

**Measurable Outcomes for  
Hospice and Palliative Medicine (HPM) Competencies  
Version 2.3 September, 2009**

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## **Preface**

When developing outcome measures to assess competencies for a Hospice and Palliative Medicine (HPM) sub-specialist, we made the assumption that a fellow would enter HPM training with a basic set of competencies, allowing the fellow to focus on developing specialist-level HPM competencies. While we anticipate that trainees from as many as ten different specialties, with ten different training experiences, may enter our training programs, the competencies we present assume a basic foundation of knowledge, attitudes, and skills for all residents entering an HPM training program.

## ***Pre-Competencies***

The following “pre-competencies” ought to represent the minimum basic skills necessary for entrance into an HPM training program. Although HPM training programs, based on their resources and expertise, may make different decisions about competency expectations for a trainee entering an HPM fellowship, we believe that the following “pre-competencies” are essential in order to allow HPM training programs to focus on helping trainees develop the specialist-level competencies that are the hallmark of a specialist in the field:

- Ability to carry out a comprehensive and accurate history and physical examination
- Ability to evaluate and treat common life-threatening medical illnesses seen in adults including but not limited to heart failure, COPD, renal insufficiency, cirrhosis, strokes, diabetes and common infectious diseases.
- Ability to develop a differential diagnosis for common symptoms such as dyspnea, pain, cognitive dysfunction and common lab abnormalities ;
- Understanding of fundamental knowledge (e.g., pathophysiology, pharmacology, natural history, complications) related to common life-threatening illnesses seen in adults
- Experience in the longitudinal, direct patient care of patients with a wide variety of cancer and non-cancer chronic diseases
- Basic familiarity with evidence-based medicine
- Ability to access and critically read the medical literature
- Basic ability to conduct open-ended, patient centered interviews using appropriate facilitating techniques
- Honesty, integrity, responsibility, reliability
- Basic ability to self-reflect
- Basic understanding of the health care system
- Ability to collaborate with others in patient care

**Competent vs. Expert**

The measurable outcomes described in this document represent those for *the minimally competent specialist palliative care physician*, not the expert. According to the Dreyfus model of skill acquisition<sup>1</sup>, “competence” falls midway between the novice and expert physician.

Characteristics of competence include: being able to cope with an overwhelming number of rules, thinking ahead, seeing the bigger picture, demonstrating organizing principles and systematic approaches that differ depending on the situation, participating in active decision-making, and feeling a sense of personal responsibility.

The characteristics of an expert palliative care physician – being able to immediately and accurately assess a situation, intuitively seeing how to deal with it; using rules and guidelines flexibly; analyzing new information and problems to arrive at solutions; and being able to explain clinical reasoning and decision-making – develop only over time and with practice.

The measurable outcomes described in this document represent those for *the minimally qualified specialist palliative care physician*, not the expert. A competent physician is capable of undertaking independent practice and continues to grow towards proficiency and expertise.

**Evaluation Tools**

We intend that this set of measurable outcomes and suggested evaluation methods be used as a resource document only. The level of detail is not practical for comprehensive use. However, it will provide fellowship directors with guidelines for developing and improving new and existing education programs. This is a work in progress and the ultimate end product will be a set of evaluation tools that will measure the ACGME competencies that are specific to HPM.

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<sup>1</sup> Dreyfus' model of the five steps of skill acquisition includes the following: novice, advanced beginner, competent, proficient, expert. Based on Dreyfus Hubert L, Dreyfus Stuart E, Mind over Machine, retrieved from the Internet Nov. 20, 2006, <http://w3.msi.vxu.se/~per/CP-web/PBDDSKIL.HTM>

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## List of Potential Assessment Methods Used

1. Attending physician assessment of fellow
2. Fellow self-assessment
3. Patient assessment of fellow
4. Family assessment of fellow
5. Peer assessment of fellow
6. Team assessment of fellow
7. Consultant assessment of fellow
8. Learner assessment of fellow
9. Multiple choice exam (MCE)
10. Checklist evaluation (e.g. communication skills exercise)
11. Chart/record review
12. 360 degree evaluation
13. Portfolio
14. Practice Improvement Module (PIM)
15. Global rating scale
16. Chart-stimulated recall examination
17. Objective structured clinical examination (OSCE)
18. Standardized Patient (SP)
19. Mini-CEX
20. Case log
21. Standardized oral exam
22. Writing assignment (e.g. reflective essay)
23. Attendance log
24. Activity log

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
1.1 Gathers comprehensive and accurate information from all pertinent sources, including patient, family members, health care proxies, other health care providers, interdisciplinary team members and medical records	1.1.1. Obtains a comprehensive medical history and physical exam, including: <ul style="list-style-type: none"> <li>• Patient understanding of illness and prognosis</li> <li>• Goals of care/advance care planning/proxy decision-making</li> <li>• Detailed symptom history (including use of validated scales)</li> <li>• Psychosocial and coping history including loss history</li> <li>• Spiritual history</li> <li>• Functional assessment</li> <li>• Quality of life assessment</li> <li>• Depression evaluation (including stressors and areas of major concern)</li> <li>• Pharmacologic history including substance dependency or abuse</li> <li>• Detailed neurological exam, including mental status exam</li> </ul>		SP Attending physician assessment of fellow Patient and Family assessment of fellow 360 Evaluation
	1.1.2 Performs diagnostic workup; reviews primary source information and evaluation; determines prognosis and palliative course	Formulates a plan of care based on available information and prognosis	Attending physician assessment of fellow MCE
	1.1.4 Utilizes information technology; accesses on-line evidence-based medicine resources; uses electronic repositories of information, and medical records	Operates electronic information resources in a familiar manner	Attending physician assessment of fellow
1.2 Synthesizes and applies information in the clinical setting	1.2.1 Develops a prioritized differential diagnosis and problem list		Attending physician assessment of fellow Chart/record review

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	1.2.2 Develops recommendations based on patient and family values	Integrates patient's and/or family's values into written goals of care and treatment plan	360 Evaluation Family assessment of fellow
	1.2.3 Routinely obtains additional clinical information (from other physicians, nurses, pharmacists, social workers, case managers, chaplains, respiratory therapists) when appropriate	Collects information from other clinicians when needed	360 Evaluation
1.3 Demonstrates use of the interdisciplinary approach to develop a care plan that optimizes patient and family goals and reduces suffering			360 Evaluation Chart/record review
1.4 Assesses and communicates prognosis		Identifies and communicates prognosis accurately	Attending physician assessment of fellow 360 Evaluation Checklist evaluation evaluation Family assessment of fellow
1.5 Assesses and manages patients with the full spectrum of advanced, progressive, life-threatening conditions, including common cancers, common non-cancer diagnoses, chronic diseases, and emergencies			MCE 360 Evaluation OSCE
1.6 Manages physical symptoms, psychological issues, social stressors, and spiritual	1.6.1 Assesses pain and non-pain symptoms		MCE 360 Evaluation

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
aspects of the patient and family			
	1.6.2 Uses opioid and non-opioid pharmacologic options		MCE Chart/record review 360 Evaluation
	1.6.3 Uses non-pharmacologic symptom interventions		MCE Chart/record review 360 Evaluation
	1.6.4 Manages neuropsychiatric disorders		MCE Chart/record review 360 Evaluation
	1.6.5 Manages physical symptoms and psychosocial and spiritual distress in the patient and family		MCE Chart/record review 360 Evaluation
	1.6.6 Re-assesses symptoms frequently, and makes therapeutic adjustments as needed		360 Evaluation
1.7 Coordinates, orchestrates, and facilitates key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation, involving other team members as appropriate		Facilitates withdrawal of LST's according to recognized standards	360 Evaluation
1.8 Provides care to patients and families that reflects unique characteristics of different settings along the palliative care spectrum	1.8.1 Performs palliative care assessment and management for the home visit, nursing home visit, inpatient hospice unit visit, outpatient clinic visit, and hospital patient visit		360 Evaluation
	1.8.2 Delivers timely and accurate information and addresses barriers to patient and family access to		360 Evaluation Pt/Family

