



The Cloak

The VISN 3 Palliative Care E-Newsletter

Department of Veterans Affairs

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The Bronx VA Fellowship Program Is Accredited by ABHPM

By The Editors

The Bronx—New York Harbor GRECC Interprofessional Palliative Care Fellowship Program was awarded accreditation this month by the American Board of Hospice and Palliative Medicine and the American Academy of Hospice and Palliative Medicine. This accreditation is for the medical training component of the fellowship program. The accreditation process is managed by the Palliative Medicine Review Committee (PMRC). The program standards are used by the PMRC as the basis for accreditation are modeled closely on ACGME standards, but address the unique educational needs of the hospice and palliative care field. To receive accreditation, programs

must demonstrate that they are in substantial compliance with all of the requirements in the voluntary program standards adopted by the PMRC. These program standards were developed through a three year consensus process funded by the Robert Wood Johnson Foundation and The Open Society Institute's Project on Death in America.

Program standards require programs to offer at least 12 months of training experience covering the core knowledge and competencies needed to be a successful specialist physician in hospice and palliative care. Training programs must ensure that fellows care for patients in a range of settings, including the community, outpatient, and consultation ser-

VICES. Fellows must also deliver longitudinal care and be exposed to bereavement support.

Judith L. Howe, PhD is the Director of the Interprofessional Palliative Care Program, with Deborah Witt Sherman, PhD, APRN, ANP, BC, FAAN, Susan Cohen, MD, and Robyn Anderson, APRN, BC-PCM serving as Co-Directors. Dr. Cohen is the Director of the medical training component of the fellowship. Valerie Menocal, BS is the coordinator of the program.



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Calendar of

Upcoming Events

- July 20, 12:00 - 1:00 pm, VISN Noon Case Conference
 - September 12, 8:30 am - 2:00 pm, VISN Palliative Care Quarterly Meeting / Circle of Life Award Presentation
- NOTE DATE CHANGE**
- October 12, Dr. Tom Edes visit—details to follow
 - November 16, 12:00 - 1:00 pm, VISN Noon Case Conference



An Elective Rotation at Beth Israel Medical Center

By Trinh T. Bui, Pharm D, Palliative Care Fellow, James J. Peters VAMC

This year interprofessional palliative care fellows at the James J. Peters VA Medical Center were given the opportunity to complete a 4-week elective rotation outside of the VA healthcare system. As a pharmacist, I am interested in learning pharmacologic interventions for symptom management associated with acute, chronic and terminal ill-

nesses. New York City is one of the great training sites for pain and palliative care medicine, and Beth Israel Medical Center is one of the leading institutions for training. Therefore, it will allowed me the exposure to up-to-date approaches to symptom management.

Beth Israel Medical Center is apart of Continuum Health Partners. It is a non-profit hospital system that is

comprised of five historically distinguished hospitals in the New York City. It includes Roosevelt Hospital, St. Luke's Hospital, Long Island College Hospital and the New York Eye and Ear Infirmary. Beth Israel Medical Center consists of

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How Are We Doing? The After-Death Bereavement Family Interview

Submitted by Linda Spencer, LCSW, Hudson Valley VA

Twenty-four VISN 3 Palliative Care Team members have conducted telephone interviews of Next of Kin (NOK) or Health Care Proxy (HCP) of veterans who died with a palliative care consultation in a VISN 3 facility since we began our interviews in February 2005. The interview is a modified version of Joan Teno's validated tool and has guidelines to ensure the validity/consistency of information gathered. The questionnaire addresses issues including communication, respect, personal care needs, pain control, spiritual support, emotional support, burial benefits, and overall treatment. The satisfaction tool has become the cornerstone of Palliative Care quality improvement and the foundation for improvement strategies and planning for medical, psychosocial and

spiritual interventions.

Interviewers were always assigned NOK/HCP from a VISN site other than their own to interview. One to two weeks post-death, a preliminary letter explaining the survey gives NOK/family an option to opt out. It also prepares family for the interview which is conducted 4-6 weeks after the death of the Veteran and typically takes about 10-15 minutes to complete. Interestingly, most people are ready and willing to participate sometimes because of unfinished business related to the death, they were unable to be present or just their deep appreciation to those who were there.

