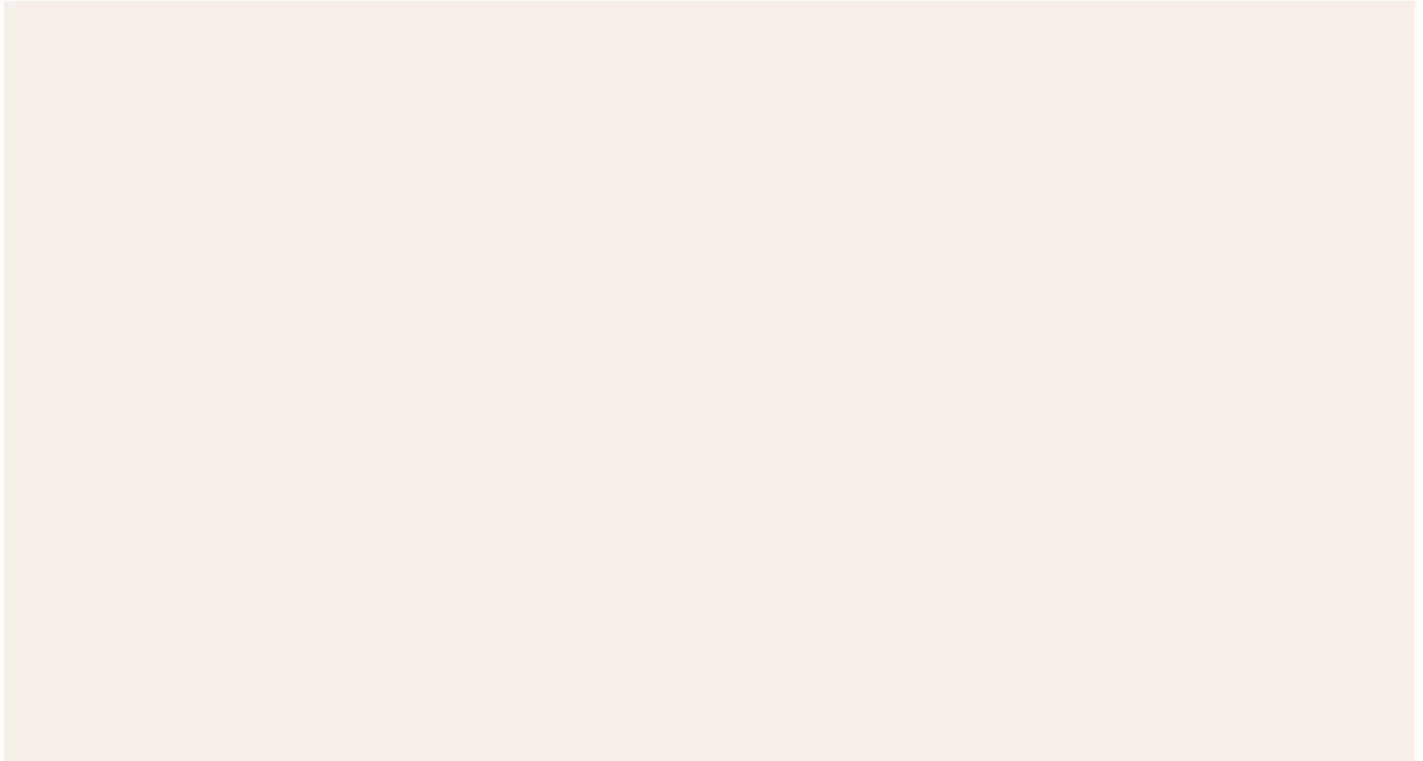
Case Study



Case Title

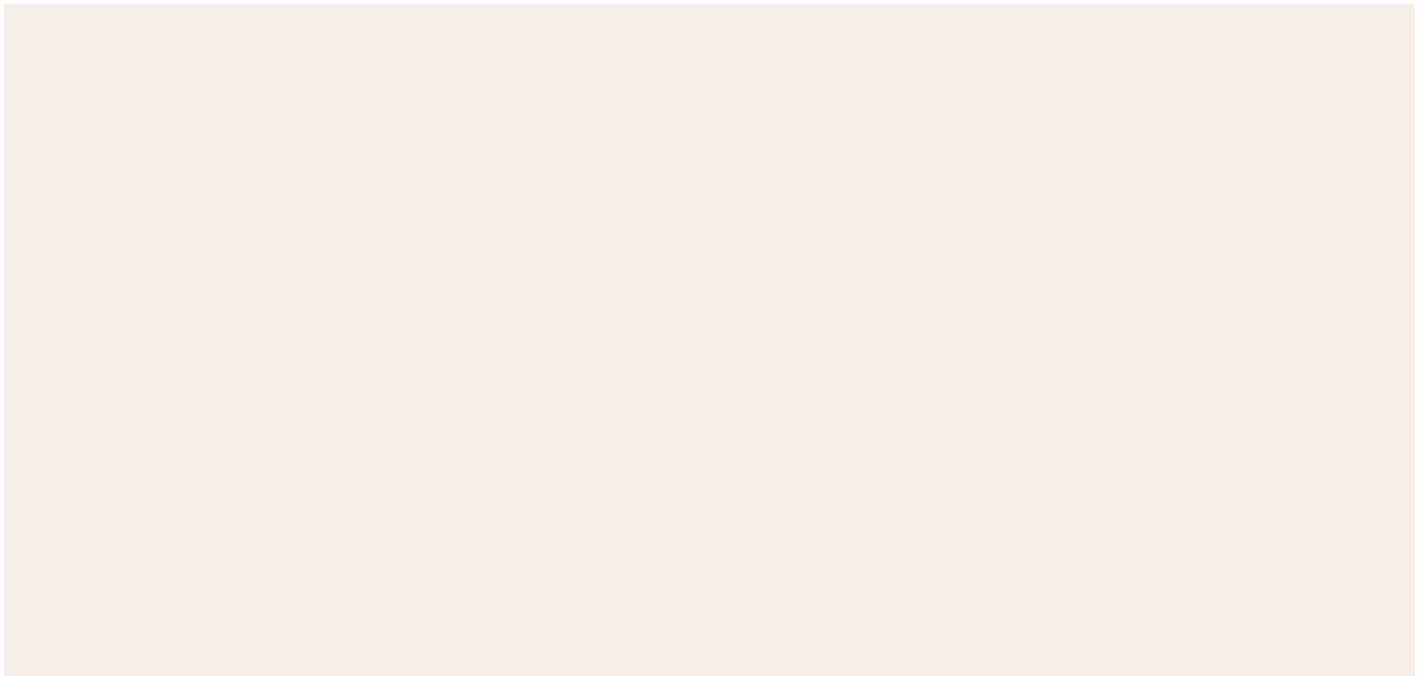
Case Summary

Encounter #1 Setting



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

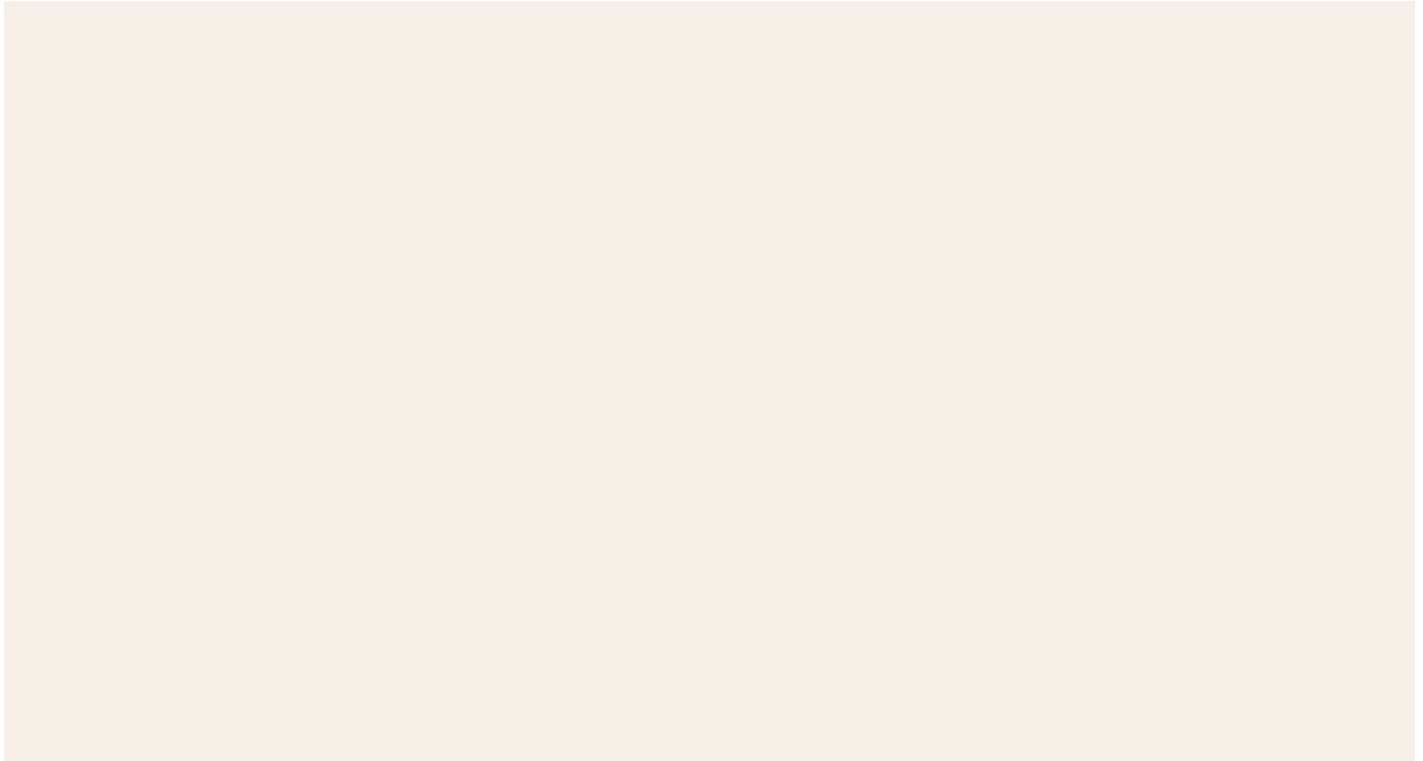
Context / Reason for Encounter #1