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	palliative care in multiple settings		assessment of fellow
	1.8.3 Works with families in an interdisciplinary manner to formulate discharge plans for patients and families		360 Evaluation Pt/Family assessment of fellow
1.9 Bases care on patient's past history and patient and family preferences and goals of care, prognostic information, evidence, clinical experience and judgment	1.9.1 Demonstrates a patient-family centered approach to care	Produces a patient and family-centered plan of care	360 Evaluation Family assessment of fellow
	1.9.2 Makes recommendations to consulting physician(s) as appropriate	Formulates adequate palliative care recommendations; follows appropriate consult etiquette	Attending physician assessment of fellow Consultant assessment of fellow
1.10 Demonstrates the ability to respond to suffering through addressing sources of medical and psychosocial/spiritual distress, bearing with the patient's and family's suffering and distress, and remaining a presence, as desired by the patient and family			360 Evaluation Pt/Family assessment of fellow
1.11 Demonstrates care that shows respectful attention to age/developmental stage, gender, sexual orientation, culture, religion/spirituality, as well as family interactions and disability		Recognizes and respects patient's and family's uniqueness	360 Evaluation Pt/Family assessment of fellow
1.12 Seeks to maximize patients' level of function, and	1.12.1 Evaluates functional status over time	Uses appropriate tools to measure functional status	360 Evaluation Chart/record

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
quality of life for patients and families			review
	1.12.2 Evaluates quality of life over time	Documents quality of life in medical chart	360 Evaluation Chart/record review
	1.12.3 Provides expertise in maximizing patient's level of function and quality of life	Refers to appropriate services	360 Evaluation Chart/record review
	1.12.4 Seeks to preserve opportunities for individual and family life in the context of life-threatening illness		360 Evaluation Pt/Family assessment of fellows
	1.12.5 Recognizes the potential value to patients and their family members of completing personal affairs/unfinished business	Identifies and facilitates opportunities to resolve unfinished issues	360 Evaluation
	1.12.6 Effectively manages physical symptoms and psychosocial and spiritual distress in the patient and family		360 Evaluation MCE Chart/record review
1.13 Provides patient and family education	1.13.1 Educates families in maintaining and improving level of function to maximize quality of life		360 Evaluation
	1.13.2 Explains palliative care services, recommendations and latest developments to patients and families		360 Evaluation; Pt/Family assessment of fellow
	1.13.3 Educates patient and family about disease trajectory and how and when to access palliation in future		360 Evaluation
1.14 Recognizes signs and symptoms of impending death and cares for the imminently dying patient and their family members	1.14.1 Effectively prepares family, other health care professionals, and caregivers for the patient's death	Adequately interprets signs of impending death for other clinicians and family members	360 Evaluation; Pt/Family assessment of fellow; SP
	1.14.2 Provides assessment and symptom management for the imminently dying patient	Identifies transition to actively dying and changes management accordingly	360 Evaluation MCE

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
1.15 Provides treatment to the bereaved	1.15.1 Provides support to family members at the time of death and immediately after	Demonstrates compassion, expresses condolences, explores family questions, and provides information as desired by the family	Attending physician assessment of fellow Family assessment of fellow 360 Evaluation
	1.15.2 Involves interdisciplinary team members in treating the bereaved		
	1.15.3 Refers family members to bereavement programs	Knows available community resources	MCE 360 Evaluation
1.16 Refers patients and family members to other health care professionals to assess, treat and manage patient and family care issues outside the scope of palliative care practice and collaborates effectively with them	1.16.1 Recognizes the need for collaboration with clinicians providing disease-modifying treatment		Attending physician assessment of fellow Fellow self-assessment Consultant assessment of fellow
	1.16.2 Collaborates with and makes referrals to pediatricians with expertise relevant to the care of children with advanced, progressive, and life-threatening illness		Attending physician assessment of fellow; Consultant assessment of fellow
	1.16.3 Accesses specialized pediatric and geriatric palliative care resources appropriately		Attending physician assessment of fellow
	1.16.4 Collaborates with other mental health clinicians to meet the needs of patients with major mental health issues	Integrates mental health clinicians' recommendations into patients' plan of care	Attending physician assessment of fellow;

<b>Patient and Family Care</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
			Consultant assessment of fellow

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
<p>2.1 Describes the scope and practice of hospice and palliative medicine, including:</p> <ul style="list-style-type: none"> <li>• Domains of hospice and palliative care                             <ul style="list-style-type: none"> <li>• Role of palliative care in co-management of patients with potentially life-limiting illness at all stages of disease and in the presence of restorative, curative, and life-prolonging goals</li> </ul> </li> <li>• History of hospice and palliative medicine</li> </ul> <ul style="list-style-type: none"> <li>• Settings where hospice and palliative care are provided</li> </ul> <ul style="list-style-type: none"> <li>• Elements of patient assessment and management across different hospice and palliative care settings, including home visit, nursing home visit, inpatient hospice unit visit, outpatient clinic visit, and in hospital patient visit.</li> </ul>		<p>Identifies palliative care domains that could be addressed for any patient with potentially life-limiting illness at all stages of disease and in the setting of all other appropriate therapies</p> <p>Recalls professional background of Cicely Saunders, the name of her hospice program, and the year it was established</p> <p>Identifies year of establishment of Hospice Medicare Benefit, its major features, and its significance in the history of hospice in the U.S.</p> <p>Demonstrates appropriate preparation for home visit</p> <p>Prepares appropriate discharge plan for complex inpatients, carries out or assures all related tasks, and assures good follow-up</p> <p>Assesses compliance in the ambulatory setting and uses home services to promote and further</p>	<p>Standardized oral examination MCE OSCE Attending physician assessment of fellow</p> <p>MCE</p> <p>Standardized oral examination MCE</p> <p>360 Evaluation</p> <p>360 Evaluation Chart/record review OSCE Peer assessment of fellow</p>

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
<ul style="list-style-type: none"> <li>• The Medicare/Medicaid Hospice Benefit, including essential elements of the program, eligibility, and key regulations for all levels of hospice care</li> <li>• Barriers faced by patients and families in accessing hospice and palliative care services</li> </ul>		<p>assess compliance.</p> <p>Describes essential elements and eligibility criteria for hospice</p> <p>Correctly evaluates patients for their hospice eligibility and appropriateness for a variety of hospice levels of care</p> <p>In evaluating patients and families for hospice, identifies psychological, social, economic, and other barriers to accessing hospice</p>	<p>360 Evaluation Chart/record review Peer assessment of fellow</p> <p>Attending physician assessment of fellow</p> <p>Peer assessment of fellow OSCE</p> <p>Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation OSCE</p>
2.2 Recognizes the role of the interdisciplinary team in hospice and palliative care	2.2.1 Describes the role of the palliative care physician in the interdisciplinary team	Identifies the roles performed by a physician on a particular team and evaluates this in terms of the potential range of roles that physicians can play	Standardized oral examination Attending physician assessment of fellow Peer assessment of fellow

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
			360 Evaluation
	2.2.2 Identifies the various members of the interdisciplinary team and their roles and responsibilities	<p>Describes the actual role of various clinicians on a team and evaluates their behaviors in terms of the potential roles they can play</p> <p>Identifies behaviors that facilitate and hinder team function</p>	<p>Standardized oral examination</p> <p>Standardized oral examination Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation</p>
	2.2.3 Recognizes how and when to collaborate with other allied health professionals, such as nutritionists, physical therapists, respiratory therapists, occupational therapists, speech therapists, and case managers	Demonstrates appropriate referral to allied health professionals in formulating and carrying out a care plan.	<p>Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation</p>
	2.2.4 Describes concepts of team process and recognizes psychosocial and organizational elements that promote or hinder successful interdisciplinary team function	<p>Describes team processes evident in a team meeting</p> <p>Recognizes psychosocial and organizational elements that promote or hinder successful interdisciplinary team function in a clinical setting, and then constructs</p>	<p>Standardized oral examination Writing assignment</p> <p>Standardized oral examination Writing assignment</p>

<b>Medical Knowledge</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
		<p>a plan to facilitate more facilitating behaviors</p> <p>Demonstrates appropriate behaviors and facilitating of team process in team meetings and informal contacts</p>	<p>Attending physician assessment of fellow</p> <p>Peer assessment of fellow</p> <p>360 Evaluation</p>
2.3 Describes how to assess and communicate prognosis	2.3.1 Identifies what elements of the patient's history and physical examination are critical to formulating prognosis for a given patient	In evaluating patients, identifies key elements (history, physical examination, and laboratory) that are useful in prognostication.	<p>Chart/record review</p> <p>Standardized oral examination</p> <p>OSCE</p> <p>SP</p> <p>Writing assignment</p>
	2.3.2 Describes common chronic illnesses with prognostic factors, expected natural course and trajectories, common treatments, and complications	<p>For cancer, heart failure, dementia, and anoxic or traumatic brain injury, describes the key prognostic factors for severe disability or death and formulates a prognosis</p> <p>For common cancers at typically incurable stages, describes the mean survival for treated and untreated disease</p> <p>Describes major modalities of treatment for metastatic cancer, congestive heart failure, chronic obstructive lung disease, ALS, and dementias, and is able to apply this knowledge to outline care options for</p>	<p>MCE</p> <p>Standardized oral examination</p> <p>Attending physician assessment of fellow</p> <p>OSCE</p> <p>MCE</p> <p>Standardized oral examination</p> <p>MCE</p>

