Hospice and Palliative Medicine Fellowship
Survival Guide
2016-2017
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</table>
Contact Information

Administration

**Fellowship Department**
Program Director - Drew Rosielle, MD  
612-273-3671  
drosiel1@fairview.org

Program Coordinator – Sheila McGinley  
612-625-0646  
mcgin006@umn.edu

**Palliative Care Clinic**
Phillips Wangensteen Bldg (PWB), 1st floor floor,

**Family Medicine Department**
Department Head – Macaran Baird, MD, MS  
612-624-0539
Senior Administrative Director – Melissa Stevens  
612-626-4490
Human Resources Specialist- Christina Steere  
612-625-8969

*See UMMC Palliative Care Program Staff List on page 4-7 for phone and email Information for UMMC – see next 4 pages. Contact information for other rotation sites can be found on the rotation description pages.*
<table>
<thead>
<tr>
<th>DOB</th>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Pager/Cell</th>
<th>Interoffice Address/Email</th>
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</thead>
<tbody>
<tr>
<td>11/3</td>
<td>Lyn Ceromsky</td>
<td>Director of Fairview Palliative Care &amp;</td>
<td>612-672-6456</td>
<td>612-526-7860/F525</td>
<td>- West Bldg. <a href="mailto:jerens16@fairview.org">jerens16@fairview.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UMMC/UMACH Pain Mgmt, PCLC, GNP</td>
<td>612-651-334-1545</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/11</td>
<td>Julie Robbins</td>
<td>Department Business Coordinator</td>
<td>612-672-6362</td>
<td>651-278-3812</td>
<td>F524 – West Bldg. <a href="mailto:jrobin3@fairview.org">jrobin3@fairview.org</a></td>
</tr>
</tbody>
</table>

(1) Clinics & Surgical Center, 909 Fulton Street SE, Minneapolis, MN 55455 (EPIC sign-on: UC Onc Palliative) Palliative presence – MD, Clinical SW, and Chaplain throughout the week. General Clinic Number: 612-626-4200; Appointments: 612-676-4250; Fax: unknown at this time; After-Hours Answering Service: 952-924-8228 Team “Point Person”: Kaitlyn McMullen, Clinic nurse 612-676-5710 Schedule through Epic – inbasket message to Kaitlyn McMullen Kaitlyn’s pager: #899-5565. Cell phone #: 612-388-9758

(2) Minnesota Physicians Cancer Care at the Maple Grove Cancer Center, (EPIC sign-on: MG MED ONC) (14500 99th Ave. N., Maple Grove 55369) Palliative presence – MD on Wednesday, Onc Chaplain, no clinical SW at this time; General Clinic Number and scheduling: 763-898-1600; Epic Scheduling pool – P MG CANCER SCHEDULING OR 11093; Team “Point Person” – Julie Hokkanen, Triage RN 763-898-1697; After-Hours Answering Service 952-924-8228

(3) Palliative Care Clinic at Fairview Ridges Cancer Clinic: (EPIC sign-in: RH Cancer CL RSCC) General Clinic Number/Appointments: 952-460-4074; Epic Scheduling Pool – P RH CANCER FRONT DESK, Team “Point Person” not yet established, use P RH CANCER CLINIC RN to Epic message the triage RNs Palliative Presence – MD, Clinical SW on Wednesdays, Onc. Chaplain; After-Hours Answering Service 952-924-8228


<table>
<thead>
<tr>
<th>DOB</th>
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<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>2/26</td>
<td>John Elly</td>
<td>Palliative Medicine Physician – Casual</td>
<td>612-273-4861</td>
<td>612-899-2877</td>
<td>Mayo, MMC603, B345 <a href="mailto:elly1@fairview.org">elly1@fairview.org</a></td>
</tr>
<tr>
<td>1/5</td>
<td>Michael Finch</td>
<td>Lead Advanced Practice Provider</td>
<td>612-273-1874</td>
<td>612-899-5314</td>
<td>Mayo MMC 603, B358 <a href="mailto:Mfinch2@fairview.org">Mfinch2@fairview.org</a></td>
</tr>
<tr>
<td>8/12</td>
<td>Paul Galchutt</td>
<td>Chaplain</td>
<td>612-273-3912</td>
<td>612-899-2198</td>
<td>Mayo, MMC603, B349 <a href="mailto:pgalch1@fairview.org">pgalch1@fairview.org</a></td>
</tr>
<tr>
<td>3/13</td>
<td>Naomi Goloff</td>
<td>Pediatric Palliative Medicine Physician</td>
<td>612-624-8903</td>
<td>612-899-1512/347</td>
<td>Mayo, MMC603, B345 <a href="mailto:goloff036@umn.edu">goloff036@umn.edu</a> / <a href="mailto:mngoloff1@fairview.org">mngoloff1@fairview.org</a></td>
</tr>
<tr>
<td>7/29</td>
<td>Mindy “Melinda” Hansen, MS, RN, ACNS-BC, ACHPN</td>
<td>Clinical Nurse Specialist, Palliative Care - Casual</td>
<td>VM # 612-273-7087</td>
<td>612-899-4716</td>
<td>Mayo, MMC603, B349 <a href="mailto:mngoloff1@fairview.org">mngoloff1@fairview.org</a></td>
</tr>
<tr>
<td>7/12</td>
<td>Beth Jeffrey</td>
<td>Palliative Medicine Physician</td>
<td>612-273-5232</td>
<td>612-899-3872</td>
<td>Mayo, MMC603, B345</td>
</tr>
<tr>
<td>Date</td>
<td>Name</td>
<td>Title/Nurse/Therapist/Worker</td>
<td>Phone</td>
<td>Pager/Cell</td>
<td>Email Address</td>
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<tr>
<td>4/4</td>
<td>Brooke Kaney</td>
<td>Palliative Care Clinical Social Worker</td>
<td>612-273-6191</td>
<td>612-899-6504, 815-543-7073</td>
<td><a href="mailto:jeffre1@fairview.org">jeffre1@fairview.org</a></td>
</tr>
<tr>
<td>12/25</td>
<td>Dot Landis, MSW, LICSW</td>
<td>Clinical Social Work Supervisor Casual</td>
<td>VM # 612-273-5893</td>
<td>612-899-7126</td>
<td><a href="mailto:dlandin1@fairview.org">dlandin1@fairview.org</a></td>
</tr>
<tr>
<td></td>
<td>Mary Martin</td>
<td>Chaplain</td>
<td>612-273-5978</td>
<td>612-899-7853</td>
<td>Mayo, B349</td>
</tr>
<tr>
<td></td>
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<td><a href="mailto:mmartin8@fairview.org">mmartin8@fairview.org</a></td>
</tr>
<tr>
<td>8/31</td>
<td>Drew Roselle, MD, FAAPHPM</td>
<td>Medical Director, Palliative Consult Service, HPM Fellowship Program Director, and Palliative Medicine Physician</td>
<td>612-273-3671</td>
<td>612-899-4178, 612-454-9311</td>
<td>Mayo, MMC 603, B344</td>
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<td><a href="mailto:drrosell1@fairview.org">drrosell1@fairview.org</a></td>
</tr>
<tr>
<td>8/7</td>
<td>Rachael Sarto, MSW, LICSW</td>
<td>Palliative Care Clinical Social Worker</td>
<td>612-273-3895</td>
<td>612-899-5298</td>
<td>Mayo, MMC 181, B326</td>
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<td><a href="mailto:rpartol1@fairview.org">rpartol1@fairview.org</a></td>
</tr>
<tr>
<td>11/9</td>
<td>Emily Schaffhauser, MD</td>
<td>Palliative Medicine Physician</td>
<td>612-273-4872</td>
<td>612-899-5398, 515-520-9271</td>
<td>Mayo, MMC 603, B343</td>
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<td><a href="mailto:eschaff1@fairview.org">eschaff1@fairview.org</a></td>
</tr>
<tr>
<td>Paul Sinnott, RN, BSN</td>
<td>Palliative Care Nurse Clinician</td>
<td>612-273-5477</td>
<td>612-899-7306, 720-635-6502</td>
<td>Mayo, MMC 603, B346</td>
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<td><a href="mailto:psinnott1@fairview.org">psinnott1@fairview.org</a></td>
</tr>
<tr>
<td>5/22</td>
<td>Elizabeth Uchitel, MD</td>
<td>Palliative Medicine Physician</td>
<td>612-273-6314</td>
<td>612-899-1510, 917-375-2516</td>
<td>Mayo, MMC603, B345</td>
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<td><a href="mailto:euchit1@fairview.org">euchit1@fairview.org</a></td>
</tr>
<tr>
<td>12/28</td>
<td>Jessica Warner</td>
<td>Massage Therapist</td>
<td>612-991-2577</td>
<td></td>
<td>Mayo, MMC181, B361</td>
</tr>
<tr>
<td>2/2</td>
<td>Florence Wright, MSW</td>
<td>Palliative Care Clinical Social Worker</td>
<td>612-273-6143</td>
<td>612-899-3923</td>
<td>Mayo, MMC181, B361</td>
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</tbody>
</table>

**Fairview Southdale Hospital (Janecen clinic)**

EPIC Login: SH PHYS STANDARD

6401 France Ave. S., Office 288

Fax Number: 952-924-5776

Long distance Code: 11290 or 76801

Edina, MN 55435

Consult Massage Line: 952-924-5553

Team Pager: 612-510-1239

Voice Mail Access: 952-924-5790

Team Voice Mail: 5555, VM Password: 6536

FSH Clinic (on hold) 6363 France Ave. S., Ste. 610, Edina

EPIC Clinic Log-In: SH OP Palliative Care Phone: 952-856-3640

Fax: 952-856-3646

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**Pediatric Home Care and Hospice/PACCT (Pediatric Advanced & Complex Care Team)**

Team Pager: 612-899-4368

<table>
<thead>
<tr>
<th>DOB</th>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Pager/Cell</th>
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<tbody>
<tr>
<td>5/1</td>
<td>Jody Dahl, RN, MS, CNP</td>
<td>Pediatric Nurse Practitioner</td>
<td>612-672-1106</td>
<td>612-899-7876</td>
<td><a href="mailto:jdahl1@fairview.org">jdahl1@fairview.org</a></td>
</tr>
<tr>
<td></td>
<td>Jody Christieck, RN, DNP, CHPN</td>
<td>Pediatric Palliative Care Coordinator</td>
<td>612-728-2389</td>
<td>No pager</td>
<td><a href="mailto:jchraet1@fairview.org">jchraet1@fairview.org</a></td>
</tr>
</tbody>
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5
Fairview Ridges Hospital
Consult Message Line: 952-892-2977  Team Pager 612-526-9119
Fax Number: 952-892-2466
201 E. Nicollet Blvd.
Burnsville, MN 55337

<table>
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<tr>
<th>Name</th>
<th>Title</th>
<th>Phone/Fax</th>
<th>Pager/Cell</th>
<th>Interoffice Address/Email</th>
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<tbody>
<tr>
<td>Amy Klopp, CNS</td>
<td>Clinical Nurse Specialist, Palliative Care</td>
<td>952-892-2977</td>
<td>Shared pager above 612-803-6126</td>
<td><a href="mailto:aklopp1@fairview.org">aklopp1@fairview.org</a></td>
</tr>
<tr>
<td>Ann McLaughlin, MS, RN, CNS, ACHPN, FANACVPR</td>
<td>APRN, Pain and Palliative Care</td>
<td>952-460-4120</td>
<td>Shared pager above 651-333-3351</td>
<td><a href="mailto:amclaug2@fairview.org">amclaug2@fairview.org</a></td>
</tr>
<tr>
<td>Christina Wiekamp MS, RN, ACNS-BC, CCCRN</td>
<td>APRN, Pain and Palliative Care</td>
<td>952-892-2977</td>
<td>Shared pager above 651-253-9999</td>
<td><a href="mailto:ewiekam1@fairview.org">ewiekam1@fairview.org</a></td>
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Fairview Lakes-Wyoming Palliative Care Clinic

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<tr>
<th>DOB Name</th>
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<tr>
<td>12/22</td>
<td>Terry Thompson, RN, NP</td>
<td>Nurse Practitioner</td>
<td>651-982-7600 651-982-7919</td>
<td>612-510-1977 651-788-7685</td>
</tr>
</tbody>
</table>

Employee Service Center 672-5050

Fairview Home Care & Hospice 612-728-2455 (Main Hospice #); Joan Edin 728-2453

Fairview Information Technologies (IT): 672-6805
612-721-2491 (to be connected with staff's iPhones)

Fairview Home Infusion Therapy 800-642-8845, Fax 612-672-7380

Fairview Southdale Palliative Office 288: Door code: 410#

Integrated Primary Care Complex Clinic (Mental Health Component), West Bank, Professional Building, Ste #602, Minneapolis (612) 273-6099/273-6085 Triage

Interpreter Services: 273-3780 (to schedule personal interpreter); blue translator phones also available (no scheduling required)

Mayo Building Copy Room B348: Door code 6362* (copier code 7042)

Mayo Facilities Mgmt 624-2900 (TP; paper towels, etc)

Paging system: Fairview intranet: www.myairmail.com OR My Quick Links = Web-based Paging OR Business Applications: Amcom Smart Web
Job codes: Dial 893 then 4-digit pager # & page-back #

Pain Management Clinic, Riverside Professional Building, Suite #600, 612-273-5400; Inpatient Pain Consults VM Referral 273-5499

Patient Learning Center (PLC) 273-4894 (to schedule appointments or coordinate through HUC)
Patient Relations: 273-5050

Pharmacies:
- Inpatient East Bank 273-3066
- Inpatient Compound Pharmacy 672-5737
- Outpatient/Discharge East Bank 3rd Floor Unit J/Hospital: 273-2121
- Outpatient/Discharge West Bank Professional Building 672-7507
- Mental Health RxPhs (West Bank): Bob Haight 612-273-4598, Dawn Hoefst 273-6108

PIPS Team: Peri-operative & Interventional Pain Service: “Anesthesiology” consult (epidurals; nerve blocks; para-vertebral blocks): 24-hour pager 893-0545 (adults) 612-893-0602 (peds); Dr. Jake Hutchins (Medical Director), Chris Pelletier RN (pager 899-4663; 273-4890), Lori Leier, FNP (Adult) (pager 899-2973) and Molly Hagen, FNP (Peds) (pager 899-1477)

Risk Management: Bonnie Johnson (672-6927)

Hospital East Bank/Unit J: 612-273-3000
- RN Asecm phones: Call 273-3555 followed by 5-digit Asecm # (Prefix 131 + 2-digit assigned #)
- Unit/floor phone extensions assigned as follows: 273-30 + floor # + unit # (A=1, B=2, C=3, D=4, E=5)
- Dialysis Center (Inpatient East Bank) 4D4478-4439, 273-3999
- Radiation Department, 1st floor: 612-273-6700

Hospital West Bank/Riverside:
- MN Health Children’s Hospital/Amplatz: 612-365-1000
- Acute Rehab.: 2512 7th St. 5th Floor, Mpls. 612-273-8660
- TCU, 2512 7th St., 4th Floor, Mpls. 612-273-4561
# 2016 Hospice and Palliative Medicine Fellows Block Schedule

<table>
<thead>
<tr>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tr>
<td>CHCM</td>
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<td>VA</td>
<td>VA</td>
<td>VA</td>
<td>UMHC</td>
<td>VC</td>
<td>CHCM</td>
<td>CHCM</td>
<td>VA</td>
<td>CHCM</td>
<td>UMHC</td>
</tr>
<tr>
<td>Amanda Henrichs</td>
<td>VA</td>
<td>VA</td>
<td>UMHC</td>
<td>UMHC</td>
<td>HCMEC</td>
<td>HCMEC</td>
<td>CHCM</td>
<td>VA</td>
<td>UMHC</td>
<td>HCMEC</td>
<td>CHCM</td>
</tr>
<tr>
<td>Elena Weismann</td>
<td>UMHC</td>
<td>UMHC</td>
<td>HCMEC</td>
<td>HCMEC</td>
<td>VA</td>
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<td>HCMEC</td>
<td>CHCM</td>
<td>VA</td>
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<tr>
<td>Allison Dorbandt Feldman*</td>
<td>CHCM</td>
<td>CHCM</td>
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## NOTES

- **CHCM**=Children’s
- *Peds Fellow 1/2 day Continuity Clinic on Wednesday AM
- **HCMEC**=Hennepin County Medical Center
- **FVH**=Fairview Homecare and Hospice
- **UMMC**=University of Minnesota Medical Center
- 3 Adult Fellows 1/2 day Continuity Clinic on Wednesday or Thursday PM starts last week in July
- **VA**=Minneapolis/VASHC Health Care System
- **GIL**=Gillette Children’s Specialty Center

*CHCM would rather not have adult rotations in consecutive months.

