



**HOSPICE AND PALLIATIVE MEDICINE
FELLOWSHIP HANDBOOK**

2014-2015

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I. INTRODUCTION AND WELCOME

This handbook has been developed by the Hospice and Palliative Medicine Fellowship and contains the various goals and objectives, schedules, and policies of the fellowship and of Carilion Clinic Graduate Medical Education.

WELCOME from the Program Director

As a member of the Carilion Clinic/VTCSOM community, you have joined a dynamic community; we hope that this portion of your journey in medicine will prove fruitful for you. We strive to offer you an excellent and rewarding educational experience that will prepare you to not only thrive as a physician, but also to be a thought leader in our rapidly changing and challenging healthcare environment.

I look forward to traveling this journey with you,

Aubrey L. Knight, M.D.
Program Director
Professor of Medicine and Family & Community Medicine
Virginia Tech Carilion School of Medicine

II. ABOUT THE HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP

A. HISTORY

After one year of study and planning and sending an application to the Accreditation Council for Graduate Medical Education, the VTCSOM/Carilion Clinic Hospice and Palliative Medicine Fellowship received approval in December, 2010. The first fellow began training in July, 2011 and we had our first graduation in June, 2013.

The Partners:

Virginia Tech Carilion School of Medicine

Utilizing an innovative patient centered curriculum, VTCSOM will address the increasing need for research-competent physicians who can translate research from the bench to the bedside and into the community. Virginia Tech Carilion School of Medicine will also ameliorate some of the physician shortage that has been identified as a priority by the American Association of Medical Colleges and the American Medical Association.

Carilion Clinic

Carilion Clinic is a healthcare organization with more than 600 physicians in a multi-specialty group practice and eight not-for-profit hospitals. Carilion Clinic specializes in patient-centered care, medical education, and clinical research, with a goal of providing the best possible health outcome and healthcare experience for each patient.

The core of the Carilion Clinic is an integrated, multi-specialty physician group which through its physician leadership has accountability for all aspects of Carilion's clinical outcomes, operations, and educational programs. As part of the multi-specialty physician group, 67 primary care physician practices stretch from far southwest Virginia through the Shenandoah Valley. Overall, Carilion provides services for the metropolitan Roanoke population of 300,000 and has a referral area of one million people. The Carilion network of hospitals is anchored by Carilion Roanoke Memorial Hospital, which includes a new children's hospital, an advanced heart treatment center and floors designed for women's care. In 2009, Carilion Clinic was ranked 18th of the country's most integrated health networks.

Services

Among its services, Carilion provides a regional cancer center; cardiac catheterization and cardiac surgery programs, Level I Trauma Center; Level III neonatal intensive care unit, neuro-trauma, medical, cardiac, and cardiac surgery intensive care units, neonatal intensive care, perinatology, pediatric intensive care, and numerous ambulatory departments. The Carilion Medical Center has received the Gold Seal of Approval from the Joint Commission for stroke care and orthopedic services. Additionally, the Carilion nursing services are Magnet Status Hospital certified.

Medical Education

Carilion has been involved in graduate medical education for over 60 years. The sponsoring name, Carilion Clinic – Virginia Tech Carilion School of Medicine Programs, reflects our affiliation with the Virginia Tech Carilion School of Medicine. The training programs at Carilion Clinic include the following residency programs: emergency medicine, family medicine, general hospital dentistry, internal medicine, obstetrics and gynecology, pediatrics, podiatry, psychiatry, general surgery, and neurological

surgery. Fellowship training includes: addiction psychiatry, cardiovascular medicine, interventional cardiology, child and adolescent psychiatry, geriatric medicine, geriatric psychiatry, hospice and palliative care, infectious disease, pulmonary and critical care medicine, gastroenterology, adult reconstructive surgery and surgical critical care.

Carilion Clinic is actively engaged in the planning and development of new residency programs in dermatology and neurology, as well as fellowship programs in clinical cardiac electrophysiology and rheumatology.

Carilion is involved in the education of nursing, physician assistant and allied health students through its Jefferson College of Health Sciences (JCHS), as well as through regional partners including Virginia Western Community College and Radford University.

Information Technology

Carilion Clinic has invested more than \$200 million in information technology to enhance quality, safety and efficiency of patient care over the last decade and in 2010 was named one of the “100 Most Wired and Wireless” health systems (*Hospitals & Health Networks*) in the country. In 2007 Carilion Clinic began implementation of a \$68 million integrated electronic medical record (EMR) which ties together clinical data for all Carilion Clinic hospitals and physician practices. The EMR allows physicians to immediately access all information about a patient's current and past medical history, along with test and lab results.

Research

Carilion Clinic continues to grow in research with over 1255 patients enrolled in 102 clinical trials. The clinical trials are important in bring investigational and state of the art medical treatment to patients in southwest Virginia. Clinical trials are currently available to patients with cardiac, hematologic, oncologic, neurological and psychiatric illnesses. A multiuse basic science laboratory is available to researchers at Carilion Roanoke Community Hospital Campus. Growing research interest has been fostered with the opening of the Virginia Tech Carilion Research Institute, co-located with VTCSOM.

B. OVERALL GOALS AND OBJECTIVES

The overall educational goals of the Carilion Clinic Hospice and Palliative Medicine Fellowship are focused on producing exceptional practitioners, committed educators, skilled researchers, and dedicated leaders in the growing specialty of hospice and palliative medicine. The fellowship will align with our palliative care team's vision to respect patients, value their relationships, and help them find meaning when faced with advanced, progressive life-limiting illness. This common vision is shared at the three participating sites Carilion Roanoke Memorial Hospital, Salem Veterans Affairs Medical Center, and Carilion New River Valley Medical Center. It is enhanced with our affiliation with the Virginia Tech Carilion School of Medicine and Research Institute.

The overall educational goals of this one year experience will be achieved by ensuring the fellow has achieved competence in the six required ACGME competencies:

Patient Care

The fellow will demonstrate compassionate, appropriate, and effective care, provided in collaboration with an interdisciplinary team, based on the current practice standards in palliative

medicine, aimed at patient-centered goals that maximize well being and quality of life for patients with advanced, progressive, life-limiting illnesses and their families.

