

Hospice Rotation Goals and Objectives

Sample D: Hospice Rotation Objectives Grid

Hospice and Palliative Medicine Rotation Objectives

Home Hospice

Upon completion of this rotation, fellow(s) will be able to:

| Objective | General Competency | Learning Activity Teaching Method | Evaluation Method |
|---|--------------------|-----------------------------------|-------------------|
| Establish relationships with patient, family, caregivers in home environment. | PC,ICS | 1,2,3,4,5 | A,B,C |
| Understand the roles of interdisciplinary team (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. | PC,PBLI,ICS,P | 1,2,3,4,5 | A,B,C |
| 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. | PC,SBP | 1,2,3,4,5 | A,B,C |
| 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. | MK,ICS | 1,2,3,4,5 | A,C |
| Seeks to maximize patients' level of function, quality of life, and comfort throughout the stages of disease progression of life limiting illness. | MK | 1,2,3,4,5 | A,C |
| Develop competency in goals of care conversation and discussing "futile" care at end of life (EOL) with the patients and families. | PC,MK,ICS | 1,2,3,4,5 | A,B,C |
| Effectively communicates and answers questions re. disease processes, common treatments and potential side effects, disease progression and consequences, prognosis. Demonstrate appropriate teaching to pt/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 pts/families and educates toward knowledge deficits. Anticipate potential EOL symptoms or issues in order to plan for symptom management at home as the pt declines. | PC,MK,ICS | 1,2,3,4,5 | A,B,C |
| Recognize common social problems experienced by patients and families; understand community resources and funding sources available. Recognize common distress regarding spiritual and existential issues. | PC,MK,SBP | 1,2,3,4,5 | A,B,C |
| 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. | PC,MK,SBP | 1,2,3,4,5 | A,C |

| <u>General Competencies</u> | <u>Learning Activities/Teaching Methods</u> | <u>Evaluation Methods</u> |
|--|---|----------------------------|
| PC Patient Care | 1. Direct Patient Care | A. Attending Evaluation |
| MK Medical Knowledge | 2. Observation and reflection w/ faculty | B. Team Members Evaluation |
| PBLI Practice-Based Learning & Improvement | 3. Discussion with IDT | C. Self-Evaluation |
| ICS Interpersonal & Communication Skills | 4. Didactics | |
| P Professionalism | 5. Reading | |
| SBP Systems-Based Practice | | |

Method of Evaluation: At the end of each clinical rotation, the faculty members will complete an evaluation in MedHub that specifically addresses the six competencies and related sub-competencies. Faculty are encouraged to discuss their evaluations with the fellows and to provide them with feedback on their clinical performance. Members of the IDT will also complete an evaluation in MedHub. Fellows may be asked to complete self-evaluations of their competencies. Fellows will have access to the MedHub evaluations.