**New Application: Hospice and Palliative Medicine**

**Review Committee for Anesthesiology, Family Medicine, Internal Medicine,
Pediatrics, Psychiatry, or Radiation Oncology**

**ACGME**

**Oversight**

**Participating Sites**

1. Identify the specialty ACGME-accredited residency program (anesthesiology, family medicine, internal medicine, pediatrics, psychiatry, radiation oncology) with which the fellowship is associated. [PR I.B.1.a)]

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**Resources**

1. Complete the table for the most recent academic year. Estimate the range in number of patients seen over the time range for each category below. If there are multiple sites for each setting type, aggregate data across the sites. [PR I.D.4.a)]

| **Estimated time frame for data: From:** Click here to enter a date. **To:** Click here to enter a date. |
| --- |
| **Settings** | **Estimate the range of new patients seen by fellows** | **Estimate the range of pediatric patients seen by fellows (patients under 21)** | **Estimate the range of adult patients seen by fellows****(patients 21 or older)** |
| Inpatient consult team/unit | Range | Range | Range |
| Dedicated palliative care/hospice unit | Range | Range | Range |
| Home hospice experience  | Range | Range | Range |
| Long-term care | Range | Range | Range |
| Ambulatory care setting | Range | Range | Range |
| **Total** | **Total** | **Total** | **Total** |

2. Describe how fellows gain experience providing care to pediatric patients. [PR I.D.4.a).(2)] (Limit response to 250 words)

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1. Describe how the program ensures fellows become competent caring for a patient population with a broad range of diagnoses and palliative care needs, including patients with advanced conditions, and of diverse socioeconomic and cultural backgrounds. [PR I.D.4.a); I.D.4.a).(4)] (Limit response to 250 words)

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1. Provide a narrative description of the inpatient acute care experience. [PR I.D.1.a).(1)] (Limit response to 250 words)

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1. Provide a narrative description of the fellows’ experience in hospice home care. [PR I.D.1.a).(1)] (Limit response to 250 words)

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1. Provide a narrative description of fellow’s ambulatory experience. [PR I.D.1.a).(1)] (Limit response to 250 words)

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**Personnel**

**Program Director and Hospice and Palliative Medicine Faculty**

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|  | **Program Director** | **HPM Faculty** |
| 1. Does the program director have an active practice in hospice and palliative medicine? [PR II.A.3.a).(1)] | [ ]  YES [ ]  NO |  |
| 2. Is there ongoing involvement in scholarly activity? [PR II.A.3.a).(2); IV.D.2.a).(1)] | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| 1. mentoring fellows (guiding fellows in acquisition of competence in the clinical, teaching, research and advocacy skills pertinent to hospice and palliative care medicine)
 | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| 1. serving as clinical supervisor in an inpatient or outpatient setting
 | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| 1. developing program curricula
 | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| 1. participating in didactic activities
 | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

Explain any “NO” responses. Limit response to 250 words.

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Coordinating, leading, and facilitating 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[PR IV.B.1.b).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Providing care to patients and families that reflects unique characteristics of different settings along the palliative care spectrum[PR IV.B.1.b).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Recognizing signs and symptoms of impending death and appropriately caring for the imminently dying patient and his or her family members[PR IV.B.1.b).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Providing basic counseling to the bereaved, and the ability to identify when additional psychosocial referral is required[PR IV.B.1.b).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Providing palliative care throughout the continuum of serious illness while addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice [PR IV.B.1.b).(1).(e)] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the following procedures considered essential for the practice of hospice and palliative medicine. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Assessment, interdisciplinary care planning, management, coordination, and follow-up of patients with serious illness[PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Providing patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering[PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the settings and activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will develop competence in their knowledge in each of the following areas. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method** |
| --- | --- | --- |
| The scientific method of problem solving and evidence-based decision making and develop commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values[PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Ethical issues, clinical utilization, and financial outcomes of palliative care[PR IV.B.1.c).(2)] | Click here to enter text. | Click here to enter text. |
| Knowledge and skills of primary and consultative practice[PR IV.B.1.c).(3)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which fellows engage to develop the skills needed to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Provide the didactic exercises and the fellows’ role in such exercises. Provide the type and frequency of experience, whether faculty members will participate in didactic exercises, and the fellows’ role in didactic exercises. [PRs IV.C.8.-IV.C.8.g)] *Add rows as needed*.