1. Obtain a comprehensive medical history and physical exam inclusive of all spheres: physical, psychosocial, and spiritual
2. Obtain, synthesize and interpret diagnostic information
3. Assess and manage physical symptoms, psychological issues, social stressors, spiritual aspects of care
4. Demonstrate use of the interdisciplinary approach to develop a care plan that optimizes patient and family goals and reduces suffering
5. Assess and communicate prognosis in collaboration with existing treatment teams
6. Coordinate, orchestrate, and facilitate key events in patient care, such as family meetings, consultation around patient –centered goals of care, advance directive planning/completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation, while integrating an interdisciplinary approach
7. Develop care plans that attempt to ensure continuity of care across care settings: inpatient, outpatient, and long-term care
8. Provide appropriate information about all settings of the palliative care continuum: acute and palliative care unit hospital, home and inpatient hospice, long-term care, and other community resources, to ensure smooth transitions across settings
9. Acquire the skills necessary to assess, address, and bear witness to patient’s and family’s suffering
10. Gain an appreciation for the therapeutic power of and the skills necessary to provide responsible physician presence in the face of suffering
11. Demonstrate care that shows respectful attention to age/developmental stage, gender, sexual orientation, culture, religion/spirituality, as well as family interactions and disability
12. Create care plans that maximizes patient’s level of function and quality of life for patient and family
13. Provide effective patient and family education
14. Recognize signs and symptoms of impending death and appropriately care for the imminently dying patient, their family members, and other health care professionals at the time of death and immediately thereafter
15. Assess and address anticipatory grief for patient and family and treatment for the bereaved
16. Utilize other health care professionals to assess, treat and manage patient and family care issues outside the scope of palliative care practice and continue to collaborate effectively in ongoing management

Medical Knowledge

The fellow should demonstrate knowledge about established and evolving biomedical, clinical, population science and social-behavioral sciences relevant to the care of patients with life-limiting illnesses and to their families, and relate this knowledge to hospice and palliative care practice.

1. Understand and describe the scope of practice for hospice and palliative medicine
2. Identify the natural course and trajectories of disease and development of patient prognosis
3. Recognize the presentation and management of common cancer and non-cancer conditions, including their epidemiology, evaluation, prognosis, treatment, patterns of advanced or metastatic disease, emergencies, complications, associated symptoms, and symptomatic treatments

4. Appreciate the concept of total pain and utilize in patient assessment
5. Integrate the proper use of opioids and adjuvants in the treatment of pain
6. Recognize the benefits of non-pharmacologic approaches to pain and non-pain symptoms
7. Describe the etiology, pathophysiology, diagnosis, and management of common neuropsychiatric disorders encountered in palliative care practice, such as depression, delirium, seizures, and brain injury
8. Recognize common psychological stressors, social problems and existential distress experienced by patients and families facing life-limiting conditions, and describe appropriate clinical assessment and management
9. Identify the clinical features, natural course, and management options for normal and pathologic grief
10. Discuss common issues in the palliative care management of pediatric and geriatric patients and their families that differ from caring for adult patients, in regard to physiology, vulnerabilities, and developmental stages
11. Appreciate and gain tolerance to ambiguity inherent in medical care
12. Identify and incorporate ethical and legal issues of autonomy, beneficence, nonmaleficence, and justice and its application to the delivery of palliative care at the patient bedside

Practice-Based Learning and Improvement

The fellow will be able to investigate, evaluate, and improve their practices in caring for patients and families and appraise and assimilate scientific evidence relevant to palliative care.

1. Maintain safe and competent practice using self-evaluation and continuous lifelong learning
2. Access, analyze, and apply evidence based data to clinical practice in palliative care
3. Practice and develop skills as an educator
4. Recognize opportunities for and develop research processes in palliative care with emphasis on comparative effectiveness research
5. Identify approaches to continuous quality improvement

Interpersonal and Communication Skills

The fellow will be able to demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making and teaming with patients, families, and professional associates.

1. Initiate and maintain patient-centered dialogues about care
2. Develop the ability to meet patients and families where they are in their understanding of their disease and provide information and education necessary to facilitate informed decision making
3. Recognize the affective component of communication inherent in palliative care interactions
4. Demonstrate ability to reflectively identify and respond to their own emotions
5. Identify and respond appropriately to the emotional response of medical professionals involved in the care of the patient
6. Promote conflict resolution through effective communication strategies
7. Organize, lead, and facilitate family meetings that remain patient-centered

Professionalism

The fellow will be able to demonstrate a commitment to carrying out professional responsibilities, awareness of their role in reducing suffering and enhancing quality of life, adherence to ethical

principles, sensitivity to a diverse patient population, and interaction with all members of the health care team.

1. Achieve appropriate balance between patients, families, and interdisciplinary team with need for self-care
2. Recognize personal and system error and develop process for disclosure and prevention
3. Understand the role of hospice medical director and obligations for leadership, quality improvement, interprofessionalism and CMS compliance
4. Demonstrate the capacity to reflect on personal attitudes, values, strengths, vulnerabilities, and personal experiences to optimize personal wellness and capacity to meet the needs of patients and families

Systems-based Practice

The fellow will be able to demonstrate an awareness of and responsiveness to the system of health care, including hospice and other community-based services for patients, including children, and families, and the ability to effectively call on system resources to provide high-quality care.

1. Understand the importance of cost effective care that represents best practices
2. Advocate for quality patient and family care and assist patients and families in dealing with system complexities
3. Identify the opportunity to work within an integrated community based health care system recognized as an Accountable Care Organization and utilizing the Patient-Centered Medical Home

C. COMPETENCIES

The overall educational goals of the Carilion Clinic hospice and palliative medicine fellowship are focused on producing exceptional practitioners, committed educators, skilled researchers, and dedicated leaders in the growing specialty of hospice and palliative medicine. The fellowship will align with our palliative care team's vision to respect patients, value their relationships, and help them find meaning when faced with advanced, progressive life-limiting illness. This common vision is shared at the three participating sites Carilion Roanoke Memorial Hospital, Salem Veterans Affairs Medical Center, and Carilion New River Valley Medical Center. It will be enhanced with our affiliation with the Virginia Tech Carilion School of Medicine and Research Institute.