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

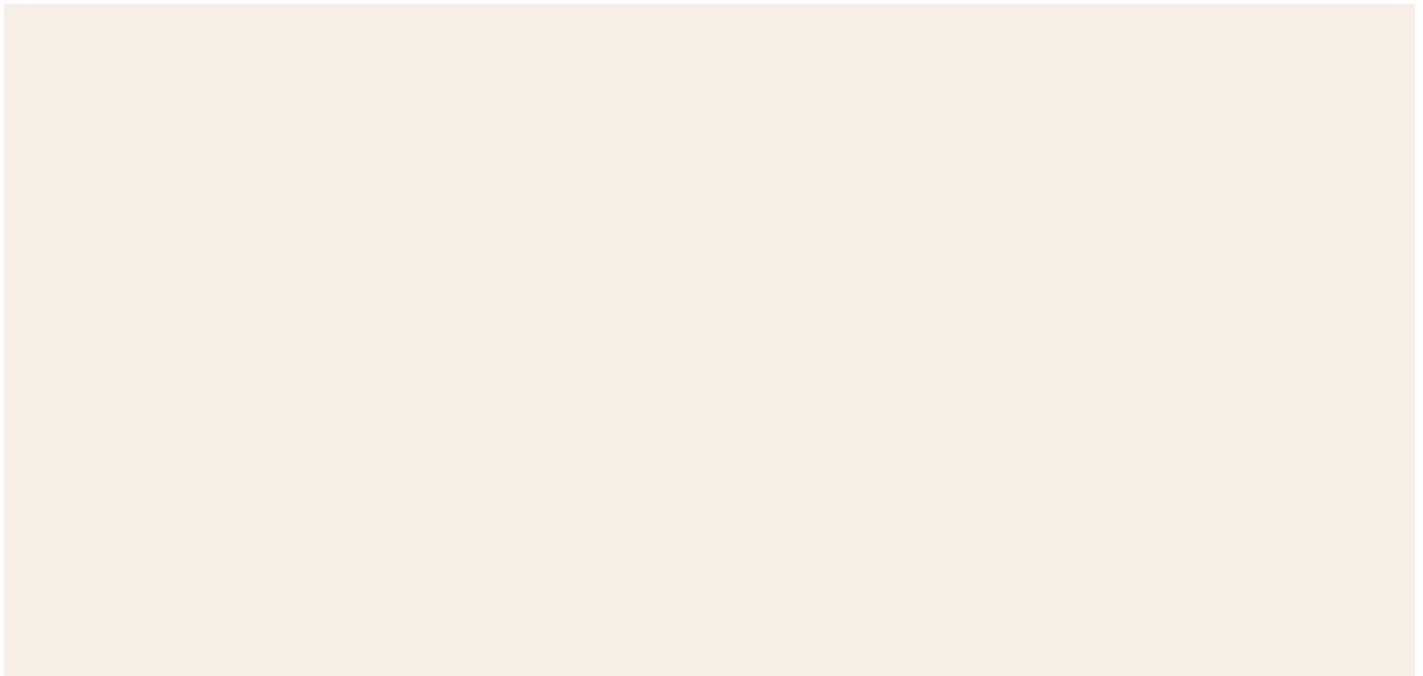
Case Summary

Encounter #2 Setting



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

Context / Reason for Encounter #2



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