*Peds fellow will have a weekly half-day continuity clinic at Children’s
1 month each is elective, site depends on what the fellow wants to do.

Updated: 6/1/2016
New Innovations is the Resident Management Suite (RMS) used to track information such as Evaluations, Duty Hours and other applications.

**How to login:**
You will see the screen above. Click Client Login in the top right corner. You will be asked to enter:
- **Institution Login:** mmcgme
- **Username:** (first initial + last name) (i.e. John Smith = jsmith)
- **Password:** (first initial + last name)

If you forget your password, go to the login screen and click on Forgot Your Password? Enter the Institution Login and your Username. You will receive an email with a temporary password which you will have to change upon logging in.

Any questions you have about RMS can be directed either to your program coordinator or RMSHelp@umn.edu /612-624-0750.
UMMC Portal Access Information

Accessing the LMS (Learning Management System)

From the Fairview Secure Gateway (remote portal access):

1. Please use the link listed below to access the Fairview Secure Gateway:

   http://securegateway.fairview.org

2. Login using your current Secure Gateway username and password or Fairview Portal username and password (Example: mjurich1).

   Please note: If you are experiencing issues logging into secure gateway, please call the helpdesk. 672-6806 and request that your password be reset or request access to secure gateway.

   (Note: Click the “Help” icon to download “Citrix”, if needed.)

3. Click the “LMS” icon.

4. Enter your assigned LMS user id.

   If you do not know your LMS User ID, please contact your program coordinator or Mira Jurich, mjurich1@fairview.org.

5. Enter the default password: hello...unless you have previously logged in and changed your password.

   Click “Login”.

   Initial logon only: Click the small box at the bottom of the screen next to, “Registered User Agreement”.

   Click “Accept”.

6. Click the “View” button next to “My E-learning Lessons” to access your assigned e-learnings.

7. Click the “Epic” lesson name (example: Epic INP000 Overview of Hyperspace) to open the e-learning.

8. Press “Click Here To Start”.

9. Click the arrow or “Start Lesson” to begin the selected interactive demo.

   Please maximize the screen, if needed.

   (You may need to adjust the volume on your workstation or use “cc” closed captioning” on the lower right of the screen, if desired.

10. After completing the lesson, click the “Test” icon next to the title of the completed lesson and follow the instructions provided to verify completion. You will not be given credit for the lesson until you have completed this step.

Questions?

Please contact the Technology Service Center: 612-672-6806 for assistance.
If you access Fairview clinical applications through the Fairview Portal, then as of Saturday, February 6th you will need to start using the Citrix Secure Gateway. This will replace Portal. This affects access to FCIS, Epic, Homecare Webchart, and OTTR.

**Connecting to the Citrix Secure Gateway:**
If you login to Portal, you should see a link for the Secure Gateway. Click that link to get to the Secure Gateway website.

![Image]

If you have problems accessing Portal, you can also connect by copying this website address: http://securegateway.fairview.org

**Logging in to the Citrix Secure Gateway:**

![Image]

**Username:** Your username will be your Fairview Standard ID. The same username that you use to access FCIS, Epic, PACs, etc.

**Password:** If you have a Fairview e-mail address, then use that same password.

Otherwise, the default password is: fvf9999

f = Fairview
fv = first letter of your first name
f = first letter of your last name
9999 = the last four digits of your social security number

For example: Bob Smith, who has 1234 for the last four digits of his social security number, would enter the following username and password (lowercase and no spaces for the password):

bsmith1
fvbs1234
If you have problems with your password, please make sure you are entering the “fv” at the beginning. If you are unable to login with that password, you will need to contact the Fairview helpdesk at 672-6805 for a password reset. Unfortunately, AHC-IS is not able to reset your Fairview password.

If you see the screen below, do **NOT** click Download! Instead, click the Already Installed link on the right-hand side.

If you do download the client, you may still use Secure Gateway normally, but access through the Citrix Program Neighborhood icon on your desktop will no longer work. If this happens, please contact the AHC Helpdesk at 6-5100.

**Using the Citrix Secure Gateway:**

Many of the applications that are in Portal will show here. To access each application, just click on the link, and then login as you normally would. If you have problems accessing any of the applications, contact the Helpdesk at 6-5100.
Rotations (see curriculum below)

University of Minnesota Medical Center—Inpatient Consultative Palliative Care Service

Children’s Hospitals and Clinics of Minnesota Pediatric Pain and Palliative Care Rotation
Fairview Homecare & Hospice

Hennepin County Medical Center – Inpatient Consultative Palliative Care Service and Hospice

VA Health Care System Long-Term Care Rotation: Hospice and Palliative Care Unit and optional radiation oncology rotation

Gillette Hospital Rotation in Pediatric Developmental and Neurologic Issues, Pediatric Focused

Fairview Homecare and Hospice - Hospice interdisciplinary team caring for home or facility-bound palliative homecare and hospice patients

Outpatient Continuity Clinic Curriculum (Adult and Pediatric)

Scholarly Activities Curriculum
University of Minnesota Medical Center-Fairview Inpatient Consultative Palliative Care Service

Faculty and Supervision
Supervising palliative faculty and IDT members include:
- Drew A Rosielle MD - Program Director and Consult Service Medical Director
- Beth Jeffrey, MD
- Emily Schafhauser, MD
- Elizabeth Uchitelle, MD
- Brooke Kaney, MSW, LICSW
- Rachael Sarto, MSW, LICSW
- Paul Galchutt, Palliative Chaplain
- Michael Finch, Lead Advanced Practice Provider
- Lyn Ceronsky, DNP

All supervising faculty will provide direct care oversight as appropriate for the Fellow’s level of competence for this site of care. A supervising physician faculty member will be continuously available for all on-call period back-up and oversight as needed. All fellow interactions are staffed with physician faculty; the team’s expectation is that with rare exception the physician faculty member will personally see/evaluate the patient her/himself to confirm the fellow’s findings and medical decision making.

Description
This rotation is required for adult-focused fellows and serves as the foundation of adult Palliative Medicine training to be acquired during the fellowship year. The Fellow will provide “virtual” specialty-level palliative consultative service to any medical, surgical or intensive care unit in the Academic Health Center requesting evaluation and/or management of patient cases with identified palliative needs. Consultative services will also be provided to a small group of patients in the Riverside Hospital medical unit and the Acute Rehabilitation and Transitional Care Units. The UMMC Palliative Care Consultation team sees adult patients in all areas of the hospital including general wards, step-down units, and ICUs, and see patients from all disciplines across the spectrum of serious illness including acute life-threatening illnesses (trauma, sudden critical illness), cancer, heart failure before and after transplantation/LVAD, end stage lung disease, cystic fibrosis, oncology, end stage liver disease, dementia, failure to thrive, stroke, and neurodegenerative disorders. The team sees patients across the spectrum of age (pediatric, young adult, middle age, advanced age).

The UMMC consult team sees patients with advanced and life-limiting illnesses for pain and non-pain symptom assessment and management, goals of care discussions, code status or advanced directives review, decisional capacity assessment, family conflict resolution, transition to comfort or hospice levels of care, management of the active dying process, and bereavement and other psychosocial and spiritual distress assessment and interventional strategies. The Fellow will function as a physician-trainee member of a dedicated interdisciplinary team. This team includes attending palliative physicians (usually 2-3 on service at any time), a palliative advanced practice nurse, a palliative licensed clinical social worker, and a team chaplain; affiliated team members include massage therapy, art therapy, and child-life specialists. On-call responsibilities for this rotation include participation in the Palliative physician nightly telephone on-call schedule and weekend-day, clinical care responsibilities for 1 week during each 4-week rotational block.
Palliative physician faculty will provide back-up for all Fellow on-call responsibilities. Pediatric-focused fellows have routine call responsibilities at CHCM during their rotation at UMMC.

I. **Rotation Duration:**
This rotation is comprised of 4-week blocks. Adult-track fellows complete 6-7 core palliative consultation months.

II. **Educational Objectives:**
By the end of this rotation, Fellows will be able to demonstrate competency in the following set of knowledge, skills, and attitudes reflective of a competent Palliative Care physician able to care for palliative patients and their families by providing either primary specialty care or specialty consultant care in collaboration with a primary medical-surgical team:

<table>
<thead>
<tr>
<th>Patient Care</th>
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<tbody>
<tr>
<td><strong>Upon completion of the rotation, the Fellow will be able to:</strong></td>
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<tr>
<td>• Obtain a comprehensive medical history and perform a physical exam focusing on both the active treatment and multi-dimensional palliative needs of medically complex inpatients and their families.</td>
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<tr>
<td>• Develop a patient-family centered plan of care that focuses on optimal quality of life as defined by elicited patient-family values and inclusive of palliative interdisciplinary and primary care collaborative team input.</td>
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<td>• Assess and communicate prognosis and plans of care relevant to facilitation of elicited patient-family goals of care.</td>
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<tr>
<td>• Reliably evaluate functional status in an inpatient setting</td>
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<tr>
<td>• Assess and manage physical, psycho-social, and spiritual symptoms in an inpatient setting using standard palliative principles and guidelines of care.</td>
</tr>
<tr>
<td>• Prepare palliative inpatients and their families for both the dying process and subsequent death, if anticipated, consistent with the level of preparation they may desire.</td>
</tr>
<tr>
<td>• Ensure optimal coordination of patient care across settings at times of venue transition or changing needs of care.</td>
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</table>

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
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<tr>
<td><strong>Upon completion of the rotation, the Fellow will be able to:</strong></td>
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<tr>
<td>• Describe the scope and practice of inpatient palliative care physician in various settings of care.</td>
</tr>
<tr>
<td>• Explain the role of the palliative care physician within the interdisciplinary team in both primary inpatient palliative care and consultative service settings.</td>
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<tr>
<td>• Outline common chronic illnesses encountered in inpatient Palliative Care with prognostic factors, expected trajectories, usual palliative treatments, and potential complications.</td>
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<tr>
<td>• Perform a thorough assessment, and develop an appropriate plan of care and effective monitoring protocol for pain and other symptoms encountered in inpatient palliative care.</td>
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<tr>
<td>• Identify the indications, clinical pharmacology, alternate routes, appropriate titration, toxicities, and management of common adverse effects for opioids, anxiolytics, antiemetics, laxatives, psychostimulants, corticosteroids, antidepressants, neuroleptics, sedatives, and other common agents used to provide optimal symptom management in palliative care.</td>
</tr>
</tbody>
</table>
• Display proficiency in multi-modality, non-interventional pain management, including opioid conversions and rotation and recognize when collaborative interventional pain management services should be utilized for optimal relief of suffering.
• Recognize and effectively manage the common psychological stressors and syndromes experienced by palliative inpatients and their families coping with advanced or life-threatening illnesses.
• Assess and manage the common presentations of spiritual, religious, and existential distress exhibited by palliative patients and their families facing life-threatening or disabling illnesses.
• Recognize and compassionately manage the syndrome of imminent death preparing and supporting patients, families, and collaborative care teams throughout the process.
• Delineate normal and abnormal grief processes and outline the appropriate management of related depression and complicated grief.
• Comprehend and apply legal and ethical principles appropriate to inpatient palliative care including relevant federal, state, and local laws and practices that impact care decisions and the appropriate role of the clinical ethicist in palliative cases.

Practice-Based Learning and Improvement
During the rotation, the Fellow will:
• Accurately identify strengths, deficiencies and limits in his/her knowledge and expertise of inpatient palliative care.
• Appropriately seek feedback on his/her performance.
• Set learning and improvement goals relevant to inpatient palliative care.
• Identify and perform appropriate learning activities (use self-study modules, read, research clinical questions, etc.) to achieve the above delineated learning goals.
• Incorporate formative evaluation feedback from supervising palliative faculty into daily practice.
• Locate, appraise and assimilate evidence from scientific studies related to his/her patients’ general medical and palliative problems.
• Understand and/or apply relevant palliative care practice guidelines to clinical conditions encountered in inpatient primary and consultative palliative care.
• Develop competencies as an educator, including demonstrating the ability to supervise clinical trainees at multiple levels of training and among disciplines utilizing appropriate constructive feedback techniques.

Professionalism
During the rotation, the Fellow is expected to demonstrate professionalism at all times by:
• Appropriately and promptly responding to patient/family needs and requests.
• Fulfilling clinical duties in a timely manner and alerting supervising faculty when difficulty is encountered.
• Following through on patient care activities and effectively transitioning care when necessary.
• Demonstrating effective, professional and respectful working relationships with all multidisciplinary staff.
• Respecting patient privacy and autonomy.
• Demonstrating sensitivity to diversity in patients and colleagues including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
• Completing medical record documentation in a timely and appropriate manner.
• Maintaining professional appearance and demeanor.