Pre-Competencies:

The following "pre-competencies" represent the minimum basic skills necessary for entrance into an HPM training program and are essential in order to allow the Carilion Clinic HPM training program to focus on helping our fellows to develop the specialist-level competencies that are the hallmark of a specialist in the field:

- Ability to carry out a comprehensive and accurate history and physical examination
- Ability to evaluate and treat common life-threatening medical illnesses seen in adults including but not limited to heart failure, COPD, renal insufficiency, cirrhosis, strokes, diabetes and common infectious diseases.
- Ability to develop a differential diagnosis for common symptoms such as dyspnea, pain, cognitive dysfunction and common lab abnormalities ;

- Understanding of fundamental knowledge (e.g., pathophysiology, pharmacology, natural history, complications) related to common life-threatening illnesses seen in adults
- Experience in the longitudinal, direct patient care of patients with a wide variety of cancer and non-cancer chronic diseases
- Basic familiarity with evidence-based medicine
- Ability to access and critically read the medical literature
- Basic ability to conduct open-ended, patient centered interviews using appropriate facilitating techniques • Honesty, integrity, responsibility, reliability
- Basic ability to self-reflect
- Basic understanding of the health care system
- Ability to collaborate with others in patient care

Skills and Competencies to be achieved by the conclusion of the fellowship:

Patient Care and Procedural Skills

The fellow will demonstrate compassionate, appropriate, and effective care, provided in collaboration with an interdisciplinary team, based on the current practice standards in palliative medicine, aimed at patient-centered goals that maximize well being and quality of life for patients with advanced, progressive, life-limiting illnesses and their families.

Skill and Competency	Means of Assessment	Target date
Coordinate, orchestrate and facilitate family meetings	Attending physician assessment	After 1 st IPC block
Coordinate, orchestrate and facilitate inpatient consultation around goals of care	Attending physician assessment	After 1 st IPC block
Coordinate, orchestrate and facilitate advance directive discussion and completion	Attending physician assessment	After 1 st IPC block
Coordinate, orchestrate and facilitate withdrawal of life-sustaining therapies	Attending physician assessment	After 1 st IPC block
Coordinate, orchestrate and facilitate the use of palliative sedation	Attending physician assessment	Mid-point of the year
Recognize the unique characteristics of palliative care in the various settings along the palliative care spectrum	360 ⁰ assessments, attending physician assessments, case reviews	Mid-point of the year
Recognize the signs and symptoms of impending death and provide appropriate care to the patient and family	360 ⁰ assessments, attending physician assessments	After one block each of IPC, PCU, HHC
Provide treatment and counseling to the bereaved	360 ⁰ assessments, attending physician assessments	After 1 st HHC block
Understand the role and responsibilities of the Hospice Medical Director	360 ⁰ assessments, attending physician assessments, HPMPass exam	After 1 st HHC block
Demonstrate an ability to provide patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering	360 ⁰ assessments, attending physician assessments, case reviews	Mid-point of the year
Demonstrate the ability to provide palliative care throughout the continuum of illness while addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.	360 ⁰ assessments, attending physician assessments, case reviews	Mid-point of the year

Medical Knowledge

The fellow should demonstrate knowledge about established and evolving biomedical, clinical, population science and social-behavioral sciences relevant to the care of patients with life-limiting illnesses and to their families, and relate this knowledge to hospice and palliative care practice.

Skill and Competency	Means of Assessment	Target date
Demonstrate knowledge of the scientific method of problem-solving and evidence-based decision making while developing a commitment to life-long learning embedded in an attitude of care derived from humanistic and professional values	360 ⁰ assessments, attending physician assessments, case reviews	Mid-point of the year
Demonstrate knowledge of the key ethical issues of palliative care	360 ⁰ assessments, attending physician assessments, HPMPass exam	After one block each of IPC, PCU, HHC
Demonstrate knowledge of the key clinical utilization and financial issues of palliative care	360 ⁰ assessments, attending physician assessments	After one block each of IPC, PCU, HHC
Recognize the differences in primary and consultative care	360 ⁰ assessments, attending physician assessments	Mid-point of the year
Recognize the presentation, natural history and trajectory of and demonstrate a knowledge of the management of Stage IV Cancer	360 ⁰ assessments, attending physician assessments, case reviews, HPMPass exam	Mid-point of the year
Recognize the presentation, natural history and trajectory of and demonstrate a knowledge of the management of ESRD	360 ⁰ assessments, attending physician assessments, case reviews, HPMPass exam	Mid-point of the year
Recognize the presentation, natural history and trajectory of and demonstrate a knowledge of the management of End-stage HF	360 ⁰ assessments, attending physician assessments, case reviews, HPMPass exam	Mid-point of the year
Recognize the presentation, natural history and trajectory of and demonstrate a knowledge of the management of COPD	360 ⁰ assessments, attending physician assessments, case reviews, HPMPass exam	Mid-point of the year
Recognize the presentation, natural history and trajectory of and demonstrate a knowledge of the management of Cirrhosis	360 ⁰ assessments, attending physician assessments, case reviews, HPMPass exam	Mid-point of the year
Recognize the presentation, natural history and trajectory of and demonstrate a knowledge of the management of Dementia	360 ⁰ assessments, attending physician assessments, case reviews, HPMPass exam	Mid-point of the year
Demonstrate the ability to integrate opioids and adjuvants into a treatment plan	360 ⁰ assessments, attending physician assessments, HPMPass exam	After one block each of IPC, PCU, HHC
Understand the concept of drug rotation and equianalgesic dosing and be able to demonstrate the ability to use this knowledge in clinical care	360 ⁰ assessments, attending physician assessments, HPMPass exam	After one block each of IPC, PCU, HHC
Demonstrate the ability to management common psychiatric conditions (depression, anxiety, delirium) seen in palliative care	360 ⁰ assessments, attending physician assessments, HPMPass exam	After one block each of IPC, PCU, HHC, LTC
Recognize the unique aspects in the management of pediatric patients with life limiting chronic illness	Attending physician assessment, HPMPass exam	After the special populations block

Practice-Based Learning and Improvement

The fellow will be able to investigate, evaluate, and improve their practices in caring for patients and families and appraise and assimilate scientific evidence relevant to palliative care.

Skill and Competency	Means of Assessment	Target date
Develop and maintain the practice of self-evaluation	360 ^o assessments, attending physician assessments	Mid-point of the year
Demonstrate competence in teaching residents, students, nurses, or other allied health professionals	Evaluation of teaching sessions	Conclusion of the fellowship
Develop a research project	Research coordinator assessment	Conclusion of the fellowship
Demonstrate the ability to implement practice changes that result in improved quality and/or patient safety using quality-improvement approaches	Program Director assessment	Conclusion of the fellowship
Locate, apprise and assimilate evidence from scientific studies related to current patient health problems	Attending physician assessment	Mid-point of the year

Interpersonal and Communication Skills

The fellow will be able to demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making and teaming with patients, families, and professional associates.