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
		<p>specific clinical cases</p> <p>Recognizes common side effects of chemotherapy agents and biologicals, and is able to describe these to patients and family members</p> <p>Describes key clinical features and is able to recognize major and urgent cancer complications, such as cord compression, superior vena cava syndrome, hypercalcemia, hyponatremia</p>	<p>Standardized oral examination</p> <p>Attending physician assessment of fellow</p> <p>Peer assessment of fellow</p> <p>Standardized oral examination</p> <p>Attending physician assessment of fellow</p> <p>Peer assessment of fellow</p> <p>SP</p> <p>OSCE</p> <p>MCE</p>
	2.3.3 Describes effective strategies to communicate prognostic information to patients, families and health care providers	Uses clinical data to construct a prognosis, and then communicates this prognosis to a patient	Attending physician assessment of fellow SP
2.4 Recognizes the presentation and management of common cancers, including	2.4.1 Identifies common diagnostic and treatment methods in the initial evaluation and	In a variety of clinical situations in which metastatic disease is	Attending physician

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
their epidemiology, evaluation, prognosis, treatment, patterns of advanced or metastatic disease, emergencies, complications, associated symptoms, and symptomatic treatments	ongoing management of cancer	<p>suspected, describes typical diagnostic efforts to confirm the diagnosis.</p> <p>In a variety of clinical situations in which metastatic disease is demonstrated, suggests appropriate treatment options.</p>	<p>assessment of fellow</p> <p>Attending physician assessment of fellow</p>
	2.4.2 Identifies common elements in prognostication for solid tumors and hematological malignancies at various stages, including the natural history of untreated cancers	<p>For common cancers at various stages, distinguishes potentially curable from incurable disease, and describes the prognosis for treated and untreated disease</p> <p>Uses prognostic information appropriately in discussing diagnostic and treatment options with patients and families.</p>	<p>MCE Standardized oral examination Attending physician assessment of fellow</p> <p>Attending physician assessment of fellow Peer assessment of fellow</p>
	2.4.3 Describes patterns of advanced disease, associated symptoms, and symptomatic treatments for common cancers	<p>Demonstrates familiarity with the common patterns of metastatic disease and associated symptoms for advanced ovarian cancer</p> <p>Demonstrates familiarity with common patterns of spread of common metastatic cancers, such</p>	<p>MCE Standardized oral examination Attending physician assessment of fellow</p>

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
		<p>as colonic carcinoma</p> <p>For common symptoms of advanced cancer, formulates a differential diagnosis of the etiology and of appropriate diagnostic efforts to delineate the etiology.</p> <p>For common presenting symptoms of advanced cancer (e.g, prostate cancer) describes symptomatic treatment</p>	<p>MCE Standardized oral examination Attending physician assessment of fellow</p> <p>MCE Standardized oral examination Attending physician assessment of fellow</p> <p>Standardized oral examination Attending physician assessment of fellow</p>
	2.4.4 Describes the presentation and management of common complications of malignancy, i.e. hypercalcemia and brain metastases, and emergencies, i.e. seizures and hemorrhage	<p>For a patient with metastatic breast cancer and new onset of severe back pain, demonstrates an awareness of the possibility of epidural cord compression, it's diagnosis, and early treatment</p> <p>Advises a patient with a cancer metastatic to the brain, as well as the family, about the emergency management of seizures</p>	<p>Standardized oral examination</p> <p>Attending physician assessment of fellow</p>
2.5 Recognizes the presentation and management of common non-cancer life-	2.5.1 Identifies markers of advanced disease in common non-cancer life-threatening conditions,	In analyzing the presenting clinical data for patients with a variety of	MCE Standardized

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
threatening conditions, including their epidemiology, evaluation, prognosis, treatment, patterns of disease progression, complications, emergencies, associated symptoms, and symptomatic treatments	such as congestive heart failure, chronic obstructive pulmonary disease, and dementia	non-cancer life-threatening conditions, formulates a prognosis and eligibility for hospice	oral examination Attending physician assessment of fellow
	2.5.2 Describes patterns of advanced disease, associated symptoms, (i.e. dyspnea for congestive heart failure and dysphagia for dementia), and symptomatic treatments for common non-cancer life-threatening conditions	Identifies common symptoms of advanced gastric cancer and describes symptomatic treatment.  Provides a comprehensive evaluation for the symptoms associated with hypercalcemia and prescribes appropriate treatment	Standardized oral examination Attending physician assessment of fellow  Attending physician assessment of fellow OSCE
	2.5.3 Describes the presentation and management of common complications of non-cancer life-threatening conditions, i.e. pulmonary edema and psychosis, and emergencies, i.e. myocardial infarction for coronary artery disease and stroke for cerebrovascular disease	Provides a comprehensive evaluation of advanced chronic lung disease, and prescribes or suggests appropriate management, including preparation for dealing with likely signs of deterioration or the need for emergency care	Standardized oral examination Attending physician assessment of fellow
2.6 Explains principles of assessing pain and other common non-pain symptoms	2.6.1 Describes the concept of "total pain"	Provides a comprehensive analysis of patients with pain and identifies the physical, psychosocial, and	Attending physician assessment of

<b>Medical Knowledge</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
		spiritual components of distress	fellow Chart/record review
	2.6.2 Explains the relevant basic science, pathophysiology, associated symptoms and signs, and diagnostic options useful in differentiating among different etiologies of pain and non-pain symptoms	<p>Evaluates patients with pain and other non-pain symptoms, and differentiates among possible etiologies.</p> <p>Describes common features of pain and non-pain symptoms that suggest particular etiologies, and distinguishes and identifies useful diagnostic options to clarify the etiology</p> <p>Describes the basic science and pathophysiology of common pain and non-pain symptoms</p>	<p>Attending physician assessment of fellow OSCE MCE</p> <p>Attending physician assessment of fellow OSCE MCE Standardized oral examination</p> <p>Attending physician assessment of fellow</p> <p>OSCE MCE Standardized oral examination</p>
	2.6.3 Describes a thorough assessment and functional status of pain and other symptoms, including the use of appropriate diagnostic methods and symptom measurement tools	In evaluating patients, demonstrates an ability to assess and appropriately manage pain and other symptoms	Attending physician assessment of fellow Standardized oral examination
	2.6.4 Names common patient, family, health	In evaluating patients, identifies and	Attending

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	care professional, and health care system barriers to the effective treatment of symptoms	addresses common barriers to effective treatment, such as fears of addiction and tolerance, difficulties with adhering to complicated medication schedules, discomfort with intimate bodily contact or exposure, and inability to manage such complex skills as dressing changes, inserting rectal suppositories, or administering IV fluids	physician assessment of fellow Standardized oral examination
2.7 Describes the use of opioids in pain and non-pain symptom management	2.7.1 Lists the indications, clinical pharmacology, alternate routes, equianalgesic conversions, appropriate titration, toxicities, and management of common side effects for opioids	Demonstrates an ability to correctly prescribe opioids for pain and non-pain symptom management in a variety of settings, including choice of route, dosage, intervals, steps in titration, and prevention and management of side effects and toxicity	Attending physician assessment of fellow Standardized oral examination MCE
	2.7.2 Describes appropriate opioid prescribing, monitoring of treatment outcomes, and toxicity management in chronic, urgent and emergency pain conditions.	For a patient with poorly controlled pain on acetaminophen, chooses the appropriate additional pain medication and dosage, reflecting an awareness of the etiology of the pain, it's severity, risks of toxicity, and appropriate monitoring and follow-up  For a patient on chronic oral methadone for abdominal and back pain associated with metastatic pancreatic cancer who now is unable to take pills because of	Attending physician assessment of fellow Standardized oral examination MCE SP

