**Visit Summary Form Week-Three**  
*Week 3/Module 3: Individualizing a Palliative Plan of Care*

Student Name:____________________ Visit Setting:_______________ (Home, NH, AFH, etc.)

Profession Observed:_______________ (Nurse, Social Worker, Physician etc.)

Assigned Site:____________________ Preceptor Name:______________

A major goal of the Palliative Care Track is for you to critically assess clinicians delivering palliative care to patients and families. In particular for you to pay close attention to:

- What behaviors did the clinician use during the visit?
- How well did these behaviors solicit the patient/family story (expressed values and goals)?
- How did these behaviors affect the patient/family/clinician/you as an observer?
- How these behaviors promoted or inhibited the integration of palliative care into the patient’s and family’s care
- How the patient’s and family’s behavior promoted or inhibited the integration of palliative care into their care plan
- Developing the skill of summarizing the patient/family story (expressed values and goals)
- Discussing with your preceptors what occurs during clinical encounters
- Providing feedback to your preceptor on the encounter

To assist in meeting the above goals you are required to fill out a Visit Summary Form on:
- One clinical encounter if you attend the Monday Clinical Case Session
- Three clinical encounters if you did not attend the Monday Clinical Case Presentation Session

Your Visit Summary Form(s) should be electronically submitted by the fourth Wednesday of the clerkship. A copy will be sent to your preceptor as valuable feedback to assess his or her skills.

**Shared Professional Perspective within the Context of the Patient/Family Story**

- Used summary statements clarifying pt/family values and goals
- Used summary statements validating pt/family/MD Shared values
- Used summary statements acknowledging differences in Pt/Family/MD values
- Used summary statements integrating Pt/Family/Medical perspectives

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<td>Did not share professional perspective; decisions left solely to pt and family</td>
<td></td>
<td>Shared professional perspective offering both palliative care and/or life prolonging options from a biomedical perspective</td>
<td></td>
<td>Shared professional perspective skillfully offering palliative care and/or life prolonging options centered on patient/family values and goals; consistent with the pt/family story</td>
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Developed Individualized Palliative Care Plan Supporting Core Pt/Family Goals/Values

- Described a plan that supports Mind within the context of core patient/family goals and values
- Described a plan that supports Body especially distressing symptoms within the context of core patient/family goals and values
- Described a plan that supports Spirit within the context of core patient/family goals and values

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<td>1</td>
<td>Palliative Care Plan not considered</td>
<td>Palliative Care Plan developed focusing mainly on biomedical issues</td>
<td>Palliative Care Plan skillfully developed congruent with pt/family goals and values; supporting mind, body, spirit issues; consistent with the pt/family story</td>
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Describe at least three behaviors you observed by the clinician (or you performed) that significantly affected the outcome of the interview. Describe how each of these behaviors either facilitated or inhibited the integration of palliative care into the care plan:
Encounter Summary:

1. Brief description of the clinical situation:

2. Succinctly summarize your understanding of the patient/family story including the patient/family goals and values and share the sources you used to gain your understanding.

3. What are the important values and goals in the patient/family story that support the current Hospice/Palliative Care plan of care?

4. What are the important values and goals in the patient/family story that are not being met by the current Hospice/Palliative Care plan of care?

5. Specific recommendations based upon your understanding of the patient/family story that would improve the current Hospice/Palliative Care plan of care.
   a. Include what is already being supported well
   b. Include recommendations for changes in the plan (additions/deletions)

6. Reflect on what you learned from this encounter that will direct your future education to provide excellent palliative care to your patients.