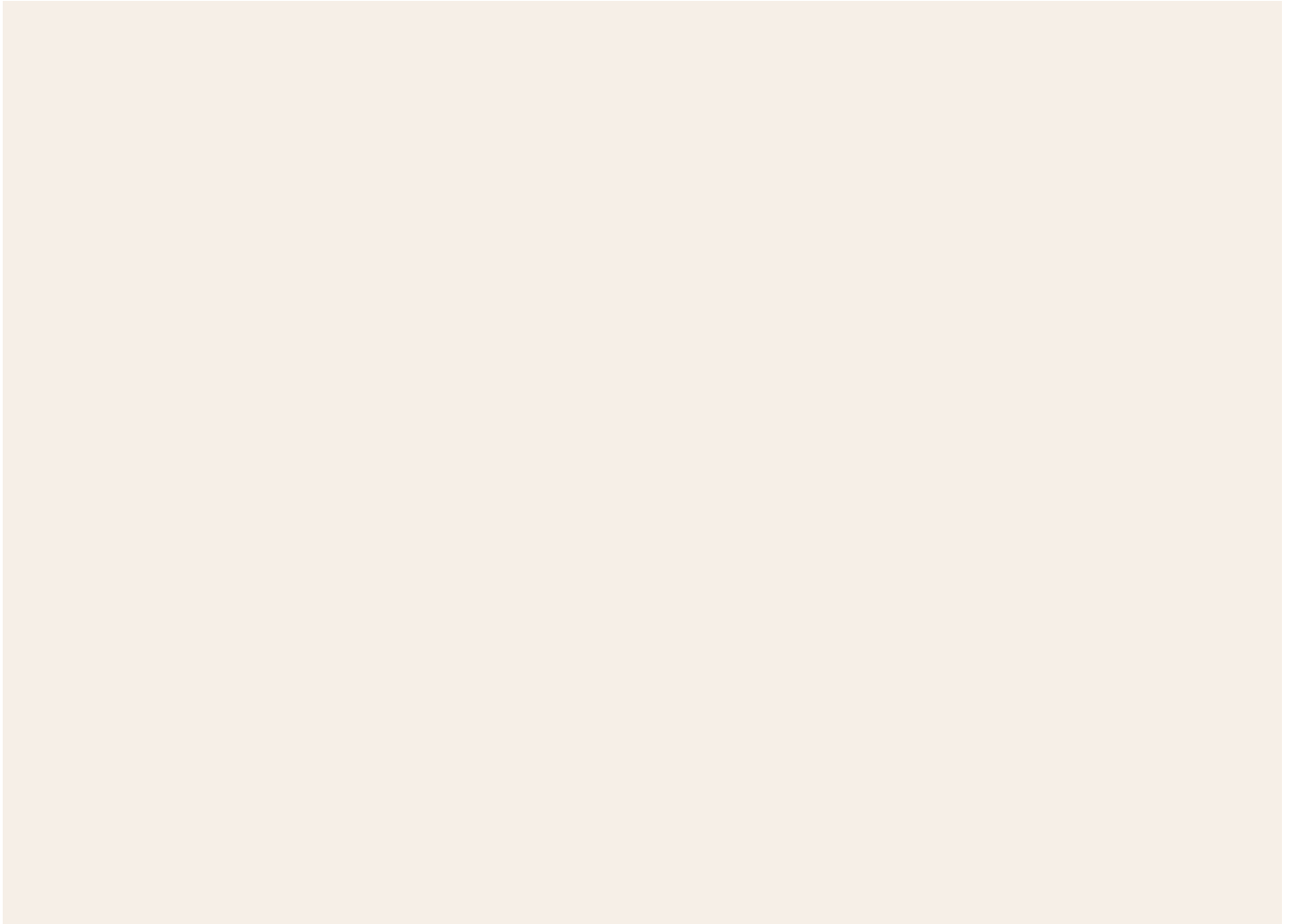
Social / Mental Health Wellbeing

Religious / Spiritual Considerations

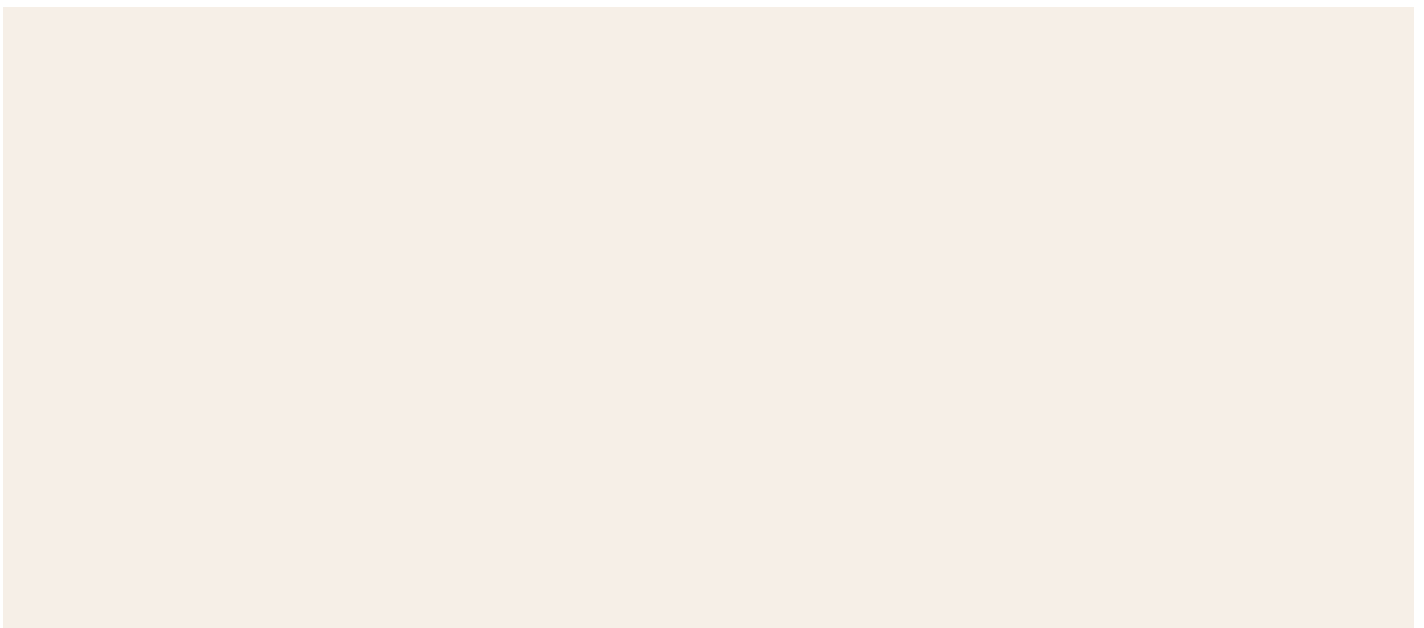
Cultural Beliefs / Perspectives

Patient Health Information

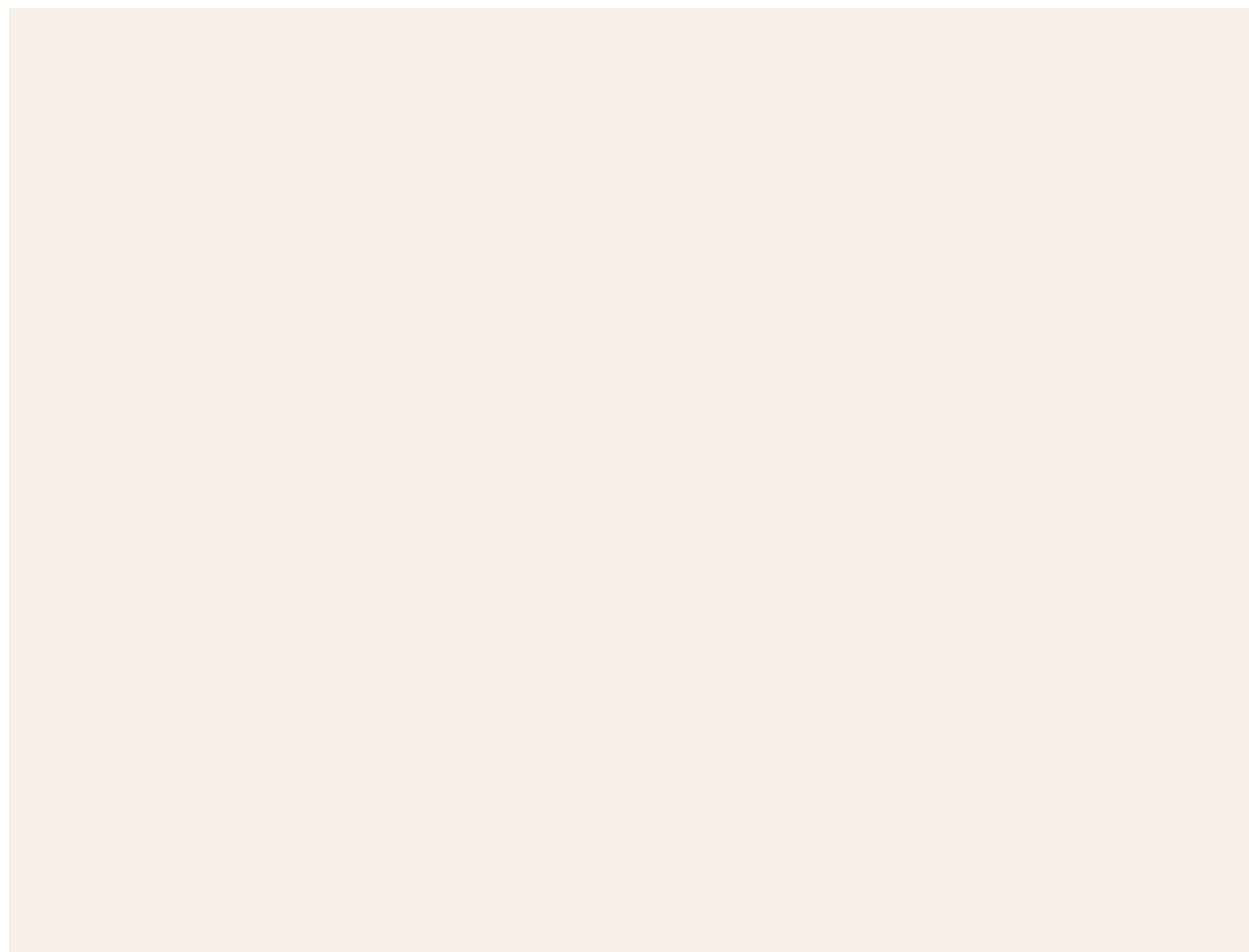