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
		severe nausea and vomiting, prescribes an appropriate regimen of morphine or hydromorphone, administered via patient controlled analgesia	
	2.7.3 Describes appropriate opioid prescribing in different clinical care settings: home, residential hospice, hospital, long-term care facility	<p>For a patient on a complex analgesic regimen and being discharged to a nursing home from a hospital, prescribes an appropriate analgesic regimen that is suitable for this new setting</p> <p>In choosing an opioid regimen for a patient in hospice, prescribes medications in a manner that demonstrates awareness of such issues as cost, convenience, availability, and compliance</p>	Attending physician assessment of fellow Standardized oral examination MCE SP
	2.7.4 Describes the concepts of addiction, pseudoaddiction, dependence and tolerance, and describes their significance in pain management, as well as approaches to managing pain in patients with current or prior substance abuse	For a patient in the recovery from opioid abuse and now with pain from widely metastatic bony metastasis, counsels the patient about the risks of the dependence and tolerance, the importance of good analgesia and a regimen that allows for careful monitoring while minimizing the risk of addiction	Attending physician assessment of fellow Standardized oral examination SP
	2.7.5 Explains the legal and regulatory issues surrounding opioid prescribing	Writes opioid prescriptions that reflect an awareness of pertinent legal and regulatory issues, including the amount prescribed, managing increases in dosage between prescriptions, and the need for written prescriptions for refills	Attending physician assessment of fellow Standardized oral examination MCE

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
			SP
2.8 Describes the use of non-opioid analgesics, adjuvant analgesics, and other pharmacologic approaches to the management of both pain and non-pain symptoms	2.8.1 Identifies the indications, clinical pharmacology, alternate routes, appropriate titration, toxicities, and management of common side effects for: acetaminophen, aspirin, NSAIDs, corticosteroids, anticonvulsants, anti-depressants, and local anesthetics used in the treatment of pain and non-pain symptoms.	<p>Recognizes neuropathic pain and correctly prescribes anticonvulsants or antidepressants</p> <p>Correctly describes the use of non-opioid analgesics, their common toxicities, contraindications, and how they are prescribed</p> <p>In prescribing corticosteroids at low doses for pain, identifies additional beneficial and harmful effects</p>	<p>Attending physician assessment of fellow</p> <p>Standardized oral examination</p> <p>MCE</p> <p>SP</p>
2.9 Describes pharmacologic approaches to the management of common non-pain symptoms	2.9.1 Describes use of common agents used to treat dyspnea, nausea, vomiting, diarrhea, constipation, anxiety, depression, fatigue, pruritus, confusion, agitation, and other common problems in palliative care practice	<p>Describes a clinical approach to managing nausea and vomiting refractory to common agents, including the utility of various diagnostic efforts</p> <p>In evaluating patients with delirium, provides a comprehensive differential diagnosis based on history, physical examination, and laboratory tests, and correctly prescribes treatments aimed at the etiology of the delirium or at the symptom, including both pharmacological and nonpharmacological treatments</p> <p>Correctly diagnosis and prescribes treatment for small bowel obstruction, including surgical approaches, pharmacological approaches, and counseling of the patient and family</p>	<p>Attending physician assessment of fellow</p> <p>Standardized oral examination</p> <p>MCE</p> <p>SP</p>

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
		In evaluating a lung cancer patient with new onset dyspnea, describes a differential diagnosis, evaluation plan, and first-line treatments for various etiologies	
	2.9.2 Identifies the indications, clinical pharmacology, alternate routes, appropriate titration, toxicities, and management of common side effects for: opioids, anxiolytics, antiemetics, laxatives, psychostimulants, corticosteroids, antidepressants, antihistamines, neuroleptics, sedatives and other common agents used in palliative care practice	<p>Prescribes a satisfactory bowel regimen whenever prescribing opioids</p> <p>Prescribes benzodiazepines with an awareness of their half-lives, appropriate titration, and common toxicities</p> <p>Appropriately suggests neuroleptics for delirium and agitation, and is able to provide a rationale for use of particular agents</p>	<p>Attending physician assessment of fellow</p> <p>Standardized oral examination</p> <p>MCE</p> <p>SP</p>
2.10 Describes the use of non-pharmacologic approaches to the management of pain and non-pain symptoms	2.10.1 Identifies indications, toxicities, and appropriate referral for interventional pain management procedures, as well as surgical procedures commonly used for pain and non-pain symptom management	In describing the diagnosis and treatment of pancreatic cancer, explains the role of celiac plexus block, complications, and usual outcomes	<p>Attending physician assessment of fellow</p> <p>Standardized oral examination</p> <p>MCE</p> <p>SP</p>
	2.10.2 Identifies indications, toxicities, management of common side effects, and appropriate referral for radiation therapy	Suggests the use of hypo-fractionated radiation therapy for selected patients with metastatic bone cancer	<p>Attending physician assessment of fellow</p> <p>Standardized oral examination</p> <p>MCE</p> <p>SP</p>

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	2.10.3 Identifies indications, toxicities, and appropriate referral for commonly used complementary and alternative therapies, i.e. acupuncture, aromatherapy, guided imagery	For appropriately selected patients, explains and suggests relaxation exercises, and makes appropriate referrals	Attending physician assessment of fellow Standardized oral examination MCE SP
	2.10.4 Explains the role of allied health professions in pain and non-pain symptom management, such as speech, physical, respiratory, and occupational therapy	For patients with ALS at various stages of progression, is familiar with and able to prescribe appropriate use of speech, physical, respiratory, and occupational therapy	Attending physician assessment of fellow Standardized oral examination MCE SP
2.11 Describes the etiology, pathophysiology, diagnosis, and management of common neuropsychiatric disorders encountered in palliative care practice, such as depression, delirium, seizures, and brain injury	2.11.1 Recognizes how to evaluate, and treat common neuropsychiatric disorders	Describes an organized, step-wise approach to evaluation and treatment of common neuropsychiatric disorders	MCE Standardized oral examination
	2.11.2 Describes how to refer appropriately to neurological and mental health professionals	Identifies triggers for referral to a neurologist or mental health professional	MCE Attending physician assessment of fellow Standardized oral examination
	2.11.3 Describes the indications, contraindications, pharmacology, appropriate prescribing practice, and side-effects of common psychiatric medications	Discusses the main indications and contraindications, basic pharmacology, appropriate prescribing practice, and main side effects of SSRIs, tricyclic antidepressants, anticonvulsants, benzodiazepenes, antipsychotics,	MCE Attending physician assessment of fellow Standardized oral examination

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
		barbiturates	
	2.11.4 Recognizes the diagnostic criteria and management issues of brain death, persistent vegetative state, and minimally conscious state	Lists the diagnostic criteria for brain death and persistent vegetative state,  Describes common management issues around brain death and persistent vegetative state	MCE Standardized oral examination  MCE Standardized oral examination Mini-CEX
2.12 Recognizes common psychological stressors and disorders experienced by patients and families facing life-threatening conditions, and describes appropriate clinical assessment and management.	2.12.1 Recognizes psychological distress	Identifies the presence of common psychological stressors  Assesses for common physical and behavioral signs of psychological distress	MCE Standardized oral examination  MCE Standardized oral examination OSCE/SP Mini-CEX 360 Evaluation
	2.12.2 Describes concepts of coping styles, psychological defenses, and developmental stages relevant to the evaluation and management of psychological distress	Lists and defines coping styles and psychological defenses  Identifies relevant coping styles and psychological defense mechanisms	MCE Standardized oral examination  Standardized oral examination Mini-CEX OSCE/SP
	2.12.3 Describes how to provide basic supportive counseling and to strengthen coping skills	Lists basic concepts of supportive counseling and strategies to strengthen coping skills	MCE Standardized oral examination
	2.12.4 Recognizes the needs of minor children when an adult parent or close relative is seriously ill or dying, and provides appropriate	Routinely evaluates issues and needs of minor children involved in cases	360 Evaluation OSCE/SP Mini-CEX

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	basic counseling or referral	Demonstrates effective basic counseling and appropriate referral for minor children	360 Evaluation OSCE/SP Mini-CEX
	2.12.5 Recognizes the needs of parents and siblings of children who are seriously ill or dying and provides appropriate basic counseling or referral	Routinely evaluates needs of siblings and parents when children are seriously ill  Demonstrates effective basic counseling and appropriate referral for siblings and parents	360 Evaluation OSCE/SP Mini-CEX  360 Evaluation OSCE/SP Mini-CEX
May delete or combine with 2.11.2 later on	2.12.6 Explains appropriate utilization of consultation with specialists in psychosocial assessment and management	Identifies common triggers for specialist consultation in the psychosocial domain	MCE Standardized oral examination Mini-CEX
2.13 Recognizes common social problems experienced by patients and families facing life-threatening conditions and describes appropriate clinical assessment and management	2.13.1 Able to assess, counsel, support, and make appropriate referrals to alleviate the burden of caregiving	Identifies signs of caregiver burden  Explains strategies to relieve caregiver burden  Routinely assesses for level of caregiver burden  Refers appropriately to colleagues to address caregiver burden	MCE Standardized oral examination Mini-CEX OSCE/SP  360 Evaluation Mini-CEX  360 Evaluation Peer assessment of fellow
	2.13.2 Able to assess, provide support, and make appropriate referral around fiscal issues, insurance coverage, and legal concerns	Routinely assesses for distress around financial insurance, and legal concerns  Refers appropriately to colleagues to address financial, insurance and legal concerns	360 Evaluation Mini-CEX  360 Evaluation Peer assessment of

