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Specialist Certification in Health Coaching for Cancer Patients

## Palliative Care and End-of-Life Support

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**Advance Care Planning** – A systematic process by which patients, families, and health-care teams discuss and document preferences for future medical care. Related terms: living will, health proxy. Example: A newly diagnosed breast cancer patient meets with a health coach to articulate goals for treatment and quality of life. Practical application: The coach facilitates a values-clarification worksheet and assists in completing an advance directive. Challenge: Patients may feel overwhelmed by confronting mortality early in the disease trajectory.

**Aggressive Care** – Intensive medical interventions aimed at prolonging life regardless of symptom burden, often including high-dose chemotherapy or repeated hospitalizations. Related terms: end-of-life care, futile treatment. Example: A patient with metastatic pancreatic cancer receives third-line chemotherapy despite severe toxicity. Practical application: The coach supports shared decision-making by reviewing evidence of benefit versus harm. Challenge: Cultural expectations and fear of “giving up” can drive demand for aggressive care.

**Allied Health Professionals** – Non-physician clinicians such as nurses, social workers, dietitians, and physiotherapists who contribute to multidisciplinary palliative care. Related terms: interdisciplinary team, collaborative practice. Example: A dietitian adjusts nutrition plans to manage cachexia in a lung cancer patient. Practical application: Health coaches coordinate referrals to allied professionals to address holistic needs. Challenge: Limited staffing and reimbursement can restrict access.

**Bereavement Support** – Services that assist family members and loved ones in coping with loss after a patient’s death. Related terms: grief counseling, post-loss follow-up. Example: A widow participates in a support group facilitated by a hospice social worker. Practical application: Coaches provide resources and schedule follow-up calls during the first six months post-mortem. Challenge: Identifying high-risk bereavement cases early and ensuring continuity of care.

**Body Image Disturbance** – Psychological distress related to changes in appearance due to cancer treatment (e.g., Mastectomy, hair loss). Related terms: self-esteem, psychosocial oncology. Example: A young woman with head-and-neck cancer experiences social withdrawal. Practical application: The coach incorporates body-image coping strategies and referrals to counseling. Challenge: Stigma may prevent patients from voicing concerns.

**Caregiver Burden** – Physical, emotional, and financial strain experienced by those providing unpaid care to a cancer patient. Related terms: secondary stress, support networks. Example: An adult child juggling employment and caregiving duties reports insomnia. Practical application: Health coaches assess burden using validated tools and suggest respite services. Challenge: Caregivers often under-report stress due to guilt or perceived obligation.

**Case Management** – Organized coordination of health-care services, resources, and information to meet a

patient's individualized needs. Related terms: patient navigation, resource linkage. Example: A case manager arranges home-based hospice nursing for a terminally ill patient. Practical application: Coaches collaborate with case managers to streamline appointments and medication deliveries. Challenge: Fragmented health-system structures can impede seamless coordination.

**Chronic Pain** – Persistent pain lasting longer than three months, frequently resistant to standard analgesics in cancer patients. Related terms: nociceptive pain, neuropathic pain. Example: A patient with bone metastases reports constant aching despite opioid therapy. Practical application: The coach educates on adjuvant analgesics, non-pharmacologic techniques, and pain-tracking logs. Challenge: Opioid tolerance, side effects, and regulatory constraints complicate management.

**Clinical Pathways** – Evidence-based, standardized protocols that outline optimal steps for specific disease trajectories, including palliative phases. Related terms: care algorithms, best practice guidelines. Example: A lung cancer pathway integrates early palliative referrals at stage III. Practical application: Coaches use pathways to anticipate symptom onset and schedule proactive interventions. Challenge: Individual variability may necessitate deviation from rigid pathways.

**Compassion Fatigue** – Emotional exhaustion and reduced empathy experienced by health-care providers caring for seriously ill patients. Related terms: secondary traumatic stress, burnout. Example: A hospice nurse feels detached after months of caring for dying patients. Practical application: Coaches model self-care practices and encourage peer debriefings. Challenge: Organizational cultures may undervalue provider well-being.

