

Phoenix Children's Hospital Hospice and Palliative Medicine Fellowship Program Goals and Objectives

Skills and Competencies

Patient Care and Procedural Skills: The fellow will provide compassionate, appropriate, and effective patient care. He/she will provide care that is based on existing evidence. He/she will develop the assessment and management skills necessary to care for patients with advanced, progressive, life-threatening illnesses and their families aimed at maximizing well being and quality of life. Behavioral, psychological, social and spiritual aspects of care will be addressed through interactions and collaboration with the patient, family, physician and non-physician faculty, as well as the interdisciplinary team.

Medical Knowledge: The fellow will develop an expanded knowledge base of the epidemiology and pathophysiology of diseases common to palliative care, as well as the clinical, social behavioral and psychosocial aspects relevant to the care of patients with serious, life-threatening, and life limiting illnesses and their families. The fellow will develop subspecialty level symptom management skills for symptoms related to serious illness and end of life care. The fellow will be able to apply this knowledge to patient care.

Practice-based Learning: The fellow will develop competence in practice-based learning models leading to improvements in patient care through quality improvement initiatives, review and appraisal of medical literature relevant to palliative and hospice care and self-evaluation of patient care. The fellow will have opportunities to develop teaching skills with patients, families, residents, medical students, nurses, and non-clinical staff.

Interpersonal and Communication Skills: The fellow will develop excellent interpersonal and communication skills in relationship building, collaborating, and supporting patients, families, and interdisciplinary medical teams. The fellow will utilize these skills across the palliative care continuum.

Professionalism: The fellow will develop and foster a sense of professionalism in regards to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. In addition, the fellow will foster a strong sense of self-reflection and self-care essential to the practice of palliative and hospice medicine.

System-based Practice: The fellow will develop a sense of the larger system-based practice, learning to evaluate and utilize resources to provide optimal patient care. He/she will also learn how to affect change in hospital and community-based health care systems.

The following learning objectives are meant to be a guide to the educator and learner, describing the skills, knowledge, and attitudes necessary to gain competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.

Throughout the year, the fellow will learn to:

1. Understand the presentation and management of cancer and non-cancer **diseases common to adult and pediatric palliative care** including:
 - a. Epidemiology and natural history
 - b. Diagnosis and evaluation
 - c. Prognostication
 - d. Complications
 - e. Treatment (including an emphasis on symptom management)
 - f. Patterns of advanced disease
 - g. Developmental perspectives on illness, grief, and loss

2. Demonstrate an appropriate **comprehensive evaluation and assessment** including:
 - a. Medical history and physical exam
 - b. Cognitive and neurologic status
 - c. Patient understanding of illness and prognosis
 - d. Cultural and spiritual values
 - e. Depression evaluation
 - f. Pharmacologic history including substance dependency/abuse
 - g. Goals of care
 - h. Quality of life
 - i. Patient and family values
 - j. Use of medical records
 - k. Use of information technology
 - l. Use and interpretation of diagnostic tests/procedures
 - m. Communication with other medical teams for additional history

3. Synthesize and apply assessment to the **clinical setting** including:
 - a. Development of a prioritized differential diagnosis and problem list
 - b. Development of recommendations for plan of care

4. Recognize, assess and manage **suffering and distress** including:
 - a. Physical symptoms (pain and non-pain) including:
 - i. Pharmacologic (opioid and non-opioid) and non-pharmacologic treatment options including
 1. Pharmacodynamics of commonly used medications
 2. Toxicities, complications and side effects
 3. Legal and regulatory issues
 4. Issues of addiction, pseudoaddiction, dependence and tolerance
 - ii. Understand the concept of “total pain”
 - iii. Understand the basic science, pathophysiology, signs, and diagnostic options
 - iv. Utilize the diagnostic methods and symptom measurement tools, including functional assessment tools
 - b. Psychological distress of symptoms including:

- i. Coping styles and defense mechanisms
 - ii. Identification of depression, anxiety, and other psychological distress
 - iii. Basic pharmacologic management of anxiety and depression
 - iv. Recognizing when to refer to psychology or psychiatry for additional management
 - v. Developmental stages
 - vi. Basic supportive counseling for patients and family members
 - c. Social implications and issues including:
 - i. alleviate the burden of caregiving
 - ii. fiscal issues and insurance coverage
 - iii. legal concerns
 - d. Spiritual, religious, and existential issues including:
 - i. Role of hope, despair, meaning, and transcendence
 - ii. Basic spiritual/existential/religious evaluation
 - iii. Basic spiritual counseling
 - iv. Developmental processes, tasks, and variations of life completion and life closure
 - v. Processes for facilitating growth and development
 - e. Re-assess frequently and stay involved over time
 - f. Make timely therapeutic adjustments
 - g. Prepare the family, health care professionals, and caregivers for expectations of interventions and changes in health status
- 5. Understand and recognize **issues of advanced disease and death** including:
 - a. Full spectrum of life-threatening/life limiting conditions including:
 - i. Progressive
 - ii. Cancer and non-cancer diagnoses
 - iii. Chronic diseases
 - iv. Emergencies
 - b. Syndrome of impending death including:
 - i. Management and support for common symptoms, signs, complications and variations in the normal dying process
 - ii. Strategies to communicate with patient and family
 - c. Diagnostic criteria and management issues of brain death, persistent vegetative state, and minimally conscious state
 - d. Appropriate care of the patient and family at the time of death and immediately thereafter including:
 - i. Pronouncement of death
 - ii. Standard procedural components and psychosocial elements of post-death care
 - iii. Existence and importance of how to facilitate post-death rituals
- 6. Recognize and understand **grief and bereavement** including:
 - a. Understand normal and complicated grief including:
 - i. Basic science, epidemiology, clinical features, natural course, and management options
 - ii. Risk factors, diagnostic features, epidemiology, and management of depression and complicated grief
 - iii. Individuals at high risk of complicated grief and suicide
 - b. Understand normal and complicated bereavement including:
 - i. Stages of bereavement including complicated bereavement

- ii. Treatment options and proper referral to bereavement programs
 - iii. Elements of bereavement follow-up, including assessment, treatment, and referral options for bereaved family members
- 7. Coordinate, orchestrate, facilitate, manage, and conduct **key events**, including selection of appropriate participants, assessment of decision-making capacity, and enlisting legal surrogates in:
 - a. family meetings including:
 - i. Identifies appropriate goals
 - ii. Demonstrates a step-wise approach
 - iii. Demonstrates techniques for mediating intra-family team conflict
 - iv. Demonstrates techniques for mediating family-health care team conflict
 - b. consultation around goals of care
 - c. advance directive completion
 - d. conflict resolution
 - e. withdrawal of life-sustaining therapies
 - f. palliative sedation
- 8. Effectively **communicate with patients and families** including:
 - a. Initiate appropriate and effective forms of communication
 - b. Coordinate and facilitate dialogue with other providers
 - c. Use of empathic and facilitating behaviors (verbal and nonverbal) in an effective and appropriate manner
 - d. Adjust communication strategies for different patient needs
 - e. Self-correct communication miscues
 - f. Assess strengths and limitations of understanding and communication
 - g. Identify gaps in knowledge for patients/families
 - h. Adjust language and complexity of concepts based on the patient/family's level of sophistication, understanding, and values, and developmental stage of patient
 - i. Recognize ambivalence about care and uses strategies to address
 - j. Specific situations
 - i. Giving bad news
 - ii. Discussing goals of care
 - iii. Disclosure of distressing information
 - iv. Discussing patient wishes for "futile" care
 - v. Addressing patient/family emotional distress
 - vi. Introducing option of palliative care
 - vii. Discussing advance care planning
 - viii. Discussing resuscitation status
 - ix. Discussing appropriate care settings
 - x. Discussing end-of-life care needs
 - xi. Discussing the needs of minor children of dying adults
 - xii. Withholding or withdrawing life-sustaining therapy
 - xiii. Continuing life-sustaining therapy with focus on palliation
 - xiv. Discussing hospice
 - xv. Discussing requests for physician aid in dying
 - xvi. Discussing palliative sedation
 - xvii. Discussing artificial hydration and nutrition