**Interpersonal and Communication Skills**
During the rotation, the Fellow will display basic competence and increasing skill in communication techniques by:

• Clearly and compassionately communicating key clinical issues and treatment options to patients and families.
• Maintaining an empathic presence with patients and families at all times.
• Assessing patient/surrogate’s wishes regarding the amount of information they wish to receive and the extent of their participation in clinical decision-making.
• Demonstrating the ability to effectively recognize and respond to his/her own emotions, including effective self-reflection and team debriefing.
• Determining patients’ and family members’ decision-making capacity.
• Discerning strengths and limitations of patients’ and families’ understanding and verbalization of the patient’s diagnoses, complications, prognosis, and burden/benefit analysis of care options.
• Recognizing the importance of patient-family ambivalence in palliative care and applying appropriate strategies to address it effectively.
• Communicating effectively with all members of the multidisciplinary collaborative and interdisciplinary palliative team.
• Effectively and succinctly presenting patient cases with necessary and relevant clinical and palliative details included.

**Systems Based Practice**
Throughout the rotation, the Fellow will demonstrate an awareness of and responsiveness to the larger context and system of health care relevant to optimal palliative care including:

• Demonstrating palliative care that is cost-effective and represents best active treatment and/or palliative practices.
• Integrating knowledge of the healthcare system in developing palliative plans of care.
• Advocating for quality palliative patient and family care and assisting patients and families in navigating and understanding relevant healthcare system complexities.
• Identifying and addressing patient safety issues as encountered in an inpatient palliative setting.

**IV. Teaching Methods/Learning Activities**
During the rotation, the fellow will:

• Attend and participate in all scheduled didactic sessions during the orientation period and subsequently scheduled weekly sessions throughout the rotation.
• Review and discuss relevant topics from the compiled palliative care reading lists with the supervising palliative physician.
• Review all patient care encounters, plans of care, and a sample of dictated notes with the palliative supervising physician.
• Attend Medical Grand Rounds and Morbidity and Mortality conferences weekly.
• Present at, participate in, and attend all daily interdisciplinary rounds and weekly clinical case conferences (Wed at 0800).
• Attend and periodically present at monthly Palliative Care journal club (4th Tuesday of each month 0730).
• Evaluate and manage all assigned new and follow-up palliative care patients both on the consultative service and the primary palliative inpatient service.
• Facilitate multidisciplinary patient-family conferences at times of critical clinical course changes.

V. Evaluation/Assessment
For this rotation, the Fellow’s performance will be assessed as follows:
• End of rotation summative, competency-based evaluation completed by the supervising palliative physicians through the online residency management system (RMS) and reviewed with the Fellow.
• Multidisciplinary team performance feedback relayed to the supervising palliative physicians for inclusion in the final evaluation and discussion.
• Patient and family commentary to be incorporated into the final evaluation and review by the supervising palliative physician.
• Fellow-maintained case logs with subsequent review by the Program Director at each scheduled quarterly review session.
• Review of self-assessed rotational objectives achieved during the experience with the Program Director at each scheduled quarterly review session.
• Attendance at all didactic sessions and effective presentation at palliative clinical case conferences and journal club meetings.
• Fellow tracking of all rotational duty hours via the residency management system (RMS).
• Quarterly multi-rater evaluations of the fellow, to include non-physician team members’ evaluation of fellow’s professionalism and communication.

Note: Two campuses comprise UMMC-Fairview. The ‘East Bank’ Hospital is located at 500 Harvard St, Minneapolis and the ‘West Bank’ (‘Riverside’) campus (which includes Amplatz Children’s Hospital located at 2450 Riverside Drive). The campuses are connected via a 10 minute shuttle trip. The majority of the patients seen will be in the East Bank with a small number of consults seen at the West Bank Hospital and the Acute Rehabilitation and Transitional Care Units. Patients may be continuously followed by the service from acute care at either hospital into either the Acute Rehabilitation or Transitional Care Units.
Children’s Hospitals and Clinics of Minnesota Pediatric Palliative Care Rotation

Location: Palliative Care Program, Children’s Hospitals and Clinics of MN: 2525 Chicago Ave. South, Minneapolis, MN.

Site Director: Kris Catrine, MD

Site Contact: Cheryl Puumala, Administrative Asst, 612-813-7526

Duration: 1-8 months (1 month for adult-focused fellows, up to 8 months for pediatric-focused fellows)

Interdisciplinary Team Members:

- Inpatient Consult & Outpatient Clinic Team –
  - Dr. Kris Catrine, MD, FAAP, Palliative Care Consultant and Site Director
  - Dr. Stefan Friedrichsdorf MD, Medical Director
  - Barb Symalla, CNS, APRN
  - Nancy Jaworski, CNS, APRN
  - Donna Eull, RN, MA
  - Martha Schermer, MSW, LICSW, ACHP-SW
  - Cyndee Daughtry, MSW, LICSW, ACHP-SW

- Home care/hospice:
  - Sara Hasse, RN
  - Mike McCloone, RN
  - Paige Lathem, RN
  - Margaret Monson, CCLS

Rotation Description

Pediatric Palliative care is a required rotation during which the Fellow will work with the Pain and Palliative care team at Children’s Hospital and Clinics of MN (CHCM). The fellow will rotate among all faculty members within the Pain and Palliative Care Team at CHCM to gain experience in a broad spectrum of the practice of pediatric palliative medicine, collaboration with the interdisciplinary team, and the provision of family centered care across the continuum of care and over time. The Pain and Palliative Care program is one of the largest and busiest pediatric palliative care programs in the US. The Children’s team cares for over 300 children with life-threatening conditions and their families each year, across diverse settings that include inpatient, outpatient and home based care. The program also has a well developed interdisciplinary team approach to care and can offer a rich learning environment for Fellows.

The fellow will function as a physician-in-training member of the interdisciplinary Pain & Palliative Care Team, and see patients in 3 patient care areas. Fellows will be supervised in all their patient-care interactions, at a level commensurate with their level of training as determined by the Program Director and Site Director. Adult-focused HPM fellows without a background caring for children (e.g. graduates of Internal Medicine residencies) may receive 1:1 supervision by CHCM.
faculty throughout their 1 month rotation. By the end of the first month, pediatric-focused fellows should be able to independently (without personal clinical supervision) perform a comprehensive medical palliative care evaluation of a child and family. By the end of the 4th rotation month fellows should be functioning nearly at the level of a palliative specialist, and require ‘verbal staffing’ only to ensure appropriate medical decision-making. While fellows are expected to be competent such that ‘verbal staffing’ only is required, faculty is expected to personally confirm key details of fellow evaluations and medical decision-making. Further supervision may occur for billing purposes, independent of fellows’ educational needs. Fellows will work with non-physician interdisciplinary team members such as nurses, social workers, and chaplains to gain greater appreciation and knowledge of the skills and roles of non-physician team members.

The 3 care areas are:

1. **CHCM Inpatient Palliative Care Consultation team.** The fellow will care for inpatients with palliative care and/or end of life needs on both campuses (Minneapolis and St. Paul) of CHCM. The fellow will be responsible for daily rounding, assessment and medical decision-making including pain and symptom management. The fellow will be supervised in all patient care interactions, at a level commensurate with their level of training. Fellow will be responsible for new consultation and follow-up visits in the hospital. The fellow will spend the majority of their time on the Consultation team, including case planning and collaboration with interdisciplinary team members. The fellow will see patients daily, five days/week and on weekends when on call. The interdisciplinary team meets once weekly and the fellow will participate in this meeting as well, by reporting on patients he/she is participating in the care of.

2. **CHCM Outpatient Palliative Care Clinic.** The fellow will see both new and established patients in the Pain and Palliative Care Clinic ½ day per week. This experience allows the fellow to have continuity of patient care across care settings as many patients seen in this clinic have been seen by the Pain and Palliative Care Team both in the hospital and at home. The Palliative Care clinic meets two full days per week (2, ½ days of Complex Pain clinic and 2, ½ days of Palliative Care clinic). An attending physician in the Pain and Palliative Care program will supervise the fellow for this clinic. This is a multi-disciplinary clinic in which the fellow will be joined by a nurse and social worker at each visit.

3. **CHCM Home Care and Hospice.** The Fellow will see active patients in the home-based setting through the Karuna (home based, non-hospice palliative care) and Hospice Programs within the Pain and Palliative Care Service. The Fellow will provide medical assessment, intervention, and treatment planning in collaboration with the family and the interdisciplinary team. When possible, the Fellow will be encouraged to perform at least one home visit for patients seen in other settings, e.g.: through the inpatient consultation service or clinic, with a goal of seeing 3-5 patients in the home setting per rotation. The Hospice and Karuna interdisciplinary team are part of the larger PPC service, and attend weekly IDT rounds with the rest of the team.

**Call Duties:** The Pediatric track Fellow will take call during this month per the fellowship call responsibility protocol (the adult fellow does not take call).

**Teaching Methods**

- Directly and indirectly supervised patient and family care from faculty and interdisciplinary team members.
• Fellows participate in the required fellowship-wide journal clubs, topics of interest, and didactic lectures even if at UMMC or MVAMC.
• Self-learning: fellows are expected to read the pediatric articles in their reading list by the end of the first month.
• Monthly pediatric palliative care research network teleconferences (PPCRN) with Dr. Stefan Friedrichsdorf - optional
• Audio-visual seminars and training resources, including PPC curricula materials
• Clinical and personal integration discussion with supervising MD and Psychosocial Team leader
• Fellows will have a 1 hour teaching session on perinatal hospice & palliative care during their 1st month rotating at CHCM.

Evaluation Methods
• Monthly competency based evaluations by faculty members on RMS
• Multi-rater/360 degree evaluations by non-physician team members at least quarterly as part of the quarter written evaluations with the program director.
• Fellows will log all patient encounters in their log including home visits. Fellows will keep track of patients seen across different care settings (e.g. hospital – home – clinic – rehab center).

Rotation Objectives:
Fellows will demonstrate attitudes, knowledge, and skills appropriate to competent palliative care of pediatric patients and families with diverse acute, chronic, or end-stage conditions in a variety of settings.

Patient Care
Fellow will:
• Discern, develop, and implement plans of care for the palliative needs of acute, chronically, and terminally ill pediatric patients and their families in a variety of settings.
• Integrate palliative care of pediatric patients into an interdisciplinary plan of care.
• Facilitate age-appropriate patient and family care conferences around goals of care, prognosis, treatment options, and transition among levels of care.
• Prepare, guide, and support pediatric patients and families in end-of-life care including neonatal cases.
• Demonstrate the ability to respond to the unique aspects of children’s suffering through age/developmental stage-appropriate techniques of intervention and care.

Medical Knowledge
The fellow will:
• Describe the unique aspects of pediatric palliative care such as palliative medication choices and dosing, the family impact of chronic or terminal childhood illness, the psycho-social consequences of living into adulthood with serious congenital illness, and the developmental impact of functional and/or cognitive disability.
• Identify indications, dosing (or evidence-based dosing references), routes, and approaches to dose titration for symptoms of pain, nausea/vomiting, dyspnea, constipation, diarrhea,
pruritus, spasticity, sialorrhea/secretions, fatigue, anxiety, depression, and delirium in pediatric patients.

• Outline barriers and deficiencies in pediatric palliative care practice.
• Describe the natural history, prognosis, and symptomatology of common diseases seen by pediatric palliative care specialists including pediatric cancer syndromes, neurologic and degenerative disorders, and lethal neonatal conditions.
• Appreciate developmental differences in patients across childhood and adolescence as it relates to communication, spirituality, grief, and response to medical illness.

**Practice-Based Learning and Improvement**
Throughout the rotation, the Fellow will demonstrate the ability to continuously improve patient care based on self-evaluation, feedback, and continuous learning processes by:

• Accurately identifying strengths, deficiencies and limits in his/her knowledge and expertise in pediatric palliative care.
• Appropriately seeking feedback on his/her performance.
• Setting learning and improvement goals relevant to pediatric palliative care.
• Identifying and performing appropriate learning activities (using self-study modules, reading, researching clinical questions, etc.) to achieve the above identified learning goals.
• Understanding and/or applying relevant palliative care practice guidelines and evidence base to clinical pediatric conditions encountered during the rotation.

**Professionalism**
During the rotation, the Fellow is expected to demonstrate professionalism at all times by:

• Appropriately and promptly responding to pediatric patient/family needs and requests.
• Fulfilling clinical duties in a timely manner and alerting supervising faculty when difficulty is encountered.
• Following through on all patient care activities.
• Demonstrating effective, professional, and respectful working relationships with patients, families, colleagues, and interdisciplinary team members.
• Completing medical record documentation in a timely and appropriate manner.
• Responding to pages and calls in a timely and effective manner.
• Maintaining professional appearance and demeanor in all care situations.
• Discuss the unique ethical and decisional processes involving neonatal and pediatric palliative interventions, as well as models of decision making across the developmental spectrum.
• Appreciating and reflecting upon their own emotional reactions to the care of severely ill and dying patients and their families, the challenges on professional boundaries this can cause, and seeking, and valuing the role of interdisciplinary team members in helping physicians maintain professional boundaries.

**Interpersonal and Communication Skills**
During the rotation, the Fellow will display basic competence and increasing skill in communication techniques by:

• Demonstrating effective and age-appropriate communication skills in patient-family and interdisciplinary care conferences.
• Employing empathic and constructive verbal and non-verbal behaviors in all patient and family encounters, age-appropriate for pediatric patients.
• Gathering essential and accurate information from patients and families in a respectful manner.
• Presenting patient cases effectively and succinctly with necessary and relevant detail included.
• Incorporating the major domains of palliative care in comprehensive, timely, and legible medical records.

**Systems Based Practice**
Throughout the rotation, the Fellow will demonstrate an awareness of and responsiveness to the larger context and system of health care relevant to optimal pediatric palliative care including:
• Coordination of patient care within the health care system relevant to pediatric palliative care.
• Recognition of resources and barriers relevant to palliative care of pediatric populations with demonstration of knowledge to mobilize these resources or address barriers.
• Development of pediatric palliative care plans that are cost-effective and representative of best practices.
• Learn regulatory guidelines, operational principles, and practical challenges related specifically to pediatric home palliative and hospice care.
• Describe reimbursement mechanisms for pediatric palliative, hospice, and home care and demonstrate appropriate billing activities.

