

# Hospice and Palliative Medicine Competencies Project Toolkit of Assessment Methods



American Academy of  
Hospice and Palliative Medicine

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## Background

As hospice and palliative medicine (HPM) fellowship programs began transitioning to the Accreditation Council for Graduate Medical Education (ACGME) framework, educators within the field elected to define HPM competencies and measureable outcomes in line with the ACGME Outcome Project.<sup>1</sup> These tasks were taken up by the HPM Competencies Project Workgroup and were completed in Phase 1 and Phase 2 of the project, respectively. Both the Hospice and Palliative Medicine Core Competencies<sup>2</sup> and Measureable Outcomes for Hospice and Palliative Medicine Competencies are currently available for general use and reference on the American Academy of Hospice and Palliative Medicine (AAHPM) Web site.<sup>3</sup>

The final step for the HPM Competencies Workgroup was to develop an assessment toolkit to provide a guide for fellow evaluation in the context of the competencies and measureable outcomes previously described. Phase 3 and Phase 4 of the HPM Competencies Project were undertaken to complete this task, resulting in the *Hospice and Palliative Medicine Competencies Project Toolkit of Assessment Methods*.

## Components of the Toolkit

1. **Suggested assessment methods** for each of the following competencies: ACGME sets forth that a fellowship program should identify two assessment methods per competency.
  - a. [Patient and Family Care](#)
  - b. [Medical Knowledge](#)
  - c. [Practice-Based Learning and Improvement](#)
  - d. [Interpersonal and Communication Skills](#)
  - e. [Professionalism](#)
  - f. [Systems-Based Practice](#)
2. **Summary of suggested tools** and assessment methods by ACGME competency: Includes a brief description, instructions for use, and the current status of the HPM assessment tool.
  - a. [Patient and Family Care](#)
  - b. [Medical Knowledge](#)
  - c. [Practice-Based Learning and Improvement](#)
  - d. [Interpersonal and Communication Skills](#)
  - e. [Professionalism](#)
  - f. [Systems-Based Practice](#)
  - g. [Multi-Domain Tools and Master Assessment Table](#)
3. **Individual Tools:** Includes brief instructions for use and data entry.
  - a. Patient and Family Care
    - i. Patient and Family Care 3-Tool Bundle
      - (1) Patient and Family Care—Attending Physician Assessment
      - (2) Patient and Family Care—Fellow Self-Assessment
      - (3) Patient and Family Care—Chart Review
    - ii. Chart Abstraction Checklist—Psychosocial-Spiritual Assessment
    - iii. Chart Abstraction Checklist—Pain Assessment
  - b. Medical Knowledge
  - c. Practice-Based Learning and Improvement
    - i. Faculty Evaluation Checklist—Practice-Based Learning and Improvement
    - ii. Team Evaluation Checklist—Practice-Based Learning and Improvement
    - iii. Small Group Teaching Checklist

- d. Interpersonal and Communication Skills
  - i. The SECURE Framework—Palliative Care
  - ii. Communication Skills Evaluation
- e. Professionalism
  - i. Assessment of Professionalism in Palliative Care
  - ii. Reflective Journaling Self-Care Exercise
- f. Systems-Based Practice
  - i. Team Evaluation Checklist—Systems-Based Practice
  - ii. Faculty Evaluation Checklist—Systems-Based Practice
- g. Multi-Domain Tools and Master Assessment Table
  - i. 360° Evaluation
  - ii. Academic Portfolio
  - iii. Palliative Medicine Structured Portfolio
  - iv. Master Assessment Table (displays Targeted Subcompetencies, Suggested Methods, and Tools by ACGME competency)

## Process and Challenges in Developing the Toolkit

Candidate assessment tools were gathered and reviewed using an ACGME competency-specific approach. Workgroup members worked in small groups to identify appropriate tools for each competency from within and outside the field of hospice and palliative medicine. We reviewed known (but unpublished) tools, tools from the literature, and those from the ACGME and other related evaluation Web sites. In addition, a request was sent from AAHPM to educators in hospice and palliative medicine inviting them to submit appropriate tools. In selecting instruments, we were guided by the following characteristics of a good instrument (largely adapted from Epstein [2007]<sup>4</sup> and the ACGME Outcome Project<sup>1</sup>):

1. Reliability—the measurement is accurate and reproducible
2. Validity—it measures what it is supposed to measure in a given HPM setting (face validity and external validity)
3. Low Cost/Feasibility—it requires a reasonable amount of time or effort for faculty, trainee, institution, etc.
4. Acceptability—trainees, faculty, and academic community find it palatable and don't resist its use
5. Potential Impact on Future Learning and Practice—it promotes learning and improved practice in itself
6. Objectivity—it reduces impact of subjective judgment
7. Provides Valuable Information—it garners new and useful data.