Skill and Competency	Means of Assessment	Target date
Demonstrate the ability to educate patients/families about medical, social, and psychological issues associated with life-limiting illness and write an informative note in the medical record about that conversation	360 ^o assessments, attending physician assessments, case reviews	Mid-point of the year
Demonstrate the ability to organize and lead a family meeting	360 ^o assessments, attending physician assessment	After 1 st IPC block
Demonstrate the ability to organize and lead an IDT meeting	360 ^o assessments, attending physician assessment	After 1 st IPC block
Demonstrate the ability to collaborate effectively with members of an IDT	360 ^o assessments, attending physician assessment	After 1 st IPC block
Demonstrate an ability to collaborate effectively with all elements of the palliative care continuum, including hospitals, palliative care units, nursing homes, home and inpatient hospice, and other community resources	360 ^o assessments, attending physician assessments, case reviews	Mid-point of the year
Maintain comprehensive and timely medical records	Program director assessment, chart reviews	Ongoing

Professionalism

The fellow will be able to demonstrate a commitment to carrying out professional responsibilities, awareness of their role in reducing suffering and enhancing quality of life, adherence to ethical principles, sensitivity to a diverse patient population, and interaction with all members of the health care team.

Skill and Competency	Means of Assessment	Target date
Demonstrate the ability to reflect on personal attitudes, values, strengths, vulnerabilities, and personal experiences to optimize personal wellness while at the same time meeting the needs of patients and families.	Program Director assessment	Conclusion of the fellowship
Recognize one’s own role and the role of the system in disclosure and prevention of medical error	360 ⁰ assessments, attending physician assessment	Conclusion of the fellowship
Demonstrate the ability to organize and lead an IDT meeting	360 ⁰ assessments, attending physician assessment	After 1 st IPC block
Demonstrate the ability to collaborate effectively with members of an IDT	360 ⁰ assessments, attending physician assessment	After 1 st IPC block
Demonstrate an ability to collaborate effectively with all elements of the palliative care continuum, including hospitals, palliative care units, nursing homes, home and inpatient hospice, and other community resources	360 ⁰ assessments, attending physician assessments, case reviews	Mid-point of the year
Maintain comprehensive and timely medical records	Program director assessment, chart reviews	Ongoing

System Based Practice

The fellow will be able to demonstrate an awareness of and responsiveness to the system of health care, including hospice and other community-based services for patients, including children, and families, and the ability to effectively call on system resources to provide high-quality care.

Skill and Competency	Means of Assessment	Target date
Demonstrate the ability to evaluate and implement systems improvement based on clinical practice or patient and family satisfaction data, in personal practice, team practice, and within institutional settings	Program Director assessment	Conclusion of the fellowship
Work effectively in various settings, knowing the details of organizing, regulating, and financing care for patients at the end-of-life.	360 ⁰ assessments, attending physician assessments	After one block each of IPC, PCU, HHC, LTC
Participate in the administrative aspects of operating and maintaining a hospice care program	360 ⁰ assessments, attending physician assessment	After completing the two HHC rotations

D. BASIC INFORMATION

Didactic schedule

- 1st and 3rd Wednesday (11:00 am - noon) at the Palliative Care Unit- Salem VAMC
- 2nd and 4th Tuesday (4:00 pm - 5:00 pm) in Conference Room A- 1 West CRMH
- 5th Friday (noon - 3:00 pm) in the Community Room- 3rd floor CSMOB

Evaluations

Electronic Evaluations for core faculty are on MedHub- <https://carilion.medhub.com> (if you need and do not have log-in for this, contact Cheryl Musick). You will be prompted to complete evaluations when they are due.

Other Evaluations as well as all rotation information, palliative care resources, etc are on Blackboard- <http://blackboard.jchs.edu> (if you need and do not have log-in for this, contact Aubrey Knight)

E. CLINICAL SITES

1. Carilion Roanoke Memorial Hospital
2. Salem Veterans Affairs Medical Center
3. Carilion Hospice/Good Samaritan Hospice

III. APPLICATION REQUIREMENTS

- Curriculum Vitae
- Copy of medical school diploma
- Letter of recommendation from the candidate's residency director
- Two other letters of recommendation from physicians who support your interest and goals in palliative medicine
- Medical school transcript
- Personal statement pertaining to interest in the fellowship
- USMLE transcript
- ECFMG certificate (if applicable)
- Proof of U.S. citizenship or copy of visa (we sponsor J-1 and not H1)
- Board eligibility/certification in one of the ten participating specialties: (ABMS or AOA; this requirement implies having successfully completed Steps 1, 2, and 3 of the USMLE and/or COMLEX Exams):
 - Anesthesiology
 - Emergency Medicine
 - Family Medicine
 - Internal Medicine
 - Neurology
 - Obstetrics and Gynecology
 - Pediatrics
 - Physical Medicine and Rehabilitation
 - Psychiatry
 - Radiology
 - Radiation Oncology
 - Surgery

IV. CURRICULUM

A. Rotation Schedule – Block Diagram

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Rotation	IPC	IPC	IPC	Special Populations	Oncology	PCU	PCU	PCU	LTC	HHC	HHC	Research	Elective
Institution/site	#1	#1	#1	#1	#1	#2	#2	#2	#2	#3	#3	all	varies
Duration of experience	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks	4 wks
% Outpatient	0%	0%	0%	50%	50%	10%	10%	10%	10%	100%	100%		
% Research	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	

Key: IPC = Inpatient consults
 PCU = Palliative Care Hospital Unit
 LTC = Long-term Care
 HHC = Hospice and Home Care

Institution/site

#1 Carilion Roanoke Memorial Hospital
 #2 Salem Veterans Affairs Medical Center
 #3 Carilion Hospice/Good Samaritan Hospice

Possible electives: Research
 Hematology/Oncology
 Gyn Oncology
 Pediatrics
 Pain Management (non-interventional)
 Pain Management (Interventional)
 Wound Care
 Geriatrics
 Hospice
 Pulm Critical Care

B. Procedure Requirements

Procedure	Number
Assist in the care of the dying patient	8
Ethics consult	1
Home visits	25
Lead Family Meeting	25
New patient consult	100
Lead IDT meeting	10
Longitudinal patients seen across settings	25

V. FELLOW EXPECTATIONS

The fellows, faculty, staff, and other team members who make up the Carilion Clinic Virginia Tech Carilion Hospice and Palliative Medicine fellowship are to demonstrate respect for each other and the patients and their caregivers served. Dignity is essential in all our interactions, whether written, spoken or non-verbally communicated.

The following expectations are minimal and each Fellow is expected to go beyond these standards.

A. Rotations

Each rotation has a unique schedule and set of expectations. These will be sent to you at the beginning of each block and are also available on Blackboard.

