





## Participant Goals and Highlights

Congratulations are overdue to **Rabbi Mark Popovsky** who prior to attending **Course 1**, had recently published his book, *Jewish Ritual, Reality and Response at the End of Life: A Guide to Caring for Jewish Patients and their Families*. It is available for order from [www.iceol.duke.edu](http://www.iceol.duke.edu) or [www.nhpc.org](http://www.nhpc.org)

**Gail Cervarich, MSW, ACSW, LCSW, Michele Tryon, Certified Child Life Specialist, Mary Butler, LCSW and Chaplain Marta Cox- Course 1**

*Children's Hospital of the Kings Daughter's, Norfolk, VA*

**Goal:** After their ACE attendance, this dynamic foursome set out to establish a Family Centered Care Committee in their hospital. When they were unable to get the authorization, these savvy clinicians decided to "infuse" the concepts of family centered care into the existing committees and educational efforts.

- Marta worked to educate hospital staff about the values, beliefs and preferences of Hispanic families facing illness, and/or end-of-life decisions. She received Interpreter Training and information on various Hispanic cultures served at CHKD. In 2007 alone, she held an in-service for practice managers on proper use of interpretation resources at the hospital and facilitated two sessions: "Cross-Cultural Considerations" as well as "Grief, Loss and Bereavement" at CHKD's two-day Pediatric Palliative Care Workshop. She coordinated a "Beginner Spanish Class" for 35 staff members in order to improve customer service and to increase cultural awareness. During Bioethics Week she facilitated a session titled "Bridging the Gap- Advocacy for Limited English Proficiency patients and families." Literally on a mission, in 2008 Marta then went on a Medical Missions Outreach to Mazatlan, Mexico as an interpreter and upon her return, was able to incorporate insight gained from Mexican culture into the cross-cultural considerations segment of the Palliative Care teaching. In February and May, she worked to develop a Cultural Awareness Tool specific to the Hispanic countries most served by CHKD. Not to be out done by Marta, her fellow ACE attendees have worked to establish policies and programs in their specific areas to enhance family centered care: the "family" lounge that had previously banned children under the age of 12 was re-established as an inclusive space of all siblings regardless of age; families are now also allowed to bring more than two people the day of surgery; a family coffee hour was initiated, as well as more lenient policy for sleep rooms. During CHKD's two-day Pediatric Palliative Care Workshop, the foursome served as facilitators for various sessions where they shared definitions of palliative care and family centered care with staff, thus increasing awareness and interest among staff members. They were also keen to include all levels of staff when these changes were made to the various policies and got buy-in (and appreciation) from diverse groups such as security and housekeeping. They established a PICU palliative care committee, which is charged with reviewing patients and creating a care plan for all those who have a 7+ day length of stay in the PICU. This transdisciplinary group includes social work, discharge planning, nursing, cardiac surgery, chaplaincy, certified child life specialist and the pain/palliative care coordinator. *Amazing achievements!*



### **Rev. Beverly Richardson, MDiv- Course 2**

*Hospice of Volusia/Flagler, Port Orange, FL*

**Goal:** By October 2008 to have established a Hospice Partnership with the Bethune Cookman University Black Clergy Alliance and Hospice of Volusia/Flagler Transdisciplinary staff.

- After returning from ACE, Beverly quickly got to work emailing her CEO and sharing ACE resources with the staff at Hospice of Volusia/Flagler. Just one month later, the first African American focused Community Memorial Service was held after Beverly partnered with the Black Clergy Alliance in leading the effort. Music was provided by the chorale from Bethune Cookman University and over 200 people attended! Beverly has formed multiple other alliances with various community groups as well as presented at the March NHPCO Florida Symposium and in May at the Indiana Association for Home & Hospice Care, Inc.

*Wonderful collaboration Beverly!*

### **Nancy Schindler, LCSW- Course 2**

*University of California- Irvine Medical Center, Orange, CA*

**Goal:** To educate medical and psychiatric professionals on utilization of the Palliative Care team for increased referrals by presenting at quarterly grand rounds hospital wide, monthly nurse staff meetings on the medical side and weekly supervision of the palliative care social worker.

- Persistence paid off for Nancy, who pushed hard to be put on the psychiatry grand rounds schedule. Her presentation, where she shared various hospice cases with the clinicians, was a huge success and she received loads of positive feedback. It went so well, that she then met with the medical director to propose she present to the medical side as well. Nancy is now slated for two-hour didactic lessons every eight weeks to medical students regarding palliative care and bereavement. Nancy was also able to suggest to the head of Psychiatry that they start a clinic called the Center for Palliative Care Psychotherapy as a pediatric psychiatry fellow had showed interest. The fellow agreed to participate and Nancy is now networking in the community to let people in hospices and hospital cancer units know about the service!