The following anecdotes capture some of the quality of care criticisms, the grief issues, and the appreciation of family members.

The wife: *"My husband*

was very pleased with the care. He would only go to the VA for healthcare. He made the nurses laugh. He died very comfortably, like him being at home."

A daughter: *"I wish they had called to let me and my two brothers know he was dying because we wanted to be there. Why didn't they call?"*

The daughter: *"My sister and I said we could actually close our eyes and sleep because we knew he was getting splendid care and someone was there all the time."*

The After-Death Bereaved Family Member Interview gives the VA an opportunity to continue to intervene if needed. When family/NOK express issues to be addressed, the interviewer notes the issues on the last page and advises the NOK/HCP that the site's PCCT coordinator will address the

issues with him or her. Any urgent issues are immediately given to the VISN PC Coordinator for follow-up. Sometimes the interviewer hears a tone of voice, a tearful response, a need for an outlet to express grief. The PC Coordinator or designated staff calls to provide that personal touch of someone who remembers, too. Often staff encourages use of local bereavement services on these calls.

Site-specific data is reviewed with each of the Palliative Care Teams on an ongoing basis to identify performance improvement strategies with site-specific action plans. The cumulative VISN data is disseminated to Central Office, Geriatrics and Extended Care Council, Executive Leadership Council and PCC Teams for review of continuous performance improvement.

A Fond Farewell and Best Wishes to Dr. Olson !!!

Ellen Olson, MD, Chief of Extended Care and Medical Director of Palliative Care, Bronx, VA, will be moving to California in mid-July to become Medical Director of the Menlo Park Nursing Home and participate in the palliative care program at the Palo Alto VA.

Dr. Olson has been at the Bronx VA for 8 years and a faculty member of the Department Of Geriatrics and Adult Development, Mount Sinai School of Medicine for more than twenty years. She was the co-founder of the palliative care service at the Bronx VA and a Co-Director of the VA Interprofessional Palliative Care Program.



Let's extend our deepest thank you and warmest wishes to Dr. Olson as she begins a new phase of her life!

WORDS OF HEALING

True Synergy in Caregiving

By Chaplain Resident Sotar Alfonso-Lloyd, Brooklyn / St. Albans Campus

I have been working as a Chaplain Resident for approximately nine months at the Palliative Care Unit (Brooklyn and St Albans). I must admit that this unit has been a challenge for me as I sojourn with the dying. On many occasions I wept as I grieved for the Veterans who suffered not only physically but psychologically and spiritually. As I journey with these Veterans, I gradually learn the importance of teamwork which I greatly appreciate everyday.

One of my greatest experiences of teamwork took place on May 10, 2006 at the New York Harbor Healthcare System, Brooklyn Campus Palliative Care Unit. Fr. Mullin was informed by the Nurse Practitioner, Mary Drayton, about a patient's greatest desire to marry his common-in-law wife. This was an event that both the Veteran and his common-in-law wife spoke about on

several occasions in the past, but for some reason it never materialized. Fr. Mullin notified me of the patient's request and asked me if I could perform the ceremony if the court clerk approved to submit the marriage license. I was a little nervous because I never performed a wedding ceremony before, but, with Fr. Mullin's expertise and his support in this area, he gave me the reassurance to accept the responsibility of fulfilling this Veteran's greatest desire before his life journey ended.



The court clerk approved the marriage license after visiting this Veteran at his bedside. The marriage ceremony was scheduled on May 10, 2006 at 1.00 p.m. The staff of 8W took up a collection to assist in the preparation of the ceremony. The staff decorated the Veteran's room

with white bells, had chilled apple cider, cake, wedding cutlery and crockery, and beautiful music. It was a very romantic setting as Mary Drayton tried to get everything in place for this divine day for both the Veteran and his future wife.