**Conscious Sedation** – The intentional use of sedative medication to relieve intractable suffering while maintaining patient awareness, typically reserved for refractory symptoms. Related terms: palliative sedation, terminal sedation. Example: A patient with uncontrolled dyspnea elects sedation to improve comfort. Practical application: Coaches discuss goals, obtain informed consent, and coordinate with the medical team. Challenge: Ethical concerns and family misunderstandings may arise.

**Continuity of Care** – Ongoing, coordinated health-service delivery across settings and over time, ensuring that patient preferences are respected throughout the disease course. Related terms: care transitions, integrated care. Example: A patient moves from inpatient oncology to home hospice without loss of medication supply. Practical application: Health coaches maintain a single point of contact and document preferences in shared records. Challenge: Information silos and incompatible electronic systems hinder continuity.

**Do-Not-Resuscitate (DNR) Order** – A legal directive indicating that cardiopulmonary resuscitation should not be performed if the patient's heart stops. Related terms: code status, advance directive. Example: A terminally ill patient signs a DNR after discussing prognosis. Practical application: Coaches verify that DNR status is clearly documented and communicated to all team members. Challenge: Misinterpretation of DNR as "no care" can cause distress.

**Dyspnea Management** – Strategies to alleviate shortness of breath, a common symptom in advanced cancer, including pharmacologic and non-pharmacologic interventions. Related terms: breathlessness,

oxygen therapy. Example: A patient with pleural effusion experiences anxiety-related dyspnea. Practical application: The coach teaches paced breathing, positioning, and pursed-lip techniques, and coordinates pleural drainage. Challenge: Balancing oxygen saturation goals with patient comfort and mobility.

End-of-Life (EOL) Care – Comprehensive support for patients approaching death, focusing on symptom control, psychosocial needs, and respecting patient wishes. Related terms: palliative care, hospice. Example: A hospice team provides pain relief and spiritual counseling in the final weeks. Practical application: Coaches facilitate goal-concordant discussions and advance directive completion. Challenge: Late referrals often limit the time available for thorough EOL planning.

Elder Abuse Screening – Systematic assessment to detect mistreatment of older adults, which may be heightened in vulnerable cancer patients. Related terms: vulnerability assessment, protective services. Example: A nurse notices bruises on an elderly patient receiving home chemotherapy. Practical application: The coach follows institutional protocols to report concerns while maintaining therapeutic rapport. Challenge: Fear of retaliation may inhibit disclosure.

Empathy Training – Educational programs that enhance clinicians' ability to understand and share patients' feelings, improving communication in palliative settings. Related terms: communication skills, patient-centered care. Example: A workshop uses role-play to practice delivering bad news. Practical application: Health coaches model empathetic listening during coaching sessions. Challenge: Time constraints and cultural differences can affect skill acquisition.

Family Meeting – Structured conversation involving the patient, family members, and health-care team to discuss prognosis, treatment options, and care preferences. Related terms: multidisciplinary conference, shared decision-making. Example: An oncologist, nurse, and social worker meet with a patient's spouse to review hospice eligibility. Practical application: Coaches prepare families by outlining key topics and encouraging questions. Challenge: Emotional intensity may require skilled facilitation.

Fertility Preservation – Interventions that protect reproductive potential before cancer-directed therapies that could cause infertility. Related terms: sperm banking, ovarian tissue cryopreservation. Example: A young man with testicular cancer stores sperm prior to chemotherapy. Practical application: Health coaches provide information on options, costs, and timelines. Challenge: Limited awareness and insurance coverage often restrict access.

Grief Counseling – Therapeutic support aimed at helping individuals process loss, adapt to new realities, and develop coping mechanisms. Related terms: bereavement support, loss adjustment. Example: A patient's adult child receives counseling after the parent's death. Practical application: Coaches refer to licensed counselors and monitor for complicated grief. Challenge: Stigma around mental-health services may deter utilization.