B. Call

Call is one weekend per month beginning Friday at 5:00 pm and ending on Monday morning at 7:00 am. There will be an attending on call for this same period. The fellow is expected to meet and round with the attending Saturday and Sunday. Early in the year, the attending will take all calls, but as the year progresses and the Clinical Competency Committee determines that the fellow is ready for a progression in responsibilities, the fellow will take primary call with the attending being available as a back-up.

At the beginning of the on-call shift, there will be a hand-off communication utilizing the EPIC Palliative Care Consult List as the guide between the Palliative Medicine physician who has been covering on Friday and the on-call provider. Hand-off on Monday morning can occur in one of two manners:

- personal attendance at the Monday morning huddle with the Palliative Care Team (8:00 am)
- verbal or written communication to the Palliative Care team prior to 8:00 am on Monday morning

C. Duty Hours

1. Duty hour logs are to be completed and submitted into MedHub by noon on Monday, for the previous week. It is preferable for Duty hours to be entered daily.
2. An 80-hour weekly limit, averaged over four weeks.
3. An adequate rest period consisting of 10 hours of rest between duty periods.
4. A 24-hour limit on continuous duty, with up to six added hours for continuity of care and education.
5. One day in seven free from patient care and educational obligations, averaged over four weeks

D. Vacation requests

Vacation requests must be submitted to the Program Director and Program Coordinator at least one month in advance.

Vacation allotment is 3 weeks. You may use up to 5 days for personal time (sick or interviews). You also are allowed 1 additional week for CME.

E. Research

Each fellow is to complete a research project during the year. Drs. Phyllis Whitehead, Aubrey Knight, and Madelina Macrea make up the research committee and will approve and monitor progress on the project. Basic guidelines include:

- 2 months after starting your Fellowship, you must have your topic and your research statement defined.
- Define research question.
- Do a literature review.
- Develop proposal.
- Obtain IRB approval prior to data collection.
- Collect data.
- Prepare a presentation of research project and findings for presentation in June.

CITI certification for participation in research is on the Carilion Intranet and must be completed.

Professional Development Research Course – optional. CME credit is offered. The course is a series of hour and a half classes on various topics related to research. Topics include 1) common tools and project design for quality improvement 2) turning ideas into research proposals 3) introduction to medical research 4) research design and methods 5) overview of statistical applications 6) IRB and research ethics.

F. Teaching Responsibilities

Journal Club is once a quarter and the responsibility for leading the discussion will rotate among the fellows.

- Choose evidence based articles (up to 3)
- Distribute the articles at least one week prior to date
- Lead the discussion
- Others as assigned

G. Education Attendance

Mandatory

- 1st and 3rd Wednesday from 11:00 am - noon- Palliative Didactics at Salem VAMC
- 2nd and 4th Tuesday from 4:00-5:00 pm- Palliative Didactic at CRMH
- 5th Friday from noon-3:00- joint Geriatric Medicine/Geriatric Psych/Hospice and Palliative Medicine Seminar at the Crystal Springs MOB, Community Room.
- Journal Club

Optional

- Tumor Board
- Ethics Conferences
- Carilion Clinic Spring Symposium

H. Annual Retreat

Yearly retreats are designed to allow feedback from the fellows and faculty. Time and location will be announced.

I. Evaluations

- Evaluations are sent out after every rotation to the attending physician.
- Fellows must also evaluate attendings on a monthly basis. Evaluations of the program are quarterly.
- Evaluations are to be completed within 30 days
- Evaluations are maintained in the fellows portfolio and on MedHub
- Program Director evaluation and mentoring are on a regular basis and with official minutes

J. Computer-based Expectations

1. MedHub is an integrated web-based application developed to improve communication, information, workflow and reporting. Data managed by MedHub includes:

Rotation Schedules	Conference Schedules
Call Schedules	Conference Attendance
Continuity Clinic Scheduling	Evaluations
Absences/Request	Procedure Logs
Resident Demographics	Sites/Contracts
Duty Hours	Resources/Events
Communications	Competency Module Requirements
Seminar Evaluations	

2. IHI Curriculum - must do:

- Quality and Safety modules

3. AMA Resident as Teacher module

4. Carilion Cornerstone Fatigue module

K. Examinations

An exam will be given after the mid-point of the year based on the AAHPM HPMPass exam.

VI. TEACHER-LEARNER COMPACT

The hospice and Palliative Medicine Fellowship recognizes that preparation for a career in medicine demands acquisition of a large fund of knowledge and a wide variety of skills. It also demands strengthening virtues that support the relationship between doctor and patient and sustain the practice of medicine as a moral enterprise. The Teacher-Learner Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

Fellows are exposed to multiple learning environments in clinical and non-clinical settings. Teachers must be ever mindful of this responsibility in their interactions with their colleagues, their patients, and those whose education has been entrusted to them.

All faculty and fellows will be asked to read and then, by signing the agreement, commit to uphold the guiding principles, responsibilities, and commitments put forth in this agreement.

Responsibilities and commitments in the Teacher-Learner Relationship for faculty are outlined below.

The responsibilities for faculty will include:

1. Treat learners with respect.
2. Treat learners and colleagues equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
3. Treat colleagues and patients in a professional manner.
4. Provide current, high quality materials in an effective format for learning.
5. Respect the student's time by:
 - a. Being on time for scheduled encounters.
 - b. Developing educational experiences which are meaningful to the practice of medicine and reasonable for the time period allotted.
6. Provide timely and constructive feedback.
7. Provide a role model for professionalism.

The commitments of faculty include:

- ✓ We pledge our utmost effort to ensure that all components of the educational program for students are of high quality.
- ✓ As mentors for our student colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- ✓ We respect all students as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student.
- ✓ We pledge that students will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for "call" on clinical rotations, to ensure students' well being.
- ✓ In nurturing both the intellectual and the personal development of students, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- ✓ We do not tolerate any abuse or exploitation of students.
- ✓ We encourage any student who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

Responsibilities and commitments in the Teacher-Learner Relationship for students are outlined below.

The responsibilities for fellows will include:

1. Treat learners, faculty, and patients with respect and professionalism.
2. Treat learners and faculty equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
3. Commit the time and energy necessary to attain the goals and objectives of the curriculum.
4. Respect the time of other students and faculty by being on time for scheduled educational encounters.

5. Contribute to the quality of group assignments and work products by actively engaging in discussion, problem solving, and development of materials.
6. Communicate concerns and suggestions regarding learning environment and educational community in a timely, constructive, and professional manner.

The commitments of fellows include:

- ✓ We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- ✓ We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- ✓ We pledge to respect all faculty members and all students as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- ✓ As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- ✓ In fulfilling our own obligations as professionals, we pledge to assist our fellow students in meeting their professional obligations, as well.