*See Program Manual for Information about Children’s Call Schedule, Call Rooms, Support Services, Medical Records, Security, and Parking, Technology Support*
Fairview Homecare & Hospice

Preceptor(s) & Contacts

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<thead>
<tr>
<th>Name</th>
<th>Contact 1</th>
<th>Contact 2</th>
<th>Email</th>
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<tbody>
<tr>
<td>Vic Sandler, MD</td>
<td>612-728-2459</td>
<td>612-654-8592</td>
<td><a href="mailto:vsandle1@fairview.org">vsandle1@fairview.org</a></td>
</tr>
<tr>
<td>(Hospice Medical Director)</td>
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<tr>
<td>Colleen Cooper, MD</td>
<td>612-728-2316</td>
<td>612-709-2256</td>
<td><a href="mailto:ccooper5@fairview.org">ccooper5@fairview.org</a></td>
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<tr>
<td>Primary Contact</td>
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<tr>
<td>Kate Cummings, RN</td>
<td>612-728-2422</td>
<td>612-526-7627</td>
<td><a href="mailto:kcummin1@fairview.org">kcummin1@fairview.org</a></td>
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<tr>
<td>Hospice Director</td>
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<tr>
<td>Anne Tidman, Hospice</td>
<td>612-728-2420</td>
<td>NA</td>
<td><a href="mailto:atidman1@fairview.org">atidman1@fairview.org</a></td>
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<tr>
<td>Administrative Assistant</td>
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<tr>
<td>Hospice Main Number</td>
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Location
Fairview Homecare & Hospice
2450 26th Avenue South
Minneapolis, MN 55406

Rotation Description

This is a required rotation during which the Fellow functions as a physician member of a homecare and hospice interdisciplinary team caring for home or facility-bound palliative homecare and hospice patients. Home and facility care visits will be in conjunction with one or more interdisciplinary team members and supervised by the Hospice Medical Director. The Fellow will be exposed to patients with a wide variety of advanced medical and oncological diseases and symptoms. Fairview Home Hospice admits approximately 1100 new patients per year with an average daily hospice census of 188 patients. Average hospice length of stay is 47 days. New hospice patients without an attending physician will be assigned to the Fellow for longitudinal hospice care. Other medical students, medical residents, or interdisciplinary students may rotate concurrently and interact with the Fellow in a learning capacity.

On-call responsibilities include participation in the Hospice Medical Director on-call schedule for 1 consecutive week and weekend per 4-week block. Call requires phone interactions only to manage or triage patient care issues.

Site offices and location of interdisciplinary team meetings and didactic sessions are at 2450 26th Avenue South, Minneapolis. **A car will be required to travel to home or facility visits within the greater Minneapolis/St. Paul metropolitan area.**
I. **Rotation Duration:**
The rotation is scheduled in month blocks are scheduled to meet experience requirements.

II. **Educational Objectives:**
Fellows will demonstrate attitudes, knowledge, and skills appropriate to the competent palliative care of patients managed on a palliative homecare and hospice service in a variety of cultural and socio-economic settings.

### Patient Care
By the end of the rotations the Fellow will be able to:

- Demonstrate capacity to function as attending hospice physician longitudinally for hospice patients in multiple settings.
- Perform an appropriate hospice-focused interview and physical examination in home and facility settings.
- Practice palliative consultative skills in a home or facility setting.
- Assess and manage common acute problems for homecare, home hospice and facility hospice patients.
- Effectively direct and coordinate an interdisciplinary team for a large volume hospice setting.
- Prepare patients and families for death in the home or facility setting.
- Utilize interdisciplinary team members and resources appropriately for optimal home and facility palliative and hospice care.
- Demonstrate effective bereavement counseling of families in a hospice setting.

### Medical Knowledge
By the end of the rotations the Fellow will be able to:

- Describe the Medicare/Medicaid Hospice benefit and apply regulatory requirements for hospice care and documentation in home and facility settings.
- Delineate barriers faced by patients and families in understanding and accessing hospice and home palliative care services.
- Outline the scope and practice of and the skills required to function as a Hospice Medical Director.
- Define the concepts of team process and the psychosocial and organizational elements that promote or hinder successful interdisciplinary team function in a hospice team setting.
- Distinguish the presentation and management of the most common diseases/syndromes and their complications manifested in a palliative home care and hospice setting.
- Display knowledge of a cost-effective hospice medication formulary.
- Describe the options and applicability of both respite and continuous care in a home hospice setting.
- Explain the process of interdisciplinary preparation for and management of death in the home setting and factors that impact the family experience with death.
- Recognize the value of interdisciplinary care in the home/facility hospice setting.
- Describe the stages of typical bereavement, identify risk factors for and presence of complicated grief, and outline usual management processes in hospice care.
Practice- Based Learning and Improvement

During the rotation the Fellow will:

- Appropriately seek feedback on his/her performance from the supervising physician and interdisciplinary team.
- Set learning and improvement goals for competence in home palliative and hospice care and review achievement of these goals with the supervising physician and Program Director during formative evaluation discussions.
- Locate, appraise and assimilate evidence from the palliative and hospice literature related to his/her patients’ health problems for improved quality of care.
- Apply relevant Palliative Care practice guidelines to clinical conditions encountered during the rotation.

Professionalism

The Fellow will exhibit professionalism at all times during the rotation as reflected by:

- Appropriately and promptly responding to patient/family needs and requests during all care visits and telephone on-call encounters.
- Fulfilling clinical duties in a timely manner and alerting or seeking additional help from appropriate supervisory personnel (i.e., hospice supervising physician or hospice nurse case manager) when difficulty is encountered.
- Following through on patient care activities and effectively transitioning care between home, facility, respite, or hospital when necessary.
- Demonstration of effective, professional and respectful working relationships with all interdisciplinary homecare and hospice staff.
- Respect of patient privacy and autonomy.
- Exhibiting sensitivity to diversity in patients and colleagues including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- Implementing strategies of self-care and team support in the hospice setting...
- Response to pages, calls, or deviations in schedule in a timely and effective manner.
- Maintenance of professional appearance and demeanor.

Interpersonal and Communication Skills

By the end of the rotation, the Fellow will demonstrate competent interpersonal and communication skills in palliative and hospice homecare and facility settings by:

- Clearly and compassionately communicating key issues and treatment plans to patients and families, especially the role of hospice in end-of-life care.
- Gathering essential and accurate medical, psychosocial, spiritual, and goals of care information from patients and families in a respectful manner.
- Eliciting concerns of patients and families about the dying process in general and in the home-setting specifically.
- Educating patients and families bout common end-of-life symptoms and their management in a hospice setting.
- Addressing bereavement concerns of family members.
- Negotiating differences in end-of-life care preferences between patients and their family members.
- Communicating effectively with the patient’s hospice physician and other hospice team members about the patient’s course and any clinical issues encountered.
• Effectively and succinctly presenting patient cases with necessary and relevant detail included as appropriate for interactions with various interdisciplinary hospice team members.

**Systems Based Practice**

By the end of the rotation, the Fellow will be able to:

• Understand and utilize interdisciplinary resources optimally to comprehensively care for hospice patients and their families.
• Use evidence-base, cost-effective strategies appropriate for home and facility palliative and hospice care.
• Comprehend the impact of financial, reimbursement, and regulatory issues on hospice care in home or facility settings.
• Describe the levels of care and other components of the hospice care system.
• Discuss common ethical and legal issues that may occur in a hospice setting such as palliative sedation, physician-assisted suicide, decisional capacity, and withdrawal of artificial nutrition and hydration.
• Note other community resources that might supplement hospice services in the support of palliative and hospice patients and families.

**IV. Teaching Methods/Learning Activities**

During each of the 2 hospice rotations, Fellows will be expected to:

• Attend and facilitate weekly interdisciplinary team patient care meetings each Tuesday from 10:00 am to 3:00 pm.
• Make collaborative home or facility hospice care visits with the hospice physician or nurse case manager all other weekdays, except during the times of longitudinal clinic or scheduled educational sessions.
• Review all patient encounters and plans of care with the hospice supervising physician as appropriate to level of competence.
• Participate in the Hospice Medical Director on-call schedule for 1 consecutive week and weekend per 4-week block and maintain telephone on-call records for chart documentation and review with the supervising hospice physician.
• Develop a panel of longitudinal home hospice patients from each hospice rotational period for hospice attending level care throughout the Fellowship year from the time of the Fellow’s first hospice rotational block. Any needed home evaluations will be scheduled during longitudinal clinic hours with longitudinal telephone management of care issues otherwise.
• Attend a hospice orientation session prior to participating in hospice clinical care (to be arranged during initial fellowship orientation sessions).
• Complete the Hospice Medical Director Course module provided during the rotation and demonstrate evidence of learned principles during hospice care provision or discussions with the supervising hospice physician.
• Review hospice formulary and medication administration principles/barriers relevant to home or facility hospice care with the hospice clinical pharmacist.
• Attend and participate in hospice administrative didactic sessions as scheduled.
• Present a hospice topic update to the hospice interdisciplinary team once during each rotational block.
• Shadow hospice social workers and chaplains and participate in bereavement and other counseling as appropriate.
• Shadow complementary hospice therapists (music, massage) as time allows.

V. Evaluation and Assessment
The Fellow’s performance will be assessed for these 2 rotational blocks as follows:
• Midpoint formative feedback session with the hospice supervising physician.
• End of rotation summative, competency-based evaluation completed by the hospice supervising physician online through the residency management system (RMS) and reviewed with the Fellow.
• Interdisciplinary team 360° performance feedback relayed to the supervising physician for inclusion in the final summative evaluation form and discussion.
• Patient and family commentary to be incorporated in the formative and summative evaluations and reviews by the supervising physician.
• Fellow self assessment of personal rotational objectives achieved during the experience and review with the Program Director at quarterly evaluation reviews.
• Fellow will maintain care case logs and review these with the Program Director at quarterly review sessions.
• Fellow will track all rotational duty hours via the residency management system (RMS).

VI. Faculty and Supervision
• Supervising hospice physician faculty include:
  Victor Sandler, MD
• Supervising physician faculty will provide care oversight as appropriate for the Fellow’s level of competence for this site of care. Faculty will accompany the Fellow on all physician evaluation home or facility visits for direct supervision and provide indirect supervision when doing collaborative or shadowing care with other members of the interdisciplinary team.
• Supervising faculty will be available by telephone when not providing direct supervision, including during the periods of Fellow telephone on-call duty.
• During the Fellow’s longitudinal care of hospice patients between rotations, the supervising faculty will be available by telephone 24/7.

VII. Educational Resources
• Complied reading list and relevant textbooks.
• CD module course on Hospice Medical Director knowledge and skills.
• Hospice medication formulary
• Self-directed literature research relevant to hospice topic update presentation.

See Program Manual for Information about Fairview/UMMC Call Schedule, Call Rooms, Support Services, Medical Records, Security, and Parking, Technology Support
Hospice and Palliative Medicine Fellowship
HENNEPIN COUNTY MEDICAL CENTER - PALLIATIVE CARE CONSULT SERVICE, HOSPICE

Location: Palliative Care Program, Hennepin County Medical Center, 701 Park Avenue, Minneapolis, MN
Site Director: Jeffrey Rubins, MD
Site Contact: Sandra Main
Phone: 612-873-6500; sandra.main@hcmed.org
Duration: Four months

I. Rotation Description and Location:
This rotation is required for adult-focused fellows and serves as one of the core palliative care rotations (along with UMMC and MVAMC) for adult-curriculum oriented fellows.

The HCMC Palliative Care consult team sees patients with advanced and life-limiting illnesses for pain and non-pain symptom assessment and management, goals of care discussions, code status or advanced directives review, decisional capacity assessment, family conflict resolution, transition to comfort or hospice levels of care, management of the active dying process, and other psychosocial and spiritual distress assessment and interventional strategies. The Fellow will function as a physician-trainee member of a dedicated interdisciplinary team. This team includes attending physician, a nurse practitioner, physician assistant, social workers, and a team chaplain.

A. Palliative care: The Fellow will provide “virtual” specialty-level palliative consultative service to any inpatient unit at Hennepin County Medical Center requesting evaluation and/or management of patient cases with identified palliative needs. The HCMC Palliative Care Consultation team sees approximately 60-75 adult patients each month in all areas of the hospital including general wards, step-down units, and ICUs, and sees patients from all disciplines across the spectrum of serious illness including acute life-threatening illnesses (trauma, sudden critical illness), cancer, heart failure, end stage lung disease, end stage liver disease, end stage kidney disease, dementia, failure to thrive, stroke, and neurodegenerative disorders including amyotrophic lateral sclerosis. The team sees patients across the spectrum of age (young adult, middle age, advanced age).

When applicable, the Fellow will have the opportunity to participate in formal Ethics consultation, under the supervision of our Ethics consultant.

The Fellow will also have opportunities to participate in several outpatient experiences, under the supervision of palliative care staff physicians, during their rotations at HCMC. They can work one-half day a week as a consultant in the HCMC Palliative Care outpatient clinic, where they will see both new and follow-up consult patients. When possible, the Fellow will preferentially see patients that they initially saw as inpatients, to provide continuity in educational experience across both locations. They will also have the opportunity to work one-half day a week in the ALS clinic, where as a member of the interdisciplinary ALS team, they will assist with symptom control and advance care planning needs. They will have opportunity during their rotation at HCMC to work with our Radiation Oncologist (who is board-certified in Palliative Care) to learn the uses and limitations of palliative radiation treatments.
B. Hospice: Fellows will see hospice patients during their rotation at HCMC. The HCMC inpatient team may become the primary admitting team for Hospice of the Twin Cities hospice patients who are admitted to hospice for general inpatient hospice care. With faculty supervision, fellows may round on and care for these patients. Approximately one-day-per-week fellows will perform in-community hospice visits with the Hospice of the Twin Cities medical directors or other hospice interdisciplinary team members, and/or interdisciplinary hospice team meetings.

II. On-call responsibilities:
Fellows will participate in the Palliative physician nightly telephone on-call schedule and weekend-day, clinical care responsibilities for 1 week during each 4-week rotational block. Palliative physician faculty will provide back-up for all Fellow on-call responsibilities.

III. Rotation Duration:
This rotation is comprised of one month blocks, although every effort will be made in scheduling to have the fellows complete two consecutive months at HCMC, especially their first time there. Adult-track fellows complete approximately 7 palliative consultation months during their fellowship, approximately 4 months will be at HCMC for each each adult-focused fellow. HCMC can be a site for fellow elective rotation, which would come out of a inpatient consult month.