History of Present Illness

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

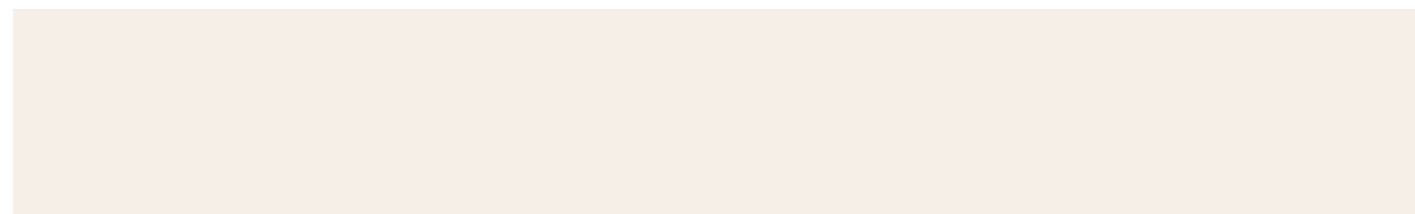
Illness Course / Treatment Information

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

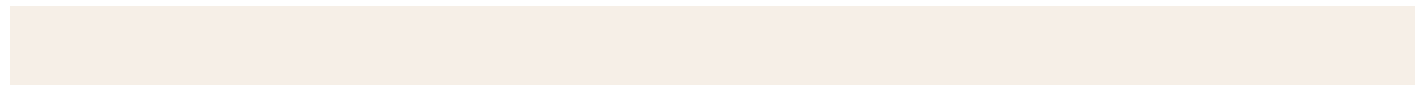