VII. POLICIES

1. COMMITTEE STRUCTURE

Scope:

This policy applies to all faculty in our program sponsored by Carilion Clinic.

Responsibility:

The program director is tasked with assuring that the education program is adequate to prepare the fellows for independent practice of Hospice and Palliative Medicine and is responsible for appointing members to two committees, the Program Evaluation Committee and the Clinical Competency Committee.

Guidelines:

At the beginning of each academic year, the Program Director appoints membership to the two committees.

Each committee has at least three members and appoints a chair.

The Program Evaluation Committee is responsible for:

- Planning, developing, implementing, and evaluating all aspects of the educational program
- Developing competency-based Goals and Objectives
- Reviewing the program annually using evaluations from faculty, fellows and others
- Assuring areas of non-compliance with ACGME standards are met
- Rendering a full annual report
- Tracking:
 - Resident performance
 - Faculty development
 - Graduate performance
 - Program quality

The Clinical Competency Committee is responsible for:

- Reviewing all assessments of fellows
- Preparing and assuring reporting of milestones
- Making recommendations for fellow progress (including promotion, graduation, remediation, and dismissal)

2. DUTY HOURS AND FATIGUE

Policy Statement

Duty hours and working conditions have a direct relationship to optimal resident education and quality patient care. Carilion Clinic supports working conditions that promote education and patient care and assure that undue stress and fatigue among fellows is avoided.

Conditions

The Carilion Clinic Hospice and Palliative Medicine Residency Program assures that duty hours and working conditions comply with requirements described by the ACGME and the AOA:

1. Fellows should have at least one day out of seven free of routine responsibilities.
2. Fellows are not to be on call more often than every fourth night averaged over one month.
3. Duties hours and on call schedules are based on educational rationale and continuity of care. A fellow will not exceed eighty hours per week average over four weeks.
4. Fellows will be provided at least eight hours off in between shifts.
5. The GMEC will discuss duty hours every meeting and working conditions at least annually.
6. This policy applies to Carilion Clinic Hospice and Palliative Medicine fellows when they are on rotations at Carilion Medical Center and Salem Veterans Affairs Medical Center.
7. Fellows are not to work more than 80 hours per week averaged over four weeks. This includes hours worked that are considered moonlighting.
8. Fellows are not to work more than 28 hours at any given time when doing inpatient work with the final four hours reserved for sign out of patients.
9. Fellows are allowed to moonlight but must sign a statement that acknowledges that they will not work more than 80 hours including the time they are moonlighting. Moonlighting hours must be documented. (See separate moonlighting policy.)
10. The program monitors all rotations to be sure each rotation is in compliance. When necessary the program director will address the issues with the fellows and the rotation director to correct the areas of concern.
11. Any fellow who believes he or she is becoming too fatigued (see appendix A) to safely and appropriately evaluate and treat patients will take proper measures to remove him or herself from service until such time as he or she can again safely provide patient care. This would mean calling in an attending. Fellows who are unable to care for patients due to excessive fatigue shall contact the hospice and palliative medicine program director or the attending senior staff physician. If the program director or the senior staff attending agrees that this fellow should be removed from service, arrangements are made for alternative coverage of duties (ward, clinic or call).
12. There will be no academic repercussions for taking time out due to fatigue if agreed by the program director or senior attending.
13. Hospice and Palliative Medicine fellows and faculty will undergo yearly training aimed at helping them recognize the signs of fatigue as well as learning measures to combat fatigue and procedures to remove themselves from patient care duties if necessary. Faculty, staff and fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.
14. If a fellow feels that he or she may be at risk when operating a motor vehicle because of fatigue or sleep deprivation, they should obtain sleep at the onsite call room before departing the premises or ask someone to take them home.

Monitoring

The fellows complete a weekly log in MedHub detailing their hours of work, on call hours and any moonlighting hours. This is reviewed and monitored by the program director weekly.

Review

The policy will be discussed in faculty meeting on a regular basis and the Program Director will report to the GMEC. The GMEC will review compliance with policies related to duty hours on a regular basis.

Appendix A:

Fatigue: Temporary loss of strength or energy resulting from hard work or mental work

Signs:

- Impaired ability to function
- Increased sensitivity to light and noise
- Difficulty concentrating
- Irritability
- Confusion
- Loss of patience
- Deteriorating interpersonal skills

Preventing and Reducing Fatigue:

- Good night rest the night before taking call
- Try taking a brief nap before taking evening call
- Try to take a micro nap during the night
- Drink cold water frequently while awake
- Take frequent breaks while awake during the night and get some fresh air
- Avoid over-socializing with colleagues when on-call in the middle of the night – get your work done and go back to bed.

3. FELLOW EVALUATIONS, PROMOTION, and GRADUATION

Scope:

This policy applies to all fellows in our program sponsored by Carilion Clinic.

Responsibility:

The program director and the Clinical Competency Committee are tasked with reviewing the evaluation tools to assure that they are adequate to assess the fellow and his/her ability to assume progressively increasing roles of responsibility over the course of the fellowship. The program director and the Clinical Competency Committee jointly determine the degree of increasing responsibility and make the decision of suitability for graduation from the program.

Guidelines:

In the clinical learning environment, each patient has an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.

As the fellow progresses, there will be progressive authority and responsibility as determined by the Clinical Competency Committee. Regardless of the degree of authority and responsibility, the assigned attending physician will be readily available, regardless of the site of care.

Each fellow will be made aware of the limits of his/her scope of authority under which he/she is permitted to act with conditional independence.

Overall Supervision and Review

- 1) Each fellow undergoes an extensive review by the Clinical Competency Committee on a semi-annual basis where their rotation evaluation, chart audits, procedure logs, teaching skills, and conference attendance are reviewed. Our review process includes information and observation from multiple sources. Histogram of their competencies is reviewed annually by the program director.

- 2) Evaluations are discussed with the faculty during the Clinical Competency Committee meetings. Decisions are made in that committee for promotion and graduation.

4. FACULTY EVALUATION

Scope:

This policy applies to all faculty in our program sponsored by Carilion Clinic.

Responsibility:

The program director and the Program Evaluation Committee are tasked with assuring that the education program is adequate to prepare the fellows for independent practice of Hospice and Palliative Medicine.

Guidelines:

In the clinical learning environment, each patient has an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.

As the fellow progresses, there will be progressive authority and responsibility as determined by the program director and faculty. Regardless of the degree of authority and responsibility, the assigned attending physician will be readily available, regardless of the site of care.

Each fellow will be made aware of the limits of his/her scope of authority under which he/she is permitted to act with conditional independence.