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| --- | --- | --- | --- |
| **Didactic Exercises:** | **Frequency (e.g., weekly, monthly)**  | **Do some faculty members participate in didactic exercise: (Y/N)**  | **Fellows’ role in didactic exercise: Attend (A) or Present (P) or Both (B)** |
| Hospice and palliative medicine conferences | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Journal club | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Research seminars | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Workshops | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Other:  | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Other:  | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Other:  | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |
| Other:  | Frequency | [ ] Y[ ] N | [ ] A[ ] P[ ] B |

2. Provide responses to the following questions about how the particular experiences of the program are structured.

1. Inpatient Setting

(1) Is the inpatient experience at least four months or equivalent in duration? [PR IV.C.4.]
 [ ]  YES [ ]  NO

(2) Does the inpatient setting provide access to the full range of services usually ascribed to an acute care general hospital? [PR IV.C.4.a)] [ ]  YES [ ]  NO

(3) Does the inpatient setting have access to a range of consulting physicians, including those with expertise in interventional pain management? [PR IV.C.4.b)] [ ]  YES [ ]  NO

1. Home Hospice Experience

(1) Does the fellow conduct 25 home hospice visits during the fellowship? [PR IV.C.6.a)]
 [ ]  YES [ ]  NO

(2) Are all home hospice visits provided through a Medicare-certified program?
[PR IV.C.6.a)] [ ]  YES [ ]  NO

(3) Does the hospice program care for children? [PR IV.C.6.] [ ]  YES [ ]  NO

If “NO,” do fellows see children with serious illness through a pediatric home care program? [PR IV.C.6.] [ ]  YES [ ]  NO

1. Long-term Care

(1) Is the long-term care experience at least one month or equivalent in duration?
[PR IV.C.12.] [ ]  YES [ ]  NO

(2) Does the experience provide access to meaningful longitudinal care of patients on a consultation team or a hospice or palliative care unit? [PR IV.C.12.] [ ]  YES [ ]  NO

(3) Is a skilled nursing facility, a chronic care hospital, or a children’s rehab center used to provide required long-term care experiences? [PR IV.C.5.] [ ]  YES [ ]  NO

Explain any “NO” responses. (Limit response to 250 words)

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| Click here to enter text. |

1. Ambulatory Care

(1) Do fellows have a supervised experience in an outpatient hospice clinic or day hospital, a dedicated palliative care clinic, or other ambulatory practice providing relevant palliative interventions to patients with serious conditions? [PR IV.C.7.] [ ]  YES [ ]  NO

(2) Is the ambulatory experience at least six months in duration? [PR IV.C.7.a)]
 [ ]  YES [ ]  NO

If “NO” for (2), explain. (Limit response to 250 words)

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3. Describe the elective opportunities available to fellows. [PR IV.C.9.] (Limit response to 250 words)

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**The Learning and Working Environment**

**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Complete the following table for each distinct interdisciplinary team (IDT) in which fellows participate during the program. Provide evidence of at least one IDT involved in fellowship education. Copy table for each additional team as necessary, along with identifying the setting of the IDT, provide the name and/or location of the facility/site. Provide the name and specialty of physician faculty members and indicate the presence of other support staff. [PRs VI.E.2.a)–VI.E.2.a).(1)] *Add rows as needed*.

| **IDT #** | **Identify Members of the IDT** | **Identify the Setting of IDT**  |
| --- | --- | --- |
| **1** | Specify Physician Faculty Member(s)(name and specialty)Click here to enter text. | [ ]  Inpatient consult team/unit[ ]  Dedicated palliative care/hospice unit[ ]  Long-term care[ ]  Home hospice care[ ]  Ambulatory care[ ]  Other: (specify) |
|  | **Other Support Staff** | **YES** | **NO** |  |
|  | Psychosocial Clinician |[ ] [ ]   |
|  | Nurse |[ ] [ ]   |
|  | Chaplain |[ ] [ ]   |
|  | Other: (specify) |[ ] [ ]   |

| **IDT #** | **Identify Members of the IDT** | **Identify the Setting of IDT**  |
| --- | --- | --- |
| **2** | Specify Physician Faculty Member(s)(name and specialty)Click here to enter text. | [ ]  Inpatient consult team/unit[ ]  Dedicated palliative care/hospice unit[ ]  Long-term care[ ]  Home hospice care[ ]  Ambulatory care[ ]  Other: (specify) |
|  | **Other Support Staff** | **YES** | **NO** |  |
|  | Psychosocial Clinician |[ ] [ ]   |
|  | Nurse |[ ] [ ]   |
|  | Chaplain |[ ] [ ]   |
|  | Other: (specify) |[ ] [ ]   |

| **IDT #** | **Identify Members of the IDT** | **Identify the Setting of IDT**  |
| --- | --- | --- |
| **3** | Specify Physician Faculty Member(s)(name and specialty)Click here to enter text. | [ ]  Inpatient consult team/unit[ ]  Dedicated palliative care/hospice unit[ ]  Long-term care[ ]  Home hospice care[ ]  Ambulatory care[ ]  Other: (specify) |
|  | **Other Support Staff** | **YES** | **NO** |  |
|  | Psychosocial Clinician |[ ] [ ]   |
|  | Nurse |[ ] [ ]   |
|  | Chaplain |[ ] [ ]   |
|  | Other: (specify) |[ ] [ ]   |

1. Briefly describe how fellows interact/function with the IDT. Describe fellow responsibilities on the IDT. [PR VI.E.2.a)] (Limit response to 250 words)

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| Click here to enter text. |