Other criteria used by the workgroup to inform HPM-specific tool selection included

1. ability to serve multiple purposes (can be used for evaluation of multiple ACGME competencies)
2. alignment with HPM competencies, version 2.3
3. past experience with the instrument
4. ability to assess interdisciplinary team role and relationships
5. flexibility for different settings and contexts (ie, time of year, home hospice vs inpatient care)
6. ability to be used by members of different disciplines
7. element being evaluated is frequent enough to enable evaluation in a short rotation.

In the end, 64 tools were identified for review. Unfortunately, most of the tools reviewed fit poorly with the above criteria. Very few tools were specific to hospice and palliative medicine. We also found that multiple ACGME competencies and key subcompetencies were not currently evaluable with identified tools. Moreover, and not surprisingly, very few of the tools have been validated or published in the literature. Nonetheless, after our initial review of gathered instruments, we were able to identify, by consensus, the two best assessment methods for each [ACGME competency](#).

The lack of fit between the competencies and measurable outcomes and available tools led to the development of the Master Assessment Table, designed to be used as a reference document. The workgroup pared down the large number of HPM competencies previously published<sup>2</sup> into a more manageable number. By workgroup consensus, the most important and representative subcompetencies within each ACGME competency were identified and targeted for evaluation. Each of the subcompetencies targeted for evaluation constitutes an exemplar or sentinel skill, the mastery of which the workgroup felt was likely to reflect broader mastery of the entire competency. The two recommended assessment methods for each ACGME competency, as well as those for each subcompetency, are indicated. In addition to serving as a guide to creating an HPM fellowship evaluation plan, the Master Assessment Table is also envisioned as a potential source for fellowship programs to create new tools in the form of checklists that meet their site-specific needs.

During this review process two content additions were made and are reflected in version 2.3 (September 2009) of the HPM Competencies<sup>5</sup> and Measurable Outcomes documents.<sup>6</sup> These additions include a new emphasis on a fellow's ability to discuss "the role of palliative care in comanagement of patients with potentially life-limiting illness at all stages of disease" and to respond "effectively to intense emotions of patients, families, and colleagues."

Because of the dearth of tools identified and the glaring gaps in certain competencies, workgroup members either created new tools or adapted existing tools to better fit the subcompetencies targeted for evaluation and the tool selection criteria (above). Newly created tools remain untested. Footers, found on each page of the suggested tools, credit original authors and specify when tools were used (or adapted) with permission. The footnotes also identify the authors of new tools and list the members of the HPM Competencies Phase 3 Workgroup.

***If tools are to be used, adapted, or referenced in the future, please acknowledge the contribution of the original author and the HPM Workgroup as indicated in the unique footer for each tool.***

We invite you to freely explore and use the toolkit. You are also welcome to adapt the tools and strategies to optimize your current fellowship evaluation program. Lastly, we encourage and invite your feedback. Please contact us at [info@aahpm.org](mailto:info@aahpm.org).

## How to Use the Toolkit

### ***Basic Steps***

1. Define your purpose in using the Toolkit. If possible and relevant for your fellowship, define your specific curriculum objectives, competencies not already addressed, and individualized learning plan.
2. Become familiar with the content of the [HPM Competencies](#) and [Measurable Outcomes](#) related to your fellowship needs.
3. Review the [Suggested Assessment Methods](#) for the relevant ACGME competencies.
4. Review the Summary of Suggested Tools, the individual tools, and the Master Assessment Table for the relevant ACGME competency.
5. Select tools to fit your fellowship program's specific needs. The Master Assessment Table may provide additional useful information in creating or implementing a fellowship evaluation plan.
6. Download selected materials for use.

### ***Example 1: Ways to Assess a Fellow's Skills in Pain Assessment and Management.***

- You need to assess skills in pain assessment and management for your four fellows.
- The Competencies document shows you that this falls under ACGME competencies Patient and Family Care and Medical Knowledge.
- Competencies 1.1, 1.2, 1.3, 1.6, 2.6, 2.7, 2.8, and others are potentially relevant.
- The Measurable Outcomes document shows multiple-choice exam, standardized oral exam, attending physician assessment of fellow, chart review, and standardized patient are potential assessment methods for these competencies.
- From the [Suggested Assessment Methods](#) for these ACGME competencies, you see the HPM Competencies Workgroup suggests Attending Assessment of Fellow, Chart Review, and Multiple-Choice Exam.



