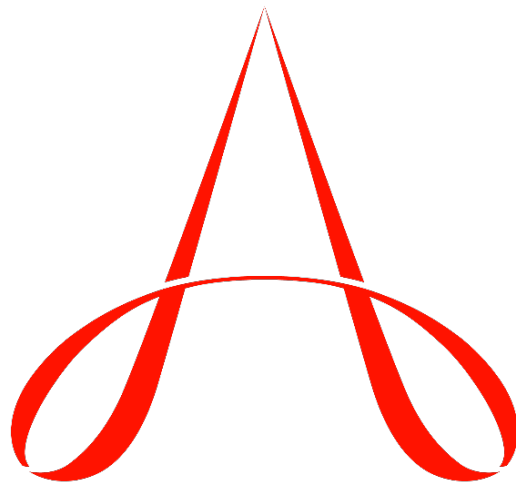




Supplemental Guide: Hospice and Palliative Medicine



ACGME

March 2019

Milestones Supplemental Guide

This document provides additional guidance and examples for the Hospice and Palliative Medicine Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Working Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information. To further aid in the transition, the closing page of this document includes a map of the Curricular Milestones to the Reporting Milestones.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Patient Care 1	Comprehensive Whole Patient Assessment
Overall Intent	To ensure correct assessment and diagnosis etiology of physical symptoms and psychosocial/spiritual distress
Level 1 Examples	<ul style="list-style-type: none"> ● Performs history and physical exam, and recognizes physical aspects of cancer pain during initial outpatient palliative care consult ● Performs basic psychosocial history including data such as family structure and marital status, place of residence and history of substance use for patients with advanced cardiac disease
Level 2 Examples	<ul style="list-style-type: none"> ● Identifies psychosocial and spiritual dimensions of cancer pain in initial outpatient palliative care consult ● Routinely obtains detailed psychosocial information, including family support, spirituality and culture beliefs in a patient with advanced cardiac disease
Level 3 Examples	<ul style="list-style-type: none"> ● In outpatient consultation, routinely uses appropriate assessment tools to evaluate cancer pain in different populations such as Flexibility, Access, Cost-Effectiveness, Engagement (FACES), Pain Assessment in Advanced Dementia (PAINAD) Scale, Face, Legs, Activity, Cry, Consolability (rFLACC) Scale, and numeric scales ● Routinely incorporates psychosocial/spiritual assessment tools such as Faith, Importance and Influence, Community, Address or Application (FICA) and Brief COPE for patients with advanced cardiac disease
Level 4 Examples	<ul style="list-style-type: none"> ● Incorporates palliative care interdisciplinary team members' assessment into the clinical impression of total pain for a cancer patient in outpatient palliative care settings ● Routinely collaborates outside the team with the bedside nurse, on-call chaplain and consulting psychologist in the assessment of a new palliative care consult with advanced cardiac disease
Level 5 Examples	<ul style="list-style-type: none"> ● Collaborates with oncology to develop a template for comprehensive cancer pain assessment in the electronic health records (EHR) ● Educates residents and nursing staff on routine spiritual assessment in patients with advanced cardiac disease
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● 360-degree evaluations ● Chart audit
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015. ● Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnow.org/fast-fact-index. 2018.

Patient Care 2	Addressing Suffering and Distress
Overall Intent	To provide comprehensive, culturally-sensitive management of refractory symptoms and complex psychosocial and spiritual distress across care settings in conjunction with the interdisciplinary team and community resources
Level 1 Examples	<ul style="list-style-type: none"> ● Manages musculoskeletal pain with non-steroidal anti-inflammatory medications ● Diagnoses major depressive disorder based on symptom complex (e.g., SIGECAPS) ● Identifies sudden onset dyspnea as a palliative emergency
Level 2 Examples	<ul style="list-style-type: none"> ● Manages pain from bone metastases with combination product (opioid + acetaminophen) in opioid naive patient ● Differentiates depression, adjustment disorder, anticipatory/normal/complicated grief reactions ● Considers use of opioids for a patient with sudden onset dyspnea
Level 3 Examples	<ul style="list-style-type: none"> ● Manages complex somatic and neuropathic pain with escalating opioids and other adjuvant medications and interventions in an opioid-tolerant patient ● Refers to members of the interdisciplinary team and other specialists when indicated for depression and grief symptoms. ● Collaborates with interdisciplinary team to clarify goals of care and escalates respiratory support, if appropriate for a patient with sudden onset dyspnea due to airway obstruction
Level 4 Examples	<ul style="list-style-type: none"> ● Manages refractory pain with proportionate sedation ● Provides basic counseling for grief and bereavement and prescribes medication for depression when indicated ● With interdisciplinary team, plans for future episodes of sudden onset dyspnea due to airway obstruction and educates patient and care givers on appropriate steps
Level 5 Examples	<ul style="list-style-type: none"> ● Develops protocol for use of ketamine infusion in refractory pain with opioid toxicity ● Teaches others about depression in serious illness, including complicating factors of grief and bereavement ● Writes an evidence-based guideline for management of sudden onset dyspnea
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Global/rotation evaluations ● 360-degree evaluations ● Standardized patients ● Simulation ● Patient feedback ● Self-assessment including self-reflection ● Chart audit ● Multiple-choice questions
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015.

- Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. *Essential Practices in Hospice and Palliative Medicine*. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017.
- Himmelstein BP and Kane JR. Appendix G, Education in Pediatric Palliative Care In: *When children die: improving palliative and end-of-life care for children and their families*. Institute of Medicine (US) Committee on Palliative and End-of-Life Care for Children and Their Families; Field MJ, Behrman RE, editors. Washington (DC): National Academies Press (US); 2003.
<https://www.ncbi.nlm.nih.gov/books/NBK220803/>
- Fast facts and concepts. Palliative Care Network of Wisconsin.
<https://www.mypcnw.org/fast-fact-index>. 2018.

Patient Care 3	Withholding and/or Withdrawal of Life-Sustaining Therapies (LST)
Overall Intent	To know the benefits and burdens of LST and artificial nutrition and hydration (ANH) in patients close to the end of life; be able to manage withholding and withdrawing ANH and LST, taking into account physical, emotional, spiritual, and practical considerations
Level 1 Examples	<ul style="list-style-type: none"> ● For a patient with severe irreversible neurologic condition, identifies and anticipates common questions and reactions from patient and caregivers regarding ANH and LST
Level 2 Examples	<ul style="list-style-type: none"> ● Is familiar with hospital policies on withholding tube feeding and withdrawing ventilator support ● For a patient with a severe irreversible neurologic condition, acknowledges differing religious, ethical, and legal perspectives on tube feeding and ventilator support
Level 3 Examples	<ul style="list-style-type: none"> ● Counsels a patient and family with severe irreversible neurologic condition on why tube feedings may or may not be beneficial at end of life ● Manages a patient being withdrawn from a ventilator, addressing symptoms and patient/caregiver/staff member emotional and spiritual concerns
Level 4 Examples	<ul style="list-style-type: none"> ● Anticipates feeding and hydration problems in patients with severe irreversible neurologic condition before problems arise, and works with patient, caregiver, family, and interdisciplinary team to develop a shared care plan ● Provides anticipatory guidance to patient, caregivers, and team and develops a shared care plan for ventilator withdrawal
Level 5 Examples	<ul style="list-style-type: none"> ● Develops a teaching module for speech and language pathologists to incorporate patient goals of care into recommendations for patients with severe irreversible neurologic conditions ● Develops a protocol for home ventilator withdrawal that addresses physical, emotional, and spiritual dimensions
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Chart audit ● 360-degree evaluation ● Standardized patient simulation ● Self-assessment and reflection
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015. ● Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnw.org/fast-fact-index 2018.

	<ul style="list-style-type: none">● Statement on withholding and withdrawing nonbeneficial medical interventions. American Academy of Hospice and Palliative Medicine. http://aahpm.org/positions/withholding-nonbeneficial-interventions 2011.● Diekema DS, Botkin JR. Clinical report—forgoing medically provided nutrition and hydration in children. <i>Pediatrics</i>. 2009, Aug; 124(2). http://pediatrics.aappublications.org/content/pediatrics/124/2/813.full.pdf● Weise KL, Okun AL, Carter BS, Christian CW. Guidance on forgoing life-sustaining medical treatment. <i>Pediatrics</i>. 2017 Sept;(140)3. http://pediatrics.aappublications.org/content/140/3/e20171905
--	---