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
			follow
2.14 Recognizes common experiences of distress around spiritual, religious, and existential issues for patients and families facing life-threatening conditions, and describes elements of appropriate clinical assessment and management	2.14.1 Describes the role of hope, despair, meaning, and transcendence in the context of severe and chronic illness	Defines hope, despair, meaning and transcendence in a practical sense that promotes understanding for patients, families, and staff in this setting	360 Evaluation Peer assessment of fellow Attending physician assessment of fellow Standardized oral examination
	2.14.2 Describes how to perform a basic spiritual/existential/religious evaluation	Explains an organized approach to covering basic elements of a spiritual/existential/religious history	Standardized oral examination MCE
	2.14.3 Describes how to provide basic spiritual counseling	Defines basic principles of spiritual counseling and common scenarios where counseling could be of benefit	MCE Standardized oral examination
	2.14.4 Identifies the indications for referral to chaplaincy or other spiritual counselors and resources	Lists indications for referral to chaplaincy or other spiritual resources	MCE Standardized oral examination
	2.14.5 Knows the developmental processes, tasks, and variations of life completion and life closure	Describes common tasks of life closure for dying patients	MCE Standardized oral examination
	2.14.6 Describes processes for facilitating growth and development in the context of advanced illness	Names strategies to facilitate growth and development for a patient with advanced illness	MCE Standardized oral examination Mini-CEX OSCE/SP
2.15 Able to recognize, evaluate, and support diverse cultural values and customs with regard to information sharing, decision making, expression and treatment of physical and emotional distress, and preferences for sites of care and death.	2.15.1 Recognizes major contributions from non-medical disciplines, such as sociology, anthropology, and health psychology, in understanding and managing the patient's and family's experience of serious and life-threatening illness	Assesses patient and family cultural values and customs in regard to information sharing, decision-making, expression and treatment of physical and emotional distress, and preferences for sites of care and death	Standardized oral examination MCE Peer assessment of fellow

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
		Demonstrates respect for and effort to honor diverse cultural values and customs	Chart/record review 360 degree
2.16 Recognizes the components of management for the syndrome of imminent death	2.16.1 Identifies common symptoms, signs, complications and variations in the normal dying process and their management	Describes stages of dying, including common symptoms, signs, and complications, as well as relevant management strategies	Standardized oral examination MCE
	2.16.2 Describes strategies to communicate with patient and family about the dying process and to provide support	Identifies approaches for communicating with a patient and family about the dying process  Describes strategies for demonstrating support to a patient and family during the dying process	Standardized oral examination MCE Mini-CEX  Standardized oral examination MCE Mini-CEX
2.17 Recognizes the elements of appropriate care of the patient and family at the time of death and immediately thereafter	2.17.1 Describes appropriate and sensitive pronouncement of death	Explains a step-wise process for death pronouncement, including personal preparation, patient assessment, family notification, and documentation	Standardized oral examination MCE Mini-CEX  Standardized oral examination MCE Mini-CEX
	2.17.2 Identifies the standard procedural components and psychosocial elements of post-death care	Describes post-death care, including family notification of death, autopsy option, organ donation option, funeral arrangements, routine care	Standardized oral examination MCE Attending

<b>Medical Knowledge</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
		of the body, and death certificate completion	physician assessment of fellow
	2.17.3 Recognizes the potential importance and existence of post-death rituals and how to facilitate them	Routinely elicits and facilitates post-death rituals of importance to patients and families	360 Evaluation Peer assessment of fellow Chart/record review
2.18 Describes the basic science, epidemiology, clinical features, natural course, stages, and management options for normal and pathologic grief	2.18.1 Demonstrates knowledge of normal grief and elements of bereavement follow-up, including assessment, treatment, and referral options for bereaved family members	Defines normal grief	MCE Standardized oral examination
		Lists elements of bereavement assessment	MCE Standardized oral examination
		Identify approaches to bereavement treatment	MCE Standardized oral examination
	2.18.2 Recognizes the risk factors, diagnostic features, epidemiology, and management of depression and complicated grief	Discuss risk factors, diagnostic features, and epidemiology of complicated grief and depression associated with bereavement	MCE Standardized oral examination
		Identify management strategies for complicated grief and depression associated with bereavement	MCE Standardized oral examination
	2.18.3. Appreciates risk of suicide in the bereaved and carries out initial assessment for		Attending physician

Medical Knowledge			
Competency	Sub-competency	Sample Behavior	Assessment Method
	suicide risk		assessment of fellow MCE
2.19 Describes common issues in the palliative care management of pediatric and geriatric patients and their families that differ from caring for adult patients, in regard to physiology, vulnerabilities, and developmental stages	2.19.1 Describes the epidemiology of pediatric life-threatening conditions	Names common causes of death for infants, children, and adolescents and the age ranges for these categories	MCE Standardized oral examination
		Discusses the difficulty of prognostication in the setting of rare syndromes and other congenital abnormalities in childhood and its relevance to clinical care	Standardized oral examination
	2.19.2 Appreciates developmental perspectives on illness, grief, and loss	Explains common age- specific perspectives for patients and family members, as applied to illness, loss, and grief	MCE Standardized oral examination 360 Evaluation Mini-CEX
	2.19.3 Describes pharmacologic principles applicable to the management of symptoms in infants, children, and adolescents	Explains weight-based dosing approach for medications in pediatric patients.	MCE Standardized oral examination
		Recognizes the emphasis on preventing and managing procedure-related pain in pediatrics	MCE Standardized oral examination
		Names physiologic characteristics of neonates that may affect opioid pharmacology	MCE Standardized oral examination
2.20 Describes ethical and legal issues in palliative and end-of-life care and their clinical management	2.20.1 Discusses ethical principles and frameworks for addressing clinical issues	Explains common ethical principles and their application in palliative medicine	Standardized oral examination MCE
		Applies ethical principles to given	

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
		ethical dilemma	Standardized oral examination Mini-CEX OSCE/SP Writing assignment
	2.20.2 Describes federal, state, and local laws and practices that impact on palliative care practice	Discusses federal, state, and local laws regarding such issues as advance directives, controlled substance regulation, management of resuscitation status, limits of doctor-patient relationship, decision-making capacity and consent, and management of life-sustaining therapy	Standardized oral examination MCE Mini-CEX Attending physician assessment of fellow 360 Evaluation
	2.20.3 Consults clinical ethicist appropriately	Explains local procedure for ethics consultation  Identifies appropriate scenarios for ethics involvement	Attending physician assessment of fellow  MCE Standardized oral examination Attending physician assessment of fellow Mini-CEX
	2.20.4 Describes professional and institutional ethical policies relevant to palliative care practice	Explains professional and institutional ethical policies commonly applied to palliative care practice, such as limiting life-sustaining therapies, use of advance directives, decision-making capacity	Standardized oral examination MCE Mini-CEX Attending physician assessment of fellow

<b>Medical Knowledge</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
			360 Evaluation

<b>Practice-Based Learning and Improvement</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
3.1 Maintains safe and competent practice, including self-evaluation and continuous learning	3.1.1 Demonstrates an ability to self-reflect on personal learning deficiencies and develop a plan for improvement	Self assess and critique personal learning deficiencies. Choose a plan of remediation.	360 Evaluation Portfolio
	3.1.2 Demonstrates knowledge of and commitment to continuing professional development and life-long learning	Construct a plan for life-long learning – staying up to date, obtaining CME, goal oriented professional development. Participates in program and institutional continuing medical education offerings	360 Evaluation Portfolio
	3.1.3 Demonstrates knowledge of the roles and responsibilities of the trainee/mentor	Applies knowledge of trainee/mentor role in daily activities – looks to mentor for appropriate guidance, follows through on agreed tasks, open to assuming mentor role in interactions with trainees	Global rating scale Portfolio Activity log
	3.1.4 Demonstrates the ability to reflect on his/her personal learning style and use different opportunities for learning	Categorize personal learning styles in development of self-learning plan	Chart/record review Portfolio
	3.1.5 Demonstrates the ability to actively seek and utilize feedback	Interpret feedback to improve patient care and collegial relationships Routinely seeks feedback Discusses current areas for personal improvement.	Checklist evaluation
	3.1.6 Demonstrates the ability to develop an effective learning relationship with members of the faculty and other professionals	Combine feedback and Fellow self-assessment into a plan for effectively working with colleagues and peers	360 Evaluation Checklist evaluation
3.2 Accesses, analyzes and applies the evidence base to clinical practice in palliative care	3.2.1 Demonstrates knowledge of, and recognizes limitations of, evidence-based medicine in palliative care	Differentiates the quality of research in palliative care for patient care applications. Able to analyze the evidence-base for a particular clinical question with discussion of limitations	Chart/record review MCE Standardized oral exam Checklist evaluation