- When you review the [Summary of Suggested Tools](#) and the Master Assessment Table, you find one tool listed that pertains to pain issues: the Chart Abstraction Checklist—Pain Assessment. (The PFC 3-Tool Bundle is less specific to pain.)
- The Chart Abstraction Checklist—Pain Assessment seems like it might meet your goals, so you decide to pilot it.
- Each month the attending physician on the inpatient service does three chart audits for the rotating fellow using this tool.
- Fellow performance has improved based on feedback specific to this instrument.
- You later give feedback on your use of this tool via [e-mail](#).

***Example 2: Ways to Evaluate a Fellow's Skills in Communicating Prognosis During a Family Meeting***

- You need to evaluate a fellow's skills in communicating prognosis during a family meeting.
- The Competencies document shows you that this falls mainly under ACGME competencies Medical Knowledge and Interpersonal and Communication Skills.
- Competencies 4.6 and 2.3, and to a related lesser degree 4.7, 1.4, and 1.7, are potentially relevant.
- The Measureable Outcomes document shows 360° evaluation; standardized patient; and assessments by the attending physician, family, peers, etc., are potential assessment methods for these competencies.
- From the [Suggested Assessment Methods](#) for these ACGME competencies, you see the HPM Competencies Workgroup suggests Attending Assessment of Fellow, Multiple-Choice Exam, and Team and Peer Assessment of Fellow with Patient and Family Assessment as other options given.
- When you review the [Summary of Suggested Tools](#) and the Master Assessment Table, you find two relevant tools listed: the Communication Skills Evaluation and the SECURE-PC.
- There is not a tool that overlaps family meetings and prognostication.
- The Communication Skills Evaluation is very global and only touches on family meetings.
- The SECURE-PC has a good level of detail but does not specifically cover prognosis.
- You decide to pilot the SECURE-PC because it has a nice level of detail. However, it does not specifically address prognostic content.
- You later give feedback on your use of this tool via [e-mail](#).
- Because this tool does not specifically address prognostic content, you later decide to create your own shorter checklist specific to communicating prognosis.
- You share your new instrument.



## Summary of Assessment Methods and Tools by ACGME Competency

Listed below are summaries of the assessment tools that are contained in the HPM Assessment Toolkit. The summary information is organized by the six ACGME competencies:

- [Patient and Family Care](#)
- [Medical Knowledge](#)
- [Practice-Based Learning and Improvement](#)
- [Interpersonal and Communication Skills](#)
- [Professionalism](#)
- [Systems-Based Practice](#).

We've also included a [Multi-Domain](#) category for those tools that assess more than one ACGME competency. Each ACGME competency summary contains the following information:

- Suggested Assessment Methods (at least two per competency, as ACGME suggests)
- Review of Suggested Tools
- Instructions for Use
- Current Status.

### ***Patient and Family Care***

1. Suggested Assessment Methods
  - a. Attending Physician Assessment of Fellow
  - b. Chart Review
2. Review of Suggested Tools (Note: first three tools comprise the **PFC 3-Tool Bundle**)
  - a. **Patient and Family Care—Attending Physician Assessment.** This tool, created by the workgroup, allows the attending physician to perform a Likert-scale assessment of the fellow on key management points for commonly seen symptoms and on several important aspects of communication. As with the two additional tools in this complementary set below, it has not been piloted in any setting to date.
  - b. **Patient and Family Care—Fellow Self-Assessment.** This tool, also created by the workgroup, similarly assesses broadly across the targeted subcompetencies within Patient and Family Care. This tool allows the fellow to self-assess their own management using a Likert scale.
  - c. **Patient and Family Care—Chart Review.** This tool is newly created for the toolkit. It allows for a general assessment of the subcompetencies for targeted evaluation within patient and family care through a yes-or-no chart abstraction format based on whether listed behaviors are documented in the chart.
  - d. **Chart Abstraction Checklist—Psychosocial-Spiritual Assessment.** Adapted by the workgroup, this tool consists of a yes, no, or partial checklist to be completed on chart review to evaluate the fellow's assessment and documentation of several aspects of the psychosocial and spiritual assessment, including the psychiatric history, social history, health habits history, spiritual and existential history, and assessment and plan pertaining to the psychosocial and spiritual aspects of patient care. This tool is currently being piloted in an academic setting. No psychometric testing has been performed.
  - e. **Chart Abstraction Checklist—Pain Assessment.** Adapted by the workgroup, this tool consists of a yes, no, or partial checklist to be completed on chart review with the goal of evaluating the fellow's assessment and documentation of a pain history, relevant physical exam, and assessment and plan pertaining to the pain. This tool is currently being piloted in an academic setting. No psychometric testing has been performed.

