Palliative Care Focus Area Training

The Psychology Postdoctoral Fellowship with a focus in Palliative Care is part of a larger Interprofessional Palliative Care Fellowship Program providing advanced training in hospice and palliative care to physicians, nurses, social workers, psychologists, chaplains and pharmacists at six VA facilities – Palo Alto, CA; West LA, CA; Portland, OR; San Antonio, TX; Milwaukee, WI and Bronx, NY. The Palo Alto site highly values interprofessional training, immersing the fellow with other disciplines including medicine, nursing, social work, chaplaincy, pharmacy, occupational therapy, massage therapy, recreation therapy, dietetics, and community volunteers.

The Fellow in this focus area of the Psychology Postdoctoral Program will obtain training in general clinical psychology competencies as well as training in the following emphasis areas (1) Psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-limiting or terminal illness, (2) Biological aspects of advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with chronic, life-limiting, or terminal illness and their family members, (6) Treatment of patients with chronic, life-limiting or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interprofessional teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services, (10) Scholarship and teaching in palliative care/end-of-life issues and (11) Supervision and professional self-care.

The fellowship includes access to multiple opportunities to attend didactics on hospice and palliative care. These include:

- **Formal didactics series**
  - Monthly Stanford University palliative care grand rounds
  - Quarterly Stanford University palliative care service meetings
  - Quarterly VA Palliative Care journal club
  - Annual palliative care service section retreat
- **National VA webinars on hospice/palliative care and life-limiting illness**
- **Independent reading**
- **Individual and group supervision**
- **Daily interprofessional team meetings**
- **Professional conferences**
- **Observation of staff modeling clinical and leadership skills**
- **Co-facilitation of groups and interventions with staff clinicians**

The Fellow works on the Hospice and Palliative Care Center rotation part-time throughout the year with two elective rotations. These rotations include: the Community Living Center, Home Based Primary Care, Spinal Cord Injury Center, Outpatient Geriatric Mental Health Clinic, and the Cardiovascular, Oncology/Hematology, and Pain clinics. There are additional opportunities to receive training in family systems and family interventions through the Family Therapy Program mini-rotation at the Menlo Park Division.

During the course of the year, the Fellow will develop a breadth of expertise in hospice and palliative care that hones skills in providing effective assessment, intervention (individual, family, group, staff), and interprofessional service delivery to meet the full range of issues across the disease continuum from diagnosis to death. The Palliative Care Fellow will learn to become an integral member of
interprofessional teams that share decision-making, treatment planning, and treatment implementation responsibilities. In addition, the Fellow will be encouraged to use current literature on evidence-based practices in planning and delivering services. The Fellow is also expected to participate in a scholarly project with direct clinical implications that can potentially serve to expand knowledge and quality of care. The Fellow may elect to work on existing research or a scholarly project at the PAVAHCS or initiate their own project. The Fellow will participate in supervision of psychology interns and will receive training in supervision.

Throughout this fellowship, particular attention is focused on professional development. This includes the process of establishing oneself on the team, owning one's sense of authority and expertise as an early career psychologist, and preparing oneself for the job market. Additional areas of focus include documentation, demonstrating psychology's value on medical teams, and developing one's supervisory style. Interdisciplinary team members often serve as informal mentors, and all remain highly invested in and dedicated to training.

The individualized training plan for the Palliative Care Fellow will be developed with the assistance of a Primary Preceptor who will help plan the fellow's overall program, ensure sufficient depth and breadth of experience, and help consider which elective rotations support the Fellow's training plan and overall career trajectory. The Training plan will specify which two additional training venues the Fellow will have for comprehensive rotations, with options of mini-rotations. The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the Palliative Care specific competencies.

**Primary Rotation Site:**

**Hospice and Palliative Care Center (Building 100, 4A, PAD; Palliative Care Consult Service)**

**Sub-Acute Medicine Unit (Building 100, 4C, PAD)**

**Supervisor:** Kimberly E. Hiroto, Ph.D.

**Patient population:** Hospitalized individuals with advanced, life-limiting and terminal illness and their families. The population is very diverse with respect to sociodemographic characteristics, disease states, mental health issues and, Veteran cohorts (WWII, Korean War, Vietnam Era), life experience.

**Psychology’s role in the setting:** Direct clinical service, consultation, interdisciplinary team participation, staff support.

**Other professionals and trainees in the setting:** Interprofessional team consisting of psychology, medicine, nursing, pharmacy, social work, occupational/physical therapy, massage therapy, chaplaincy, recreation therapy, dietary, and volunteers.

**Nature of clinical services delivered:** Intake interviews; psychotherapy with individuals, couples and family members (supportive, cognitive-behavioral, psychoeducational, life review, meaning-centered/Dignity therapy; Problem-Solving Therapy, motivational enhancement); cognitive and mood assessments; interdisciplinary care planning, bereavement assessments and brief interventions; interprofessional consultation, and staff support.

**Fellow’s role in the setting:** Direct clinical service provider; consultant, interdisciplinary team member, and liaison with other services. In addition, the fellow is expected to attend (and teach in) the quarterly Interprofessional Palliative Care didactics and to direct a scholarly project, conduct program evaluation, or participate in clinically-oriented research. There may also be opportunities to present during Palliative Care grand rounds at Stanford University. The fellow also will have an opportunity to supervise psychology interns and receive supervision of supervision.

