



HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP

This one-year ACGME accredited fellowship program is now offering three fellowship positions. The program consists of clinical training, a palliative care seminar series, and mentored teaching and scholarship as follows:

Clinical Training in various settings

- Inpatient Palliative Care Consultation Service
- Hospice Inpatient Unit
- Skilled Nursing Facility
- Home Hospice
- Pediatrics
- Outpatient Palliative Care Consultation Service
- Elective rotations:
 - Ethics & Humanities
 - Perinatal
 - Palliative Care
 - Pain Management
 - Psychiatry

Tutorials, Seminars and Teaching

- Fellow Clinical Seminars
- Research Seminar
- Academic Core Curriculum
- Mentored Teaching
- Family Meeting Skills Session With Standardized Patients
- Optional Formal Courses

Scholarship and Career Development

- Overview of Research Methods
- Patient Safety and Quality Improvement
- Clinical Support Group
- Self-Care
- Ethics
- Research Mentorship
- Development of a scholarly project, mentored by a senior faculty investigator
- Career mentoring for subsequent job selection and preparation

The Palliative Care Consultation Service serves a 750-bed University teaching hospital, and provides over 1,000 consults per year. The URMCC Palliative Care Interdisciplinary team includes eleven board certified palliative care physicians and four certified nurse practitioners along with representatives from many related medical fields. It has been honored with an American Hospital Association's Circle of Life Award and the URMCC Team Excellence Award. The Program's strengths and uniqueness include its Sussman Palliative Care Unit at Strong Memorial Hospital, innovative palliative care interventions, strong relationships with patients, families and other disciplines within the University, and long-standing leadership and collaboration with community partners and institutions.

The fellowship program is directed by Drs. Erin Denney-Koelsch and Timothy Quill.

OVERALL EDUCATIONAL GOALS OF THE FELLOWSHIP PROGRAM

1. Provide comprehensive assessment and management of patients' suffering and quality of life, including physical, functional, social, psychological, spiritual, and cognitive domains.
2. Care for pediatric, adult, and geriatric patients with a variety of medical, cultural, religious and socioeconomic backgrounds in a variety of settings including inpatient, outpatient, nursing home and patient's home.
3. Develop expertise in pain and symptom management as it applies to the care and treatment of patients with serious, potentially life-threatening medical illnesses.
4. Learn the role of the interdisciplinary team, and what qualities help a team work together most effectively.
5. Learn how to sensitively and effectively deliver bad news.
6. Understand family systems, and how such dynamics influence medical decision-making, delivering palliative care, and providing hospice care.
7. Develop familiarity with economic, ethical, and legal aspects of palliative medicine.
8. Assess functional status and mental capacity of patients.
9. Develop effective communication skills with patients, families, and colleagues.
10. Assist patients, families, and healthcare providers with complex medical decision-making, and advance care planning.
11. Teach principles and practice of palliative care to trainees and learn from members of the interdisciplinary team.
12. Critically evaluate the literature in palliative care and use it as a guide in the assessment and management of patients with advanced disease.
13. Understand the financial barriers and challenges to providing comprehensive end-of-life care across the spectrum of hospice care settings.
14. Initiate and carry through to completion a basic research or quality improvement project that relates to palliative care.

INPATIENT ROTATION

Strong Memorial Hospital is the home institution for the fellowship program and the site for the 20 weeks on the inpatient palliative care consultation service. Eleven faculty rotate every two weeks as attendings on the inpatient consultation service. Other team members include three palliative care nurse practitioners, medicine residents, and occasional residents from other subspecialties, and medical and nursing students. The patient population is diverse consisting of all ages, varying socioeconomic status, ethnic and racial backgrounds.

The fellow is expected to work collaboratively with the attending and nurse practitioners in the equitable assignment of new patients and follow-up of established patients. The relationship with nurse practitioners, social worker, chaplain, and/or psychologist is not hierarchical, but one of mutual respect and knowledge of

when to defer to the expertise of those in other disciplines. The fellow is responsible for knowing when to involve other team members, when to defer to them, and when it is appropriate for them to take the lead in certain aspects of the care of his/her patients.

The fellow is also expected to attend weekly Interdisciplinary Team meetings. He/she is responsible for providing a concise clinical summary of new consultations and/or follow-up of established patients. He/she also presents an assessment and recommendation regarding approach to care for the patients he/she follows. The fellow is encouraged to ask for input from team members and participate in the discussion regarding approach to care of any patients presented at the meeting.