<b>Practice-Based Learning and Improvement</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	3.2.2 Actively seeks to apply the best available evidence to patient care to facilitate safe, up-to-date clinical practice, and encourages others to do so	<p>Uses best medical research to solve patient-care problems.</p> <p>Facilitates environment of application of best evidence as member of clinical team</p>	<p>Chart/record review</p> <p>MCE</p> <p>Standardized oral exam</p> <p>Checklist evaluation</p> <p>Peer assessment of fellow</p> <p>360 Evaluation</p>
3.3 Develops competencies as an educator	3.3.1 Recognizes the importance of assessing learning needs in initiating a teaching encounter	Employs a needs assessment process in educational planning.	Portfolio
	3.3.2 Describes the importance of defining learning goals and objectives as a basis for developing educational sessions	<p>Explains why developing learning objectives are essential in educational program development.</p> <p>Describes key components for writing an effective learning objective</p>	Portfolio
	3.3.3 Reflects on benefits and drawbacks of alternative approaches to teaching, and the role of different teaching techniques to address knowledge, attitudes, and skills	<p>Appraises audience learning needs and learning objectives in the choice of teaching techniques.</p> <p>Identifies range of potential teaching strategies and explains their application to teaching knowledge, skills and attitudes</p> <p>Discusses benefits and drawbacks of particular teaching strategies in a given circumstance</p> <p>Participates in teaching continuing medical education offerings to other disciplines</p>	Portfolio

<b>Practice-Based Learning and Improvement</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	3.3.4 Demonstrates the ability to supervise clinical trainees (e.g., medical students, residents, and other health care professionals) and give constructive feedback	Evaluates clinical trainees using objective metrics.  Critiques clinical trainees in a professional manner acknowledging positives and areas for improvement.	Learner assessment of fellow Checklist evaluation Attending physician assessment of fellow Peer assessment of fellow
	3.3.5 Shows respect towards learners	Demonstrates respect and empathy for learners	360 Evaluation Learner assessment of fellow
3.4 Demonstrates knowledge of the process and opportunities for research in palliative care	3.4.1 Recognizes and values the importance of addressing ethical issues in palliative care research	Explains key ethical issues in palliative care research.	Portfolio
	3.4.2 Is realistic about the benefits and challenges of palliative care research and supports research as appropriate to the setting	Recognizes the value of palliative care research.	Portfolio
	3.4.3 Recognizes and values the use of data to demonstrate clinical, utilization, and financial outcomes of palliative care	Describes how palliative care financial data can be used to plan for different clinical service delivery models.	Portfolio MCE Standardized oral exam
3.5 Describes common approaches to quality and safety assurance	3.5.1 Demonstrates an openness and willingness to evaluate and participate in practice and service improvement	Uses clinical data to develop clinical practice improvement projects in palliative care.  Describes a model for approaching healthcare improvement and can apply to clinical problem, i.e. PDSA Cycle or Model for Improvement	Portfolio

<b>Practice-Based Learning and Improvement</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	3.5.2 Demonstrates knowledge of palliative care's clinical, financial, and quality-of-care outcome measures	Identifies key clinical, financial and quality of life measurement tools.	Portfolio MCE Standardized oral exam
	3.5.3 Demonstrates awareness of and adherence to patient safety standards	Uses patient safety standards in daily clinical practice.  Identifies potential patient safety issues in any given clinical scenario	Checklist evaluation 360 Evaluation Portfolio

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
4.1 Initiates informed relationship-centered dialogues about care	4.1.1 Assesses patient/family wishes regarding the amount of information they wish to receive and the extent of their participation in clinical decision-making	Inquires about how much information the person wants at the initial visit  Asks if the patient wants to be involved in decision making when discussing goals of care	Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.1.2 Determines, in collaboration with patient/family, the appropriate participants in discussions concerning a patient's care	Inquires if there are other people who should be present when giving bad news	Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.1.3 Assesses patient's and family members' decision-making capacity, and other strengths and limitations of understanding and communication	Can justify a determination of decision making capacity  Can discuss different criteria and their advantages and disadvantages for determining decision making capacity	Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.1.4 Enlists legal surrogates to speak on behalf of a patient when making decisions for a patient without decision-making capacity	Can describe the relevant law regarding surrogacy  Can describe the moral justifications for choosing a surrogate	Attending physician assessment of fellow SP Family assessment of

<b>Interpersonal and Communication Skills</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
		Asks the surrogate about what the patient would have wanted when discussing goals of therapy	fellow 360 Evaluation
	4.1.5 Recognizes differences between relationship-centered dialogues in adult and pediatric palliative care	Can describe differences in pediatric and adult communication about palliative care topics	MCE Attending physician assessment of fellow Checklist evaluation
4.2 Demonstrates empathy	4.2.1 Uses empathic and facilitating verbal behaviors such as: naming, affirmation, normalization, reflection, silence, listening, self-disclosure, and humor in an effective and appropriate manner	Demonstrates empathic and facilitating verbal behaviors when giving bad news  Demonstrates these behaviors in response to empathic opportunities	Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.2.2 Employs empathic and facilitating non-verbal behaviors such as: touch, eye contact, open posture, and eye-level approach in an effective and appropriate manner	Same as above	Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
4.3. Demonstrates ability to recognize and respond to own emotions and those of others	4.3.1 Expresses awareness of own emotional state before, during, and after patient and family encounters	Can reflect on one's emotions when talking to patient or families in discussions	Checklist evaluation
	4.3.2 Reflects on own emotions after patient and family encounter or related event		Checklist evaluation
	4.3.3 Effectively processes own emotions in clinical setting in order to focus on the needs	Based on self report feels able to tolerate strong patient emotions	Attending physician

Interpersonal and Communication Skills			
Competency	Sub-competency	Sample Behavior	Assessment Method
	of the patient and family		assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.3.4 Responds to requests to participate in spiritual or religious activities and rituals, in a manner that preserves respect for both the patient and family, as well as one's own integrity and personal and professional boundaries	Can reflect on his/her ability to respond genuinely when asked to participate in spiritual/religious activities.  Is felt by a SP to show respect when asked to participate in religious/spiritual rituals	Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.3.5 Self-corrects communication miscues		Attending physician assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.3.6 Responds effectively to intense emotions of patients, families, and colleagues	Demonstrates use of specific strategies to respond to emotions, i.e. naming, reflection, affirmation, listening, empathy  Is felt by a SP to respond to emotions with specific, effective strategies	Attending physician assessment of fellow SP Family assessment of fellow Checklist evaluation 360 Evaluation

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
4.4. Demonstrates the ability to educate patients/families about the medical, social and psychological issues associated with life-limiting illness	4.4.1 Demonstrates self-awareness and ability to recognize differences between the clinician's own and the patient and family's values, attitudes, assumptions, hopes and fears related to illness, dying, and grief	Can identify the differences and tensions between one's own beliefs and the families regarding what constitutes "good death"	SP 360 Evaluation
	4.4.2 Recognizes the importance of serving as an educator for patient/family		Checklist evaluation 360 Evaluation
	4.4.3 Identifies patients/families' gaps in knowledge	Asks patient/families if they have questions	SP Family assessment of fellow 360 Evaluation
	4.4.4 Communicates knowledge to patients/families based on the patient/family's level of understanding	Avoids jargon in conversations with families/patients	SP Family assessment of fellow 360 Evaluation
	4.4.5 Educates patients/families about life completion tasks such as completion of practical affairs and relationships, achievement of a satisfactory sense of life completion and closure	Asks patients about their desire for life completion tasks	SP Family assessment of fellow 360 Evaluation
	4.4.6 Recognizes the importance of ambivalence when making decisions about the goals of care and uses appropriate strategies to address it	Recognizes the importance of patient/family ambivalence  Can describe strategies for dealing with ambivalent families/patient  Can use a strategy for dealing with ambivalent families/patients	SP Family assessment of fellow 360 Evaluation
	4.4.7 Identifies patients/families who may benefit from a language translation service or interpreter	Asks appropriately for a translator  Can describe difficulties associated with using a translator	SP Family assessment of fellow