Physical Exam



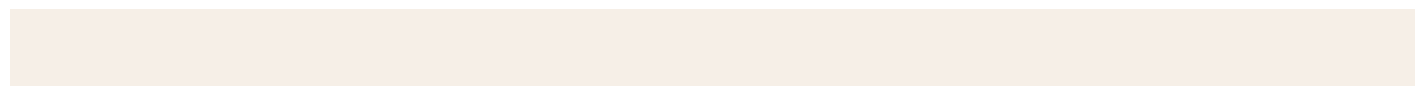
Medications / Treatments



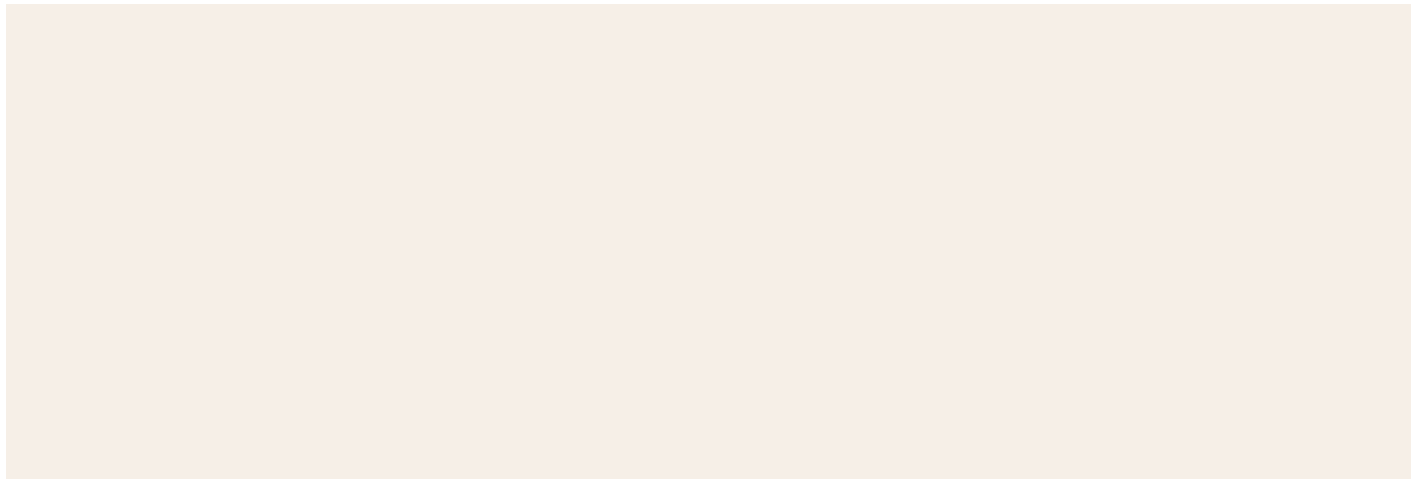
Allergies / Intolerances



Tobacco, Alcohol, or Substance Abuse

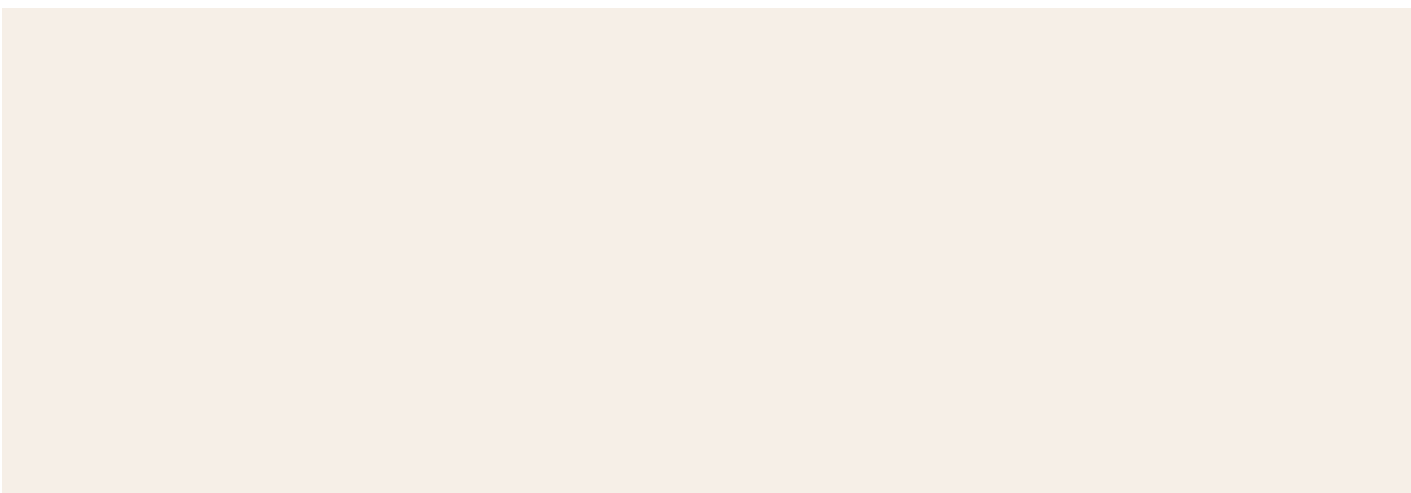


Review of Systems