3. Instructions for Use: **PFC 3-Tool Bundle** (first three tools above)
  - a. These three instruments are designed to be used together in a complementary fashion. Assessing similar skills across these methods (attending, chart review, and self-assessment) will give the fellowship director a multidimensional view. For example, using all three instruments could shed light on whether the learner was accurate in their self assessment.
  - b. These tools are designed for the inpatient setting, during the four required inpatient rotations. In the ACGME competency of Patient and Family Care, eight subcompetencies are assessed, and each has three to six designated skills. The eight subcompetencies include
    - i. pain management
    - ii. non-pain symptom management
    - iii. psychiatric and psychological symptoms and conditions
    - iv. spiritual, religious, and existential issues
    - v. psychosocial sensitivity and caregiver issues
    - vi. syndrome of imminent death and initial postmortem care
    - vii. grief
    - viii. prognostication
  - c. Proposed Use Format
    - i. **For each inpatient rotation, one would evaluate two subcompetencies within Patient and Family Care.** For example, during inpatient rotation #1, one might focus on pain and prognostication. The goal is to have fellows work on and be evaluated on two specific areas across the breadth of palliative care during each rotation so that all subcompetencies are covered over the course of the year.
    - ii. **Within each subcompetency, one could evaluate four to five skills.** For example, for pain, the evaluation might be “assesses patient’s pain using a comprehensive approach” or “responds to pain crisis in a timely manner.” The goal is to assess fellows’ skills by means of the attending physician’s assessment, the chart review process, and the self-assessment process.
    - iii. Results and concordance of subcompetency skills across three tools and methods would be tabulated and used to **give feedback to the fellow.**
4. Instructions for Use: **Chart Abstraction Checklists: Psychosocial and Spiritual Assessment and Pain Assessment.** These checklists can be used in three ways:
  - a. **Self-Assessment.** A fellow can perform his or her own chart reviews. The fellow can then make a self-assessment, which he or she would share with a faculty mentor or program director.
  - b. **Peer Assessment.** Fellows can use it to assess peers’ charts. In the presence of a faculty member or program director, the fellow would give feedback to the peer. This would provide an opportunity for practice in giving feedback and allow the fellow to learn from a peer’s documentation his or her own strengths and deficiencies. The peer would also receive supervised feedback.
  - c. **Faculty Assessment.** Faculty can perform periodic chart reviews on fellows’ charts. The checklist would be reviewed with the fellow periodically in order to provide feedback on documentation, plans of care, and other key fields. Chart reviews can be performed in the beginning of the year and later on in the year to judge the fellow’s improvement over time.

## 5. Current Status

- a. These five tools provide a multifaceted view of important global palliative care concepts and some key specific skills in the Patient and Family Care competency. They are not comprehensive in assessing all skills in Patient and Family Care. These instruments are also designed for use in the inpatient setting, and it may be difficult to translate their use to other settings with ease. Additionally, subcompetency areas more specific to the interdisciplinary team and working with multiple teams and professionals in caring for patients are not addressed by these tools.
- b. Adaptation or expansion of these tools or the development of new tools for these areas and different settings may be directions for the future. Please see the Multi-Domain tools below that include Patient and Family Care subcompetencies: **360° Evaluation**, **Palliative Medicine Structured Portfolio**, and the **Master Assessment Table**.

## ***Medical Knowledge***

### 1. Suggested Assessment Methods

- a. Multiple-Choice Exam
- b. Attending Physician Assessment of Fellow

### 2. Review of Suggested Tools

- a. **Multiple-Choice Exam**—We have officially recommended to AAHPM that an in-service examination for HPM fellowships be created. For now, HPM PASS, an online multiple-choice exam for those physicians preparing to take the HPM board exam, is available as a learning tool and could be used for knowledge assessment, as well. It is available for purchase by individuals through AAHPM.
- b. **Attending Physician Assessment of Fellow**—We do not recommend a specific tool for this purpose. Our consensus is that skilled attending physicians get a better sense of a fellow's medical knowledge than can be garnered from an examination. These impressions would be documented and discussed with the fellow during each rotation evaluation. The learning plan for the fellow would then be adjusted accordingly.

