

UCHSC MSIII One-Day Hospice Experience

Schedule

1. Orientation 8:00-9:00 a.m. at The Denver Hospice [map](#)
2. Clinical Experience 9:30 a.m.-3:30 p.m.
3. Debriefing 3:30-5:00 p.m. at The Denver Hospice

Objective(s)

During this rotation, students will gain experience with terminally ill patients and their families in home and nursing home settings. By the end of the rotation students will be able to:

- Define palliative care
- Describe the relationship between hospice and palliative care
- List five common myths of hospice
- Describe key features of the Medicare Hospice Benefit
- List and describe the roles of the interdisciplinary hospice team members
- Define the terms addiction, physical dependence, tolerance and “pseudoaddiction”
- Describe what “hope” might look like in terminally ill patients
- Describe challenges in prognostication, artificial fluids and hydration, and cross-cultural communication at the end of life
- Explore their own thoughts and emotions around caring for the dying

Logistics

- Following orientation, each of you will be paired with a hospice nurse, chaplain or social worker. Your packet contains instructions, necessary maps and contact information. You will need access to personal transportation throughout the day.
- Please return to The Denver Hospice for the debriefing session **no later than 3:30 p.m.**
- No white coats; professional attire. Please wear your nametag throughout the day.
- If any problems arise during the day please contact Susan Anderson at (303) 398-6326 or Judy Kadlec-Fuller at (303) 388-7949 x1059

Questions to ponder during the day:

How would you describe “hospice” to a friend, patient or family member?

What patients might most benefit from hospice care at the end of life? Who might not?

What is the role of the family in hospice care?

How would you describe “comfort care” to a patient or family?

When using opioids to treat pain or other symptoms, what dose is too much?

How would you respond to the family of one of your patients who is worried that you are making their loved-one an “addict?”

What is “hope” for a dying patient?

How can you help patients and families recognize hope at the end of life?

What is the role of food and fluids at the end of life?

How would you talk with a family concerned that their loved-one is “starving to death?”

How do we talk with patients and families about prognosis?

How will you decide when a patient is “sick enough” for hospice? What if you are wrong?

The family of one of your African-American patients is shocked when you bring up hospice. They feel that you are “giving up.” How would you respond?