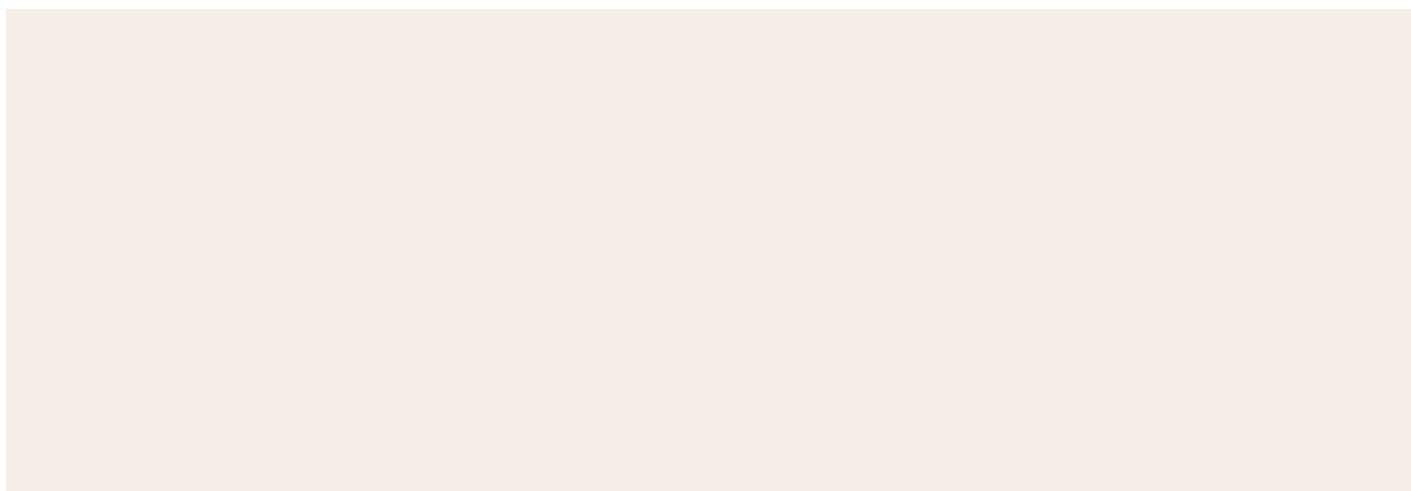
Include mobility, cognition, mood; do they need assistive devices? Does living environment impact mobility?

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?

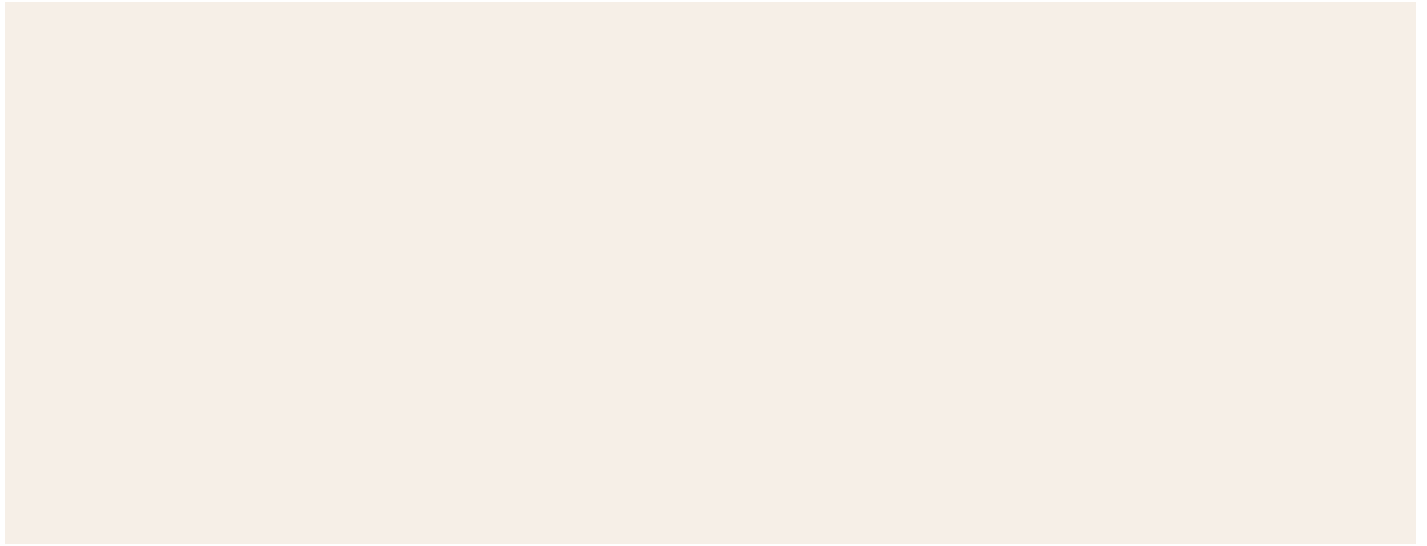
Healthcare Services:

Eligibility / Enrollment / Contact Information

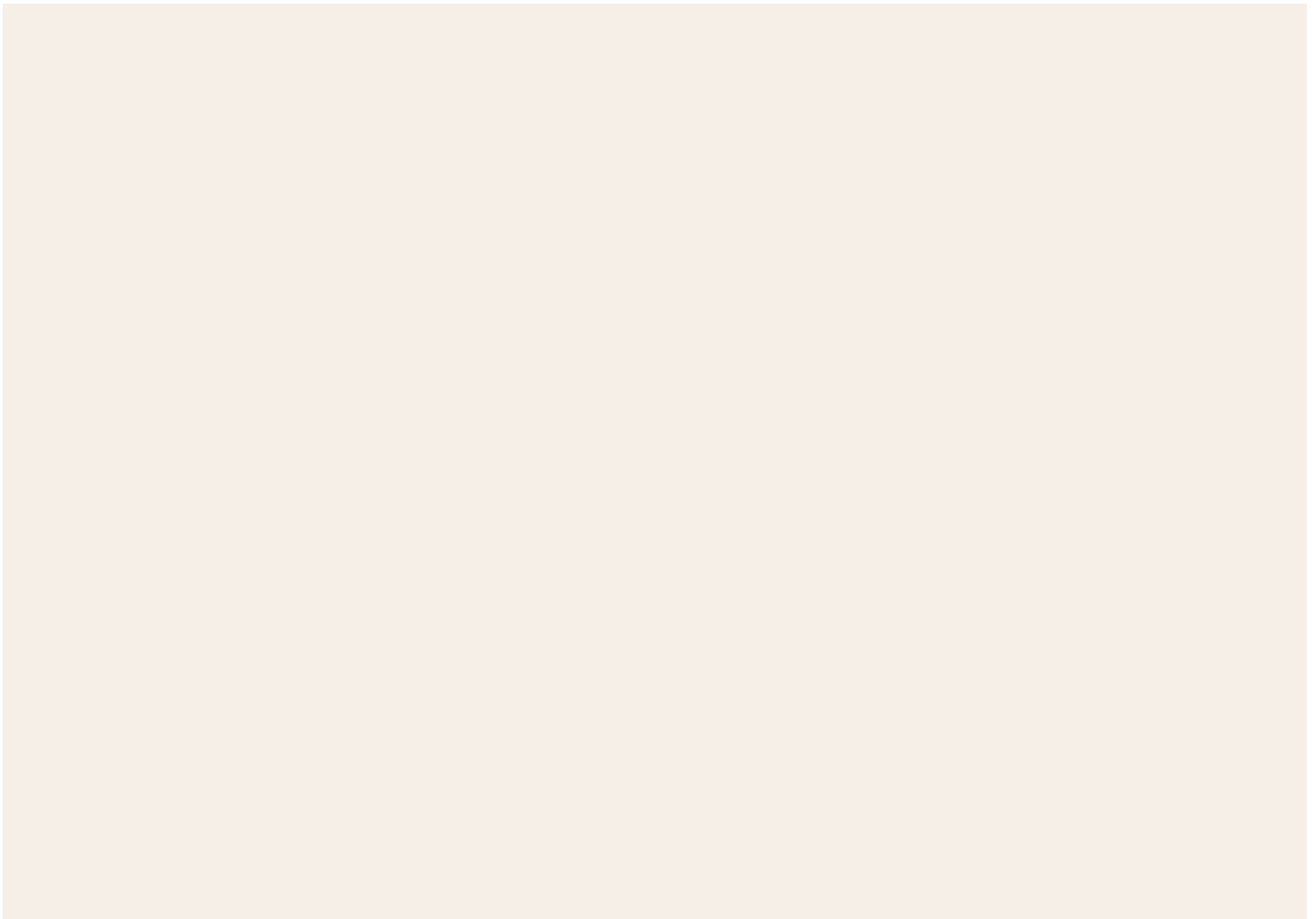
Community Services:

Eligibility / Enrollment / Contact Information

Overall Assessment

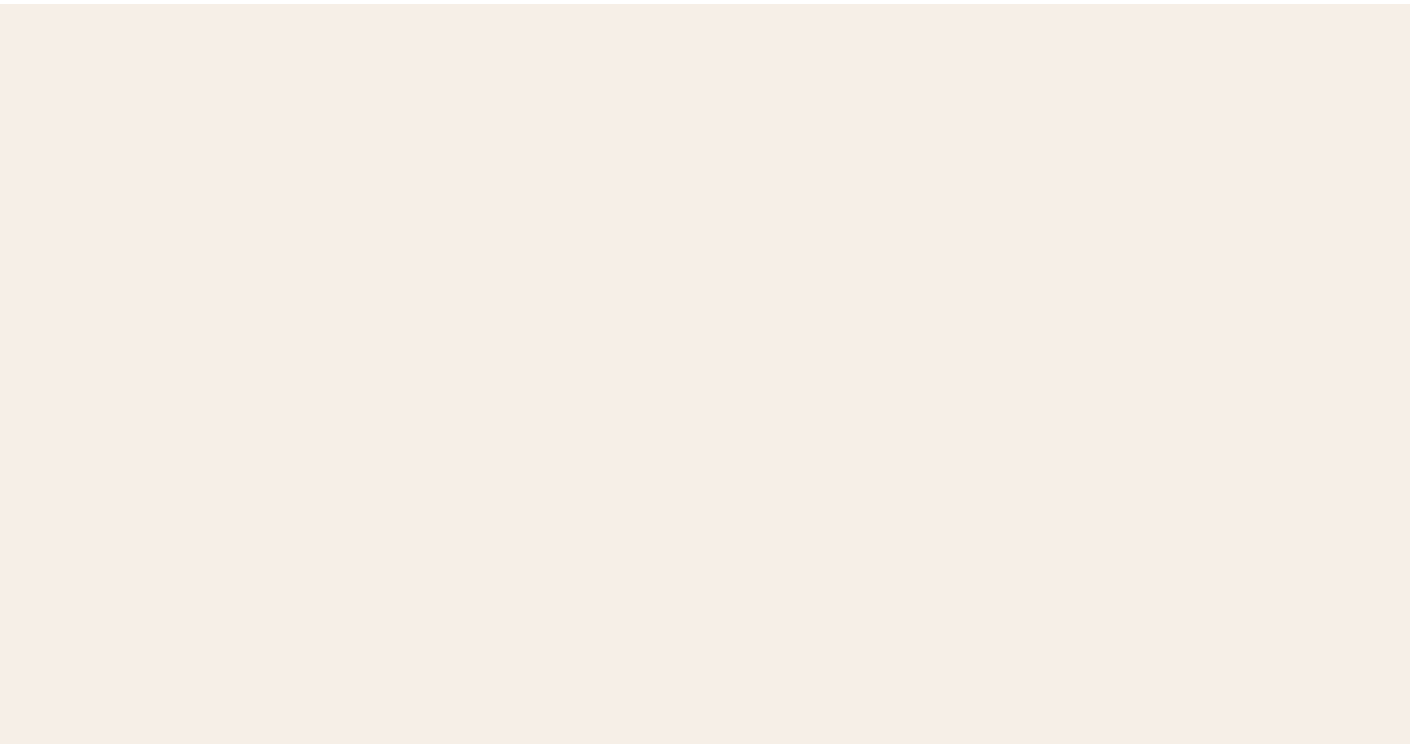


Advance Care Planning



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?