Patient Care 4	Care of the Imminently Dying
Overall Intent	To anticipate, evaluate, and manage the sources of physical, psychosocial, and spiritual distress in the imminently dying patient while appropriately supporting their loved ones
Level 1 Examples	<ul style="list-style-type: none"> ● Recognizes a rapidly declining functional trajectory and multiple physical exam findings that support a diagnosis of active dying in a terminally ill patient ● Recognizes a family member's distress as it manifests as anger and erratic behavior after days of reduced sleep with bedside vigil
Level 2 Examples	<ul style="list-style-type: none"> ● Raises concern with the attending that a patient's tube feeding is likely to contribute to end-of-life secretions ● Arranges a joint interdisciplinary visit with the chaplain and social worker and sensitively inquires about source(s) of the family member's distress
Level 3 Examples	<ul style="list-style-type: none"> ● Recommends reducing or stopping tube feeding to decrease excessive terminal secretions and potential vomiting at end of life ● To promote coping and reduce anxiety, educates family of the signs and symptoms of impending death and symptom management plan
Level 4 Examples	<ul style="list-style-type: none"> ● Collaborates with a patient's nurse to help manage respiratory distress and intractable secretions at end of life ● Collaborates with the interdisciplinary team members to develop a time-of-death action plan for a caregiver at risk for complicated grief and communicates the plan to relevant staff members
Level 5 Examples	<ul style="list-style-type: none"> ● After reviewing the literature, works with the hospital's information technology team to design a standardized comfort order set or bereavement risk assessment in the EHR
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Patient and family feedback ● 360-degree evaluation ● Chart audit
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015. ● Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnw.org/fast-fact-index 2018. ● Bailey FA, Harman SM. Palliative Care: the last hours and days of life. Up to Date, https://www.uptodate.com/contents/palliative-care-the-last-hours-and-days-of-life. 2018. ● Sahler OJ, et al. Medical education about end-of-life care in pediatric settings: principles, challenges, & opportunities. <i>Pediatrics</i>, 2000;105(3):575-84.

Medical Knowledge 1	Disease Trajectories and Formulation of Prognosis in Serious Illness
Overall Intent	To know disease trajectories (both cancerous and non-cancerous diseases) for common and less common conditions and can formulate a prognosis based on clinical assessment, use of tools, and input from other health care providers
Level 1 Examples	<ul style="list-style-type: none"> ● Describes the natural history of common cancers such as non-small cell lung cancer in adults from diagnosis to death ● Describes elements of history, physical exam, and diagnostic testing important to determining prognosis and guide decision making
Level 2 Examples	<ul style="list-style-type: none"> ● Describes the natural history of less common cancers such as neuroblastoma from diagnosis to death ● Describes the use of prognostic tools such as Palliative Performance Scale
Level 3 Examples	<ul style="list-style-type: none"> ● Identifies the potential impact of immunotherapy on the illness trajectory of advanced melanoma ● Formulates a prognosis for a patient with liver failure using the MELD/PELD score while recognizing the limitations
Level 4 Examples	<ul style="list-style-type: none"> ● Identifies the impact of functional status, renal function, substance use, and psychosocial support on prognosis of a patient with cancer ● Develops consensus with hepatology on prognosis for a patient with liver failure based on renal dysfunction, level of family support, and refractory symptoms
Level 5 Examples	<ul style="list-style-type: none"> ● Studies the impact of caregiver support interventions on survival in patients after bone marrow transplant ● Collaborates with hepatology to develop guidelines for palliative care consultation in patients with liver failure
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● 360-degree evaluation ● Global/rotation evaluations ● Chart audit
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015. ● Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnow.org/fast-fact-index. 2018. ● Brook L, Hain R. Predicting death in children. <i>Arch Dis Child</i>. 2008; 93:1067-70. ● Murray, S. et al. Illness trajectories and palliative care. <i>BMJ</i>. 2005; 330: 1007.

Medical Knowledge 2	Palliative Management of Pain Symptoms
Overall Intent	To know the full spectrum of pharmacologic, non-pharmacologic, and procedural interventions to manage physical pain in palliative and hospice patients, across settings
Level 1 Examples	<ul style="list-style-type: none"> ● Lists pharmacologic options, including morphine, hydromorphone, and gabapentin ● Lists non-pharmacologic options, including distraction and guided imagery ● Lists procedural options including nerve block and epidural
Level 2 Examples	<ul style="list-style-type: none"> ● Describes World Health Organization analgesic ladder and recommends ibuprofen for mild inflammatory pain ● Understands use of distraction for painful procedures ● Proposes celiac plexus block for pancreatic cancer related abdominal pain
Level 3 Examples	<ul style="list-style-type: none"> ● Knows when gabapentin is preferable to duloxetine due to mechanism of action and adverse events ● Uses child life specialists for distraction during painful procedure ● Outlines referral process for celiac plexus block
Level 4 Examples	<ul style="list-style-type: none"> ● Knows dosing and agent adjustments for patients with opioid-related neurotoxicity ● Describes evidence base for distraction during painful procedures ● Understands efficacy, durability, alternative interventions, and potential adverse events of celiac plexus block
Level 5 Examples	<ul style="list-style-type: none"> ● Presents case series on novel use of intranasal ketamine at a national meeting
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Chart audit ● Multiple-choice question
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015. ● Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnow.org/fast-fact-index. 2018. ● American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health; American Pain Society Task Force on Pain in Infants, Children, and Adolescents. The assessment and management of acute pain in infants, children, and adolescents. <i>Pediatrics</i>. 2001; 108(3):793-7. ● Downing J, et al. Pediatric pain management in palliative care. <i>Pain Manage</i>, 2015;5(1):23-35.