*Inspiring dissemination Nancy!*

### **Chaplain Linda F. Piotrowski, MTS BCC- Course 2**

*Dartmouth Hitchcock Medical Center/Norris Cancer Center- DHMC, Lebanon, NH*

**Goal:** Within one year, 80% of palliative care in-patients with a cancer diagnosis will be offered spiritual care based on a resource/needs assessment and care plan.

- While dividing her time between researching spiritual assessment tools, clinical work and educational efforts, Linda has become involved in facilitating "Writing for Healing" groups for cancer patients, organized a community lecture on ethical wills, and assisted in organizing a Medical Grand Rounds about incorporating legacy work into one's clinical practice. She has done several presentations within her own hospital setting including one for Dartmouth College's Master in Public Health program. She also recently held a workshop at the National Association of Catholic Chaplains conference where she put her ACE education to work, and had participants begin formulating a SMART goal plan so they would be prepared to outline a proposed project when submitting their own ACE applications. Linda recently had articles in two different chaplaincy publications about the ACE project. She has sought mentorship and has also offered herself as a mentor for her workshop participants, of which she had 62! Effective June 6<sup>th</sup> Linda and a nursing colleague will work together in a weekly Cancer Survivors Clinic helping patients and caregivers deal with spiritual care issues while surviving cancer. *Fantastic leadership Linda!*

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## **In the News**



### **For Physician Assistant, Empathy Goes Two Ways**

<http://www.nytimes.com/2008/05/05/nyregion/05assistant.html?ref=health>

### **Researchers Find Huge Variations in End-of-Life Treatment**

<http://www.nytimes.com/2008/04/07/health/policy/07care.html?ref=policy>

### **Cancer Patients, Lost in a Maze of Uneven Care**

<http://www.nytimes.com/2007/07/29/health/29Cancer.html>

### **Blog: My Cancer By Leroy Sievers**

<http://www.npr.org/blogs/mycancer/>



## Upcoming Educational Opportunities



**ACE Project Course 3- November 11-14, 2008**

We are now accepting applications for the third ACE course! **Please alert your colleagues-** the deadline is June 30<sup>th</sup>. [www.cityofhope.org/ACEproject](http://www.cityofhope.org/ACEproject)

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### **Pain Management and Palliative Care Conference for Social Workers - August 7-8, 2008**



On August 7-8, 2008, social workers and other psychosocial professionals from across the country will attend the 3<sup>rd</sup> Annual Conference: *Promoting Excellence in Pain Management & Palliative Care for Socials Workers*. The featured lecturer will be ACE faculty member extraordinaire David Browning, MSW, BCD, Director for the Initiative for Pediatric Palliative Care at the Center for Applied Ethics and Professional Practice in Newton, MA. For more information, and/or to apply, go to: <http://sccpi.coh.org>.



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### **Monterey Initiative for Pediatric Palliative Care (IPPC) Retreat- September 8-10, 2008**

IPPC educational retreats are designed for interdisciplinary teams of practitioners and bereaved family members from hospitals, hospice and home care organizations, neonatal units, community coalitions, and other groups serving children and families. Participants are given the opportunity to facilitate sessions from the IPPC curriculum in a train-the-trainer format, while also learning from the outstanding national faculty. Faculty members are pediatric palliative care leaders specially trained in a collaborative and interdisciplinary approach to professional education. Plenary sessions tailored to regional needs and issues afford participants the opportunity to network with colleagues in their region. For more information and early bird registration (save \$75 by registering before June 15):

<http://www.childrenshospice.org/ippc-monterey-registration>

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### **Five ELNEC Courses Remain for 2008**

Eight National ELNEC (End-of-Life Nursing Education Consortium) train-the-trainer courses were scheduled for 2008. The first four courses had over 350 participants from various parts of the US, Canada, and Korea. The final five courses for 2008 are:

- ELNEC-SuperCore, June 25-27, Chicago, IL
- ELNEC's 50<sup>th</sup> Course Celebration, June 28, Chicago, IL
- ELNEC-Pediatric Palliative Care, July 9-11, Pasadena, CA
- ELNEC-Critical Care, October 9-11, Washington, DC
- ELNEC-SuperCore, October 9-11, Washington, DC



Announcement of 2009 National ELNEC courses will be posted on the ELNEC website in August. Because of a generous grant from the Archstone Foundation, **FREE** registration will be provided to California nurses for the ELNEC-Critical Care and ELNEC-Geriatrics train-the-trainer courses in 2009 and 2010.