### 3. Instructions for Use: See above.

### 4. Current Status

- a. Currently we do not feel that there are strong tools to recommend to the HPM community to evaluate the Medical Knowledge competency. Most tools designed to assess medical knowledge are global and nonspecific, using a checklist or a scale to represent a supervisory physician's impression of a fellow's broad knowledge. Although these can be useful as a means of documenting general impressions, they are too vague to be a useful means to assess medical knowledge in detail. The creation of an in-service examination is an area of future work.
- b. Please note that although medical knowledge and patient and family care are grouped together in the Master Assessment Table, there are three subcompetencies in that grouping specific to the Medical Knowledge competency. Please see the [Multi-Domain](#) tools below that include Medical Knowledge subcompetencies: **Palliative Medicine Structured Portfolio** and the **Master Assessment Table**.

## ***Practice-Based Learning and Improvement***

1. Suggested Assessment Methods
  - a. Attending Physician Assessment of Fellow
  - b. Team Assessment of Fellow
2. Review of Suggested Tools
  - a. **Faculty Evaluation of Fellow Checklist**—This simple tool, created by the workgroup and derived from the **Master Assessment Table**, provides faculty with a rating scale to assess the fellow’s ability to investigate and evaluate his or her own patient care as well as apprise and assimilate scientific evidence and improvements in patient care. This tool addresses the Practice-Based Learning and Improvement subcompetencies directly, with specific skill areas highlighted. As with the tool below, it has not been piloted in any setting to date.
  - b. **Team Evaluation Checklist**—This tool, also created by the workgroup and identical to the Faculty Evaluation Check List, allows members of the interdisciplinary team to evaluate the Practice-Based Learning and Improvement skills as above.
  - c. **Small Group Teaching Checklist**—Adapted by the workgroup, this checklist allows faculty members to assess fellows’ small group teaching skills. It addresses multiple subcompetencies related to a fellow’s educator role but does not address other areas of practice-based learning and improvement. This tool is currently being piloted in an academic setting. No psychometric testing has been performed.
3. Instructions for Use
  - a. **Faculty and Team Evaluation Checklists**—These can be used for global assessment on an intermittent basis, typically after 3 months and at 3 months prior to the end of the fellowship. The form would be completed by faculty and team members and may also be used as a self-assessment checklist by the fellow. It is adaptable to inpatient and outpatient settings and should be accompanied by more detailed in-person feedback, where appropriate. The form may also be used for an end-of-year summative evaluation. With a bias toward the inpatient setting, the adaptability of the checklists to other settings has yet to be determined.
  - b. **Small Group Teaching Checklist**—This checklist is used by a faculty member who directly observes a fellow during a teaching session. The faculty member or program director is expected to provide verbal feedback, based on the tool, to the fellow directly after the teaching activity has been observed. This tool has flexibility for different settings where teaching occurs.
4. Current Status
  - a. The initial review of instruments for this competency yielded a few examples of portfolios, chart abstraction tools, and practice improvement modules that poorly addressed the targeted HPM subcompetencies. Thus, these three tools represent an initial attempt to evaluate the complex Practice-Based Learning and Improvement skill set. Piloting and psychometric testing of the instruments are needed with anticipated revision and anchoring of the ratings. The field is also encouraged to create new tools to assess this competency with different approaches and emphasis.
  - b. Please see the [Multi-Domain](#) tools below that cover some Practice-Based Learning and Improvement subcompetencies: **360° Evaluation**, **Palliative Medicine Structured Portfolio**, **Academic Portfolio**, and the **Master Assessment Table**. Please also note that Chart Abstraction Checklists described in Patient and Family Care include some Practice-Based Learning and Improvement–targeted subcompetencies.

## ***Interpersonal and Communication Skills***

1. Suggested Assessment Methods
  - a. Attending Physician Assessment of Fellow
  - b. Team or Peer Assessment of Fellow
  - c. Additional Option: Fellow Self-Assessment
  
