

# Gallup Indian Medical Center Palliative Care Team





# Gallup Indian Medical Center

- 77 bed facility with attached outpatient clinics
- 90 Providers
- Patient population 45,500
- Serving mostly Navajo (Diné) and Zuni Pueblo patients



## Palliative Care at GIMC

- Providing care for our population, primarily Diné, also Zuni and other tribes since 2011
- The program was created and operates with guidance from Traditional Diné Healers.
- Interdisciplinary team consists of providers, social workers, psychologist, patient advocates, case managers, nutritionist, nurses, nurse assistants, and speech therapist



# Guideposts

- Diné Core Beliefs
- Guidance from Traditional Diné Healers
- Feedback from our community, via forum
- Experience of other local palliative care programs
- Wisdom from our frontline interdisciplinary team



## Guidance from Traditional Diné Healers

- Thoughts and words create reality.
- “The default setting for human beings is to live 102 years” –Galen Ben, Navajo traditional healer
- The focus is always on life and hope.
- The Core Beliefs show the cycle of life from birth with progression to old age, celebration of old age, and end of life.



# Community Feedback

1. Be sensitive about our culture and beliefs.
2. Give us time to absorb information.
3. Utilize interpreters.
4. Ask us what we want to know.
5. Show empathy.
6. Above all, do not take away our hope.

*COPE Cancer Coalition Meeting 10/27/16*

## Serious Illness Conversation Guide (Navajo Area)

### Setup:

"I'd like to **talk together** about what's happening with your health and what **matters to you**. **Would this be okay?**"

### Express hope:

"Before we begin, I want you to know that we **wish the best** for you, and that by having these conversations we do not wish to cause harm. Our goal is to help you live as long and happy a life as possible."

### Assess:

"To make sure I share information that's helpful to you, can you tell me **your understanding** of what's happening with your health now?"

"How much **information about what might be ahead** with your health would be helpful to discuss today?"

### Share:

"Can I share **my understanding** of what may be ahead with your health?"

#### Uncertain

"It can be difficult to predict what will happen. **I hope you will feel as well as possible** for a long time. However **some patients with your condition get sick quickly**. I think it is important we **prepare** for that."

OR

#### Time

"I wish this was not the case. I am **worried** time may be short. **Other patients with your condition only have \_\_\_\_\_** (express as a range, e.g. *days to weeks, weeks to months, months to a year*)."

OR

#### Function

*Function:* "It can be difficult to predict what will happen. I **hope you will feel as well as possible** for a long time, and we will work towards that goal. **Some patients with your condition find it harder to do things** because of the illness, and we should prepare for that."

**Pause:** Allow silence. Validate and explore emotions.

### Explore:

"If your health gets worse, what are your **most important goals?**"

"What are your **biggest worries?**"

"What **gives you strength** as you think about the future?"

"What **activities** bring joy and meaning to your life?"

