Hospice Rotation Goals and Objectives

Sample A: Home Hospice and Long-Term Care

Description of Rotation
Home Hospice and Long-Term Care

The focus of the hospice home care experience is to allow the fellow opportunity to gain experience in gaining entry, building a trusting relationship and offer individualized patient/family care in their home environment. The fellow will access the person and family as well as the environment when developing the plan of care. Details of documentation for appropriate hospice admission will be demonstrated. The fellow will work creatively with the interdisciplinary team (IDT) to relieve suffering and manage troublesome symptoms. The fellow will also be asked to attend at least one home death to observe the team and offer additional support to the actively dying person and their loved ones.

The fellow will work with the patient's attending physician to negotiate the plan of care while advocating for the patient/family goals. The fellow will have opportunity to demonstrate appropriate advance care planning and goals of care discussion. If the person with the terminal illness is able to strengthen while receiving hospice care and no longer meetings the admission criteria the fellow will negotiate hospice discharge and make appropriate referral to other healthcare providers.

In association with the six ACGME competency domains, the hospice and palliative medicine (HPM) targeted competency-based goals and objectives for this rotation are as follows:

Goals and Objectives:

1. Establish relationships with patient, family, caregivers in home environment.
2. Understand the roles of IDT members in home environment; determine extent and complexity of coordinating people and physical services in home setting to establish personalized plan of care from admission to time of death.
3. Understand admission and recertification hospice eligibility criteria and maintaining supporting documentation. If the patient is no longer eligible, then the fellow will negotiate hospice discharge and coordinate appropriate referrals.
4. Management of troublesome symptoms in the home setting and coordinating plan of care with attending physicians and IDT members. Negotiate the plan of care while advocating for patient/family goals.
5. Seeks to maximize patients' level of function, quality of life, and comfort throughout the stages of disease progression of life limiting illness.
6. Develop competency in goals of care conversation and discussing "futile" care at end of life with the patients and families.

7. Effectively communicates and answers questions regarding disease processes, common treatments and potential side effects, disease progression and consequences, prognosis. Demonstrate appropriate teaching to patient/family based on education and levels of sophistication in order to effectively communicate current or changes in plan of care. Identifies gaps in knowledge of patients/families and educates toward knowledge deficits. Anticipate potential end-of-life symptoms or issues in order to plan for symptom management at home as the patient declines.
8. Recognize common social problems experienced by patients and families; understand community resources and funding sources available. Recognize common distress regarding spiritual and existential issues.
9. Understands managed care nature of all services, equipment, and medications provided in home setting and coordinates plan of care based on cost-effectiveness and best practices.

Teaching Methods

The teaching methods for this rotation include: assigned readings, direct patient care, observation and reflection with members of the IDT, direct patient care, and assigned procedures.

Assessment Method (Fellow)

Assessment methods will include: Checklist, Assessment of Professionalism in Palliative Care, The SECURE Framework, Chart Abstraction Checklist – Pain Assessment, Chart Abstraction Checklist – Psychosocial-Spiritual Assessment, record review, 360, and oral exam. Fellows are expected to perform at a satisfactory or above level in all areas of assessments.

Assessment Method (Program)

Assessment method for the program will include the fellow's evaluation of the rotation, as well as faculty, staff and IDT survey.

Level of Supervision

Fellows are expected to have increasing responsibility with lessening degrees of direct supervision in patient and family care. The attending physician will be required to see all patients. All procedures will be performed under the direct supervision of the attending with participation commiserate with the fellow's attained skill level. The fellow will be expected to teach procedural skills to nursing staff.