Fr. Mullin and I got together to design appropriate words for this "Rite of Marriage" ceremony. After researching several books, Fr. Mullin and I agreed upon using an example from one of his old texts on marriage ceremony.

As I looked at the bride dressed in white and purple and the groom, who laid on his assigned bed, in a beautiful purple shirt and tie, I just could not imagine what this bride was going through. A moment she always dreamt of is about to become reality, but in a way she least expected. As I per-

formed the ceremony with Fr. Mullin at my side for support, along with the staff of 8W and Mary to witness this gracious moment, I realized the importance of Palliative Care; it was beyond comfort, it was meeting every possible need that can improve a Veteran's quality of life. It is going that extra mile to let that Veteran or/and his family know that we care about them. It is to love them unconditionally in a tangible way.

I became very emotional as I performed the ceremony. As I looked across the bed, the bride was weeping very softly. Tears of mixed emotion I believe, happy to be Mrs. P. but sad to know that it will only be a matter of time that she will be a widow. The ring bearer was the trusted Nurse Practitioner Mary Drayton.

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Beth Israel Rotation

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approximately 1,300 beds, and it provides full service teaching hospital in lower east side of Manhattan. The Department of Pain Medicine and Palliative Care (DPMPC) is well established. It offers comprehensive medical care and treatment for individuals suffering from acute

and chronic pain disorders through a combination of conventional medical treatments with alternative therapies through clinical programs in pain and palliative care services.

I was given the opportunity to observe various programs under the DPMPC in both the outpatient and inpatient

settings. The interdisciplinary teams address the needs of patients to reduce pain, improve functioning, enhance the quality of life and reduce dependence on the healthcare system. There are various treatment approaches available including drug therapy, interventional treatments, psychological interventions and com-

plementary approaches. The faculty and trainees are wonderfully accommodating and willing to teach. I hope future palliative care fellows will seek the opportunity to rotate through Beth Israel Medical Center, the Department of Pain Medicine and Palliative Care for training in pain management.

What I Learned While I Was Away . . .

Submitted by Brooke Myers Sorger, PhD, Palliative Care Fellow, James J. Peters VAMC

At the beginning the fellowship program, I was ambivalent about leaving the Bronx Palliative Care team to pursue experiences at other facilities. The psychology training model is different than the medical one, as our rotations often last six months to a year, opposed to one month at a time. I understood the training goal – to expose trainees to other teams so we can develop a deeper depth and breadth of knowledge regarding the field as a whole. I was very excited about gaining these experiences for this reason. However, I was worried about leaving vulnerable patients and families behind and / or how I would handle following patients on the one day I would be present in the Bronx. I also wondered what it would be like to leave and then reenter the team after carving out a niche that I had come to call my own.

And now that these experiences have come and gone, I have come to appreciate what visiting other facilities has provided for me. Mount Sinai exposed me to how a palliative care team works in a large hospital setting. The pace was quick and the teams moved fast. They were in demand and were consistent in their effort to answer every consult in a timely manner. There were days where several terminal weans took place. The hospital system looked to the team to take care of the difficult, emotional issues and

they did so. I thought about my role in this setting. Was this a place I could make a difference or did things just move too fast for a psychologist, in general, and me, in particular, to take part and be fulfilled? I often felt this way with the patients and families, but not with the staff. Doing palliative care work makes strangers friends very quickly. I felt as though my services were most valuable with the staff, helping them to process and conceptualize the work and how they related to one another. The experience brought me closer to the palliative care world at large and provided me with much needed perspective on my desired role in palliative care.

My next stop was the Manhattan VA. I was especially excited about working with a team with another psychologist as I welcomed an opportunity to learn and further develop my style and skills. Again, there was the chance to observe another team in action. I felt very warmly welcomed as part of their time and began operating as a member from my initial team meeting. The team at Manhattan serves solely as a consult service, differing from the Bronx. Therefore their approach to the patients differed as well as how they served the larger hospital system as a whole. I learned how Dr. Egert conceptualized her role on the palliative care team, and internalized new skills and

ways of thinking from watching her work and discussing multiple cases with her. Again, my month at Manhattan built on my already existing foundation of my breadth and depth of knowledge in palliative care.

