Hospice Rotation Goals and Objectives

Sample B: Inpatient Hospice

Description of Rotation

Inpatient Hospice: insert location names here

The focus of the inpatient rotation is to provide the fellow learning opportunities to attain and enhance the knowledge, skills and attitudes necessary provide care to terminally ill patients and their families. The fellow will have opportunity to demonstrate clinical assessment, diagnostic and communication skills, as well as disease and symptom management in the care of the terminally ill patient and their family.

During this experience, fellows will encounter patients and families who are often in crisis related to their terminal illness. The crisis may be related to unmanaged physical, or existential suffering, and or concerns with impending death. The fellow will work with an interdisciplinary team (IDT) of nurse practitioners, nurses, social workers, chaplains, and bereavement counselors to address the needs of the patient and family unit.

Fellows will learn opioid management and titration, and use of adjuvant medications to manage common physical symptoms of pain, dyspnea, anxiety, agitation, delirium, nausea, and constipation, as well as the use of non-pharmacologic interventions. Additionally, fellows will develop communication skills and strategies for identifying and promoting goals of care; develop comfort with determining hospice eligibility; gain experience in working with IDT; and gain a basic knowledge of the regulatory issues within the hospice industry.

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. Recognizes the regulations within the Medicare Hospice Benefit and how it applies to the hospice eligible patient and the inpatient unit admission guidelines
- 2. Develops and enhances understanding of the pathophysiology underlying symptoms, disease progression, and prognosis in the terminally ill patient.
- Demonstrates skill in assessment and development of plan of care consistent with the patient and family's stated goals of care, as well as communication of treatment options, including communication of prognosis.
- 4. Develops understanding of opioid pharmacology, titration and adjuvant medications utilized in end-of-life symptom management including pain, anxiety, agitation, nausea/vomiting and constipation.
- 5. Demonstrates effective integration and communication within the IDT both at bedside and during team meetings.
- 6. Recognizes psychosocial, spiritual distress and appropriate utilization of IDT members.

- 7. Gains experience with hospice medical director role and knowledge regarding hospice organizational model of healthcare delivery.
- 8. Incorporates cost awareness and risk: benefit analysis into patient care, including how to integrate these considerations into goal of care conversations.
- 9. Gains initial exposure with potential ethical dilemmas and dynamics inherent in end-of-life care.

Teaching Methods

The teaching methods for this rotation include: assigned readings, observation and reflection with members of the inpatient unit team, direct patient care, and assigned patient/family communication.

Assessment Method (Fellow)

Assessment methods will include an end of experience global performance evaluation, and written feedback from inpatient unit faculty. 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.

Educational Resources

AAHPM offers several <u>educational resources</u>. The <u>Essential Practices of Hospice and Palliative Medicine</u>, <u>Hospice Medical Director Manual</u>, and <u>Primer of Palliative Care</u> are key to learning the many facets of this specialty.