Guideline Adherence – The degree to which clinicians follow evidence-based recommendations, such as those from the WHO or NCCN, in palliative care delivery. Related terms: clinical compliance, quality metrics. Example: A clinic tracks opioid prescribing patterns against guideline thresholds. Practical application: Coaches audit care plans and provide feedback on deviations. Challenge: Individualized patient needs

sometimes justify guideline exceptions.

**Hospice Eligibility** – Criteria defining when a patient qualifies for hospice services, usually based on a life expectancy of six months or less if disease follows its usual course. Related terms: terminal prognosis, palliative referral. Example: A patient with progressive metastatic colorectal cancer meets hospice eligibility after declining performance status. Practical application: Coaches assist in navigating enrollment paperwork and insurance verification. Challenge: Prognostic uncertainty can delay eligibility determination.

**Informed Consent** – Process by which a patient voluntarily agrees to a medical intervention after receiving comprehensive information about risks, benefits, and alternatives. Related terms: autonomy, shared decision-making. Example: A patient signs consent for a palliative stent to relieve biliary obstruction. Practical application: Coaches ensure patients understand terminology and encourage questions. Challenge: Cognitive impairment or language barriers may compromise true informed consent.

**Interdisciplinary Team (IDT)** – Group of diverse health-care professionals who collaboratively develop and implement a patient’s care plan. Related terms: multidisciplinary approach, team-based care. Example: An IDT includes an oncologist, palliative nurse, pharmacist, and chaplain. Practical application: Health coaches attend IDT meetings to advocate for the patient’s coaching goals. Challenge: Scheduling conflicts and hierarchical dynamics can impede effective teamwork.

**Life-Sustaining Treatment (LST)** – Medical interventions that prolong biological life, such as mechanical ventilation, dialysis, or artificial nutrition. Related terms: goal-concordant care, treatment limitation. Example: A patient with end-stage renal disease decides to forgo dialysis. Practical application: Coaches facilitate discussions about LST preferences and document decisions in the medical record. Challenge: Families may request continuation of LST despite patient wishes.

**Medication Reconciliation** – Systematic review of a patient’s medication list to ensure accuracy, avoid duplication, and prevent adverse drug events. Related terms: pharmacovigilance, polypharmacy. Example: A pharmacist identifies a duplicate opioid prescription during a hospice admission. Practical application: Coaches verify medication lists with patients and caregivers during each encounter. Challenge: Fragmented prescribing across multiple providers increases error risk.

**Metastatic Disease** – Cancer that has spread from its primary site to distant organs, often associated with complex symptom burdens. Related terms: stage IV cancer, systemic therapy. Example: Breast cancer metastasizes to bone, causing severe pain. Practical application: Health coaches focus on symptom prioritization, functional goals, and realistic expectations. Challenge: Prognostic variability complicates planning.

**Minimalist Approach** – Strategy of limiting interventions to those that provide clear benefit, reducing treatment burden in advanced cancer. Related terms: de-implementation, care simplification. Example: Discontinuing routine blood work that no longer influences management. Practical application: Coaches help patients identify “what matters most” and eliminate low-value services. Challenge: Patients may equate more testing with better care.

**Mood Disorders** – Psychiatric conditions such as depression and anxiety that frequently co-occur with cancer, affecting quality of life and treatment adherence. Related terms: psychological distress, screening tools. Example: A patient scores high on the PHQ-9, indicating moderate depression. Practical application: Health coaches administer brief screens, refer for therapy, and monitor medication effects. Challenge: Stigma and limited mental-health resources hinder timely intervention.

**Multimodal Symptom Management** – Integrated use of pharmacologic, physical, and psychosocial therapies to address complex symptom clusters. Related terms: holistic care, symptom bundle. Example: Concurrent use of opioids, acupuncture, and cognitive-behavioral therapy for pain and anxiety. Practical application: Coaches coordinate appointments and track outcomes across modalities. Challenge: Insurance coverage may restrict access to complementary therapies.

