

PROCEEDINGS OF THE VA NATIONAL LEADERSHIP CONFERENCE ON

Pain Management AND



End of Life Care

A CME/CE ACTIVITY

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Bedside Patient Care Conferencing*

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Hummer: Our patient care conference for our inpatient unit has evolved over the last 5 years. The conference started out as the typical patient rounds that we all know from acute care medicine. We tried to switch the location to our living room

and had the patient and family join us, but the patient was often too sick to come, and if the family came without them, they were anxious about leaving the patient behind and anxious about coming into a room full of professionals. We were uncomfortable with the result, so we switched back to bedside rounds. But when we stand and look down on the patient, it is an intrusion of their space. Finally, we came up with the idea of chairs with casters on them.

Grassman: We literally wheel into patients' rooms, sitting in our chairs, where we're on the same eyelevel with the patients. Our patients have dubbed us the holy rollers, hell on wheels, and soul train, but the point is we are empowering patients and families by making them the center, by coming down to their level and not making them look up to ours.

When our interdisciplinary team meets sitting around patients' bedsides, we notify the families ahead of time so they can attend. We teleconference with family members from out of state who want to be involved in the process. We see 2 patients every day for a half an hour each, so we get through our 10 patients once a week.

4 We deal with a lot of things there. We sit and connect with them and listen to them and understand what their special concerns are. As people come closer to death, they need to know that they made a difference in this life. We can do a formal life tribute, based on the Life Review Form they and their families complete. When their story is compiled, it's really quite overwhelming to them to hear it.

When we know there will not be time to do a formal presentation, we invite the family at the conference to share stories, asking questions like, "What's the most special thing you remember about your uncle?" We get some wonderful testimonies by families. This affirmation of importance in the lives of their families is very special to them.

If they give us permission, we sing together and pray together with the patients and families. We try to be sensitive to where they are in those areas and make a clear distinction between spiritual care and religion. People are very fertile ground for healing at that point in time, and the spiritual dimension has to be a part of that.

Lewis: This patient care conference has come back in our family satisfaction questionnaires as being one of the most important events of their loved one's life and in their life. And many have said it really has changed their life. It is the major therapeutic modality that we provide.

Hummer: There's a very different patient care conferencing that we do every Wednesday morning at 6:00 a.m. Dr. Hull and I, along with very committed volunteers, fix a community breakfast in the hospice unit for staff, patients, and families. We serve 8 to 10 dozen eggs. We make peanut butter chocolate milk shakes. It's really a celebration of life. So hospice is really more than just a focus on death; it's an emphasis on life and you would have to come there to experience that to really appreciate it.

Grassman: I think the important thing is that they're not just serving food; they are serving food for the soul. Because that's what laughter is. The singing, the prayer, is all a huge part of it. When we started this breakfast, we really didn't anticipate what a wonderful pre-hospice intervention this would be. People from the nursing home or the GEM unit or subacute care come and join us for breakfast, too. They see the laughter and the joy, and it takes away a lot of the fears of hospice that might be down the line for them as well.