<b>Interpersonal and Communication Skills</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
			360 Evaluation
	4.4.8 Educates surrogates about their role as medical decision-makers	Prepares legal surrogate to focus on what patient would want in the given situation and to express those wishes, separate from wishes of any other person involved	SP Family assessment of fellow 360 Evaluation
4.5 Uses age, gender, and culturally-appropriate concepts and language when communicating with families and patients	4.5.1 Routinely assesses patients/families to identify individuals who might benefit from age, gender, and culturally-appropriate interventions or support	Ask if there are any religious or spiritual traditions the team should know about when talking to families	SP Family assessment of fellow 360 Evaluation
	4.5.2 Shows sensitivity to developmental stages and processes in approaching patients/families	Discusses issues at developmental level appropriate to the individual, and demonstrates ability to adjust explanation/discussion based on developmental stage	SP Family assessment of fellow 360 Evaluation
	4.5.3 Appreciates the need to adjust communication strategies based on cultural beliefs		SP Family assessment of fellow 360 Evaluation
4.6 Demonstrates the above skills in the following paradigmatic situations with patients or families and documents an informative, sensitive note in the medical record: <ul style="list-style-type: none"> <li>A. Giving bad news</li> <li>B. Discussing transitions in goals of care from a curative and/or life prolonging focus to palliative care</li> <li>C. Dealing with family members who want to protect the patient from distressing information</li> <li>D. Discussing patient wishes for inappropriate or “futile” care at the end of life</li> </ul>	<p>Displays comfort and effective communication skills in routinely addressing these situations</p> <p>Documents the conversation in the medical record</p>	Attending physician assessment of fellow Checklist evaluation Chart/record review OSCE/SP Mini-CEX Writing assignment SP Family assessment of	

Interpersonal and Communication Skills			
Competency	Sub-competency	Sample Behavior	Assessment Method
E. Addressing patient/family emotional distress about talking about death and dying and end-of-life issues			fellow 360 evaluation
F. Introducing option of palliative care consultation			SP
G. Discussing goals of care including advance care planning and resuscitation status			Family assessment of fellow 360 Evaluation
H. Discussing appropriate care settings			Attending physician assessment of fellow
I. Discussing the end-of-life care needs of a dying child with parents			Checklist evaluation
J. Discussing the needs of minor children of dying adults			Chart /record review
K. Withholding or withdrawing of any life-sustaining therapy			OSCE/SP
L. Continuing life-sustaining therapy with focus on palliation			Mini-CEX
M. Discussing enrollment into hospice			Writing assignment
N. Dealing with requests for physician aid in dying			
O. Discussing palliative sedation			
P. Discussing artificial hydration and nutrition			
Q. Discussing severe spiritual or existential suffering			
R. Referring to tasks of life review, completion of personal affairs, including relationships and sexuality, and social and spiritual aspects of life completion and closure			
S. Saying good-bye to patients or families			
T. Pronouncing death in presence of patient's family			

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
U. Writing condolence notes and making bereavement calls			
4.7. Organizes and leads or co-facilitates a family meeting	4.7.1 Identifies when a family meeting is needed	Appropriately initiates arrangements for family meetings	Attending physician assessment of fellow Mini-CEX Peer assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.7.2 Identifies appropriate goals for a family meeting	Able to define goals for a given family meeting	Attending physician assessment of fellow Mini-CEX Peer assessment of fellow SP Family assessment of fellow 360 Evaluation
	4.7.3 Demonstrates a step-wise approach in leading a family meeting	Employs an organized approach in leading a family meeting	Mini-CEX OSCE/SP Peer assessment of fellow 360 Evaluation Family

<b>Interpersonal and Communication Skills</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
			assessment of fellow
	4.7.4 Demonstrates techniques for mediating intra-family or family-health care team conflict	Employs and identifies specific strategies for mediating family-healthcare professional conflicts	Mini-CEX OSCE/SP Attending physician assessment of fellow 360 Evaluation Family assessment of fellow
	4.7.5 Documents the course and outcome of a family meeting in the medical record	Records important process and outcome points from a family meeting in the medical record	Chart/record review Peer assessment of fellow
4.8 Collaborates effectively with others as member or leader of IDT	4.8.1 Facilitates efficient team meetings	Displays ability to define and follow agenda as physician leader to achieve efficient team meetings  Demonstrates strategy for redirecting team meeting when the discussion is tangential	Peer assessment of fellow 360 Evaluation Attending physician assessment of fellow  Peer assessment of fellow 360 Evaluation Attending physician assessment of fellow
	4.8.2 Accepts and solicits insights from Interdisciplinary Team (IDT) members	Demonstrates openness to input from IDT members regarding a patient's	Peer assessment of

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	regarding patient and family needs in evolving the patient's plan of care	plan  Appropriately requests input from IDT members regarding patient's plan of care	fellow 360 Evaluation Attending physician assessment of fellow  Peer assessment of fellow 360 Evaluation Attending physician assessment of fellow
	4.8.3 Manages and recognizes the need for conflict resolution in IDT meetings	Identifies and employs effective strategies for conflict resolution in IDT meetings	Peer assessment of fellow 360 Evaluation Attending physician assessment of fellow Writing assignment
	4.8.4 Provides constructive feedback to IDT members	Demonstrates an effective strategy for delivering feedback in IDT	360 Evaluation Attending physician assessment of fellow 360 Evaluation Attending physician assessment of fellow

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	4.8.5 Accepts feedback from IDT members	Responds to feedback from IDT members in a, respectful manner	360 Evaluation Attending physician assessment of fellow
4.9 Develops effective relationships with referring physicians, consultant physicians, and other health care providers	4.9.1 Provides a concise verbal history and physical exam presentation for a new palliative care patient	Can make a concise patient presentation	Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation Mini-CEX
	4.9.2 Summarizes the active palliative care issues and treatment recommendations for a known patient in signing out to or updating a colleague	Provides an informative summary of active patient issues and interventions to facilitate transfer of care	Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation Mini-CEX
	4.9.3 Communicates with referring and consultant clinicians about the care plan/recommendations for the patient and family	Appropriately initiates communication with other clinicians about care plans for a patient and family  Employs effective communication strategies when discussing care plans with other clinicians	Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation  Attending physician assessment of

<b>Interpersonal and Communication Skills</b>			
Competency	Sub-competency	Sample Behavior	Assessment Method
			fellow Peer assessment of fellow 360 Evaluation  Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation
	4.9.4 Communicates with health care providers when there is disagreement about treatment plans	Appropriately anticipates disagreement about treatment plans  Effectively negotiates differences in opinion regarding treatment plans	Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation  Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation Checklist evaluation
	4.9.5 Works toward consensus building		Attending

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	about treatment plans and goals of care	Maintains a positive focus on the needs of patient and family when there are disagreements	physician assessment of fellow Peer assessment of fellow 360 Evaluation  Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation
	4.9.6 Supports and empowers colleagues to lead and participate in family meetings	Encourages relevant physicians and staff to participate in a family meeting  Advocates for pre-meetings with clinician participants prior to family meetings when appropriate  Demonstrates flexibility in role during family meetings, including ability to lead or support  Counsels clinician colleagues in effective leadership of family meetings when the opportunity arises	Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation  Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation  Attending physician

Interpersonal and Communication Skills			
Competency	Sub-competency	Sample Behavior	Assessment Method
			assessment of fellow Peer assessment of fellow 360 Evaluation  Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation
	4.9.7 Elicits concerns from and provides emotional support and education to staff around difficult decisions and care scenarios	Routinely assesses staff in a given case for needed emotional support and provides when needed	Attending physician assessment of fellow Peer assessment of fellow 360 Evaluation
4.10 Maintains comprehensive, timely, and legible medical records	4.10.1 Documents legible notes in the medical record in a timeframe consistent with individual program and institutional requirements and regulatory agencies	Enters legible notes in the medical record in an appropriate timeframe	Chart/record review Peer assessment of fellow 360 Evaluation
	4.10.2 Adapts medical record documentation in different settings (hospice, hospital, home)	Communicates relevant medical record information in a format or protocol appropriate to each palliative care setting	Chart/record review Peer assessment of fellow 360 Evaluation
	4.10.3 Addresses the major domains of	Attends to all relevant domains of	Chart/record