**National Comprehensive Cancer Network (NCCN)** – Organization that publishes evidence-based guidelines for cancer care, including palliative and survivorship recommendations. Related terms: clinical pathways, practice standards. Example: NCCN guidelines suggest early palliative referral for stage III lung cancer. Practical application: Coaches reference NCCN tools to align patient goals with best-practice standards. Challenge: Staying current with frequent updates requires dedicated time.

**Neurocognitive Impairment** – Decline in cognitive functions such as memory, attention, and executive skills, often due to brain metastases or treatment toxicity. Related terms: cognitive screening, delirium. Example: A patient on high-dose steroids experiences confusion and forgetfulness. Practical application: Coaches employ brief cognitive assessments and adapt coaching materials accordingly. Challenge: Distinguishing reversible medication effects from progressive disease.

**Non-Pharmacologic Interventions** – Therapies that do not involve medication, such as massage, music therapy, or guided imagery, used to alleviate symptoms. Related terms: complementary therapies, integrative oncology. Example: A patient uses music therapy to reduce anxiety before chemotherapy. Practical application: Coaches incorporate patient-preferred non-pharmacologic options into care plans. Challenge: Limited evidence base for some modalities may affect reimbursement.

**Nutrition Support** – Assessment and intervention to maintain adequate caloric intake, manage weight loss, and address metabolic changes in cancer patients. Related terms: enteral feeding, cachexia. Example: A dietitian recommends high-protein oral supplements for a patient with dysphagia. Practical application: Health coaches monitor weight trends and reinforce nutrition goals. Challenge: Taste changes, nausea, and financial constraints often impede adherence.

**Opioid Stewardship** – Programmatic approach to optimize opioid prescribing, balancing effective pain control with risk mitigation of misuse and side effects. Related terms: pain management, risk assessment. Example: A hospice team implements a morphine rotation protocol for refractory pain. Practical application: Coaches educate patients on safe storage, disposal, and adherence. Challenge: Regulatory scrutiny may cause clinicians to under-treat pain.

**Oral Health in Cancer** – Management of dental and mucosal conditions that arise from chemotherapy, radiation, or immunosuppression. Related terms: mucositis, xerostomia. Example: A patient develops severe

oral mucositis after head-and-neck radiation. Practical application: Coaches coordinate with dental hygienists for gentle oral care regimens. Challenge: Poor oral hygiene can exacerbate infection risk.

Patient-Centered Care – Health-care model that respects and responds to individual patient preferences, needs, and values. Related terms: shared decision-making, personalized medicine. Example: A patient chooses palliative radiotherapy to alleviate pain rather than systemic chemotherapy. Practical application: Health coaches elicit goals through open-ended questions and tailor interventions accordingly. Challenge: Systemic pressures to standardize care may conflict with personalization.

Patient-Reported Outcome Measures (PROMs) – Instruments that capture patients' perspectives on symptoms, functional status, and quality of life. Related terms: assessment tools, clinical monitoring. Example: A PROM questionnaire reveals worsening fatigue despite stable disease markers. Practical application: Coaches administer PROMs at regular intervals to guide care adjustments. Challenge: Literacy and technology access can limit completion rates.

Pharmacogenomics – Study of how genetic variations influence drug response, increasingly relevant for opioid metabolism and chemotherapy toxicity. Related terms: personalized pharmacotherapy, genetic testing. Example: A patient with CYP2D6 ultra-rapid metabolism requires higher opioid doses for analgesia. Practical application: Coaches discuss testing options and interpret results in collaboration with prescribers. Challenge: Cost and limited clinical integration hinder widespread use.

Palliative Care – Specialized medical care focused on relieving suffering, improving quality of life, and supporting patients and families facing serious illness. Related terms: end-of-life care, symptom management. Example: A palliative care team addresses pain, depression, and spiritual distress in a patient with advanced gastric cancer. Practical application: Health coaches embed palliative principles early, reinforcing coping skills and advance planning. Challenge: Misconceptions equating palliative care with giving up can delay referrals.