# New Resources

City of Hope has translated the Psychosocial Pain Assessment Form into Spanish (in versions for both children and adults). All three versions are available on the Professional Resource Center website: [prc.coh.org](http://prc.coh.org). Below are the direct links to each form:



Psychosocial Pain Assessment form:

<http://www.cityofhope.org/prc/Psychosocial%20Pain%20Assessment%20Form.pdf>

Spanish version for adults: <http://www.cityofhope.org/prc/pdf/Forma%20%20Adultos%20PS.pdf>

Spanish version for children: <http://www.cityofhope.org/prc/pdf/Formulario%20Ninos.pdf>

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The National Cancer Institute recently announced that the revised version of Pain Control: Support for People With Cancer is now available to order from the Cancer Information Service at 1-800-4-CANCER. This booklet is a complete revision of the previous edition with up-to-date information and new formatting. It addresses the major issues surrounding pain control, pain medicines, and communicating with providers and family members. In addition, each booklet contains a DVD that reinforces the key concepts of pain control.

To review online, go to [www.cancer.gov/cancertopics/paincontrol](http://www.cancer.gov/cancertopics/paincontrol).

You may also order it online at [www.cancer.gov/publications](http://www.cancer.gov/publications).



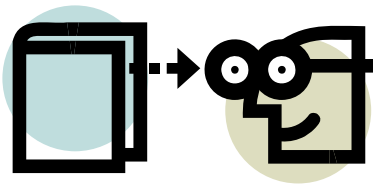
## Hot off the Press- 2008 IOM Report: Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs

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Cancer care today often provides state-of-the-science biomedical treatment, but fails to address the psychological and social (psychosocial) problems associated with the illness. These problems including patients' lack of information or skills needed to manage the illness; anxiety, depression or other emotional problems; lack of transportation or other resources; and disruptions in work, school, and family life can cause additional suffering, weaken adherence to prescribed treatments, and threaten patients' return to health.

Today, it is not possible to deliver good-quality cancer care without addressing patients' psychosocial health needs. All patients with cancer and their families should expect and receive cancer care that ensures the provision of appropriate psychosocial health services. The Institute of Medicine (IOM) study addressed the delivery of psychosocial services to cancer patients and their families and identified ways to improve it. This report recommends ten actions that oncology providers, health policy makers, educators, health insurers, health plans, quality oversight organizations, researchers and research sponsors, and consumer advocates should undertake to ensure that this standard is met.

Order (or download) at: [http://books.nap.edu/catalog.php?record\\_id=11993#description](http://books.nap.edu/catalog.php?record_id=11993#description)



## Journal Articles

### Social Workers Advocate for a Seat at Palliative Care Table

Diane E. Meier & Larry Beresford. *Journal of Palliative Medicine*. 2008, 11(1): 10-14.

This article not only discusses the development of a national voice for social workers in palliative care and various advocacy efforts undertaken in order to bring about recognition of this important specialization within the field of social work, but also the ACE Course is listed and **five ACE participants: Philip Higgins, Jaime Goldberg, Beth Bouman, Dot Landis and Robin Lawson**, as well as faculty member **Terry Altilio** are all featured at length!

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### Art Therapy Improved Depression and Influenced Fatigue Levels in Cancer Patients on Chemotherapy

Bar-Sela G, Atid L, Danos S, Gabay N, Epelbaum R. *Psychooncology*. 2007, 16(11): 980-4.

**ABSTRACT: Introduction:** Cancer patients are particularly vulnerable to depression and anxiety, with fatigue as the most prevalent symptom of those undergoing treatment. The purpose of this study was to determine whether improvement in depression, anxiety or fatigue during chemotherapy following anthroposophy art therapy intervention is substantial enough to warrant a controlled trial. **Materials and Methods:** Sixty cancer patients on chemotherapy and willing to participate in once-weekly art therapy sessions (painting with water-based paints) were accrued for the study. Nineteen patients who participated in > 3 sessions were evaluated as the intervention group, and 41 patients who participated in < 3 sessions comprised the participant group. Hospital Anxiety and Depression Scale (HADS) and the Brief Fatigue Inventory (BFI) were completed before every session, relating to the previous week. **Results:** BFI scores were higher in the participant group ( $p=0.06$ ). In the intervention group, the median HADS score for depression was 9 at the beginning and 7 after the fourth appointment ( $p=0.021$ ). The median BFI score changed from 5.7 to 4.1 ( $p=0.24$ ). The anxiety score was in the normal range from the beginning. **Conclusion:** Anthroposophical art therapy is worthy of further study in the treatment of cancer patients with depression or fatigue during chemotherapy treatment.

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### Use of Metaphor in the Discourse on Cancer

Gary M. Reisfield & George R. Wilson. *Journal of Clinical Oncology*. 2004; 22(19): 4024-4027.

The language we use when discussing cancer can have unintended consequences. As celebrities' cancer experiences are highlighted in the media we may find a thoughtful consideration of semantics particularly helpful.

*"Metaphors are pervasive in the thought and speech of patients and physicians, and can have a profound effect on the cancer experience. They facilitate communication. ... Respect patients' metaphors but, if appropriate, try introducing alternate or parallel metaphoric concepts that may be more enabling. Metaphorical skill, imagination, and sensitivity are important in creating rapport and in communicating the nature of unshared experience."*