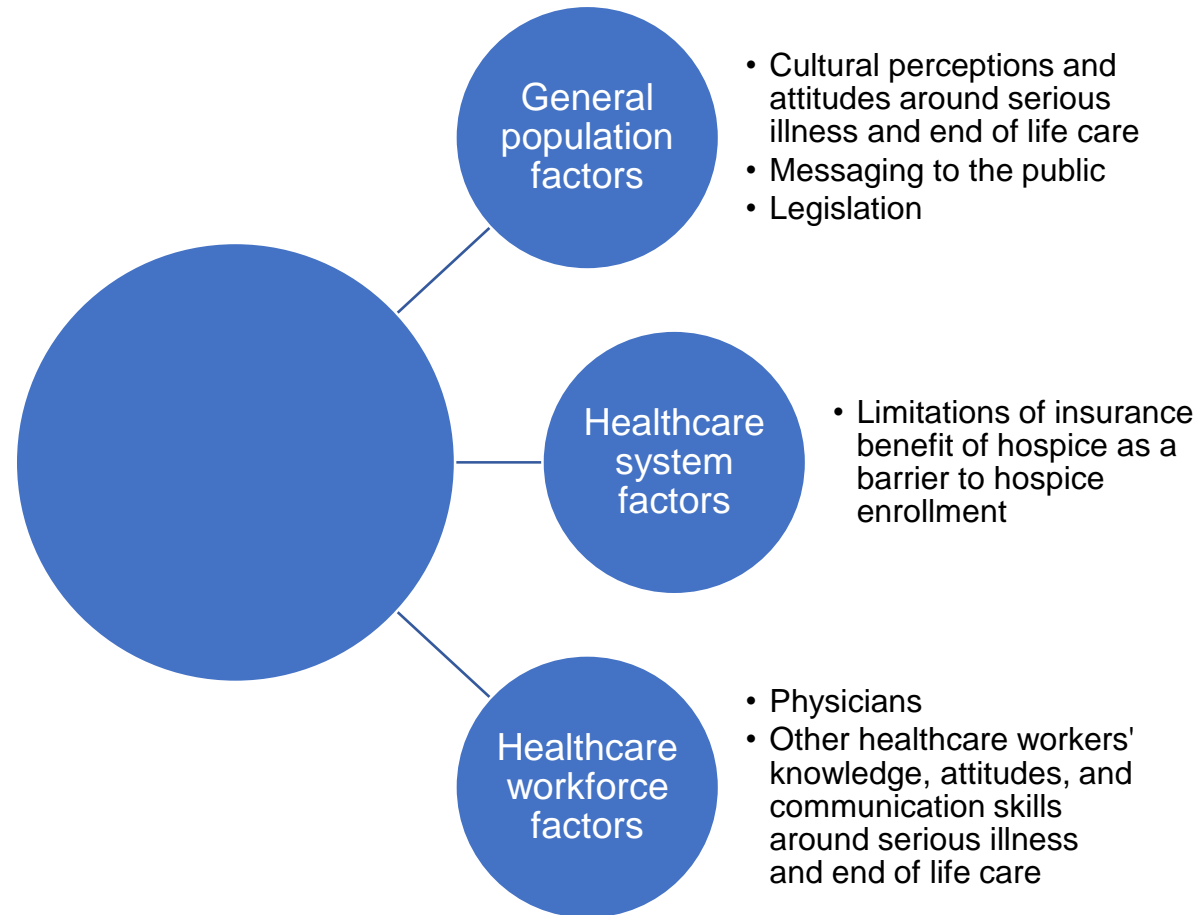