Palliative Sedation – Use of sedative medication to reduce consciousness for patients with refractory symptoms at the end of life, distinct from euthanasia. Related terms: comfort care, ethical considerations. Example: A patient with uncontrolled dyspnea undergoes continuous midazolam infusion. Practical application: Coaches ensure families understand intent, process, and documentation requirements. Challenge: Cultural and religious beliefs may affect acceptance.

Patient Navigation – Assistance provided to patients to overcome barriers to health-care access, including appointment scheduling, insurance issues, and transportation. Related terms: case management, resource linkage. Example: A navigator arranges a shuttle service for a patient undergoing weekly radiation. Practical application: Health coaches act as navigators, streamlining communication between providers and patients. Challenge: Limited funding for navigation programs restricts scalability.

Performance Status – Clinical assessment of a patient's functional ability, commonly measured by ECOG or Karnofsky scales, informing treatment suitability. Related terms: functional assessment, prognostic indicator. Example: An ECOG score of 3 indicates the patient is confined to a bed or chair >50% of waking hours. Practical application: Coaches use performance status to set realistic activity goals and anticipate care

needs. Challenge: Rapid declines may outpace reassessment intervals.

**Pharmacologic Management of Dyspnea** – Use of medications such as opioids, benzodiazepines, or nebulized agents to reduce breathlessness. Related terms: symptom control, opioid stewardship. Example: Low-dose morphine alleviates dyspnea in a patient with malignant pleural effusion. Practical application: Coaches monitor response, side effects, and educate on titration. Challenge: Balancing sedation with desired alertness.

**Physical Therapy in Palliative Care** – Rehabilitation services aimed at preserving mobility, preventing deconditioning, and improving functional independence. Related terms: exercise prescription, fall prevention. Example: A therapist designs a gentle stretching routine for a patient with bone metastases. Practical application: Health coaches reinforce therapist-prescribed activities and track adherence. Challenge: Pain and fatigue may limit participation.

**Physician Orders for Life-Sustaining Treatment (POLST)** – Portable medical orders that document a patient's preferences for resuscitation, intubation, and other life-sustaining interventions. Related terms: DNR, advance directive. Example: A POLST form indicates "no intubation" and "comfort measures only." Practical application: Coaches verify POLST completion and ensure it is accessible in the patient's medical record. Challenge: Varying state regulations can cause confusion.

**Place of Death** – The setting where a patient dies, such as home, hospice facility, or hospital, often reflecting personal preferences and quality-of-care metrics. Related terms: death at home, care setting. Example: A patient expresses a wish to die at home surrounded by family. Practical application: Coaches coordinate home hospice services, equipment, and caregiver support. Challenge: Unpredictable disease trajectory may necessitate hospital transfers.

**Psychosocial Oncology** – Discipline addressing the psychological, social, and spiritual dimensions of cancer experience. Related terms: mental health, supportive care. Example: A social worker provides counseling to manage role changes after diagnosis. Practical application: Health coaches integrate psychosocial assessments into routine visits. Challenge: Limited staffing and reimbursement for psychosocial services.

**Quality of Life (QoL)** – Multidimensional concept encompassing physical, emotional, social, and functional well-being, central to palliative care outcomes. Related terms: patient-reported outcomes, well-being. Example: A QoL questionnaire shows decline in social participation despite stable disease. Practical application: Coaches prioritize interventions that enhance QoL domains identified as most important by the patient. Challenge: Measuring QoL reliably across diverse populations.

**Radiation Therapy for Symptom Control** – Use of targeted radiation to alleviate pain, bleeding, or obstruction caused by tumor growth. Related terms: palliative radiotherapy, dose fractionation. Example: A single 8 Gy fraction reduces bone pain from metastatic lesions. Practical application: Coaches prepare patients for treatment logistics and side-effect management. Challenge: Coordinating with radiation oncology while maintaining patient comfort.