IV. Teaching Methods/Learning Activities:
During the rotation, the fellow will:

- Supervised clinical teaching will be the main teaching method during this rotation.
- Attend and participate in all scheduled fellowship-wide didactic sessions, including journal club

V. Evaluation/Assessment
For this rotation, the Fellow’s performance will be assessed as follows:

- End of rotation summative, competency-based evaluation completed by the supervising palliative physicians through the online residency management system (RMS) and reviewed with the Fellow.
- HCMC non-physician team members will evaluate fellows formally, quarterly, during the quarterly multi-rater evaluation period the fellowship completes
- Patient and family commentary to be incorporated into the final evaluation and review by the supervising palliative physician.
- Fellow-maintained case logs with subsequent review by the Program Director at each scheduled quarterly review session.
- Review of self-assessed rotational objectives achieved during the experience with the Program Director at each scheduled quarterly review session.
- Attendance at all didactic sessions and effective presentation at palliative clinical case conferences and journal club meetings.
- Fellow tracking of all rotational duty hours via the residency management system (RMS).
VI. **Faculty and Supervision**

- Supervising palliative faculty and IDT members include:
  - Jeffrey Rubins, MD - Director
  - Annette Nijjar, MD - Palliative Care staff
  - Samuel Maiser, MD – Palliative Care staff
  - Natarajan Raman, MD – Radiation Oncology and Palliative Care
  - Belle Matheson, CNP
  - James Orton, PA
  - Heidi Telschow, LICSW
  - Steve Grove, Chaplain
  - Ann Russell, JD, MSW – Ethics

- Fellows are considered advanced trainees, however all patient care and medical decision making will be supervised by faculty physicians. Supervision can be direct (faculty personally sees the patient and corroborates the fellows’ medical decision making) or indirect (ie phone staffing) if a fellow is considered competent enough to receive indirect supervision. See the fellowship’s supervision policy in the policy manual.

- Hospice of the Twin Cities team members:
  - Martha McCusker, MD
  - Barry Baines, MD
  - Susan Smith, RN, CHPN

VII. **Educational Resources**

- Complied palliative care reading lists and relevant textbooks.
- Resources available online through the HCMC Palliative Care departmental website
- Self-directed literature research relevant to clinical cases encountered or presented at conferences and journal club.
- Didactic materials provided for each session.
- U of MN Biomedical Library.

VIII. **Educational Objectives:** By the end of this rotation, Fellows will be able to demonstrate competency in the following set of knowledge, skills, and attitudes reflective of a competent Palliative Care physician able to care for palliative patients and their families by providing either primary specialty care or specialty consultant care in collaboration with a primary medical-surgical team.

**Patient Care**

Upon completion of the rotation, the Fellow will be able to:

- Obtain a comprehensive medical history and perform a physical exam focusing on both the active treatment and multi-dimensional palliative needs of medically complex patients and their families.
- Develop a patient-family centered plan of care that focuses on optimal quality of life as defined by elicited patient-family values and inclusive of palliative interdisciplinary and primary care collaborative team input.
- Assess and communicate prognosis and plans of care relevant to facilitation of elicited patient-family goals of care.
- Accurately evaluate functional status in both inpatient and outpatient settings.
• Assess and manage physical, psycho-social, and spiritual symptoms using standard palliative principles and guidelines of care.
• Prepare palliative patients and their families for both the dying process and subsequent death, if anticipated, consistent with the level of preparation they may desire.
• Ensure optimal coordination of patient care across settings at times of venue transition or changing needs of care.

Medical Knowledge
Upon completion of the rotation, the Fellow will be able to:
• Describe the scope and practice of the palliative care physician in various settings of care.
• Explain the role of the palliative care physician within the interdisciplinary team in both primary inpatient palliative care and consultative service settings.
• Outline common chronic illnesses encountered in palliative care with prognostic factors, expected trajectories, usual palliative treatments, and potential complications.
• Perform a thorough assessment, and develop an appropriate plan of care and effective monitoring protocol for pain and other symptoms encountered in palliative care.
• Identify the indications, clinical pharmacology, alternate routes, appropriate titration, toxicities, and management of common adverse effects for opioids, anxiolytics, antiemetics, laxatives, psychostimulants, corticosteroids, antidepressants, neuroleptics, sedatives, and other common agents used to provide optimal symptom management in palliative care.
• Display proficiency in multi-modality, non-interventional pain management, including opioid conversions and rotation and recognize when collaborative interventional pain management services should be utilized for optimal relief of suffering.
• Recognize and effectively manage the common psychological stressors and syndromes experienced by palliative patients and their families coping with advanced or life-threatening illnesses.
• Assess and manage the common presentations of spiritual, religious, and existential distress exhibited by palliative patients and their families facing life-threatening or disabling illnesses.
• Recognize and compassionately manage the syndrome of imminent death preparing and supporting patients, families, and collaborative care teams throughout the process.
• Delineate normal and abnormal grief processes and outline the appropriate management of related depression and complicated grief.
• Comprehend and apply legal and ethical principles appropriate to palliative care including relevant federal, state, and local laws and practices that impact care decisions and the appropriate role of the clinical ethicist in palliative cases.

Practice- Based Learning and Improvement
During the rotation, the Fellow will:
• Accurately identify strengths, deficiencies and limits in his/her knowledge and expertise of palliative care.
• Appropriately seek feedback on his/her performance.
• Set learning and improvement goals relevant to palliative care.
• Identify and perform appropriate learning activities (use self-study modules, read, research clinical questions, etc.) to achieve the above delineated learning goals.
• Incorporate formative evaluation feedback from supervising palliative faculty into daily practice.
• Locate, appraise and assimilate evidence from scientific studies related to his/her patients’ general medical and palliative problems.
• Understand and/or apply relevant palliative care practice guidelines to clinical conditions encountered in inpatient primary and consultative palliative care.
• Develop competencies as an educator, including demonstrating the ability to supervise clinical trainees at multiple levels of training and among disciplines utilizing appropriate constructive feedback techniques.

**Professionalism**

During the rotation, the Fellow is expected to demonstrate professionalism at all times by:

- Appropriately and promptly responding to patient/family needs and requests.
- Fulfilling clinical duties in a timely manner and alerting supervising faculty when difficulty is encountered.
- Following through on patient care activities and effectively transitioning care when necessary.
- Demonstrating effective, professional and respectful working relationships with all multidisciplinary staff.
- Respecting patient privacy and autonomy.
- Demonstrating sensitivity to diversity in patients and colleagues including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- Completing medical record documentation in a timely and appropriate manner.
- Maintaining professional appearance and demeanor.

**Interpersonal and Communication Skills**

During the rotation, the Fellow will display basic competence and increasing skill in communication techniques by:

- Clearly and compassionately communicating key clinical issues and treatment options to patients and families.
- Maintaining an empathic presence with patients and families at all times.
- Assessing patient/surrogate’s wishes regarding the amount of information they wish to receive and the extent of their participation in clinical decision-making.
- Demonstrating the ability to effectively recognize and respond to his/her own emotions, including effective self-reflection and team debriefing.
- Determining patients’ and family members’ decision-making capacity.
- Discerning strengths and limitations of patients’ and families’ understanding and verbalization of the patient’s diagnoses, complications, prognosis, and burden/benefit analysis of care options.
- Recognizing the importance of patient-family ambivalence in palliative care and applying appropriate strategies to address it effectively.
- Communicating effectively with all members of the multidisciplinary collaborative and interdisciplinary palliative team.
- Effectively and succinctly presenting patient cases with necessary and relevant clinical and palliative details included.

**Systems Based Practice**

Throughout the rotation, the Fellow will demonstrate an awareness of and responsiveness to the larger context and system of health care relevant to optimal palliative care including:
• Demonstrating palliative care that is cost-effective and represents best active treatment and/or palliative practices.
• Integrating knowledge of the healthcare system in developing palliative plans of care.
• Advocating for quality palliative patient and family care and assisting patients and families in navigating and understanding relevant healthcare system complexities.
• Identifying and addressing patient safety issues as encountered in an inpatient palliative setting.
• Advocating for patients and families with medical vulnerability, including lack of insurance or under-insurance, lack of legal immigration status, homelessness, and non-English speaking, to ensure they receive quality medical and palliative care.
• Describe the role of the hospice medical director as a physician leader of an interdisciplinary hospice team, with roles including team leadership, medical oversight, regulatory compliance, and direct patient care of hospice patients.

See Program Manual for Information about HCMC Call Schedule, Call Rooms, Support Services, Medical Records, Security, Parking, and Technology Support
Long-Term Care Rotation: VA Palliative Care Unit & Consult Service

Preceptor(s) Dr Kristopher Hartwig

Administrative Contact info Michael Froats
One Veteran’s Drive
Minneapolis, MN 55417
612-467-2052

Location VA Medical Center
One Veteran’s Drive
Minneapolis, MN 55417
Units 11N and 11L

Rotation Description
This educational experience will provide fellows with clinical experience regarding the needs, resources, and barriers to providing palliative care for patients in a long-term care setting.

The Minneapolis Veterans Administration Medical Center’s Hospice and Palliative Care Unit (HPCU) is a 10 bed unit housed in the Community Living Center at the MVAMC. Average daily census is 8 patients. The HPCU provides compassionate, specialized care for veterans who have a wide spectrum of life-limiting illnesses, including cancer, severe organ failure (COPD, CHF, kidney failure, liver failure, dementia), and ALS. Palliative care services include aggressive symptom management and palliative treatments such as radiation therapy and chemotherapy. Hospice services include symptom control prior to transfer to a community setting, and direct end of life care for veterans expected to die in the HPCU. Hospice and Palliative Care is provided by an interdisciplinary team of health care workers including a nurses, nurse practitioner, physician, social worker, chaplain, psychologist, recreation therapist, pharmacist, dietitian, and volunteers.

Fellows will round daily with the interdisciplinary team, and provide comprehensive medical and psychosocial care to veterans and their families, in collaboration with interdisciplinary team members, and under the supervision of the HPCU medical directors.

Dr Melissa West directs the MVAMC’s ethics committee, and fellows will also be expected to attend biweekly ethics committee meetings (2nd and 4th Mondays 10-11am) to deepen their understanding of the roles and functions of ethics committees. Fellows are also invited to perform ethics consults under the supervision of Dr West, as their schedule allows.
Rotation Duration
Fellows will rotate for up to two months at a time as an active physician member of the interdisciplinary care team and participate in all facility-based educational conferences, along with required fellowship educational conferences and continuity clinic. Adult-curriculum-focused fellows will spend 1-4 months a year at the MVAMC. Pediatric-curriculum-focused fellows will spend 1 month a year at the MVAMC. Because this rotation serves, in part, to meet the fellowship’s 1-month long-term care requirement, pediatric fellows should focus their month on the PCU. They may also participate in the inpatient MVAMC palliative care consultation service, as time allows, particularly as it fosters continuity of care across care settings.

Learning Activities
Fellows will be expected to:
- Develop an in-service session on a palliative care topic relevant to this patient population in a facility setting and present to the interdisciplinary team once during the rotation. Fellows will be mentored by the unit medical director and/or fellowship program director.
- Interface with daily HPCU and Inpatient Consult Teams.
- Evaluate and develop plans of care for new patients during other working hours, except on the day of longitudinal care clinic.
- Pursue independent study on palliative or geriatric topics relevant to patient cases encountered and discuss with supervising physician as appropriate.

Call: Fellows may be asked to do call 1:4 weeks while at the MVAMC.

Evaluation/Assessment
- The unit medical director will meet with the Fellow at the mid-point and the end-of-rotation to provide formative feedback discussions including review of completion of the standard fellowship evaluation form at the end of the rotation.
- Patient/family commentary will be incorporated in the formative evaluation discussion by the supervising physician.
- Fellow will maintain a log of cases managed during the rotation and educational activities completed.

Faculty and Supervision
- Supervision will be provided by members of the MVAMC palliative care team. The rotation site director, and medical director of the HPCU, is Dr. Kristopher Hartwig. Additional physician faculty are also available. Other IDT members include:
  - Patricia Lawrow – Nurse Practitioner
  - Julie Katsieres – Nurse Practitioner
  - Wendy Grimshow, Nurse Manager
  - Gerald Drinane – Pharmacist
  - Sara Lassig, Social Worker
  - Lora Schwaab – Recreational Therapy
  - Samantha Mallory - Dietician
  - Quinn Kellerman – Psychologist
  - Dennis Mathai - Chaplain
- Supervising physician faculty members provide care oversight as appropriate for billing and fellow’s level of competence for this site of care.
• Supervising physician faculty are available for nighttime and weekend telephone call back-up as necessary for onsite or distance supervision daily during the rotation.

Educational Resources
• Geriatric and long-term care reading list (provided at beginning of rotation).
• Self-directed literature research relevant to case conference presentation, in-service presentation, and quality improvement project.
• Ethics self-readings (Dr West’s ethics folder)

Educational Objectives
By the end of the rotation at the MVAMC Hospice and Palliative Care Unit fellows will be able to demonstrate competency in the following set of knowledge, skills, and attitudes, reflective of a competent palliative care physician:

Patient and Family Care
Fellows will be able to:
• Discern and effectively manage the palliative needs of complex veteran patients and their families in a long-term care setting.
• Actively assess and care for patients as a physician member of an interdisciplinary team.
• Effectively incorporate other interdisciplinary team members’ assessments and recommendations into each patient’s plan of care.
• Proficiently facilitate patient and family care conferences around goals of care, advanced directives, prognosis, and transition of level of care.
• Take a military history and apply it to medical decision making for a veteran near the end of life.

Medical Knowledge
Fellows will be able to:
• Demonstrate specialist-level knowledge of palliative medical care regarding the evaluation and management of the medical problems of patients nearing the end of life, as well as those undergoing morbid cancer therapies.
• Identify the palliative needs of this patient population and their families.
• Modify the palliative approach to care specific to the resources and constraints of this care environment.
• Recognize the presentation and management of the most common medical conditions presenting in this care setting.
• Describe the manifestations and approach to care of patients with PTSD facing life-threatening illnesses.

Practice-Based Learning and Improvement
Fellows will be able to:
• Seek and incorporate into daily practice active performance feedback and interdisciplinary aspects of palliative knowledge from other team members.
• Demonstrate knowledge of the processes and opportunities for palliative improvement projects appropriate for this care setting.
• Exhibit competency as an educator of interdisciplinary trainees and practicing interdisciplinary colleagues.
**Professionalism**

Fellows will be able to:

- Respond to patient and family needs aptly, respectfully, compassionately, and promptly.
- Demonstrate respectful working relationships with all members of the interdisciplinary team.
- Meet required documentation standards for nursing facility settings.
- Display knowledge of ethics and law that should guide the care of geriatric patients.
- Use knowledge of current medical-ethical principles to guide ethical and patient-centered care

**Interpersonal and Communication Skills**

Fellows will be able to:

- Demonstrate effective and appropriate communication skills in patient-family conferences and interdisciplinary care conferences.
- Lead family care conferences to address prognosis, treatment options, and care goals.
- Employ empathic and facilitating verbal and non-verbal behaviors in all patient and family encounters.
- Present palliative educational aspects of clinical cases and topics of interests succinctly and effectively.
- Exhibit proper and efficient on-call telephone communication skills regarding patient care issues.