xviii. Discussing severe spiritual or existential suffering

9. Effectively provide **patient and family education** regarding:
 - a. Normal developmental processes
 - b. Completion of practical affairs and relationships
 - c. Achievement of a satisfactory sense of life completion and closure
 - d. Possibilities for growth and healing at the end of life
 - e. Maintaining and improving level of function
 - f. Maximize quality of life
 - g. Services and resources in all settings
 - h. Prognosis and disease trajectory
 - i. Issues around impending death
 - j. Legal surrogates in role as medical decision-makers
 - k. Dealing with system complexities including settings of care, service options, and reimbursement/payer systems

10. Demonstrate and maintain practice of **self-evaluation** including:
 - a. Ability to assess and manage own emotions
 - b. Ability to self-reflect on learning style and deficiencies
 - c. Ability to actively seek and utilize feedback
 - d. Ability to develop an effective relationship with faculty and other professionals
 - e. Ability to effectively recognize, reflect, process, and respond to own emotions
 - f. Awareness of own emotional state before, during, and after patient and family encounters
 - g. Ability to focus on the needs of the patient and family

11. Demonstrate **self-care**, including:
 - a. Balance the needs of patients/family/team and need for self-care
 - b. Recognize the signs of fatigue, burnout, and personal distress
 - c. Describe and implement effective strategies for self-care, including
 - i. Balance of personal and professional life
 - ii. Fostering of emotional support
 - iii. Connection with colleagues and the role of peer-support
 - iv. Dealing with burn-out and personal loss
 - d. Set appropriate personal and professional boundaries with colleagues, patients, families, and self
 - e. Writing condolence notes and making bereavement calls
 - f. Saying good-bye to patients or families

12. Recognize, describe and effectively collaborate with the **interdisciplinary team** in hospice and palliative care including:
 - a. Recognize and facilitate elements that promote team function
 - b. Contribute to team wellness
 - c. Facilitate efficient team meetings
 - d. Accept and solicit insights from IDT members
 - e. Recognize and manage conflict in IDT meetings
 - f. Accept and provide constructive feedback

13. Recognize need to refer and collaborate with **other health care professionals and systems** including:
 - a. Allied health professionals: nutritionists, physical therapists, respiratory therapists, occupational therapists, speech therapists, and case managers.
 - b. Pain management specialists
 - c. Radiation therapy
 - d. Surgical procedures
 - e. Psychosocial assessment and management
 - f. Chaplaincy or other spiritual counselors and resources
 - g. Clinical ethicist or ethics committee
 - h. Complementary and alternative therapies: acupuncture, aromatherapy, guided imagery
 - i. Community resources

14. Effectively **communicate with other health care providers** including:
 - a. Provide a concise presentation for a new palliative care patient
 - b. Summarize the active palliative care issues and treatment recommendations
 - c. Communicate with referring and consultant clinicians
 - d. Resolve conflict between health care providers
 - e. Build consensus regarding treatment plans and goals of care
 - f. Create smooth and efficient transitions across health care settings for patients and families

15. Effectively provide **education to professionals** in addressing knowledge, attitudes, and skills including:
 - a. Assessing learning needs in initiating a teaching encounter
 - b. Alternative approaches to teaching, and the role of different teaching techniques
 - c. Defining learning goals and objectives
 - d. Elicit concerns and provide support and education to staff
 - e. Ability to supervise clinical trainees and give constructive feedback

16. Effectively **communicate with administrators, leadership, and community at large** including:
 - a. The mission of palliative care
 - b. The mission and role of hospice
 - c. Role of palliative care in the global care of a patient