Medical Knowledge 3	Palliative Management of Non-Pain Symptoms
Overall Intent	To know the mechanisms and pathophysiology of non-pain symptoms, as well as pharmacologic, non-pharmacologic, and procedural interventions to manage non-pain symptoms, across hospice and palliative medicine settings
Level 1 Examples	<ul style="list-style-type: none"> ● Names haloperidol and ondansetron as two antiemetics ● Recognizes acupuncture, aromatherapy, and ginger as non-pharmacologic treatments of nausea ● Lists stent or venting gastrostomy tube placement as options for refractory nausea with malignant bowel obstruction
Level 2 Examples	<ul style="list-style-type: none"> ● Lists one example of medications that act on all receptors involved in the nausea pathway ● Discuss appropriateness of acupuncture for a specific patient with nausea ● Describes indications for venting gastrostomy tube placement
Level 3 Examples	<ul style="list-style-type: none"> ● Discusses indications for major classes of antiemetics based on mechanism of action and safety profile ● Identifies acupuncture resources available in care settings ● Identifies when to refer patients for venting gastrostomy tube placement
Level 4 Examples	<ul style="list-style-type: none"> ● Creates a nausea medication plan for a patient with prolonged QTc interval ● Describes the available evidence base and gaps in evidence base for acupuncture for nausea ● Recognizes when venting gastrostomy placement is contraindicated based on patient goals and procedural risk
Level 5 Examples	<ul style="list-style-type: none"> ● Educates colleagues on relative efficacy of haloperidol and olanzapine for nausea ● Designs a curriculum on non-pharmacologic management of nausea ● Collaborates with surgeons to develop clinical guidelines for early venting gastrostomy referral
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Mentored review of clinical management plan ● Chart-stimulated review ● Examinations/quizzes ● Reflective journaling
Notes or Resources	<ul style="list-style-type: none"> ● Bruera E, Higginson H, von Gunten CF. <i>Textbook of Palliative Medicine and Supportive Care</i>. 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. <i>Oxford Textbook of Palliative Medicine</i>. 5th ed. Oxford, United Kingdom: Oxford University Press; 2015. ● Weaver M, Carter B, Keefer P, Korones DN, Miller EG. UNIPAC 7: Pediatric palliative care and hospice. In: Shega JW, Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnow.org/fast-fact-index. 2018.

Systems-Based Practice 1	Patient Safety and Quality Improvement (QI)
Overall Intent	To engage in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals; to be able to conduct a quality improvement project
Level 1 Examples	<ul style="list-style-type: none"> ● Acknowledges risks associated with opioid medications ● Identifies the safety event reporting mechanism for their institution ● Describes the components of a Plan, Do, Study, Act (PDSA) cycle
Level 2 Examples	<ul style="list-style-type: none"> ● Identifies transitions of care as a system risk factor contributing to opioid overdoses ● Enters a safety event report after discovering a nurse inadvertently placed an extra fentanyl patch on a patient ● Describes a current QI project to improve completion of advance directives in their program
Level 3 Examples	<ul style="list-style-type: none"> ● Participates in a simulated root cause analysis related to an opioid overdose in the hospital ● In collaboration with the attending discloses the erroneous placement of an extra fentanyl patch to a patient/caregiver ● Participates in a committee to improve completion of advance directives for hospitalized palliative care patients
Level 4 Examples	<ul style="list-style-type: none"> ● Collaborates with interdisciplinary team to analyze an opioid overdose safety event and communicates with patient/caregiver about the event ● Independently discloses the erroneous placement of an extra fentanyl patch to a patient/caregiver ● Completes and shares outcomes of a full PDSA cycle related to improved completion of advance directives for hospitalized palliative care patients
Level 5 Examples	<ul style="list-style-type: none"> ● Leads an initiative to reduce risk of opioid overdoses during transitions of care ● Coaches a resident on disclosure of a safety event related to an opioid overdose ● Completes and shares outcomes of a full PDSA cycle related to improved completion of advance directives for all hospitalized patients in an institution
Assessment Models or Tools	<ul style="list-style-type: none"> ● Simulation ● Direct observation ● E-module multiple choice tests ● Chart audit ● Documentation of quality improvement or patient safety project ● 360-degree evaluations ● Portfolio
Notes or Resources	<ul style="list-style-type: none"> ● Institute of Healthcare Improvement. (http://www.ihl.org/Pages/default.aspx) which includes multiple choice tests, reflective writing samples, and more. 2018. ● National Consensus Project (NCP). Clinical practice guidelines for quality palliative care. 3rd ed. 2013. http://www.nationalcoalitionhpc.org/ncp-guidelines-2013/ ● Thomson RM, Patel CR, Lally KM (2017). UNIPAC 1: Medical Care of People with Serious Illness. In Shega JW and Paniagua MA (Eds)