**Systems-Based Practice**

Fellows will be able to:

- Work within the facility interdisciplinary team to enhance patient safety and improve the palliative aspects of quality patient care in a facility setting.
- Demonstrate knowledge of the barriers and regulations constraining care in facility setting and develop solutions to resolve or manage these effectively.
- Demonstrate knowledge of the barriers and regulations impacting care in federal facilities.
- Utilize care resources in a cost-effective manner as appropriate to this type of facility setting.
- Exhibit knowledge of the factors impacting effective transition of complex patients from an inpatient or home setting to rehabilitative or long term care setting.
- Describe regulatory policies that impact care decisions in a nursing facility based setting.
- Describe the key functions and roles of hospital-based ethics committees

*See Program Manual for Information about the VA’s Call Schedule, Call Rooms, Support Services, Medical Records, Security, and Parking, Technology Support.*
University of Minnesota Hospice and Palliative Medicine Fellowship
Pediatric Track: Gillette Hospital Rotation in Pediatric Developmental and Neurologic Issues

Location:
Gillette Children’s Specialty Healthcare
200 University Avenue East
St. Paul, MN 55101

Pediatric fellows will work at Gillette Children’s Hospital, located at University Ave. and Jackson in St. Paul. Gillette Children’s Specialty Hospital provides comprehensive care for children with developmental and rehabilitation needs. Fellows will work under the supervision of Scott Schwantes, MD, who is the Medical Director of the Palliative Care team at Gillette.

Contact: Deborah Loesch, DLoesch@gillettechildrens.com, Phone: 651-229-3818
Fax: 651-312-3188

Duration: One Month Pediatric Track Rotation.

Description:
Fellows work in an interdisciplinary inpatient and outpatient palliative care clinic performing comprehensive palliative care assessments and developing palliative plans of care for patients referred to the clinic. Fellows will see new consults referred from the community and from inside the medical systems for pain, symptom management, support, or advance care planning in the context of rehabilitation medicine & complex, chronic conditions, including Duchenne Muscular Dystrophy, severe cerebral palsy, mitochondrial and other neurodegenerative disorders, or other severe/advanced illness, as well as ‘follow-ups’ from patients initially evaluated in the acute care hospitals or other care environments. Fellows evaluate patients, develop a plan of care, order indicated testing and additional consultation, complete the medical documentation, and communicate with referring health professionals.

The Gillette Palliative Care Clinic sees patients referred from medical, rehabilitation, neurology, primary care, and medical subspecialties. Physicians, Social Work, and nursing participate in the care of patients in the clinics. Fellows typically see 1 new consult and 2-4 follow-ups per half-day clinic session, and 2-4 inpatients during team rounding.

Dr. Schwantes or his designees will supervise all fellow clinical activities at Gillette. The pediatric-track fellow will have routine call responsibilities at CHCM during this rotation. Fellows should expect to work routine M-F medical work hours.
Gillette Pediatric Palliative Care Team members/ faculty:

- Scott Schwantes, MD, Lead Physician
- Todd Dalberg, DO
- Jean Stansbury, NP, CHPN
- Becky Nelson, LICSW
- Rebecca Thomas, LICSW
- Helen O’Brien, MDiv
- Natalie Kinsky, Child Life Specialist
- Nancy He, PharmD
- Heather Mason, RN
- Jessie Brunotte, RN, CHPN

Evaluation:
1. Monthly, competency based evaluations on RMS, completed by Dr. Schwantes with input from IDT members.
2. Fellows perform chart review (self-abstraction) quarterly and identify improvement areas with faculty; Gillette charts can be included in this review.

Overall Rotation Goal: Fellows will gain an understanding and develop specialist-level competency in the palliative management of patients (and their families) with long term care needs, serious and life-threatening chronic illnesses, including symptom management, advance care planning, care coordination, and transitions in goals of care.

Learning Goals & Objectives.

Medical Knowledge
- Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows are expected to:
  - Demonstrate an appropriate understanding of the underlying physiology of major symptoms, commonly seen on a palliative care consult service, such as pain, dyspnea, nausea & vomiting, spasticity & irritability, and delirium, and the relationship of these physiologies to choices of therapeutic agents used for palliation.
  - Describe the natural history and complications of major life-threatening illnesses seen by pediatric palliative providers including neurodegenerative diseases, long term physical fragility, and in the context of developmental disability.

Patient Care
- Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows will:
  - Gather relevant information from all sources necessary to address the questions of the clinicians involved in the care of the patient and to adequately address patient and family needs, including a proper review of available medical records, test results, history & physical examination, and discussions with relevant stakeholders in the patient’s care regarding their perceptions, concerns, and goals of care.
• Develops an initial assessment of the patient's condition and a set of recommendations to present to clinicians, patients, and families, as appropriate.
• Follow-up with involved clinicians, patients, and families, to ensure proper implementation of plans and outcomes. Revise clinical recommendations, as appropriate, based upon this re-evaluation.
• Provide education to patients, families, and clinicians, as appropriate regarding palliative care matters within the fellow's scope of expertise.
• Fellow consultation notes will reflect a comprehensive assessment of the patient's condition and appropriate recommendations for care.
• Fellows will follow-up with clinicians, patients, and families regarding care initiated as a result of consult recommendations and document such follow-up in a timely and appropriate manner in the medical record.

Professionalism
• Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate
  • Compassion, integrity, and respect for others.
  • Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
  • Be able to describe how the goals of care of patients and families seen on the consult service might be affected by their personal and cultural backgrounds.
  • Maintain professional appearance and complete charting in a timely manner.

Systems Based Practice
• Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Fellows are expected to:
  • Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
  • Work in inter-professional teams to enhance patient safety and improve patient care quality.
  • Demonstrate understanding of patient movement between other hospital systems, skilled nursing care options, and the inpatient and outpatient settings.
  • Understand criteria for and systems of payment for homecare for children who need palliative or hospice support at home, and appreciate importance of collaboration with interdisciplinary team members, other clinicians, and agencies in developing a patient and family centered plan of care.
  • Will make timely referrals to non-physician members of the palliative care consult team to address psychosocial and educational needs and thus improve patient care.
  • Utilize knowledge of patient’s insurance and financial and familial resources in developing successful care plans
  • Recognize and value regulatory and safety concerns regarding the prescription and dispensing of schedule II drugs into community settings.
  • Counsel patients and families knowledgably about health care directives and AND/DNAR/POLST forms.
PBLI

- Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Fellows are expected to develop skills and habits to be able to:
  
  - Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
  - Participate in the education of patients, families, students, fellows and other health professionals, as documented by evaluations of a fellow's teaching abilities by faculty and/or learners.
  - Fellows will demonstrate the ability to perform a literature search on a topic arising during the month, related to a specific patient case and present this at a teaching conference to peers.
  - Fellows will demonstrate under observation by the attending physician teaching of at least one clinician, student, patient, or family member and will receive feedback from the attending regarding educational techniques used.
  - Fellows will use data based on chart abstraction/review, and multi-rater evaluation to identify and meet practice based improvement goals

Communication

- Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Fellows are expected to:
  
  - Communicate effectively with physicians, other health professionals, and health related agencies.
  - Act in a consultative role to other physicians and health professionals.
  - Fellows will demonstrate specialist level skills in counseling patients/families about prognosis, options, and care goals including emotionally sensitive disclosures of bad news, and articulating clear treatment plan recommendations based in a patient’s/family’s values and the patient’s expected future.
  - Tailor communication to the developmental and cultural needs & preferences of patients and families

*See Program Manual for Information about Gillette Call Schedule, Call Rooms, Support Services, Medical Records, Security, Parking, and Technology Support*
Outpatient Continuity Clinic Curriculum

Date of Rotation  UMMC Clinic (Adult Focus)
Wednesday afternoons 1pm-5pm
½ day per week for 11 months

Preceptor(s)  Adult Focus
Dr Drew Rosielle
Dr. Elizabeth Uchitelle
Dr. Beth Jeffrey
Dr. Emily Schafhauser

Pediatric Focus
Dr. Kris Catrine

Location  Adult Focus
Palliative Care Clinic, Masonic Cancer Center
Clinics & Surgical Center
909 Fulton Street SE, Minneapolis, MN 55455

Pediatric Focus
Pediatric Advanced Care Team (PACT) Clinic
Tower, 5th Floor
2525 Chicago Avenue South
Minneapolis, MN 55404

Description

Duration: More than a discreet rotation, this is a longitudinal continuity experience. Fellows will have 3-4 ½ day clinics a month throughout their fellowship year.

Locations:
Adult-focused fellows will work in the MN Health Clinics and Surgery Center located in the Masonic Cancer Center see address above.

The Pediatric-focused fellows will work in the Pediatric Advanced Care Team Clinic see address above.

The MVAHCS currently has an irregular outpatient clinic which fellows are invited to participate in but it currently is not a continuity clinic site.

HCMC is not a continuity clinic site.
**Description:**

Fellows work in an interdisciplinary outpatient palliative care clinic performing comprehensive palliative care assessments and developing palliative plans of care for patients referred to the clinic. Fellows will see both new consults referred from inside and outside the medical systems for pain, symptom management, support, or care planning in the setting of cancer or other severe/advanced illness, as well as ‘follow-ups’ from patients initially evaluated in the acute care hospitals or other care environments. Fellows evaluate patients, develop a plan of care, order indicated testing and additional consultation, complete the medical documentation, and communicate with referring health professionals.

The MN Health Palliative Care Clinic sees patients referred from medical, gynecologic, radiation, and surgical oncology; neurology; primary care; and medical subspecialties particularly pulmonology and cardiology. Physicians, Social Work, and nursing participate in the care of patients in the clinics.

Fellows typically see 1 new consult and 2-4 follow-ups per half-day clinic session.

All patient interactions are supervised by palliative care faculty from the respective sites teams. Dr. Rosielle is responsible for MN Health clinic supervision; Dr. Catrine for CHCM supervision.

**Evaluation:**

1. Monthly, competency based evaluations on RMS.
2. Clinic staff participate in quarterly 360 degree/multirater evaluations.
3. Patient evaluations which are shared with the fellow quarterly or more often if indicated.
4. Fellows perform chart review (self-abstraction) quarterly and identify improvement areas with faculty

**Overall Rotation Goal:** Fellows will gain an understanding and develop specialist-level competency in the outpatient palliative management of patients (and their families) with serious and life-threatening illnesses, including symptom management, advance care planning, care coordination, and transitions in goals of care.

**Learning Goals & Objectives**

**Medical Knowledge**

- Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows are expected to:
  - Demonstrate an appropriate understanding of the underlying physiology of major symptoms, commonly seen on a palliative care consult service, such as pain, dyspnea, nausea & vomiting, and delirium, and the relationship of these physiologies to choices of therapeutic agents used for palliation.
o Describe the natural history and complications of major life-threatening illnesses seen by palliative providers including cancers, neurodegenerative diseases, and the major organ failures.

**Patient Care**

- Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows are expected to:
  - Gather relevant information from all sources necessary to address the questions of the clinicians involved in the care of the patient and to adequately address patient and family needs, including a proper review of available medical records, test results, history & physical examination, and discussions with relevant stakeholders in the patient’s care regarding their perceptions, concerns, and goals of care.
  - Develops an initial assessment of the patient's condition and a set of recommendations to present to clinicians, patients, and families, as appropriate. Recommendations should address both the explicit questions asked in the consult, as well as address any additional concerns identified in the process of consultation with particular attention to symptom management, goals of care, and decisions regarding care options.
  - Follow-up with involved clinicians, patients, and families, to ensure proper implementation of plans and outcomes. Revise clinical recommendations, as appropriate, based upon this re-evaluation.
  - Provide education to patients, families, and clinicians, as appropriate regarding palliative care matters within the fellow's scope of expertise.

- Fellow consultation notes will reflect a comprehensive assessment of the patient's condition and appropriate recommendations for care.
- Fellows will follow-up with clinicians, patients, and families regarding care initiated as a result of consult recommendations and document such follow-up in a timely and appropriate manner in the medical record.

**Professionalism**

- Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate
  - Compassion, integrity, and respect for others.
  - Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
  - Be able to describe how the goals of care of patients and families seen on the consult service might be affected by their personal and cultural backgrounds.
  - Maintain professional appearance and complete charting in a timely manner.

**Systems Based Practice**

- Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Fellows are expected to:
- Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
- Work in interprofessional teams to enhance patient safety and improve patient care quality.
- Demonstrate understanding of patient movement between other hospital systems, skilled nursing facilities, and the inpatient and outpatient settings.
- Understand criteria for and systems of payment for homecare for adults and children who need palliative or hospice support at home, and appreciate importance of collaboration with interdisciplinary team members, other clinicians, and agencies in developing a patient and family centered plan of care.
- Will make timely referrals to non-physician members of the palliative care consult team to address psychosocial and educational needs and thus improve patient care.
- Utilize knowledge of patient’s insurance and financial and familial resources in developing successful care plans.
- Recognize and value regulatory and safety concerns regarding the prescription and dispensing of schedule II drugs into community settings.
- Counsel patients and families knowledgably about health care directives and POLST forms.

**PBLI**

- Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Fellows are expected to develop skills and habits to be able to:
  - Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
  - Participate in the education of patients, families, students, fellows and other health professionals, as documented by evaluations of a fellow's teaching abilities by faculty and/or learners.
- Fellows will demonstrate the ability to perform a literature search on a topic arising during the month, related to a specific patient case and present this at a teaching conference to peers.
- Fellows will demonstrate under observation by the attending physician teaching of at least one clinician, student, patient, or family member and will receive feedback from the attending regarding educational techniques used.
- Fellows will use data based on chart abstraction/review, and multi-rater evaluation to identify and meet practice based improvement goals.

**Communication**

- Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Fellows are expected to:
  - Communicate effectively with physicians, other health professionals, and health related agencies.
  - Act in a consultative role to other physicians and health professionals.
• Fellows will demonstrate specialist level skills in counseling patients/families about prognosis, options, and care goals including emotionally sensitive disclosures of bad news, and articulating clear treatment plan recommendations based in a patient’s/family’s values and the patient’s expected future.
• Tailor communication to the developmental and cultural needs & preferences of patients and families
Research and Scholarly Activities Curriculum

**Date of Rotation**

Fellows may use their elective as a dedicated period of time to do intensive work on a scholarly project either for Faculty Development or . If a fellows desires to do this, they should let the program director know preferably in the first quarter, so that their elective month can be timed appropriately.