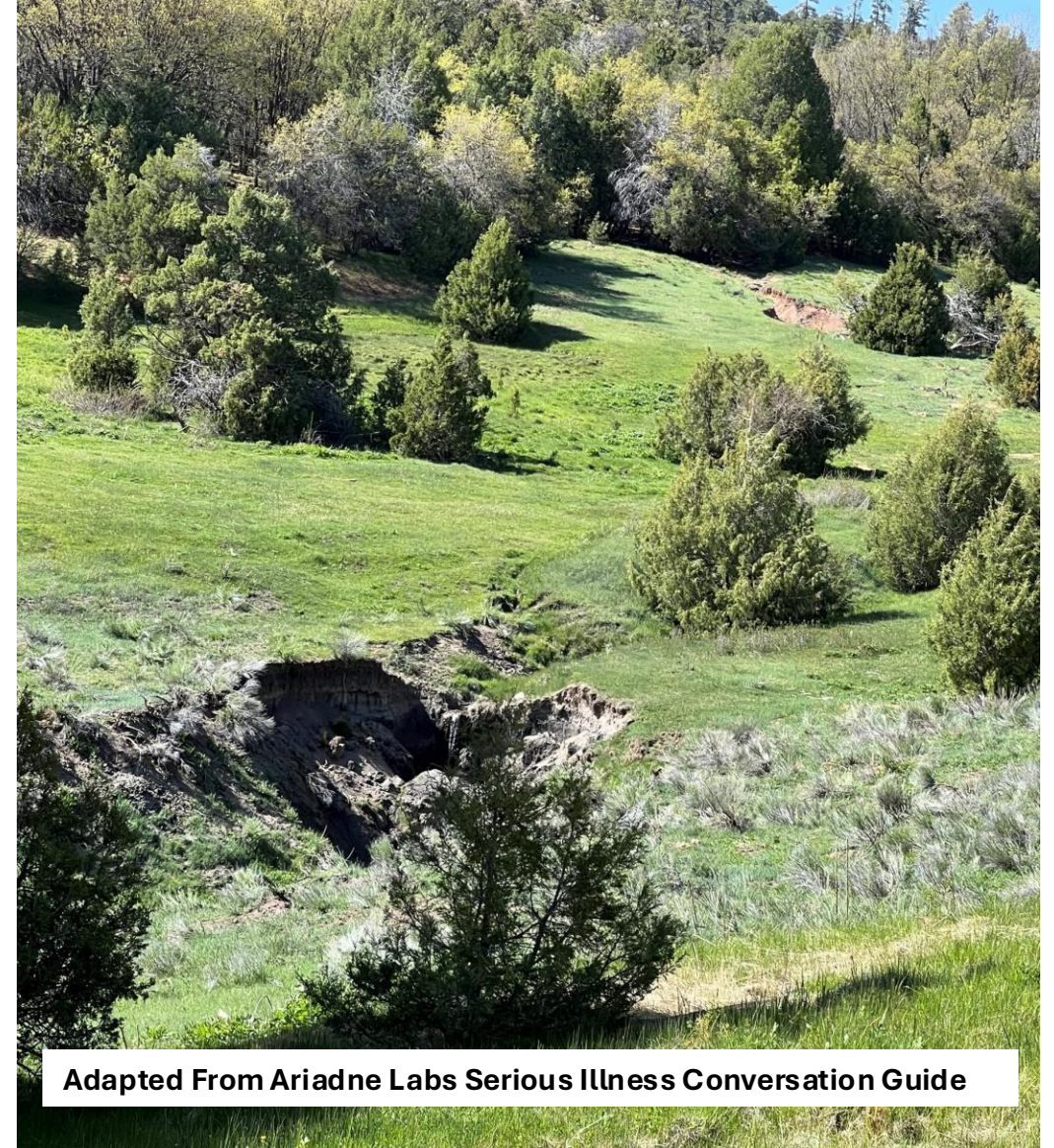
"If your illness gets worse, **how much would you be willing to go through** for the possibility of more time?"

"How much do the **people closest to you know** about what is important to you and your care wishes?"

"Having talked about all this, **what are your hopes** for your health?"

### Close:

"I'm hearing you say that \_\_\_\_\_ is really important to you and that you are hoping for \_\_\_\_\_. Keeping that in mind, and what we know about your illness, I **recommend** that we \_\_\_\_\_. This will help us make sure that your care reflects what's important to you. **How does this plan seem to you?**"



Adapted From Ariadne Labs Serious Illness Conversation Guide



## Navajo Area Serious Illness Conversation Guide

- Created by our interdisciplinary team utilizing our cultural experts.
- Additional section added entitled “express hope.”
- Utilization of third-person language, particularly when disclosing prognosis.

# Thank you !



**Kathryn Morsea MD, Physician**  
Kathy.morsea@ihs.gov

**Kuang-Ning Huang MD MPH, Physician**  
Kuang-ning.huang@ihs.gov

**Jackie Simonis MD, Physician**  
Jacquelyn.simonis@ihs.gov

**Gary Vaughn MD, Physician**  
Gary.Vaughn@ihs.gov

**Patricia Roe PsyD, Palliative Care Psychologist**  
Patricia.roe@ihs.gov

**Marlene Taha, Patient Advocate**  
Marlene.taha@ihs.gov

**Darlene Manuelito-Salabiye, Patient Advocate**  
Darlene.Manuelito-Salabiye@ihs.gov

**Ellouise Darwin LMSW, Palliative Care Social Worker**  
(retired)