**Referral Pathways** – Defined routes for directing patients to appropriate specialists, such as palliative care,

pain management, or psychosocial services. Related terms: care coordination, triage protocols. Example: An oncologist follows a referral pathway to consult palliative care within two weeks of metastatic diagnosis. Practical application: Health coaches monitor referral timelines and follow up on appointment completion. Challenge: Bottlenecks and limited specialist availability delay access.

**Resilience Building** – Interventions aimed at strengthening coping capacity, optimism, and adaptive behaviors in patients facing serious illness. Related terms: psychological resilience, strengths-based approach. Example: A coaching session uses gratitude journaling to foster hope. Practical application: Coaches embed resilience techniques into regular visits and assess impact on stress levels. Challenge: Individual variability in receptivity and cultural attitudes toward emotional expression.

**Risk-Benefit Analysis** – Systematic evaluation of potential advantages and disadvantages of a medical intervention, essential for informed decision-making. Related terms: shared decision-making, clinical judgment. Example: Weighing the modest survival benefit of a trial chemotherapy against severe toxicity. Practical application: Health coaches facilitate discussions that clarify values and preferences. Challenge: Limited data for rare cancers may impede precise calculations.

**Safety Net Services** – Community resources that provide basic support such as food, shelter, and transportation for patients lacking adequate social determinants of health. Related terms: social determinants, community referrals. Example: A patient with limited income receives meals through a local nonprofit. Practical application: Coaches maintain an updated list of safety net agencies and make referrals as needed. Challenge: Fragmented service networks and eligibility restrictions can limit effectiveness.

**Serious Illness Conversation** – Structured dialogue that explores a patient's understanding of their disease, hopes, fears, and preferences for future care. Related terms: goals-of-care discussion, communication toolkit. Example: Using a "What matters most" framework to elicit patient priorities. Practical application: Health coaches practice these conversations, document key points, and share with the care team. Challenge: Time constraints and provider discomfort may hinder comprehensive discussions.

**Spiritual Care** – Support that addresses existential concerns, meaning, and religious or cultural beliefs affecting coping with illness. Related terms: chaplaincy, faith-based resources. Example: A chaplain visits a patient expressing fear of afterlife. Practical application: Coaches assess spiritual needs using brief screening tools and arrange appropriate referrals. Challenge: Diverse belief systems require culturally competent approaches.

**Symptom Burden** – Cumulative impact of multiple concurrent symptoms on a patient's daily functioning and well-being. Related terms: symptom clusters, quality of life. Example: A patient experiences pain, nausea, and fatigue simultaneously, limiting activity. Practical application: Coaches prioritize the most distressing symptoms and develop integrated management plans. Challenge: Overlapping side effects of treatments complicate symptom attribution.

**Therapeutic Futility** – Clinical judgment that an intervention is unlikely to achieve meaningful benefit for the patient's goals or quality of life. Related terms: non-beneficial care, ethical decision-making. Example: Continued aggressive chemotherapy in a patient with a performance status of 4 and no expected tumor

response. Practical application: Coaches support clinicians in communicating futility compassionately and exploring alternative comfort-focused options. Challenge: Families may perceive futility statements as giving up.

Transition of Care – Hand-off process when a patient moves between health-care settings, such as from hospital to home hospice. Related terms: discharge planning, continuity of care. Example: A discharge summary includes medication changes, DNR status, and contact information for the hospice team. Practical application: Health coaches verify that all instructions are understood and that equipment is in place. Challenge: Information loss during transitions can lead to medication errors.

Tracheostomy Care – Management of a surgically created airway opening, often required in advanced head-and-neck cancers for airway protection. Related terms: airway management, palliative airway. Example: A patient with obstructive laryngeal tumor undergoes tracheostomy for comfort. Practical practice: Coaches educate caregivers on suctioning, cleaning, and signs of infection. Challenge: Anxiety surrounding the device and potential for increased secretions.