**Contact Info**

Denise Windenburg, MHA  
Administrative Research Director  
612-626-7834  
dwinden@umn.edu

**Location**

*Research*  
717 Delaware, Suite 454  
Minneapolis, MN 55414

**Description**

Fellows are expected to complete at least one scholarly project by the end of their training, appropriately designed for the limited time of their training course. The nature of the project can include:

- Original, hypothesis driven research/investigation. This can be a unique project (e.g. chart review, clinical trial), or associated with ongoing research by a U of MN faculty member. By the end of the year fellows should have gathered and synthesized sufficient data to present it to the HPM team and DFMCH. Even if a fellow does not perform original research, the curriculum will advance fellows’ knowledge of the basic principles of clinical research, including how such research is conducted, evaluated, explained to patients, and applied to patient care. This occurs via palliative care research didactics as part of the Tuesday AM didactic series, completion of ‘Responsible Conduct of Research’ Curriculum, and Journal Club.

- A scholarly review (e.g. case report/case series with critical literature review, review article/metaanalysis, *Fast Fact and Concept*). The article/poster/abstract should be submitted for peer-reviewed publication/presentation by the end of the fellowship year in a local, regional, or national publication or conference. Participating in the peer review process is a critical part of a fellow’s learning experience. The fellow will present the paper/abstract/poster to the HPM team & DFMCH regardless of where it is in peer review at the end of the fellowship. **Fellows are strongly encouraged to prepare a case report poster abstract for the AAHPM annual assembly professionals-in-training case conference. Deadlines are usually early November of each year.**

- A quality improvement project (per ACGME program requirement IVB2a).
A scholarly educational project. Fellows participate in the Department of Family Medicine & Community Health Faculty Development project, a 6 month ‘mini-fellowship’ aimed at improving fellows’ and faculty’s skills as educators. Fellows are, among other things, mentored through the development and implementation of an original educational product/intervention/curriculum. Fellows are encouraged to present the results of their educational project in a peer reviewed setting (e.g. abstract, poster, etc.).

Fellows will also, on an ongoing basis, participate in the scholarly activities of the HPM program by:

- Presenting and critically discussing research articles at the team’s Journal Club (*fellows are expected to critically discuss an article every other month*).
- Developing and delivering educational content (lectures, facilitated discussions) to housestaff, medical students, and allied health professionals throughout the year.

**Time:**

- Fellows may use their elective as a dedicated period of time to do intensive work on their scholarly project. If a fellow desires to do this, they should let the program director know preferably in the first quarter, so that their elective month can be timed appropriately.
- Fellows can request ½ day per week of ‘protected’ time to work on a scholarly project. This time will be dedicated to the fellow working on their scholarly project, and will be granted:
  - On a month-by-month basis, if supported by the scholarly project mentor and the program director
  - Each month the fellow will need to set a goal/milestone for what they intend to complete in that month; ‘renewal’ of the protected time will occur contingent of the fellow meeting those monthly goals. The goal/milestone needs approval by the scholarly project mentor.

**Research:**

The goal of this research component of the curriculum is for the fellows to gain a greater understanding of the scientific method and the acquisition of new knowledge through a mentored research experience. Ongoing faculty research projects may be available for involvement/discussion/modeling. Site and mentors will vary pending needs of project but most likely work will be on the UMMC or CHCM campuses.

Research topic, design, and faculty mentor are expected to be selected by the end of the first quarter of the fellowship. Research approach and design and statistical support are available through the Department of Family Medicine Research Division, or an equivalent program at CHCM. *Education on the “Responsible Conduct of Research” is required and will be provided through a university sponsored program.* Part 1 consists of an in-person workshop and Part 2, four on-line courses. Content includes conflict of interest, data management, fiscal responsibility, and intellectual property. Additional on-line courses are available in HIPAA and
human study protections. Institutional Review Board processes are detailed. The in-person workshop was developed and is led by University research faculty, and includes presentations, review, and small- and large-group discussions of case studies. The online workshops were developed by faculty and administrative subject matter experts, and include presentations and interactive review of material and case studies.

Objectives and Related Competencies

By the end of the fellowship program, each fellow will be able to:

- Develop a research or scholarly inquiry question. *(medical knowledge, practice-based learning)*
- Access, appraise, and assimilate the current medical literature pertaining to a chosen research topic. *(practice-based learning)*
- Design and write a research protocol, literature review strategy, or curriculum implementation/evaluation plan demonstrating an understanding of sound scientific methods. *(practice-based learning)*
- Describe informed consent, the regulatory approval process for research including research ethics, by completing HIPPA compliance training and by obtaining necessary approval for the conduct of the proposed research project through the IRB. *(professionalism, systems-based practice)*
- Deliver an effective presentation of research results to peers including relevance to patient care. *(medical knowledge, PBLI)*

Evaluation/Assessment

- Competency based written evaluation by Palliative Care team members and DFCM and CHCM faculty of the fellows’ research presentation
- Fellows’ competence in accessing, appraising, and applying research findings to enhance patient care, life-long learning, and education of team members, colleagues, and trainees is part of the monthly RMS competency based faculty eval of fellows. Faculty work with fellows on these skills in day-to-day patient care; as well as more formally in journal club.

Level of Supervision

- Palliative Faculty and Faculty of the Family Medicine Research Division are available throughout the Fellowship year for guidance as needed during the Fellow’s scholarly project’s design, completion, and presentation.
- A specific research mentor will be determined based on the choice of research topic.
- The Program Director will periodically review the Fellow’s research project progress throughout the year.

Educational Resources

- Department of Family Medicine Research Division
- University’s “Responsible Conduct of Research” curriculum
- Medical Library resources
- Reading List
Moonlighting/On-Call Policy

U of MN HPM Fellowship Duty Hours, Moonlighting, Fatigue Policies & Procedures

I. Duty Hours
   a. Our duty hour policy is the same as the UMN GME Office Policy. It is in the program manual.
   b. You are expected to be familiar with Duty Hour Resources webpage. Please note the expectation that you record duty hours daily in RMS, as well as report duty hour violations immediately to me and/or the GME Office (go to them if you are uncomfortable letting the program director know, gmedhv@umn.edu).
   c. The Duty Hour Policy is here, in full:
      i. [http://www.med.umn.edu/gme/residents/institpolicyman/genpolprocdutyhrpol/home.html](http://www.med.umn.edu/gme/residents/institpolicyman/genpolprocdutyhrpol/home.html)
      ii. Key elements of the Policy are highlighted below in yellow.
   d. Realistically for the HPM fellowship, because there is no in-house call, and because at home ‘pager’ call is generally light, fatigue from excessive duty hours is not a particular problem, with the exception of fatigue related to moonlighting and fatigue unrelated to excessive duty hours. Fellows are expected to contact the program director immediately with any concerns for fatigue, related to duty hours or not. Moonlighting does count towards duty hours (e.g. 80 hour work week, 10 hours between duty periods).
   e. As mature learners, HPM fellows can, on rare occasion, and for voluntary extraordinary/unique educational or humanistic patient care purposes, remain on duty beyond standard stipulated time (>24h, less than 10h between duty periods). E.g. unusually complicated palliative sedation or challenging, active management of uncontrolled symptoms in a dying patient. If a fellow is in such a situation and wishes to remain at the bedside for their own education or humanistic reasons they should immediately call/page the fellowship director. If the fellowship director agrees this is an exceptional experience and the fellow is not sufficiently fatigued to cause harm to themselves or the patient, the fellow may remain on duty >24h, or have <8h between duty periods. If that occurs, the fellow will be relieved of any other patient care duties; the fellow will need to continue to be supervised as with all other patient care activities; and once the exceptional nature of the learning opportunity passes or the fellowship director/attending physician identifies significant fatigue, the fellow will be asked to leave. Fellows, as always when fatigued, are encouraged to arrange safe transport home including use of the UMN GME cab voucher program.
i. The fellow will document her/his hours in RMS accurately, as always.

ii. The program director will contact GME office in writing about the rationale for the duty hour violation.

f. Program faculty are expected to **recognize signs of fatigue** in fellows and other housestaff, to immediately address such concerns with the housestaff and arrange appropriate help (e.g. strategic napping, help arrange a ride home) immediately. Faculty are to let the program director know of any such concerns about fellow fatigue when they arise. Signs of fatigue and impairment include: napping while on duty, irritability, yawning, obvious tiredness, unexpected lack of organization, forgetting to perform patient care tasks, not responding to pages, chronic tardiness, not coming to fellowship teaching conferences. Faculty are reminded that being fit for duty is a form of professionalism – fellows who do not feel fit to perform patient care are expected to communicate that with the program director or attending physician. Other behaviors faculty should watch closely as signs of fatigue/leading to fatigue include: regularly arriving on duty well before other team members, regularly remaining in hospital/clinic longer than other team members, completing patient notes late at night or the next day, moonlighting, chronic lateness in chart completion, challenges in fellows’ personal lives (e.g. child care). **Annually, the Program has a didactic on housestaff sleep, fatigue, and impairment, and faculty are requested to attend this each year.**

II. Moonlighting

a. Fellows are expected to be aware of our moonlighting policy, which is the UMN GME policy, available at [https://docs.google.com/document/d/1PoMZHGCs5trIYg-qzP6lvMttUmYOcmtU3JdmTYAo88IQ/edit](https://docs.google.com/document/d/1PoMZHGCs5trIYg-qzP6lvMttUmYOcmtU3JdmTYAo88IQ/edit).

b. Key elements of the policy are:
   i. Fellows must have all moonlighting approved by the program director.
   ii. All moonlighting, internal and external, counts towards duty hours and **must be logged in RMS accurately.**

c. The fellow must let the program director know of all moonlighting activity (internal and external). The program director must acknowledge and approve this activity in writing (email is adequate: it will be cc’d to the Program Coordinator for the fellows’ training file). Failure to have internal or external moonlighting approved by the fellowship director is unprofessional and grounds for discipline.

d. Fellows must never moonlight when on duty, including weekend call. If the moonlighting duties are ‘pager call’ only and do not require face to face patient care, the fellowship director may make an exception on a case by case basis. The program director will approve moonlighting when on weeknight ‘pager call’ on a case by case basis.

e. Regardless of duty hour violations, the Program Director will only approve moonlighting if it does not interfere with the fellows’ education and clinical
performance, including participation in non-clinical fellowship activities such as teaching, didactics, and scholarly activities.

**Duty Hours (UMN GME Policy)**

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do **not** include reading and preparation time spent away from the duty site.

- **Max Hours per Week**
  - Duty hours must not exceed 80 hours per week averaged over a four week period inclusive of call and moonlighting activities
  - Trainees in their final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods within the context of the 80 hour max.

- **Continuous Duty Hours**
  - PGY-1 trainees must not exceed 16 hours
  - PGY-2 trainees and above: must not exceed 24 hours. Trainees may spend an additional 4 hours to complete transitions in care. Residents may not attend continuity clinics after 24 hours of continuous in-house duty. Trainees must have at least 14 hours free after 24 hours of in-house duty

- **Duty Hour Exceptions**
  - Duty hour exceptions of 88 hours per week averaged over a four week period for select programs with sound educational rationale are permissible. Program must obtain permission from the Designated Institution Official and Graduate Medical Education Committee prior to submission to their Review Committee.

- **Mandatory Time Free of Duty:**
  - Trainees must have a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned during this time.
  - PGY-1 residents should have 10 hours and must have eight hours free between duty periods.
  - Intermediate-level residents should have 10 hours and must have eight hours free between duty periods. There must be at least 14 hours free of duty after 24 hours of in-house duty.

**Call:**

- **In-House Call**
  - PGY-2 and up: every third night when averaged over a four week period.

- **At-Home Call**
  - Time spent in the hospital must count towards the 80 hour week limit. At home call is not subject to the every third night limitation however trainees must receive one-in-seven free of duty when averaged over a four week period.
  - At home call should not be so frequent or taxing to preclude rest or reasonable personal time for each resident
• Trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum will not initiate a new off-duty period.
• PGY-1 residents are limited to 16 hour shifts and are not allowed to take at home call.

All fellows must complete the Standard Moonlighting Request form prior to accepting or commencing any moonlighting activity. The Moonlighting request form can be found on the RMS homepage, or can be obtained from Sheila McGinley.
Supervision for HPM Fellows

Background
All medical care can be emotionally challenging, and caring for patients in hospice and palliative care environments particularly so. Supervision involves trainees and health care professionals meeting with an experienced and trained clinician to discuss the trainees’ emotional responses to their work. This can include discussions of professional boundaries, grief, loss, and attachment to patients and families, and managing interprofessional conflict. Pediatric and Adult fellows will meet with Judy Connolly for supervision once in the first 2 months of their fellowship. After that, adult fellows are requested to meet for supervision at least one more time with either Judy Connolly or Karen Hutt, but are encouraged to meet with their supervisor as often as meets their needs and as agreed to by the supervisors. Pediatric fellow will meet with Martha Schermer or Hal Weldin. It is the fellow’s responsibility to schedule any subsequent meetings through the fellowship year. This is at the discretion of the fellow and the supervisor. What occurs in supervision is private, and is not shared with the program director or other faculty (except for instances in which the supervisor is gravely concerned about the emotional well-being of the fellow). The program director will remind fellows to seek supervision, and seek feedback about its usefulness and convenience. Fellows need to communicate with their attending physicians in advance when they will be absent from patient care for supervision. Please see the program manual for a complete description of Supervision.

Judy Connolly contact info is:

- Judy Connolly
  612-273-3911

Karen Hutt contact info is:

- Karen Hutt
  612-273-6541

Martha Schermer contact info is:

- Martha Schermer
  612-813-6393

Hal Weldin contact info is:

- Hal Weldin
Big Points:

- Please record every home visit, including repeat visits to the same patient, so as to keep a total tally of all the home visits you do. It doesn’t matter if you were just tagging along with the music therapist (which you will on occasion) – record it. (Note that for other patients, I only ask you to log patients that you actually really took care of; for home visits, record EVERY SINGLE PATIENT VISIT). Thanks. *It’s ok with me if you put the barest amount of info into the log for these home visits, just enough so I can tell if it’s a home hospice visit or not.*

- Keeping track of the # of patients you see in more than one care setting (eg, you see the patient both at home and in clinic, or in the hospital and later in clinic, etc) is critically important for ACGME. Note that VA Unit & VA hospital are different settings.