Finally, I spent my last rotation at the East Orange VA doing research. I was able to take time to read, write, and gain a command of the psychological literature in the palliative care world. I could process and internalize what I had learned from my many months of working with patients and their families, and then conceptualize important papers to communicate my new knowledge to the professional world. With the help of Drs. Chang and Weinberger, I could translate my ideas into

potential projects that would help us all to better serve patients and their families.

In terms of my earlier worries, they all came to pass. I felt uncomfortable leaving and coming back again. I had concerns about patients that I could no longer connect with everyday. However, knowing that the Bronx team was there for these patients made it easier. I also was able to examine my great need to be present and how that quality affects my work with patients. So, despite my anxiety and fear, my differing experiences this year have been invaluable to me. And I would do it all the same way again. I am grateful to all who taken part in my training as the lessons will be with me for the rest of my career.

Best of Luck to Our Palliative Care Fellows 2006



Trinh T. Bui, PharmD



Theodore Kutzy, MD



Brooke Myers Sorger, PhD





As I blessed the rings, I reflected about the joy of my personal marriage which caused me to bless these rings beyond what Fr. Mullin and I agreed upon.

As I returned the rings to the bride she placed her husband's ring on his finger and placed her own ring on as she silently wept, her eyes revealing her secret of pain within. Those who were present joined together in prayer as the new Mrs. P. placed the symbol of love on her husband and herself. As I approached the closing of the ceremony, I felt the need to bless the newly wed with showers of divine blessings. As I pronounced Mr. P. and Mrs. P. husband and wife, the whole staff cheered, clapped and rejoiced. This was such a divine moment

and a memorable one for all who were present.

Pictures were snapped and congratulations were shared. I quietly disappeared from the room because I was so overwhelmed. I wept openly in private because marriage is life and growth, but in this case it was different. To my amazement one of my team members was very observant to recognize my silent grief. Dr. Alice Beal walked right behind me and held me in her arms as she whispered words of comfort and encouragement. With her support, I was able to see the bigger picture that my eyes did not allow me to see, the picture of the quality of joy we were able to bring to this cou-

ple through marriage.

As I stepped back into the room, the bride stated "I want to take a picture with you for helping making this moment possible" and once more the devoted Nurse Practitioner Mary Drayton stepped up to the plate and fulfilled the joy of Mrs. P. and Mr. P.

Mr. P. died fourteen days after this beautiful day. I spoke to Mrs. P. on May 31, 2006. She was now preparing for her husband's funeral who was being buried that day. Words were beyond comprehension at this time, but her gentle voice of thanking the team once more for the opportunity.

Yes, this was a priceless moment for both Mr. and Mrs. P. and I was happy to be a part of the beautiful experience.

This is what I called true teamwork in making dreams become a reality, being there for one another, providing support to the Chaplain Resident when she becomes overwhelmed, when people like my mentor, Fr. Mullin, sees my ability and challenges me to go forth without fear. The Brooklyn Palliative Care Unit has brought the true meaning of teamwork alive.

Welcome!

Please welcome our three new Interprofessional Palliative Care Fellows for the academic year 2006/2007.

Sarita Patel, MD completed her residency training and was an Attending Physician at Bronx Lebanon Hospital Center before entering private practice.

Alexandra Batansky will graduate from the Ferkauf Graduate School of Psychology at Yeshiva University in August 2006 with a PhD in Clinical Psychology. Currently, she is a Geriatric Psychology Intern at SCO Health Services in Ottawa, Canada.

Josh Bringle will receive his PhD in Clinical Psychology from the University of Massachusetts at Amherst in August 2006. He is currently a Psychology Intern at the Boston VA.

REMINDER to All !
Circle of Life Award presentation at the next VISN Palliative Care Quarterly Meeting on **Tuesday, September 12, 2006** at the **James J. Peters VA Medical Center, Room 3D22.**

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