<b>Interpersonal and Communication Skills</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	palliative care, (as per the National Consensus Project) as appropriate, in the initial history and physical exam	palliative care in the initial history and physical exam	review Peer assessment of fellow Mini-CEX
	4.10.4 Consistently includes all relevant domains of palliative care (as per the National Consensus Project) in progress notes and follow-up documentation	Attends to all relevant domains of palliative care in progress notes	Chart/record review Peer assessment of fellow Mini-CEX
	4.10.5 Documents death pronouncement in the medical record and completes death certificate in a correct and timely	Completes documentation of death pronouncement in the medical record, in a timely manner  Correctly completes death certificate in a timely manner	Chart/record review Peer assessment of fellow  Chart/record review

<b>Professionalism</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
5.1 Achieves appropriate balance between needs of patients/family/team, while balancing one's own need for self-care	5.1.1 Recognizes the signs of fatigue, burnout, and personal distress and makes adjustments to deal with it	Identifies personal vulnerabilities that may lead to burnout Describes signs of burnout using personal examples	Writing assignment MCE
	5.1.2 Describes effective strategies for self-care, including balance, emotional support, and dealing with burn-out and personal loss	The trainee will describe personal activities that support a sense of personal balance	Writing assignment
	5.1.3 Contributes to team wellness	Exhibits caring behaviors toward other team members	360 Evaluation
	5.1.4 Explains how to set appropriate boundaries with colleagues and with patients and families	Colleagues will report that the trainee demonstrates appropriate attention to professional boundaries	360 Evaluation
5.2 Recognizes own role and the role of the system in disclosure and prevention of medical error	5.2.1 Assesses personal behavior and accepts responsibility for errors when appropriate	The trainee receives feedback without defensiveness	360 Evaluation Chart stimulated recall examination Writing assignment
	5.2.2 Discloses medical errors in accord with institutional policies and professional ethics		360 Evaluation
5.3 Demonstrates accountability to patients, society, and the profession; and a commitment to excellence		Trainee shows commitment to own professional growth through reading, attendance at educational programs and other appropriate activities, and brings new understandings back to the team.	Attendance log, 360 Evaluation
5.4 Describes role of hospice medical director in terms of quality of care, compliance, and communication with other professionals			MCE
5.5 Fulfills professional commitments	5.5.1 Responds in a timely manner to requests from patients and families for medical information		360 Evaluation
	5.5.2 Responds to requests for help from colleagues		360 Evaluation

<b>Professionalism</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	5.5.3 Demonstrates accountability for personal actions and plans		360 Evaluation
	5.5.4 Fulfills professional responsibilities and works effectively as a team member		360 Evaluation
	5.5.5 Addresses concerns about quality of care and impaired performance among colleagues		360 Evaluation
	5.5.6 Treats co-workers with respect, dignity, and compassion		360 Evaluation
5.6 Demonstrates knowledge of ethics and law that should guide care of patients, including special considerations around these issues in pediatric, adult, and geriatric palliative care, including:			360 Evaluation MCE

<b>Professionalism</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
5.7 Demonstrates respect and compassion towards all patients and their families, as well as towards other clinicians	5.7.1 Demonstrates willingness and ability to identify own assumptions, individual and cultural values, hopes and fears related to life-limiting illness and injury, disability, dying, death and grief		360 Evaluation Patient/Family assessment of fellow
	5.7.2 Displays sensitivity to issues surrounding age, ethnicity, sexual orientation, culture, spirituality and religion, and disability		Patient/Family assessment of fellows
	5.7.3 Effectively communicates the mission of palliative care to hospital administrators, clinicians, and community at large		360 Evaluation
5.8 Demonstrates the 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.			Writing assignment

<b>Systems-Based Practice</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
6.1 Demonstrates care that is cost-effective and represents best practices	6.1.1 Recognizes relative costs of medications and other therapeutics/interventions	Arranges common medications in order of relative cost	MCE
	6.1.2 Implements best evidence based practices for common palliative medicine clinical scenarios across settings	Demonstrates ability to develop plan of care consistent with evidence base	Chart/record review  Attending physician assessment of fellow
	6.1.3 Explains the rationale for the use of medication formularies	Differentiates between meds on formulary and not, explains reason why choices were made	MCE Standardized oral exam
	6.1.4 Identifies similarities and differences between reimbursements for palliative medicine, hospice, hospital, home health, and long term care	Defines reimbursement practices for various settings where palliative medicine is practiced  Explains reimbursement principles to patients and their families	MCE  Attending physician assessment of fellow Family assessment of fellow
	6.1.5 Describes basic concepts and patterns of physician billing, coding and reimbursement across settings	Outlines key differences between physician billing practices in different settings of care	MCE Standardized oral exam
6.2 Evaluates and implements systems improvement based on clinical practice or patient and family satisfaction data, in personal practice, team practice, and within institutional settings	6.2.1 Reviews pertinent clinical or patient/family satisfaction data about personal, team, or institutional practice patterns.	Systematically evaluates current practice and designs ways to improve weaknesses within practice	PIM Chart/record review
6.3 Integrates knowledge of health care	6.3.1 Describes policies and procedures of	Lists elements of care at commonly	MCE

<b>Systems-Based Practice</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
system in developing plan of care	pertinent health care systems	encountered systems of care within institutional environment	
	6.3.2 Describes philosophy, admissions criteria, range of services, and structure of hospice care	Summarizes possibilities of care and strengths/weaknesses of commonly encountered systems of care within institutional environment  Correctly describes basics of hospice as option for care	Standardized oral exam  Attending physician assessment of fellow Checklist evaluation
	6.3.3 Recognizes resources and barriers relevant to the care of specialized populations in hospice and palliative medicine, and has basic knowledge of how to mobilize appropriate support for these populations (e.g. pediatric patients, HIV patients, etc.)	Explains barriers to care for certain populations and demonstrates ability to provide resources/support	Global rating scale Checklist evaluation
6.4 Demonstrates knowledge of the various settings and related structures for organizing, regulating, and financing care for patients at the end of life	6.4.1 Describes differences in admission criteria for various settings such as hospitals, palliative care units, skilled-nursing and assisted-living facilities, acute/sub-acute rehab facilities, and long-term acute care settings as well as traditional home hospice	Distinguishes between services provided at each locus of care and determines which site of care is most applicable for each patient	Global rating scale Checklist evaluation  Chart record review
6.5 Collaborates effectively with all elements of the palliative care continuum, including hospitals, palliative care units, nursing homes, home and inpatient hospice, and other community resources	6.5.1 Effectively utilizes members of interdisciplinary team to create smooth and efficient transitions across health care settings for patients and families		360 Evaluation  Chart/record review
	6.5.2 Communicates with care managers/appropriate staff across sites to enable seamless transitions between settings	Demonstrates ability to work in interdisciplinary team to create effective care plans and optimize transitions between settings	Peer assessment of fellow Consultant assessment of

<b>Systems-Based Practice</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
			fellow 360 Evaluation
	6.5.3 Communicates with clinicians at time of care transitions to clarify and coordinate care plan across settings	Communicates with clinicians at other settings at time of transition to preserve medical plan	Peer assessment of fellow Consultant assessment of fellow
6.6 Advocates for quality patient and family care and assists patients and families in dealing with system complexities	6.6.1 Communicates and supports patient and family decision-making about discharge planning – including settings of care, service options, and reimbursement/payer systems	Arranges family meetings relating to discharge and runs them effectively and smoothly	Patient/Family assessment of fellows  Attending physician assessment of fellow
	6.6.2 Coordinates and facilitates dialogue between patients/families and service provider representatives (e.g. hospice liaison nurses, nursing home administrators; and inter-hospital departments including but not limited to ICU, intermediate care, emergency department)	Demonstrates ability to determine which services are appropriate and then facilitates (and participates in, as appropriate) meetings with family and representatives of service provider.	Patient/Family assessment of fellows  360 Evaluation
6.7 Partners with health care managers and health care providers to assess, coordinate, and improve patient safety and health care, and understands how these activities can affect system performance	6.7.1 Describes hospital and palliative care program continuous quality improvement programs and their goals and processes	Discusses local or national quality improvement projects and suggests ways that care can continue to be improved	Attending physician assessment of fellow MCE Standardized oral exam
	6.7.2 Demonstrates ability to work with managers of varying disciplines to improve patient safety and system-based factors that	Identifies problems with system factors that affect patient safety and need improvement.	360 Evaluation  Attending

<b>Systems-Based Practice</b>			
<b>Competency</b>	<b>Sub-competency</b>	<b>Sample Behavior</b>	<b>Assessment Method</b>
	affect care delivery		physician assessment of fellow