Trauma-Informed Care – Approach that recognizes the prevalence of past trauma and avoids re-traumatization during health-care interactions. Related terms: patient safety, psychological safety. Example: A survivor of intimate partner violence expresses distrust of medical staff. Practical application: Health coaches employ respectful language, provide choices, and ensure a sense of control. Challenge: Lack of training may lead to inadvertent triggers.

Uncertainty Management – Strategies to help patients and families cope with ambiguous prognoses and fluctuating disease courses. Related terms: hope, information seeking. Example: A patient with indolent lymphoma faces an unpredictable timeline. Practical application: Coaches offer regular check-ins, provide updated information, and encourage flexible goal-setting. Challenge: Over-optimism or denial can impede realistic planning.

Virtual Care Platforms – Telehealth technologies that enable remote monitoring, counseling, and education for palliative patients. Related terms: telemedicine, remote symptom tracking. Example: A video visit allows a nurse to assess wound healing in a homebound patient. Practical application: Health coaches use secure platforms to conduct weekly check-ins and adjust care plans. Challenge: Digital literacy and broadband access disparities limit reach.

Volunteer Support Programs – Organized groups of laypersons who provide companionship, practical assistance, and respite for patients and families. Related terms: community outreach, peer support. Example: A volunteer delivers groceries to a hospice patient. Practical application: Coaches match patients with vetted volunteers based on preferences and needs. Challenge: Volunteer turnover and training consistency affect reliability.

Weight Loss Intervention – Nutritional strategies designed to prevent or mitigate cancer-related cachexia and unintended weight loss. Related terms: nutritional supplementation, metabolic support. Example: High-calorie oral shakes are introduced for a patient with reduced appetite. Practical application: Coaches set daily caloric goals, monitor intake, and adjust plans with dietitian input. Challenge: Taste alterations and

treatment side effects often reduce compliance.

**Whole-Person Assessment** – Comprehensive evaluation encompassing physical, emotional, social, spiritual, and functional domains to guide individualized care. Related terms: holistic assessment, needs analysis.

Example: An intake form captures pain level, depression score, caregiver stress, and religious preferences.

Practical application: Health coaches synthesize data to prioritize interventions across domains. Challenge: Time constraints may lead to incomplete assessments.

**Withdrawal of Life-Sustaining Therapy** – Discontinuation of treatments such as mechanical ventilation or dialysis that are no longer aligned with patient goals. Related terms: treatment limitation, comfort-focused care. Example: A family agrees to stop dialysis after discussing prognosis. Practical application: Coaches ensure clear communication, document decisions, and arrange for palliative support. Challenge: Emotional difficulty and legal concerns can delay withdrawal.

**Wound Management in Palliative Care** – Care of malignant or treatment-related skin lesions, ulcers, and fistulas to reduce pain and infection risk. Related terms: palliative dermatology, exudate control. Example: A pressure ulcer on a bedridden patient is treated with hydrocolloid dressings. Practical application: Health coaches teach caregivers dressing changes and signs of infection. Challenge: Limited resources and patient mobility hinder optimal wound care.

**Yale Primary Palliative Care (YPPC) Model** – Structured framework integrating palliative principles into primary oncology practice through education, protocols, and outcome tracking. Related terms: integrated care, quality improvement. Example: A clinic adopts YPPC checklists for all new metastatic cancer patients. Practical application: Health coaches receive training on YPPC tools and embed them into routine encounters. Challenge: Adapting the model to varied practice settings requires customization.

**Z-Score Monitoring** – Statistical method for tracking patient-reported outcomes over time, identifying deviations from baseline that signal deteriorating health. Related terms: outcome analytics, trend analysis. Example: A patient's pain Z-score rises three standard deviations above baseline, prompting intervention. Practical application: Coaches use dashboards to flag concerning trends and initiate timely outreach. Challenge: Data integrity and consistent measurement intervals are essential for accurate interpretation.