2. Review of Suggested Tools
  - a. **Communication Skills Evaluation**—This tool (University of Pittsburgh Palliative Care Fellow Communication Skills Evaluation) was renamed by the workgroup for ease of use in the Toolkit. The original version of this tool was created by David Weissman, MD, Medical College of Wisconsin, and was adapted to this version by Bob Arnold, MD, University of Pittsburgh. It is designed to provide general assessment for a number of subcompetencies, without attention to more specific skills. For example, it requests a single rating for skill in leading a family conference rather than rating the component skills. It does not assess details of communication in different clinical scenarios or with the interdisciplinary team or colleagues. This tool has been widely used in the field but is not validated.
  - b. **SECURE-PC**—This tool has been adapted and renamed by the workgroup from the original SEGUE Framework,<sup>7</sup> created by Gregory Makoul, PhD, Northwestern University Medical School. This tool is intended to assess interpersonal and communication skills in more detail. It targets specific communication tasks and observable behaviors during the communication encounter. For example, it asks whether a fellow maintains a respectful attitude or tone. The SEGUE acronym (Set the Stage, Elicit Information, Give Information, Understand the Patient’s Perspective, End the Encounter) connotes the flow of the medical encounter from beginning to end. The SECURE Framework-Palliative Care (SECURE-PC) adapts the SEGUE for use in palliative care, and this adaptation was done with Dr. Makoul’s permission. The most substantial change is that a section entitled “Respond to emotions” was added. The SECURE-PC is meant to serve as a flexible framework and not a rigid script. The SECURE-PC does not address interdisciplinary team communication or communication with colleagues explicitly. Details of specific communication scenarios are not included. While the psychometric properties of the original SEGUE have been well established,<sup>7</sup> the SECURE-PC has not been empirically tested.
  
3. Instructions for Use
  - a. **Communication Skills Evaluation**—This instrument can be used for global assessment on an intermittent basis, perhaps two or three times per year or quarterly. It is best completed by attending physician, interdisciplinary team, peers, and perhaps used for self-assessment. It lends itself to a 360° approach, excluding the patient and family. It is adaptable to different settings with a bias to the inpatient setting.
  - b. **SECURE-PC**—This tool is intended to be used during or after directly observing the fellow in a communication encounter, with the goal of assessing specific, observable communication skills in greater detail. It can be used monthly or quarterly to track a fellow’s communication skills on a longitudinal basis. The SECURE-PC should also be used as a teaching tool, remembering that it is a flexible framework. It can be completed by the attending physician, interdisciplinary team, peers, or by the fellow for self-assessment. Importantly, in using the SECURE-PC as an assessment tool, the score itself is not a valuable measure of success; it is much more important to look at the pattern and at narrative comments. Thus, it is best used to provide formative feedback and to watch the fellow’s development over time. This tool is easily adaptable to different settings.

4. Current Status
  - a. These two tools offer a nice complement of one global and one more specific assessment of Interpersonal and Communication Skills. However, subcompetency areas more specific to the interdisciplinary team, specific communication scenarios (ie, giving bad news or discussing artificial nutrition and hydration), and communication with other colleagues are not well addressed. The development of tools for these areas and further adaptation of the current tools, with setting specificity, are directions for the future.
  - b. Please see the Multi-Domain tools below that include Interpersonal and Communication Skills subcompetencies: **360° Evaluation** and the **Master Assessment Table**.

### ***Professionalism***

1. Suggested Assessment Methods
  - a. Attending Physician Assessment of Fellow
  - b. Team or Peer Assessment of Fellow
  - c. Additional Option: Patient and Family Assessment of Fellow
2. Review of Suggested Tools
  - a. **Assessment of Professionalism**—This new tool, created by the workgroup, is a two-choice checklist derived from the **Master Assessment Table**. Being derived from the master table, it covers many of the targeted subcompetencies for Professionalism but does not assess any subcompetency in greater depth. It also has some overlap with similar ACGME competencies (ie, the checklist demonstrates eagerness to teach [Practice-Based Learning and Improvement]). This tool has not been piloted in any setting to date.
  - b. **Reflective Journaling Self-Care Exercise**—This tool, adapted by the workgroup, is one approach to encouraging reflection through writing on selected self-care subcompetencies. It is being piloted in one academic setting but has not been validated with psychometric testing to date.
3. Instructions for Use
  - a. **Assessment of Professionalism**—This instrument can be used for a comprehensive and fairly specific assessment on an intermittent basis, perhaps two or three times per year or quarterly. It is best completed by attending physician, team, peers, and perhaps by the fellow for self-assessment. It lends itself to a 360° approach, excluding the patient and family. It is adaptable to different settings.
  - b. **Reflective Journaling Self-Care Exercise**—This tool is completed by the fellow in two parts, at the beginning of the year and then at a later point. It should be reviewed with an attending physician. The tool is not setting specific, and similar tools could easily be created specific to a setting or fellowship program.
4. Current Status
  - a. Initial review of instruments for this competency yielded a dearth of useful tools. The **Assessment of Professionalism** was thus created. Piloting and psychometric testing of the instrument is needed with anticipated revision. The field is also encouraged to create new tools to assess this competency with different approaches and emphasis. Still missing is a tool designed for families and patients to assess fellow professionalism. Reflection in the area of self-care would seem to be a very valuable approach to a more detailed assessment of self-care subcompetencies. Piloting, psychometric testing, and adaptation in this area are also encouraged.
  - b. Please see the Multi-Domain tools below that include professionalism subcompetencies: **360° Evaluation** and **Master Assessment Table**.