**Amount/type of supervision:** At least one hour of individual supervision per week for clinical cases, one hour of supervision-of-supervision focused on professional development, and additional impromptu supervision/consultation received as needed. One hour group supervision per week with the Fellow and interns. Observation during team meetings and occasional observation during therapy sessions.
Theoretical orientation emphasizes a cognitive behavioral perspective within a brief treatment model but also draws on existential, psychodynamic, and family systems frameworks.

**Didactics:** Quarterly Interprofessional Palliative Care journal club; Quarterly Stanford Grand Rounds, Quarterly Palliative Care service meetings, Psychology Postdoctoral Professional Development and Supervision series. Daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g., National webinars on topics related to aging and end-of-life, Palliative Care journal club, relevant Geropsychology/Neuropsychology seminar topics, relevant webinars and Stanford grand rounds).

**Use of Digital Mental Health tools:** (None)

**Pace:** 4-6 sessions a week (patients and families). Progress notes for each contact.

The VA Hospice and Palliative Care Center is an 18-bed inpatient unit that provides palliative and hospice care to patients with life-limiting and terminal illness and their families. The unit houses a very diverse patient population with respect to disease states, sociodemographic characteristics, mental health issues and life experience. Patients are admitted on permanent or short stays (the latter used primarily for acute symptom management and to relieve family caregiver stress) and may leave and re-enter the program as appropriate. Common conditions include metastatic cancer, advanced heart failure, chronic lung diseases, end-stage liver and kidney disease, and dementia. Palliative care is care provided at any point in the trajectory of an illness for the purpose of alleviating physical and psycho-social-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family throughout the course of illness, regardless of stage of disease. Hospice refers to an aspect of palliative care devoted to alleviating symptoms and enhancing quality of life during the last six months of life. Patients receiving hospice care accept that disease-directed therapy can no longer benefit them, though interventions intended to maximize quality of life may be continued and even enhanced. In addition to meticulous symptom management and minimization of physical and psychosocial suffering, specific goals of hospice include addressing unfinished business, supporting safe and comfortable dying, and facilitating effective grieving. The VA Hospice and Palliative Care Center also includes an inpatient Palliative Care Consult Team. The Subacute Medicine Unit is a 12-bed short stay inpatient medical ward intended to provide a “bridge” between acute care and care elsewhere, typically either the home or nursing home setting. Services on both the Hospice and Subacute Medicine Units are provided by an interdisciplinary team composed of physicians, nurses, OT and/or PT, dietetics, social work, chaplaincy, psychology and recreational therapy. Additionally, hospice care includes massage therapy and community volunteers.

The Psychology fellow works collaboratively with other professionals in assessing the patients and their support network, prioritizing problems, and defining and implementing psychological interventions. Psychological services commonly offered include cognitive and mood assessments and psychotherapeutic interventions (cognitive-behavioral therapy, problem-solving therapy, motivational interviewing, life review, psychoeducation, dignity/meaning-centered psychotherapies) to individuals, couples and families. Psychological issues addressed include pain and symptom management, psychiatric problems (e.g. depression, anxiety, PTSD), adjustment and grief reactions (e.g. cognitive status, disability, dying process), existential and spiritual distress, unfinished business, guilt, interpersonal and communication difficulties, crisis management, and legal and ethical issues (e.g., abuse, decisional capacity). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. Moreover, our hope is that by helping seriously ill patients and their families find connection and healing at the end of life, psychology trainees will find deeper meaning in their own lives. Services also include bereavement assessments, brief grief counseling, and referrals to appropriate community agencies.
Additional Rotation Sites:

Cardiac Psychology Program (Building 6, PAD)
Supervisor: Steven Lovett, Ph.D.
See description in Geropsychology focus area section.

Community Living Center (CLC, Building 331, MPD)
Supervisor: Margaret Florsheim, Ph.D.
See description in Geropsychology focus area section.

Family Therapy Training Program (Building 321, MPD)
Supervisors: Elisabeth McKenna, Ph.D., Director, Family Therapy Training Program
Jessica Cuellar, Ph.D., Coordinator, Family Therapy Training Program
See description in Couples/Family Systems focus area section.

Geriatric Outpatient Mental Health (GMHC, Bldg 321, MPD)
Supervisor: Erin Sakai, Ph.D.
See description in Geropsychology focus area section.

Home Based Primary Care Program (San Jose Clinic)
Supervisors: Elaine McMillan, Ph.D.
See description in Geropsychology focus area section.

Oncology and Hematology Clinics, Pain Clinic, Infectious Disease Clinic
For additional information regarding these Behavioral Medicine Focus Clinics, contact:
Oncology/Hematology: Stacy Dodd, Ph.D. (Building 100, PAD)
Pain Clinic: Jessica Lohnberg, Ph.D. (MB3 PAD)

Spinal Cord Injury Service (Building 7, PAD)
Supervisor: Stephen Katz, Ph.D.
See description in Geropsychology focus area section.

Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)
Supervisor: Jon Rose, Ph.D.
See description in Geropsychology focus area section.

Reviewed by: Kimberly E. Hiroto, Ph.D.
Date: 9/4/18