HOME HOSPICE ROTATION

The fellow will spend 2 weeks with Lifetime Care Home Hospice, and 2 weeks with The Visiting Nurse Home Hospice Service, an affiliate of the University of Rochester Medical Center. Each home hospice group offers a team approach that meets the varied and changing needs of terminally ill patients and their families in a home setting.

The fellow will be a learner, observer, and provider of service in home hospice care. The fellow will co-visit homes of patients enrolled on hospice with the team's social worker, nurses, and medical director. In addition, if a patient has troublesome symptoms, or a nurse is not clear about physical exam findings, the fellow can be helpful to the nurse, the patient and family, and the attending physician who may be trying to care for the patient from the context of a busy office practice. The fellow will attend weekly IDT meetings, at which all patients enrolled on the home hospice program (in addition to patients in the hospital and in a hospice unit) are discussed. The fellow will have a 2 week in each of 2 home hospice programs: (1) **VNS**. Most of the time will be spent making home visits with nurses, social workers or chaplain; and (2) **Lifetime Care**. Most of the time will be spent making home visits with a physician (the Medical Director) who has a large home-based hospice and palliative care practice. In addition, the medical director will review management of symptoms within the home, deciding when to transfer from home to a residential or acute hospice setting, and the administrative aspects of home hospice care.

ACUTE HOSPICE UNIT ROTATION

The Hildebrandt Center for Hospice Care is a free-standing 12-bed acute hospice unit with Unity Health Care System. The unit is typically filled to capacity, thus ensuring the fellow has exposure to ample numbers of patients receiving hospice care. The fellow has an active role in daily rounds. He/she rounds with a supervising attending (board certified in HPM), medicine resident and nurse, and sees all the patients (usually 10-11 patients). The fellow, along with the resident and the attending, assesses the patients and develops a medical care plan daily. The fellow does active bedside teaching with the resident, and participates in the weekly interdisciplinary group meeting. The fellow also gives a didactic lecture weekly to the resident and the attending.

The fellow is expected to be aware of all aspects of patient care including clinical status, nursing issues, placement issues, family and spiritual issues. His/her presence on the unit ensures daily interaction with the above disciplines, and his/her presence at the weekly IDT meetings ensures consistent attention to the total care of the patient, as seen from all the above disciplines.

LONG-TERM CARE ROTATION

Monroe Community Hospital (MCH) is a 566-bed county owned long-term care facility, which remains one of the premier teaching nursing homes in the country and is the principal training site for the geriatric medicine fellowship program. MCH accommodates a diverse population with unique and complex care needs necessitating intensive symptom management and end-of-life care. Hospice Care is provided directly on site to the nursing home residents in the facility through contracts with the Visiting Nurse Service Hospice and Lifetime Care Hospice. It is home to the University of Rochester Geriatric Assessment Clinic, the regional offices of AARP and the Alzheimer's Association, and home to the Monroe County Office for the Aging.

Each fellow is responsible for the assessment and care of long-term care patients in collaboration with attending physicians at Monroe Community Hospital who are dually board-certified in geriatric medicine and hospice/palliative medicine. Fellows will participate in clinical rounds on a regular basis with patients, work with the interdisciplinary care team, and participate in family and staff meetings. Fellows should check in daily with their supervising physician, reviewing patient care log books, follow-up on diagnostic studies, and discuss any relevant patient care issues with the supervising physician. Fellows are expected to attend family meetings if possible and to participate in care plan meetings if necessary. Fellows are responsible for completing the admission history and physical, regulatory 30 and 60 day progress notes, AIMS testing, MMSE, Geriatric Depression Screen and other relevant evaluations with the patients in collaboration with the attending physician. Other experiences include participation on a locked wandering/behavior unit at MCH and a respiratory unit for ventilator-dependent patients or those with chronic tracheotomy care. Fellows will also have the opportunity to participate in hospice care on site at MCH and other local nursing homes, including clinical visits with a hospice medical director for symptom management consultation and face-to-face visits for hospice recertification.

PEDIATRIC PALLIATIVE CARE ROTATION

All fellows will spend two weeks in pediatric palliative care rotations. Pediatric track fellows will spend up to 12 weeks on this rotation. He/she will be a member of two pediatric palliative care teams on this rotation: the hospital-based and community-based teams. The two teams work closely together and membership overlaps between them. As a member of the hospital-based team, the fellow will be expected to evaluate and follow inpatient pediatric consultations under the supervision of the hospital-based attending, and will work collaboratively with the pediatric palliative care nurse practitioner and social worker. In addition the fellow will be expected to contact the appropriate community-based team member(s) regarding the status of any inpatients that he/she follows. Likewise, the fellow will be an active participant in the community-based pediatric palliative care program – CompassionNet. CompassionNet is a community-based Pediatric Palliative Care Program administered by Lifetime Care. Fellows spend a significant amount of their pediatric rotation here; duties include medical evaluations at home, visits to chronically ill children and attendance at IDT meetings. The fellow will make home visits with community-based team members (MD, RN's, case managers, nurse practitioners), and will report to the hospital-based team on these children's status. The fellow will attend both hospital and community-based IDT biweekly meetings, and is expected to actively participate, reporting on any patients he/she follows.