17. Understand and integrates knowledge of **health care system** in developing plan of care including:
 - a. Policies and procedures of pertinent health care systems
 - b. Role of hospice medical director in terms of quality of care, compliance, and communication with other professionals
 - c. Philosophy, admissions criteria, range of services, and structure of hospice care
 - d. Knowledge of the various settings and related structures for organizing, regulating, and financing care for patients at the end of life
 - e. Differences in admission criteria for and use of various settings such as
 - i. hospitals
 - ii. palliative care units
 - iii. skilled-nursing and assisted-living facilities

- iv. acute/sub-acute rehab facilities
- v. long-term acute care settings
- vi. traditional home hospice settings

18. Displays attitudes and behaviors of **professionalism** including:
- a. Demonstrates accountability to patients, society, and the profession
 - b. Demonstrates sensitivity, respect and compassion towards all patients and their families, and health care workers including
 - c. Capacity to reflect on personal attitudes, values, strengths, vulnerabilities, and personal experiences to optimize personal wellness and capacity to meet the needs of patients and families.
 - d. Sensitivity to issues surrounding age, ethnicity, sexual orientation, culture, spirituality and religion, and disability
19. Recognize, evaluate, and support diverse **cultural values and customs** including:
- a. Information sharing
 - b. Decision making
 - c. Expression and treatment of physical and emotional distress
 - d. Preferences for sites of care and death
 - e. Differences between the personal and the patient and family's values, attitudes, assumptions, hopes and fears
20. Recognize and address **barriers to care** including:
- a. Accessing hospice and palliative care services
 - b. Effective treatment of symptoms
 - c. Common patient, family, health care professional, and health care system barriers
 - d. Specialized populations and how to mobilize appropriate support for these populations
21. Describe, evaluate and implement common approaches to **quality and safety assurance and improvement**, as it pertains to personal, team, institutional, and systems improvement including:
- a. Willingness to evaluate and participate in practice and service improvement
 - b. Utilization of clinical or patient/family satisfaction data
 - c. Knowledge of clinical, financial, and quality-of-care outcome measures
 - d. Awareness of and adherence to patient safety standards
22. Maintain comprehensive, timely, and legible **medical records** including:
- a. Family meetings
 - b. Death pronouncement
 - c. Death certificates
23. Recognize own role and the role of the system in disclosure and prevention of **medical errors** including:
- a. Assess personal behavior and responsibility
 - b. Process of disclosure in regards to accord with institutional policies and professional ethics
 - c. Address concerns about quality of care and performance among colleagues
24. Demonstrate and maintain practice of and commitment to **life-long learning** including:

- a. Ability to develop a plan for improvement, regardless of competence
 - b. Access, analyze (including limitations) and apply evidenced base medicine to clinical practice
25. Describe **ethical and legal issues** in palliative and end-of-life care including:
- a. Ethical principles, frameworks, and laws addressing issues, including
 - i. Foregoing life-sustaining treatment
 - ii. Confidentiality
 - iii. Truth-telling
 - iv. Limits of surrogate decision-making
 - v. Decision-making capacity
 - vi. Conflicts of interest
 - vii. Use of artificial hydration and nutrition
 - viii. Requests for aid in dying
 - ix. Research ethics
 - x. Nurse-physician collaboration
 - xi. Principle of double effect
 - xii. Organ donation
 - b. Federal, state, and local laws and practices
 - c. Professional and institutional ethical policies
26. Describe and utilize the **scope and practice** of hospice and palliative medicine including:
- a. Domains of hospice and palliative care
 - b. Settings of palliative care, including:
 - i. home
 - ii. nursing home or chronic care facility
 - iii. inpatient hospice unit
 - iv. outpatient clinic
 - v. hospital
27. Demonstrate understanding of the **financial aspects** of care including:
- a. Cost of therapeutics/interventions including the use of medication formularies
 - b. Identifies similarities and differences between reimbursements for palliative medicine, hospice, hospital, home health, and long term care
 - c. Describes basic concepts and patterns of physician billing, coding and reimbursement across settings
 - d. Medicare/Medicaid Hospice Benefit, including elements of the program, eligibility, and key regulations for all levels of care
28. Demonstrate **knowledge of research** opportunities and process including:
- a. Importance of addressing ethical issues
 - b. Support research as appropriate to the setting
 - c. Use of data to demonstrate clinical, utilization, and financial outcomes