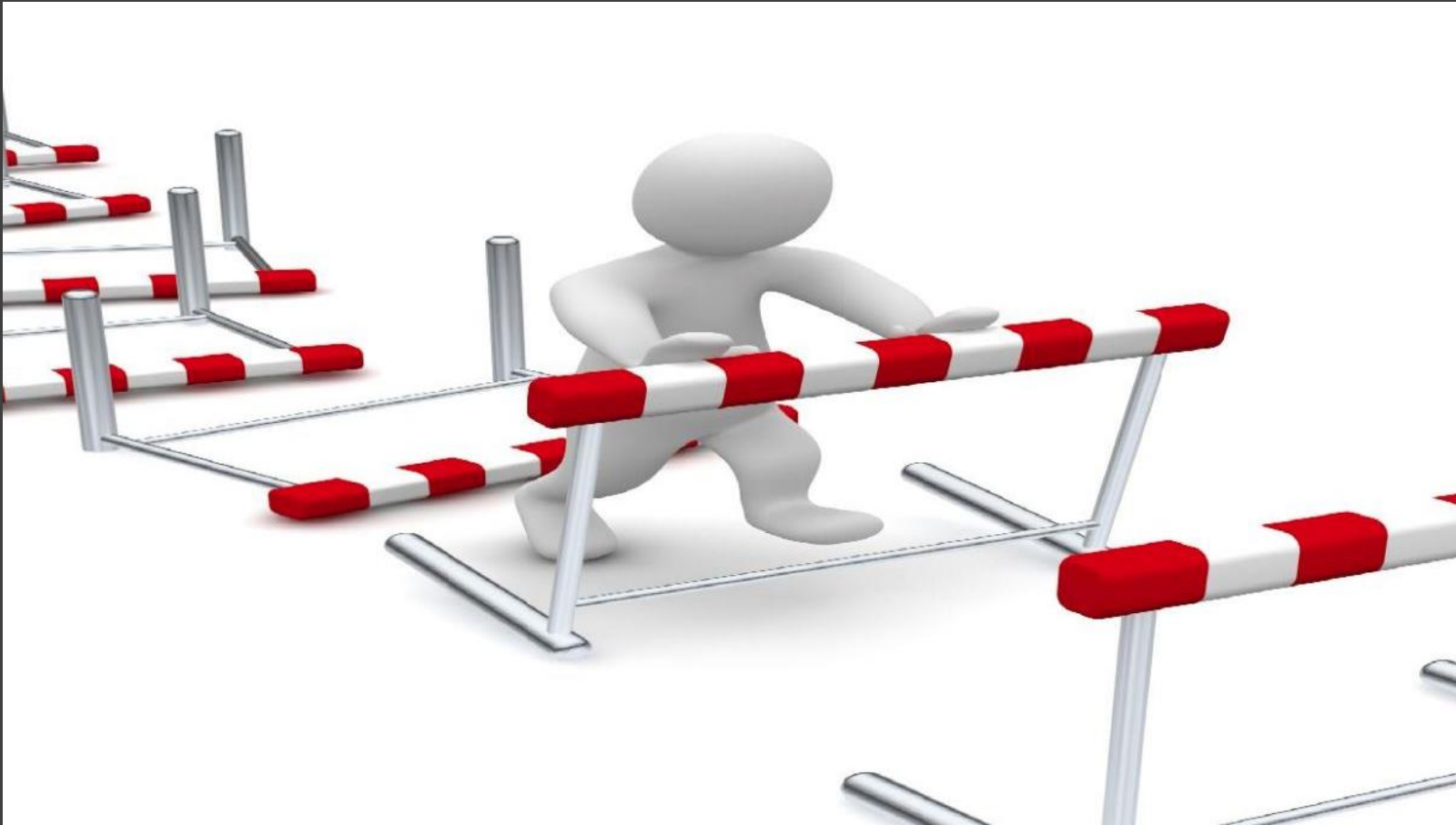