## ***Systems-Based Practice***

1. Suggested Assessment Methods
  - a. Attending Physician Assessment of Fellow
  - b. Team Assessment of Fellow
2. Review of Suggested Tools
  - a. **Faculty Evaluation Checklist**—This simple tool, created by the workgroup and derived from the **Master Assessment Table**, provides faculty with a simple rating scale to assess the fellow’s awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. This tool addresses the Systems-Based Practice subcompetencies directly, with specific skill areas highlighted. As with the tool below, it has not been piloted in any setting to date.
  - b. **Team Evaluation Checklist**—This tool, also created by the workgroup and identical to the **Attending Physician Evaluation Checklist**, allows members of the interdisciplinary team to evaluate the Systems-Based Practice skills as above.
3. Instructions for Use: **Faculty and Team Evaluation Checklists** can be used for global assessment on an intermittent basis, typically after 3 months and at 3 months before the end of the fellowship. The form would be completed by faculty and team members and could also be used as a self-assessment checklist by the fellow. It is adaptable to inpatient and outpatient settings and should be accompanied by more detailed in-person verbal feedback, where appropriate. The form may also be used for an end-of-year summative evaluation.
4. Current Status
  - a. Initial review of tools available for this competency suggested that portfolios and attending physician assessments are promising methods. However, specific tools that matched the methods and breadth and depth of the targeted Systems-Based Practice subcompetencies for HPM were lacking. These two new checklists were thus created. Piloting and psychometric testing of the instruments are needed with anticipated revision. The field is also encouraged to create new tools to assess this competency with different approaches and emphasis.
  - b. Please see the Multi-Domain tools below that include Systems-Based Practice subcompetencies: **Palliative Medicine Structured Portfolio, Academic Portfolio, and the Master Assessment Table.**

## ***Multi-Domain Tools and Master Assessment Table***

1. Each of the tools within this category spans at least three ACGME competencies and represents different assessment methods. Therefore, these evaluation instruments add significantly to the potential assessment options for HPM fellowships. They also address some of the important characteristics for HPM evaluation as identified by the HPM Competencies Workgroup (see the Introduction to the Toolkit for a more complete list of these characteristics). For example, the 360° Evaluation easily incorporates the emphasis on interdisciplinary team member perspectives. Although we have not included an objective structured clinical examination (OSCE), we think this is an important method by which to evaluate fellows and hope to incorporate examples of OSCEs geared toward HPM fellows in the future.



## 2. Review of Suggested Tools

### a. **360° Evaluation**

- i. ACGME Competencies: Patient and Family Care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, and Professionalism
- ii. Assessment Methods: Attending Physician Evaluation of Fellow and Team/Peer Assessment of Fellow
- iii. This tool, adapted by the workgroup, is one example of a typical 360° evaluation tool tailored to HPM. It has been piloted in one academic setting but has not undergone psychometric testing.

### b. **Academic Portfolio**

- i. ACGME Competencies: Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Medical Knowledge
- ii. Assessment Methods: Fellow Self-Assessment, Attending Physician Assessment of Fellow, and Team/Peer Assessment of Fellow
- iii. This tool, adapted by the workgroup, includes both an educational portfolio and a professional development portfolio. Both have the goal of documenting the fellow's scholarly work and professional activities in order to demonstrate growth and development over time. Faculty and learners can use these portfolios for a variety of specific purposes, including encouraging learner identification of specific goals to be accomplished, encouraging self-directed learning and self-evaluation, evaluating progress toward identified outcomes, and offering opportunities for mentor- and peer-supported growth. This tool has been piloted at one academic setting to date.

### c. **Palliative Medicine Structured Portfolio**

- i. ACGME Competencies: Patient and Family Care, Medical Knowledge, Practice-Based Learning and Improvement, and Systems-Based Practice
- ii. Assessment Methods: Attending Physician Assessment of Fellow, Team or Peer Assessment of Fellow, Patient or Family Assessment of Fellow, Fellow Self-Assessment, and Chart Review
- iii. This tool was created by the workgroup. It provides a flexible structure that allows one to compile a comprehensive picture of a fellow's work and progress over time. The structure allows the fellow and attending to choose options that will result in differing degrees of depth and breadth across multiple ACGME competencies and targeted subcompetencies in each. However, Systems-Based Practice and Practice-Based Learning and Improvement competencies are addressed most directly. The portfolio has various components—some evaluative, some reflective, and some scholarly. This tool has not been piloted to date.