Requirements – Clinical education:

1. Attend rounds with faculty and interdisciplinary team members
2. Attend all family meetings and caregiver conferences occurring during the rotation
3. Attend at least 25 palliative care/hospice home visits
4. Attend on-site subspecialty clinics as they occur during the rotation
5. Perform all palliative care consultations
6. Provide ongoing patient/family follow-up in the inpatient and outpatient setting
7. Attend and participate in all interdisciplinary team conferences during inpatient consultation and hospice rotations
8. Facilitate and lead interdisciplinary team conference discussion for patient panel
9. Provide bedside teaching and support to
 - a. Medical students and residents on palliative care elective
 - b. Medical student and residents on primary teams caring for palliative care patients
 - c. Nurses and nursing students on primary teams caring for palliative care patients

Requirements – Didactic education:

10. Attend Palliative Medicine Survival series during the first 12 weeks of the year
11. Attend monthly pediatric specific didactic series
12. Attend weekly Grand Rounds and complete one grand rounds presentation during the year
13. Attend quarterly Journal Club and complete one Journal Club presentation during the year
14. Attend every other month case protected review and complete two case presentations during the year
15. Attend monthly all fellows research seminar
16. Attend monthly all fellows teaching seminar
17. Complete IHI online quality improvement modules
18. Complete Vital Talk online video modules

Requirements: Documentation:

19. Complete written documentation of consults within the same day
20. Review all written documentation with service attending
21. Complete a case log, including documentation of
 - a. All new patient care encounters during the rotation
 - b. All longitudinal care visits of those patients

Requirements – Self-directed education:

22. Complete self-reflection exercise twice during the year and review with program director
23. Complete self-care plan and review with program director or faculty mentor
24. Keep an active journal of patient care and medical knowledge experiences during the rotation, including self-reflection on experience
25. Write 3 personal educational goals at the start of the rotation and discuss achievement of goals at conclusion

Requirements – Evaluation and feedback:

26. Be evaluated by palliative care staff and patients/families in 360° format at least twice during the year
27. Complete semi-annual evaluation with formal feedback from program director
28. Complete direct observation evaluation of family meeting at least twice during the year
29. Meet with service physician and non-physician faculty for formal and informal feedback

30. Meet with the Program Director at least every four weeks (before and after each rotation) to discuss
 - a. Rotational goals, objectives, and requirements
 - b. Ongoing feedback from evaluations
 - c. Feedback from fellow regarding program improvements
 - d. Self-improvement and care practices
 - e. Individual Learning Plan

Teaching Methods:

1. Supervised patient care with the physician and non-physician faculty
2. Bedside teaching with fellowship and rotation faculty
3. Interdisciplinary team meetings
4. Required rotation reading
5. Case log with review by Program Director
6. On-line modules (IHI, Vital Talk)
7. Didactics
8. Grand Rounds
9. Case protected review
10. Self-assessment through individual learning plan and journal

Assessment Method (of Fellow):

1. Direct attending observation
2. Rotation evaluations
3. Program director assessment of case log and evaluations
4. Self-assessment through individual learning plan reviewed with program director
5. 360° evaluation by
 - a. Supervising faculty
 - b. Interdisciplinary team members
 - c. Patients/families
6. Palliative care team assessment of required presentations
 - a. Case protected review
 - b. Journal club
 - c. Grand rounds
7. Attendance at required lectures, meetings, training sessions
8. Mid-year and summative assessments by core faculty, Program and Site Directors

Assessment Method (by Fellow):

1. Individual Learning Plan
2. Rotation evaluation completed at the end of each rotation
3. Faculty evaluation
4. Overall program evaluation completed by fellow at conclusion of training