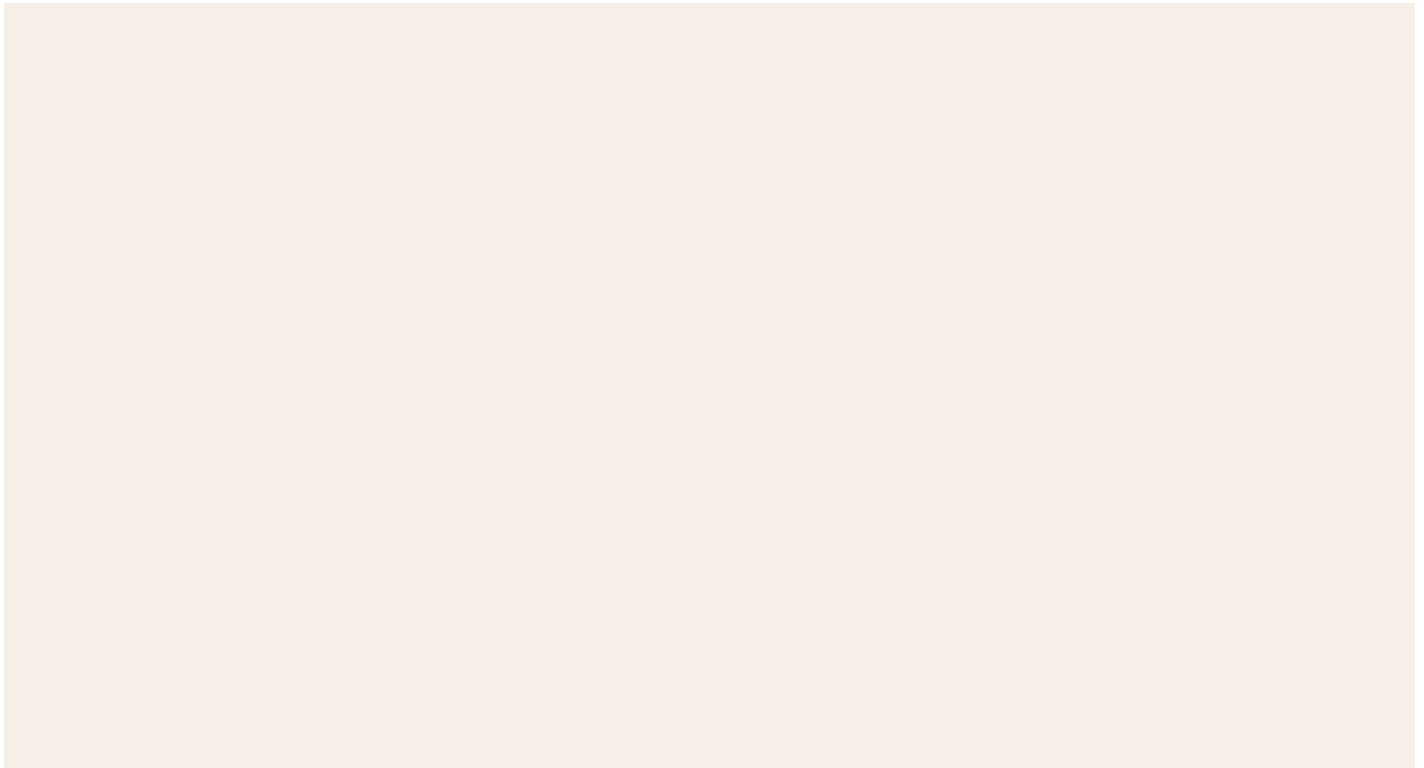
Details About Family Conversations

What Happens at, or Near, Death of Patient?

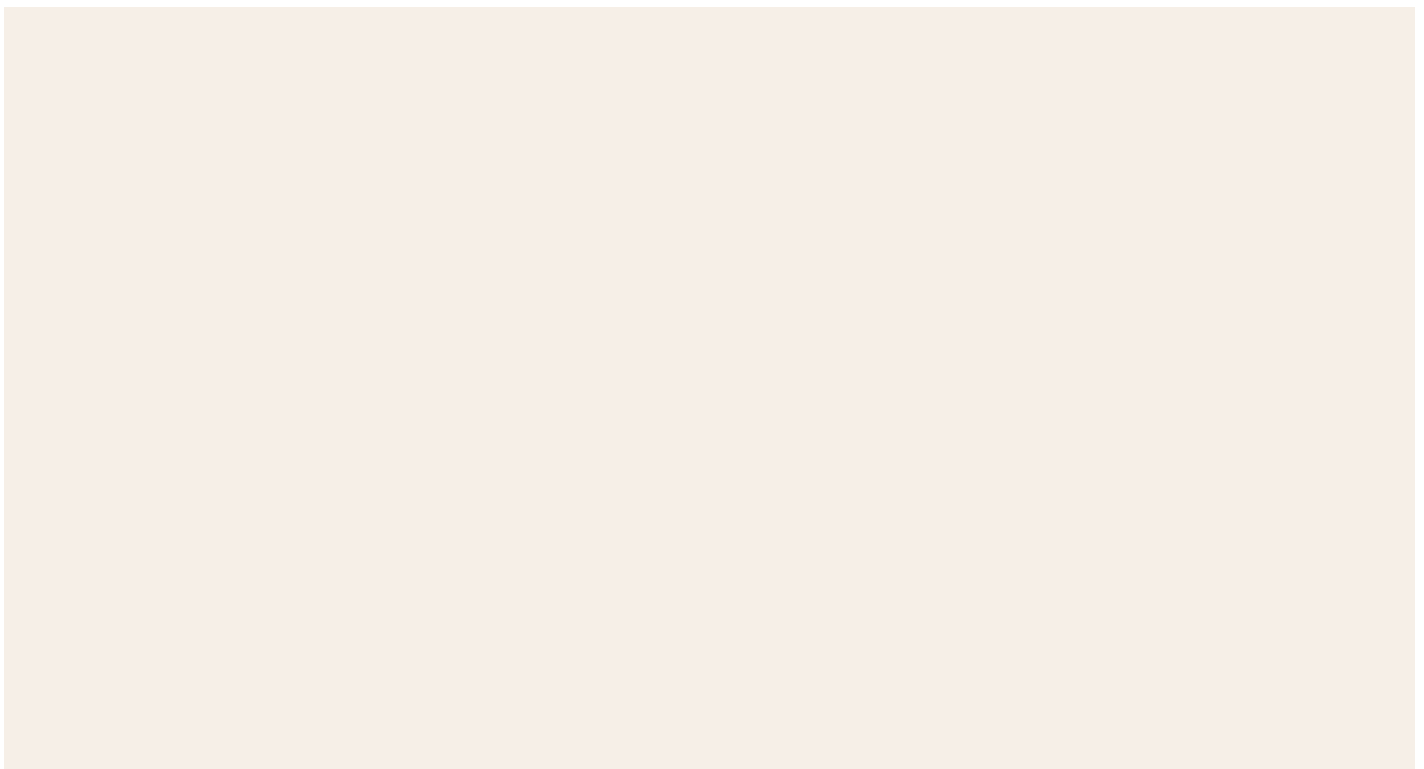
What Support Does Family Need Before and After Death of Patient?

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.