Overall Faculty Evaluation and Review:

- 1) Each fellow receives, on MedHub, a request to complete an evaluation of the block as well as of the individual teaching faculty.
- 2) Evaluations are discussed during the Program Evaluation Committee meetings. Decisions are made in that committee for any changes to the curriculum and/or the faculty involved in teaching.

5. PROGRAM EVALUATION

Scope:

This policy applies to all faculty in our program sponsored by Carilion Clinic.

Responsibility:

The program director and the Program Evaluation Committee are tasked with assuring that the education program is adequate to prepare the fellows for independent practice of Hospice and Palliative Medicine.

Guidelines:

In the clinical learning environment, each patient has an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.

As the fellow progresses, there will be progressive authority and responsibility as determined by the program director and faculty. Regardless of the degree of authority and responsibility, the assigned attending physician will be readily available, regardless of the site of care.

Each fellow will be made aware of the limits of his/her scope of authority under which he/she is permitted to act with conditional independence.

Overall Evaluation and Review:

- 1) Each fellow receives, on MedHub, a request to complete an evaluation of the each rotation.
- 2) Evaluations are discussed during the Program Evaluation Committee meetings. Decisions are made in that committee for any changes to the curriculum and/or the faculty involved in teaching.
- 3) Each year, there is an anonymous survey sent to fellows and faculty. The results are compiled and presented at the Annual Program Review, attended by all faculty and fellows.

6. SUPERVISION

1. PURPOSE:

The Carilion Clinic Hospice and Palliative Medicine Fellowship Program is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment that provides an appropriate level of supervision for all fellows who care for patients. The Program recognizes and supports the importance of graded and progressive responsibility in medical education with the goal of developing competent physicians who will be able to enter the unsupervised practice of medicine.

2. SCOPE:

This Policy applies to all fellows in the Hospice and Palliative Medicine Program sponsored by Carilion Clinic-Virginia Tech Carilion School of Medicine.

3. DEFINITIONS:

3.1 Four Levels of Supervision:

3.1.1 Direct Supervision:

The Supervising Physician is physically present with the resident or fellow and the patient.

3.1.2 Indirect Supervision with Direct Supervision *Immediately Available*:

The Supervising Physician is physically present within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

3.1.3 Indirect Supervision with Direct Supervision Available:

The Supervising Physician is not required to be present in the hospital or site of patient care, but is immediately available to provide supervision by means of telephonic or electronic modalities, and is available to return to the site of care to provide Direct Supervision.

3.1.4 Oversight:

The Supervision Physician is available to provide review of procedures/encounters with feedback provided after the care is delivered by the Resident or fellow.

3.2 Other definitions:

- 3.2.1 Resident refers to all interns, residents, and fellows participating in Carilion Clinic accredited post-graduate medical education programs.
- 3.2.1.1 PGY-1 Resident refers to a Resident in their first program year of training in internal medicine, regardless of completion of prior graduate medical education training.
- 3.2.1.2 PGY-2 and 3 Resident refers to a Resident in their second and third program year, respectively, regardless of completion of prior graduate medical education or total years of training.
- 3.2.1.3 Fellow refers to a PGY-4 or beyond resident in subspecialty training.
- 3.2.2 Supervising Physician is the appropriately credentialed and privileged physician identified as the attending physician who is ultimately responsible for a specific patient's care. This may be the admitting physician, a physician covering the admitting physician, or a consultant who is working with the resident in a specific aspect of a patient's care.

4. PROCEDURE:

4.1 General Principles:

- 4.1.1 The Hospice and Palliative Medicine Fellowship Program establishes schedules which assign qualified faculty physicians in all settings in which fellows provide patient care.
- 4.1.2 The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision for a specific rotation, but is tailored to the demonstrated skills, knowledge, and ability of the individual resident and the needs of the patient.
- 4.1.3 All aspects of patient care are ultimately the responsibility of the attending physician and involved consultants. Ultimately, the level of resident participation and responsibility is determined by the attending physician. This decision is based on the resident's level in the program, job description, and documented competency to perform specific procedures.
- 4.1.4 Communicating with the Supervising Physician:
- 4.1.4.1 The fellow must communicate with the Supervising Physician on a daily basis, at a minimum.
- 4.1.4.2 The fellow should call the Supervision Physician within 30 minutes, or as soon as feasible, for the following circumstances:
- Patients requiring consultation by other specialists
 - Clinically important changes in clinical status;
 - Unexpected deaths;
 - Prior to end-of-life discussions or decisions;
 - Whenever the fellow is uncertain or uncomfortable about diagnostic, treatment, or disposition plans.
- 4.1.5 In every level of supervision, the Supervising Physician must review, correct (as needed) and sign progress notes, procedural and operative notes, and discharge summaries.

- 4.1.6 In ambulatory settings, a Supervising Physician must be continuously present to provide and be actively involved in the supervision of care, as assigned.
- 4.1.7 Fellows supervision of junior residents
 - 4.1.7.1 Fellows will have a role in the supervision and teaching of junior residents and medical students who are rotating at the various sites. In these circumstances, the Supervising physician will directly available.
- 4.2 Rotation Specific Supervision: Hospital-based rotations.
 - 4.2.1 **Inpatient Palliative Care:**
 - 4.2.1.1 Indirect Supervision with Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.
 - 4.2.2 **Palliative Care Unit:**
 - 4.2.2.1 Indirect Supervision with Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.
 - 4.2.3 **Long-Term Care:**
 - 4.2.3.1 Indirect Supervision with Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.
 - 4.2.4 **Special Populations:**
 - 4.2.4.1 Indirect Supervision with Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.
- 4.3 Rotation Specific Supervision: Ambulatory-based rotations (either stand alone or as a component of a hospital-based rotation).
 - 4.3.1 **Hospice and Home Care:**
 - 4.3.1.1 Indirect Supervision with Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.
 - 4.3.2 **Continuity or subspecialty clinic**
 - 4.3.2.1 Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.
 - 4.3.3 **Oncology:**
 - 4.3.3.1 Indirect Supervision with Direct Supervision will be provided, at a minimum, by a Supervising Physician at all times.

7. HAND-OFFS OF PATIENT CARE

Scope:

This policy applies to all fellows in our program sponsored by Carilion Clinic.

Responsibility:

Supervising Physician is the appropriately-credentialed and privileged physician identified as the attending physician who is ultimately responsible for a specific patient's care. This may be the admitting physician, a physician covering the admitting physician, or a consultant who is working with the fellow in a specific aspect of a patient's care.

Guidelines:

In the clinical learning environment, each patient has an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.