- Keeping track of the # of patients you see who are hospice patients is critically important to track hospice time.
  - Hospice patients include anyone seen who is currently enrolled in a Medicare certified hospice (eg Fairview Hospice, Hospice of Twin Cities), regardless of where they are
  - Pediatric hospice patients who are considered to be ‘hospice’ by Children’s hospice team are hospice patients
  - VA Unit patients who are on VA-hospice status are considered hospice patients (I am assured it’s obvious to the fellows who are the hospice status patients – let me know if that isn’t the case).

The patient log is an important part of ensuring that the training you receive as a HPM fellow is adequate – that you participate in the care of patients with a wide range of illnesses, demographic characteristics, and in different care settings. You are expected to maintain a complete patient log, and to update it frequently; this is important for us to ensure your fellowship training exceeds ACGME expectations, and for us to identify deficiencies in your learning experience. We suggest filling it out every time you update your duty hours on RMS. The fellowship director will review it with you at least quarterly. *Do not hesitate to give the Program Director feedback about the log if you feel it is too onerous, redundant, etc.*

A few words of guidance about the log:

- Include every patient you see that you personally evaluate and participate in their management. You perform a comprehensive symptom review for a patient undergoing radiation in radiation oncology and helping to define a symptom treatment plan: count that patient. Just observing the radiation oncologist evaluate them, or watching their simulation, etc: don’t count that patient. **Note the above-noted exception to this – recording every single home hospice visit.**

- We are often consulted for many reasons – do your best to identify the primary reason we are consulted and choose one. ‘End of life care’ implies the primary reason we are involved is to help manage aspects of a patient’s terminal care as they die. Care planning/goals implies that the primary reason we are involved is to help with advance care planning...
and/or to help define goals of care, clarify/improve communication about medical decision-making, etc. ‘Support’ implies psychosocial-spiritual patient/family support is the primary reason for the consult, without us impacting goals or medical decision-making. For non-consult patients (e.g. a home hospice visit) put in the major reason of your initial visit (pain, other symptoms, end of life care if the patient is imminently dying, etc.).

- Log patients once; don’t create separate logs for each follow-up visit. **HOWEVER:**
  - **FOR PATIENTS THAT YOU SEE IN TWO SEPARATE CARE SETTINGS:** go back to their original log entry and mark that you saw them subsequently in a different setting (and indicate which one). This is why we ask you to track name/ID so you can remember if/where you saw a patient in the past. Use the minimum patient identification needed – just so you can remember who they are when you go back to note you saw them in a different care setting.
    - The UMMC Riverside rehab units (transitional care and acute rehab) are different settings than UMMC inpatient hospital so count those as a separate care setting.
    - VA Unit/CLC is a different setting than inpatient.
  - **FOR PATIENTS THAT YOU PERFORM HOME HOSPICE VISITS:** keep track of the number of hospice visits you perform and log that at the end of your relationship with that patient. It makes the most sense to adjust the home hospice visit number each time you see a patient so you don’t lose track: it’s your responsibility to track the number of home hospice visits you perform.
    - E.g. You create an initial entry for a UMMC inpatient consult patient. Later you see them at home when they are receiving home hospice care.
      - You should re-open their entry, click that you saw them subsequently, then click ‘Home.’
      - At this point you should also click Yes that the patient is enrolled in a hospice program.
      - Click that you have done 1 home hospice visit.
    - If you see the patient at home more times, record the number of home hospice visits as you do them.
- What is a ‘home’ visit?
  - Private residences (including independent living/senior apartments/etc.) or assisted living count. Long term care facilities, hospice units don’t. Use ‘Community nursing facility’ for nursing homes and rehab centers (other than the Riverside campus units). Use ‘dedicated community hospice facility/unit’ for patients seen at free-standing hospice facilities or dedicated palliative care/hospice units within LTCF (e.g. dedicated wings of nursing facilities that are hospice or PCUs).
- What about home visits for children enrolled in home care programs that aren’t Medicare certified home hospice programs? If the program is a **pediatric home care program for children with life-limiting conditions** then you should count that as a home hospice visit (this is per ACGME guidelines). **Basically any patient enrolled in CHCM home hospice count as home hospice visits.**
• What about VA hospice patients. If patients are official VA hospice patients (eg most of the VA IPCU patients are hospice patients; if you do a home visit on a VA hospice patient) count them as hospice patients (this helps us track the amount of time you spend in a hospice setting, even if it’s not doing home hospice visits). **Note:** The VA has a specific hospice designation (which gives the patients special benefits) – when you are at the VA it should be obvious who the hospice patients are.

• HIV patients; ignore this unless they are HIV+/have AIDS. Click yes even if we are seeing them for unrelated reasons (ie colon cancer). This is for ACGME citation reasons.

• We are tracking certain ‘procedures’ or events for fellows: e.g. running a family meeting, doing complex pain management (which for purposes of this means methadone, ketamine, IV lidocaine, spinal opioids including epidurals, or blocks – referring patient for one, seeing one done, etc.). Just click if any of these pertain to the patients. Family meeting means sitting down with at least the patient and another individual in their life and leading a discussion about goals of care – it doesn’t have to be formal, scheduled, Everyone Sits Down Together family meeting.
We are trying these new Entrustable Professional Activity (EPA) evaluations to see if they help us do a better job of evaluating and giving feedback to our fellows.

Remember, an EPA is a complex professional task which involves multiple competencies and skills. E.g., EPA 4 “Estimate and communicate prognosis to aid decision-making” involves medical knowledge about prognostication, communication competencies around how to empathetically and effectively communicate that prognosis, patient care competencies around gathering and synthesizing information, professionalism skills about responding to each patient/family individually, etc. i.e., it’s not just knowing how to formulate a prognostic estimation, but all the clinical and professional activities that occur around that.

The evaluation asks you to note whether you think the fellow is sufficiently competent in the task to perform it without direct supervision. Essentially, ask yourself, are they ready to do this on their own.

We expect the fellow to be meeting most of these EPAs by 2/3 of the way through the fellowship, and all of them by the end of the fellowship.

Please carefully fill out the evaluation towards the end of the fellow’s rotation and answer all questions to the best of your ability. Seek input from other colleagues and members of the interdisciplinary team that the fellow worked with in order to best answer the questions.

The key to this being ‘more helpful’ to us and the fellow are your comments about what fellows should be working on as well as what they are doing excellently – please take the time especially for the EPAs you think the fellows are doing the best on or need the most work on. We take the evaluations of the fellows very seriously and genuinely want comprehensive, honest, and helpful feedback about the fellow.

If a question/skill is not pertinent to the fellow’s rotation, or if you did not witness a fellow’s performance in that area, hit ‘Not Observed’ or ‘N/A.’

Each domain has a narrative description of the competency being evaluated – please read that description and evaluate the fellow in comparison to it.

If you evaluate a fellow as less than satisfactory (<5) because if it is your opinion that they should have better skills or knowledge at this point in their training, please speak with the fellow immediately during his or her time with you if you have concerns about his or her performance as well as let the fellowship program director know immediately. The written evaluation should not be the first time a fellow or the program director hears about concerns about a fellow’s clinical
skills or professionalism. Give the fellow a chance to reflect with you about how her or his performance can be improved, and develop a plan including a time-line with the fellow.

The written evaluation form should only represent an artifact of the feedback and evaluation you have performed on a continual basis with the fellow during their rotation with you. Please give the fellow verbal feedback during her or his time with you, as well as summative feedback at the end of the rotation. Verbal feedback and evaluation should occur continually, ideally at the point of care (i.e. immediately during or after a patient evaluation, the completion of a chart note, formulation of medical decision making). In addition, I encourage you to sit down with the fellow with the evaluation and go over your responses with them. Positive feedback is as important as discussing with the fellow domains in which you feel their performance needs improvement.
Self-Study Reading List

Self-Study and Reading List. Please mark when you have completed these self-study/reading items. The items that are rotation-specific can be done on those rotations; otherwise read at your leisure. This should be considered a minimum reading list – you are expected to read more deeply as patient-care, scholarly activity, and intellectual excitement lead you further!

Research & PBLI Curriculum

• Responsible Conduct of Research online learning modules
• Fast Fact and Concept #44. Quality Improvement in Palliative Care. J Lynn et al. Available at :http://www.eperc.mcw.edu/fastFact/ff_44.htm
• *Recommended for deeper reading: J Palliative Medicine User's Guide to Research in Palliative Care. Review series; Volume 12. 2009. Dr. Rosielle can direct you to these

• There will be some specific readings for didactic sessions on PBLI in palliative medicine

Hospice

• Medical Director HMD CD ROM course. Review with Dr. Sandler during Hospice months

Pain

• Toombs JD. Oral methadone dosing for chronic pain. A practitioner’s guide. Pain Treatment Topics. Available at: pain-topics.org
Education

Radiation Oncology

ALS

Outpatient/Clinic

Consultation in PC
Geriatrics/LTC

- Fast Fact #89 Pain Management in Nursing Homes
- Fast Fact #150 and 174 about prognostication in dementia and dementia medication
- Unutzer J. Late-life depression. NEJM. 2007;357:2269-76.

Nutrition Hydration


Spirituality

- Fast Facts and Concepts #9, 31, 120, 172

Communication


63
Ethics
- Quill TE. The rule of double effect - a critique of its role in end of life decision making. NEJM 1997; 337:1768-1771. Available at: http://content.nejm.org/cgi/content/full/337/24/1768
- Manthous CA. Counterpoint: is it ethical to order do not resuscitate without patient consent?. Chest 2007; 132:751-54.

Grief/Bereavement

Billing
- Chamberlain BH. Billing for Hospice and Palliative Care. (Slide Set - Dr. Rosielle has; do not share/distribute).

Self-Care

Pediatrics
- Caring for the child with cancer at the close of life. JAMA 2004; 292:2141-49.
Wounds
- Fast Facts 46, 40, 41, 218

CHF-Cardiology
- Kutner JS. An 86 year old woman with cardiac cachexia contemplating the end of her life: review of hospice care. JAMA 2010; 303:349-56.
- Fast Facts 143, 205, 209.

COPD
- Fast Facts 141, 230, 231

Cancer
- MacDonald N. Cancer cachexia and targeting chronic inflammation: a unified approach to cancer treatment and palliative/supportive care.
- Bailey FA, et al. Understanding the treatment options for metastatic non-small cell lung cancer. AAHPM 2009 Presentation (Dr. Rosielle has a copy). This is an excellent discussion of why patients choose 'long-shot' chemotherapy

Fast Facts 13 (prognosis), 45 (bowel obstruction), 99 (chemotherapy), 119 (invasive bowel obstruction therapies), 130 (mucositis), 135 (neoplastic meningitis), 151 (hypercalcemia), 157 (pleural effusions), 176-77 (malignant ascites), 197 (chemotherapy neuropathy), 113 & 196 (bisphosphonates),
PalliTALK Conference

Fellows are requested to attend a 3 day educational, intensive, communication skills workshop in Madison, Wisconsin. This year, the conference will occur from October 24-26, 2016. Please see the Program Manual for dates and details about registration. All fellows should have registered for the conference by the time they start the fellowship unless they have talked to Sheila or Dr. Rosielle.

PalliTALK is a high fidelity, low tech simulation that teaches effective ways of communicating with patients about serious illness. It is a personalized, resource intense, learner-centered education approach with proven effectiveness in changing behavior. They utilize short didactics and demonstrations to teach specific skill content and then small groups to practice, reinforce, and affirm behavior change. WiTALK relies on actors with trained faculty facilitators who identify and engage each participant at their “learner’s edge” to individualize the lesson for each participant and enable each of them to repeatedly practice and hone newly acquired communication skills. PalliTALK focuses on discrete skills sets vital to success in hospice and palliative care medicine: serious news discussions (SPIKES and NURSE) and transitions in care/negotiating goals of care. You will come away from the conference having improved your communication skills and having developed an individual learning plan for the rest of the year.

This will be an intensive, skills-based, communication workshop with other HPM fellows from the upper Midwest, run by nationally recognized palliative medicine educators (Dr. Toby Campbell – UW Madison, Drs. Elise Carey & Molly Feely – Mayo Rochester, Dr Gordon Woods – Northwestern University, Dr Lyle Fettig – University of Indiana, & Dr. Rosielle). It will involve a standardized curriculum including trained actors/standardized patients, and is based on the internationally praised communication skills training model of Oncotalk, which was developed by Drs. Bob Arnold, Jim Tulsky, & Tony Back. It will also give you an opportunity to meet and network with other HPM fellows. Website: https://www.medicine.wisc.edu/hemonc/pallitalk

Your travel expenses and room and board will be reimbursed by the program. Please submit all receipts for the conference including travel and mileage to Sheila.
American Academy of Hospice and Palliative Medicine (AAHPM) Conference

Next Conference  February 22-25, 2017 in Phoenix, AZ

Description

AAHPM, together with the Hospice and Palliative Nurses Association (HPNA), sponsors an educational conference each year. The AAHPM/HPNA, Annual Assembly is the premier educational event for healthcare providers who care for patients with serious or life-threatening conditions. Learn the latest in hospice and palliative care from leading experts in the field. Each year offers exciting and new features including programs on pediatric palliative and hospice care, working with and within the new Hospice Medicare Conditions of Participation, and the latest advances in clinical research, cultural, ethical and legal, psychological, social, and spiritual aspects of care. This conference brings together more than 2100 physicians, nurses, social workers, pharmacists, and others who practice hospice and palliative care. The program offers paper presentations, plenary sessions, educational sessions and opportunities for personal and professional growth, and networking.

More information can be found on the AAHPM website www.aahpm.org or in the Program Manual.

Last Conference:  March 9-12, 2016 in Chicago, IL
Educational Competencies
Department of Family Medicine & Community Health
Faculty Development Course

Fellows are requested to participate in a DFMCH Faculty Development Course, lead by Drs. Brocato & Yeazel. This course occurs over 6 Tuesday afternoons, for 3 hours each, in the Dept offices, from January to June 2014. The course is intended to develop faculty and fellow skills as educators, and fellows will develop an educational project during the course.

The faculty development fellowship program’s goals are to teach faculty development fellows how to:

1. Construct needs assessments, goals and objectives, educational and evaluation strategies, and evaluation plans (i.e., systematic instructional development) toward the implementation of local curricular content.
2. Integrate the principles of educational theory toward shaping personal educational theories and educational best practices implementation.
3. Develop teaching skills mastery (stand-up lectures, precepting, etc.) with structured coaching and peer feedback.
4. Incorporate instructional technology where appropriate to address instructional delivery limitations and challenges.

Texts/Readings are:

Websites of Interest (click on links)

Hospice and Palliative Medicine Fellowship

American Academy of Hospice and Palliative Medicine

PalliTALK

Department of Family Medicine and Community Health

Department of Medicine

Department of Pediatrics

Department of Family Medicine Grand Rounds

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