### d. **Master Assessment Table**

- i. ACGME Competencies: Patient and Family Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice
- ii. Assessment Methods: Attending Physician Assessment of Fellow, Team/Peer Assessment of Fellow, Patient/Family Assessment of Fellow, Fellow Self-Assessment, and Chart Review
- iii. The Master Assessment Table, constructed by the workgroup, is both an evaluation tool in of itself and a reference document for HPM fellowship faculty in creating an evaluation program. As a reference document, it represents the workgroup consensus opinion as to the most important subcompetencies to be assessed in each ACGME competency and the best evaluation methods to assess them. As an evaluation tool, it provides a framework for constructing unique checklists for site specific evaluation. Some of the new tools created by the workgroup for this Toolkit are derived from the master table (Assessment of Professionalism, Faculty and Team Evaluation Checklists for both Practice-Based Learning and Improvement and Systems-Based Practice). The Master Assessment Table provides flexibility in the breadth and depth that can be covered for one or multiple ACGME competencies or subcompetencies. None of the derived tools or the Master Assessment Table itself has yet been piloted.

### 3. Instructions for Use

- a. **360° Evaluation**—This tool allows assessment of a fellow’s professionalism, humanism, patient care, and teamwork from members of the interdisciplinary team. We recommend its use as a formative measure so the fellow has the opportunity to improve where needed. For example, it can be completed at 6 months and again at 12 months. It can also be used as a summative instrument at end of fellowship.
- b. **Academic Portfolio**—With mentorship from a faculty advisor, the fellow will use the initial portion of the form to think through her or his ideal job, set goals, and identify an academic project with a timeline and milestones. The fellow and the faculty advisor will meet quarterly to review progress and make adjustments. The ultimate goal is the production of a finished academic portfolio that is a purposeful collection of professional activities and products that demonstrates both to the fellow and to others what the fellow has accomplished during the fellowship period.
- c. **Palliative Medicine Structured Portfolio**—With mentorship from a faculty member throughout, the fellow will choose one of the listed portfolio options and build his or her portfolio over the course of the year. Other evaluation tools may be added to a portfolio. Some of the portfolio components can be completed during a given rotation or time block and others may be more appropriate for a longitudinal approach. Depending on the component chosen, a specific setting or time point may be easier to use (eg, if a setting has a monthly journal club, the fellow might prepare a journal club to present while rotating in that setting).
- d. **Master Assessment Table**—As an evaluation tool, the master table should be used to create new site-specific checklists based on which targeted subcompetencies are chosen and which method of assessment is used. For example, one could create a unique attending physician checklist to evaluate fellow interpersonal and communication skills by selecting a subset of the subcompetencies listed in that competency for yes or no or scored responses. Checklists created from the table may be very short and focused or long and comprehensive. The table should be adapted to meet fellowship specific needs for different settings where other evaluation tools do not exist.

### 4. Current Status

- a. **360° Evaluation**—This tool is only one example of such an instrument, chosen for ease of use and relevance of content. We encourage further development and testing of 360° tools, perhaps some focused on specific encounter types or on specific ACGME competencies, at the same time that we pilot the current one.
- b. **Academic Portfolio**—The tool is only one example of the portfolio method. Individual modification for different environments may be required. Advances or modifications on this portfolio and the development of additional models of academic portfolios, including educational, professional development, and other types of academic portfolios, are directions for the future.
- c. **Palliative Medicine Structured Portfolio**—On review of existing portfolio examples, none specifically addressed palliative care content. This portfolio was designed to be more flexible for fellows and fellowship programs addressing Practice-Based Learning and Improvement and Systems-Based Practice subcompetencies within an HPM framework. Modifications are anticipated as the HPM fellow assessment advances.
- d. **Master Assessment Table**—In reviewing numerous assessment tools to create this Toolkit, the clear mismatch between the scope and specificity provided by the HPM Competencies and Measurable Outcomes documents and the available instruments was evident. The Master Assessment Table was constructed to help fellowships focus on specific subcompetencies that should be targeted for evaluation and which assessment methods might be most appropriate. It is also a dynamic framework for the creation of needed tools. All key HPM content is represented. We encourage further development of tools from this framework, along with their validation, as a direction for the future.

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