During the Inpatient Consult Blocks (IPC), the hand-off of the care of patients to the on-call physician (including fellows) occurs through a shared patient list entitled PCT. The two physicians will communicate with each other, either in person, over the telephone, or by email using the PCT list as the guide to communicating patient status, potential needs, and expectations.

Fellows do not take call and are only involved in the care patients during their time on the individual teaching services for the other services (Palliative Care Unit, Hospice and Home Care, Pediatric Palliative Care, Oncology, Long-Term Care).

Appendix A. – Rotation Schedules

Palliative Care Unit Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	PCU	PCU	PCU 11:00 (1 st and 3 rd) Didactics at VAMC	PCU	PCU
PM	PCU	PCU 4:00 (2 nd and 4 th) Didactics at CRMH	PCU	VAMC Pulmonary Clinic	Noon-2:00 (5 th)- Didactics at CHA PCU

Primary Attending- Dr. Macrea

Where to report on the first day- Palliative Care Unit at Salem VAMC

Goals and Objectives as well as other rotation materials are on Blackboard

Reading: Unipac #3
 Unipac #4

Experiences and Procedures (New patient consults, family meetings led, IDT led) are to be logged into MedHub

Evaluations:

- attending evaluations of fellows and fellow evaluations of rotation and attendings are on MedHub

Research Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Project	8:30- IDT on 10S Project	Project 11:00 (1 st and 3 rd) Didactics at VAMC	Project	Project
PM	Project	Radiation Oncology 4:00 (2 nd and 4 th) Didactics at CRMH	Heart Failure Clinic	Project	Project Noon-2:00 (5 th)- Didactics at CHA

Primary Attending- Dr. Whitehead

Where to report on the first day- Phyllis Whitehead's office

Goals and Objectives as well as other rotation materials are on Blackboard

Evaluations:

- attending evaluations of fellows and fellow evaluations of rotation and attendings are on MedHub
- IDT and patient/family evaluations are to be printed from Blackboard and distributed
- IDT and patient/family evaluations are to be printed from Blackboard and distributed

Special Populations Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	ID clinic	Pain management	Pain management	PICU	Wound Care Inpatient
PM	Neonatal Abstinence Clinic	NICU	Memory Disorders Clinic		Wound Care Outpatient

Primary Rotation Supervisors: Garner (ID); Ruppel (NAC); Heerens (NICU); Powel (PICU); Wood (MDC); Hall (Wound Care); Dr. Beshai (Pain Management) – see contact info below

Readings: Unipac #7- Caring for Patients with HIV/AIDS
Unipac #8- Caring for Pediatric Patients

Goals and Objectives as well as other rotation materials are on Blackboard

Experiences and Procedures (New patient consults, family meetings led, IDT led) are to be logged into MedHub

Evaluations:

- attending evaluations of fellows and fellow evaluations of rotation and attendings are on MedHub
- IDT and patient/family evaluations are to be printed from Blackboard and distributed

Long-term Care Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Rounds	Rounds	Rounds 11:00 (1 st and 3 rd) Didactics at VAMC	Rounds	Rounds
PM	Rounds	Rounds 4:00 (2 nd and 4 th) Didactics at CRMH	Rounds	VAMC Pulmonary Clinic	Noon-2:00 (5 th)- Didactics at CHA Rounds

Primary Attending- Dr. Lipscomb

Other Attendings- Drs. Boatwright and Pollio

Where to report on the first day- Long-term Care Unit at Salem VAMC

Goals and Objectives as well as other rotation materials are on Blackboard

Reading: Unipac #9- Caring for Patients with Chronic Illness: Dementia, COPD, CHF

Experiences and Procedures (New patient consults, family meetings led, IDT led) are to be logged into MedHub

Evaluations:

- attending evaluations of fellows and fellow evaluations of rotation and attendings are on MedHub
- IDT and patient/family evaluations are to be printed from Blackboard and distributed

Inpatient Consult Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Rounds	8:30- IDT Rounds	Rounds 11:00 (1 st and 3 rd) Didactics at VAMC	Rounds	Rounds
PM	Rounds	Rounds 4:00 (2 nd and 4 th) Didactics at CRMH	Rounds	Rounds	Noon-2:00 (5 th)- Didactics at CHA Rounds

Primary Attending- Dr. Pile

Where to report on the first day- 10S Palliative Care Unit at CRMH

Goals and Objectives as well as other rotation materials are on Blackboard

Readings: Unipac #1- The Hospice and Palliative Care Approach to Serious Illness (1st IPC rotation)
Unipac #5- Communication and the Interdisciplinary Team (2nd IPC rotation)

Experiences and Procedures (New patient consults, family meetings led, IDT led) are to be logged into MedHub

Evaluations:

- attending evaluations of fellows and fellow evaluations of rotation and attendings are on MedHub
- IDT and patient/family evaluations are to be printed from Blackboard and distributed

Hospice and Home Care Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Hospice	Hospice	Hospice 11:00 (1 st and 3 rd) Didactics at VAMC	Hospice	Hospice
PM	Hospice	Radiation Onc 4:00 (2 nd and 4 th) Didactics at CRMH	Heart Failure Clinic at CC	Hospice	Noon-2:00 (5 th)- Didactics at CHA Hospice

Primary Attending- _____

Where to report on the first day- _____

Goals and Objectives as well as other rotation materials are on Blackboard

Readings: Unipac #6- Ethical and Legal Dimensions of Care (1st HHC rotation)
 Unipac #2- Alleviating Psychological and Spiritual Pain (2nd HHC block)

Experiences and Procedures (Home visits, family meetings led, IDT led) are to be logged into MedHub

Evaluations:

 attending evaluations of fellows and fellow evaluations of rotation and attendings are on
MedHub

 IDT and patient/family evaluations are to be printed from Blackboard and distributed

Oncology Rotation

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Oncology	Oncology	Oncology 11:00 (1 st and 3 rd) Didactics at VAMC	Oncology	Oncology
PM	Oncology	Radiation Oncology 4:00 (2 nd and 4 th) Didactics at CRMH	Oncology	Oncology	Noon-2:00 (5 th)- Didactics at CHA Oncology

Primary Attending- Dr. Skelton

Where to report on the first day- Page Dr.Skelton for instructions

Goals and Objectives as well as other rotation materials are on Blackboard

Experiences and Procedures (New patient consults, family meetings led, IDT led) are to be logged into MedHub

Evaluations:

- attending evaluations of fellows and fellow evaluations of rotation and attendings are on MedHub
- IDT and patient/family evaluations are to be printed from Blackboard and distributed