

Palliative Care and Hospice Medicine Track

Methodist Family Medicine Residency Program

Track Coordinator: Holly Hamil, DO

Purpose: The purpose of the Palliative Care and Hospice Medicine Track is to allow residents to obtain additional training that supplements the core training in the family medicine residency curriculum. Our aim is to provide robust mentorship and educational experiences to prepare residents for independent practice or even fellowship training if they so choose.

Declaration: Residents should discuss their interest in this track with their faculty advisor. Ideally a track should be selected by the middle of PGY-2. Residents must be in good academic standing and performing at the expected level of competency in order to participate in this track. At any given time, the resident may opt out of their track without penalty. Prompt notice must be given to the track coordinator, faculty advisor and program director.

Educational Goals: This track gives residents the opportunity to further their experiences in palliative care and hospice and expand the use of multi-disciplinary teams in patient care. This track is designed for residents interested in enhanced experience developing skills to evaluate a patient's physical needs and need for psychological and spiritual support while dealing with serious illness.

Learning Objectives

Patient Care: Residents will be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- Master comprehensive symptom management and individualized care planning.
- Learn to navigate both inpatient and community/home-based settings.

Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of the knowledge to patient care.

- Understand pharmacologic and non-pharmacologic pain and symptom management.
- Explore the ethical, legal, and psychological issues unique to end-of-life care.

Systems-Based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

- Understand healthcare systems, hospice eligibility, reimbursement, and resource management.
- Function effectively within complex, multidisciplinary care models.

Practice-Based Learning: residents 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.

- Engage in reflective practice and continuous quality improvement.

- Critically evaluate emerging evidence in palliative care

Professionalism: Residents must demonstrate a commitment to professionalism and an adherence to ethical principles, and sensitivity to a diverse patient population.

- Demonstrate ethical practice, empathy, and cultural sensitivity.
- Cultivate self-care strategies to prevent burnout.

Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

- Develop skills for difficult conversations including prognosis disclosure and goals-of-care discussions.
- Work effectively with patients, families, and interdisciplinary teams.

Scholarly Activity: Residents must formulate a scholarly activity project related to the Palliative Care and Hospice Medicine Track. The academic project may include: participating in original research, presenting or authoring a case study, authoring a review article or textbook chapter, leading a palliative care or hospice quality improvement project, or some other scholarly activity project related to palliative care and hospice medicine. Residents are encouraged to conceptualize their project during PGY-1 or as soon as they have opted into the track. Residents are expected to present their scholarly work during PGY-3. The presentation of their scholarly work can be through local, regional or national conferences or the work may be submitted to a peer-reviewed journal.

Suggested Structure by Program Year:

PGY-1

- Declare interest in participation of this track
- Begin formulating scholarly activity project
- Identify a mentor
 - At least quarterly meetings are recommended
- Read one of the following and be prepared to discuss with the track coordinator
 - *Being Mortal* by Atul Gawande
 - *The Conversation* by Angelo Volandes
 - *Can't We Talk About Something More Pleasant* by Roz Chast
 - *Crucial Conversations: Tools for Talking When Stakes are High*
- Join the American Academy of Hospice and Palliative Medicine (free for residents)

PGY-2

- Organize journal club
- Dedicate at least 1 elective to the general palliative care rotation
- Join and attend Ethics Committee meetings
- Continue scholarly activity
- Quarterly meetings with mentor
- Attend AAHPM Annual Assembly

PGY-3

- Complete and present scholarly activity
- Quarterly meetings with mentor
- Give a 1 hour presentation at didactics on a topic of interest within palliative care or hospice
 - Examples: pain management, ethics in end-of-life care, communication skills
- Dedicate at least 1 elective to inpatient palliative care
- Dedicate 2 additional electives (8 weeks) to the following options:
 - outpatient palliative care
 - home hospice
 - palliative or hospice in long term care facility*
 - senior behavioral health unit
 - pain/symptom management pharmacology-2 week*
 - addiction medicine
 - oncology*
 - pediatrics palliative care*
 - wound care
 - ethics-2 week*
- Choose a volunteer activity (10 hour minimum): Covenant Home Care and Hospice, Katerpillar Kids Camp, Sacred Ground Hospice House*
- Serve as a mentor to PGY-1 and PGY-2 residents that have joined the Palliative Care and Hospice Medicine Track

Evaluation and Continuous Improvement: Residents will be evaluated on their progress and successful completion of the track based on the Learning Objectives listed above as well as completing all track requirements. Rotation evaluations will be utilized as well as evaluation of scholarly activity. Regular debriefing sessions are recommended with the track director after rotations to provide feedback to drive iterative improvements. Annual reviews of the curriculum will be conducted with adjustments based on resident performance data, feedback, and evolving practice in palliative care and hospice.

This curriculum is designed to be dynamic and responsive to both resident needs and the evolving landscape of hospice and palliative care. By integrating rigorous clinical training with a strong foundation in interdisciplinary and systems-based practice, the track aims to produce well-rounded family physicians capable of providing compassionate, comprehensive end-of-life care.