OUTPATIENT CLINIC ROTATION

The fellow will spend a half-day in a palliative care outpatient clinic weekly throughout the year. The fellow will have his/her own continuity palliative care clinic during this timeframe, under the supervision of an HPM board certified faculty member and will work primarily under the supervision of the fellowship co-director. In so doing, the fellow will have the opportunity to follow a panel of patients over time, and a single attending will be able to supervise and teach the fellow which helps provide continuity. Importantly, this will give the fellow the opportunity to follow outpatients over time (and if the patient is hospitalized or on home hospice, across settings). Clinics are housed in the Wilmot Cancer Center at Strong Memorial Hospital, but include patients with a wide variety of chronic and terminal illnesses, and a racially, ethnically and age-diverse adult population. In a typical half-day clinic, two new patients and two follow-up patients are seen. Patients are usually seen for discussion of goals of care, patient and family support, pain and symptom management, and sometimes information about hospice. Fellows will have the opportunity to evaluate and manage patients within the time constraints of an outpatient setting, and the attending will spend one-on-one time with the fellows before or after clinic to discuss topics related to patients seen.

ELECTIVE ROTATIONS

The fellow will have the opportunity to spend 6 weeks on the following electives. The time can be divided into three 2-week electives, two 3-week electives, or a 4-week and 2-week elective. The elective opportunities are as follows:

Pain Treatment Center at URM. Fellows learn the physiology of acute and chronic pain, and the use of invasive and non-invasive modalities for its treatment. The rotation offers experience observing and assisting with various nerve blocks, radiofrequency ablation, neurolytic blocks under fluoroscopic guidance and surgical implantation of spinal cord stimulators and intrathecal pumps.

Clinical Ethics/Medical Humanities at URM. Fellows have the opportunity to perform ethics consultations for the entire university hospital, including pediatrics. Consultations typically include but are not necessarily restricted to: (1) *questions about decision-making authority*; (2) *questions about treatment goals*; (3) *family members who disagree about the treatment goals of the incapacitated patient*.

In-depth experience. For those fellows with a particular interest in a specific area of palliative care, an in-depth elective (along with a learning plan, objectives, and evaluation) will be designed by the fellow, the Program Director, and a designated mentor in the area of interest. For example, a fellow with an interest in pediatrics might want to spend time in a neonatal or pediatric ICU, complementary and alternative medicine, or developmental disabilities.

Psychiatry.

Psychiatry Consult Liaison Service: Fellows see new psychiatry consults on hospitalized inpatients in the medical units of the hospital.

Medicine-Psychiatric inpatient unit: Fellows round and sees new patients on unit designated for patients with co-occurring psychiatric and medical disorders.

SCHOLARLY PROJECT

During the course of the year, sufficient time is allotted to focus on scholarly activity. These required activities include a quality improvement project and an academic endeavor.

Quality Improvement projects are generally initiatives that relate to analysis of systems of delivering palliative care and ways to improve them. Examples of past projects include: 1) frequency of pain assessments on the palliative care unit, 2) frequency of correct completion of the MOLST form, and 3) How timely are inpatient/outpatient consultations seen from the time they are requested? Further ideas for QI projects can be discussed with the Fellowship Director.

Scholarly Activity opportunities include a case report, book chapter, review of the literature on a specific palliative care topic, and/or a research project. Questions which can be answered with a retrospective review of the medical record or a survey are examples of research projects that are feasible to complete in this one-year fellowship. While publication of this work is not required, it is strongly encouraged, as will presenting the project as a poster at a local, regional or national meeting.

Fellows are encouraged to discuss potential projects with the palliative care faculty and research staff early in the academic year, and will have a research/QI mentor, depending on the nature of their project. The fellows are expected to meet with their mentor on a regular basis, and the mentor will be expected to establish a series of goals for the fellows to ensure that the project is completed.

Fellows are required to attend scheduled **Palliative Care Research Seminars** early in the year, and will learn research skills such as methodologies and statistics in the **Academic Core Curriculum** required seminars.