Palliative Medicine Education Efforts at
UNMC/Nebraska Medicine

Expanding and improving palliative medicine in Nebraska





Physician Factors

- My hypothesis: physicians have the greatest influence on whether or not these conversations are happening and how they are had
- Rare formal training in end of life care, limited knowledge of hospice benefit, rare clinical experience with hospice
- Culture of "doing", perception of death as failure, worry of perception by peers if expressing doubts about benefits of medical interventions
- Binary thinking—sick/healthy; alive/dead--limited space for nuance, complexity, uncertainty
- No practice in communication skills around serious illness



Goals of Formal Training in Palliative Medicine

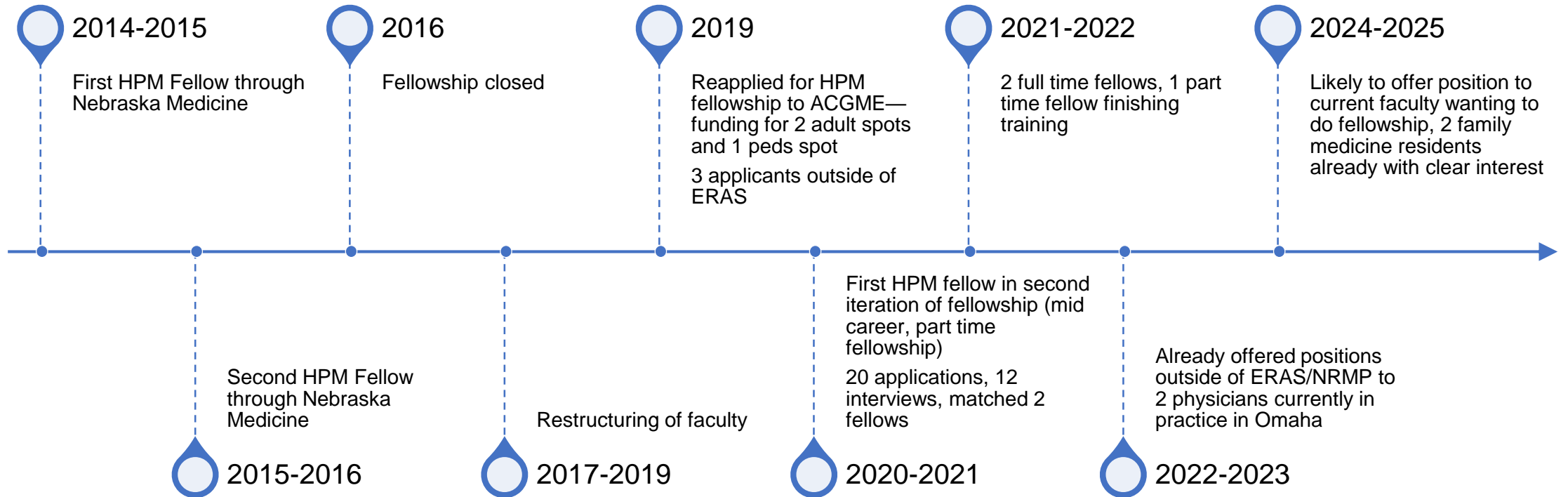
1. Expand the palliative medicine physician workforce
2. Increase primary palliative care educators
3. Train palliative medicine physicians in leadership skills to advocate at higher levels of health systems
4. Develop research

Aims of the fellowship

expert clinicians in team-based, whole-person symptom management;

expert communicators and educators in supporting patients, families, and colleagues;

and leaders within health systems with regards to navigating the complex course of serious illness at a local, regional, and national level.





Dr. Natalie Manley
UNMC/
Hillcrest Hospice



Dr. Mandy Byers
UNMC/
St. Jo Villa Nursing
and Rehab Center



Dr. Lou Lukas
The Nebraska-
Western Iowa VA



Dr. Mel Teply
UNMC/
Nebraska Medicine



Dr. Jayme Hoch
UNMC/
Nebraska Medicine



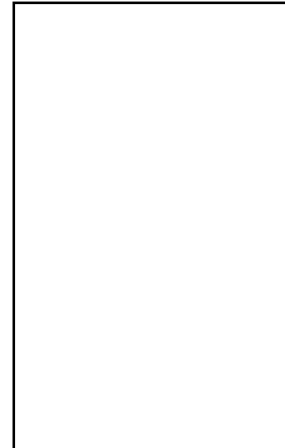
Dr. Pat Lloyd
Children's Hospital
and Medical Center



Dr. Betsy Mahal
Fellow



Dr. Amanda Woodward
Fellow



Dr. Shelby Hopp
Fellow

Year at a Glance

- 6 months inpatient palliative medicine consults
 - 4 at VA
 - 2 at UNMC/Nebraska Medicine
- 2.5 months hospice experience with Hillcrest Hospice
- 3 weeks pediatric palliative care experience at Children's Hospital
- 2-3 weeks with acute/interventional pain service at UNMC/NMC
- 2 weeks with inpatient oncology consult team at UNMC/NMC
- 2-4 weeks of elective time
- Longitudinal palliative care clinic in the Buffett Cancer Center
- Longitudinal long term care experience at St. Jo Villa

Creighton University/CHI HPM Fellowship

- Plan to share didactic curriculum
- Build community for the small group of fellows
- Bridging connections across health systems



Future Short-Term Goals

- Train the backlog of physicians who have waited to do this fellowship but didn't want to move away from the area for a year
- Retain faculty to:
 - increase quality of fellowship training
 - increase visibility of the fellowship across the health system as a potential career
 - strengthen relationships with specialists as a gateway for culture change of current practices and primary palliative care education
- With increased visibility of the fellowship, anticipate a pipeline of medical trainees that wish to stay at UNMC to do this fellowship
- Increase fellow complement to be able to train fellows outside of the UNMC health system and hope to retain them in the region as palliative medicine providers
- Ongoing efforts to establish and expand education in primary palliative medicine skills
 - Vital Talk Train the Trainer within the next year

Future Long-Term Goals

- Standardizing training of palliative medicine workforce in Nebraska
- More robust primary palliative education in the undergraduate medical education setting
- More robust rotation experiences for learners, particularly residents and fellows
- CME courses on communication skills for providers currently in practice, eg Vital Talk workshops offered locally in Omaha

A hand is shown dropping a stone into a pool of water, creating concentric ripples that spread outwards. The water is a clear, light blue color. The background is a dark blue gradient.

Fellowship training

Palliative medicine
champions in other
specialties

Allied health training

Medical school training

Other specialty training