Supplemental Guide for Hospice and Palliative Medicine

	<p><i>Essential Practices in Hospice and Palliative Medicine</i>. 5th Edition (pp.63-68). Chicago, IL: American Academy of Hospice and Palliative Medicine.</p>
--	---

Systems-Based Practice 2	System Navigation for Patient-Centered Care
Overall Intent	To effectively navigate the health care system, including the interdisciplinary team and other care providers, to adapt care to a specific patient population to ensure high-quality patient outcomes
Level 1 Examples	<ul style="list-style-type: none"> ● Identifies the members of the interprofessional team and describes their roles, but is not yet routinely using team members or accessing resources ● Lists the essential components of an effective sign-out ● Identifies components of social determinants of health and their impact on the delivery of patient care
Level 2 Examples	<ul style="list-style-type: none"> ● Contacts interprofessional team members, such as social workers and consultants, but requires supervision to ensure all necessary referrals are made and resources are arranged ● Performs a basic sign-out but still needs direct supervision to identify stable versus not stable, and guidance for anticipated overnight events to the night team or next incoming team for a new block ● Knows which patients are at high risk for hospice underutilization related to health literacy concerns, insurance status, ethnicity, etc.
Level 3 Examples	<ul style="list-style-type: none"> ● Coordinates with oncology, radiation oncology, outpatient palliative care, and social work for a newly diagnosed cancer patient who wants palliative treatments ● Provides effective anticipatory guidance for unstable patients including recommendations for how to escalate treatments for patients with uncontrolled pain ● Appreciates the need for and uses clinic or local resources, such as the social worker/health navigator, to ensure patients with low literacy understand how to access caregiver resources as functional status declines and needs increase
Level 4 Examples	<ul style="list-style-type: none"> ● Educates learners on engagement of appropriate interprofessional team members for each patient/caregiver, and ensures the necessary resources have been arranged ● Proactively calls the outpatient clinicians to communicate that goals of care have changed, and ensures that there is a prescribing physician before a new medication such as methadone is initiated ● Performs panel reviews to identify patients who have not completed advance directives
Level 5 Examples	<ul style="list-style-type: none"> ● Analyzes hospice referrals from the emergency department and develops a quality improvement plan to streamline referral process ● Collaborates with key stakeholders to improve standardized documentation of patient goals of care discussions in the EHR ● Designs a curriculum to help others identify high risk patients who might benefit from a home based palliative care program
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Chart review ● Chart review of written sign-out/hand-off tools ● 360-degree evaluation ● Chart review/audit for quality metrics and documented goals of care

Notes or Resources	<ul style="list-style-type: none">• Agency for Healthcare Research and Quality -- https://psnet.ahrq.gov/primers/primer/9/resource.aspx?resourceID=18439.• Wohlauer MV et al. The Patient Handoff: A Comprehensive Curricular Blueprint for Resident Education to Improve Continuity of Care. <i>Acad Med</i>. 2012 Apr; 87(4):411-418.• Graham F, Kumar S, Clark D. Barriers to the delivery of palliative care. In Hanks G, et al eds. <i>Oxford Textbook of Palliative Medicine</i>. 4th ed. Oxford: Oxford University Press; 2010: 125-134• Faksvag Haugen D, Nauck F, Caraceni A. The core team and the extended team. In Hanks G et al (Eds), <i>Oxford Textbook of Palliative Medicine</i>. 4th ed). Oxford: Oxford University Press. 2010:167-176.• Skarf LM, Stowers KH, Thurston A. UNIPAC 5: Communication and Teamwork. In Shega JW and Paniagua MA (Eds) <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine. 2017: 95-116.
--------------------	---

Systems-Based Practice 3	Physician Role in Health Care Systems
Overall Intent	To understand his/her role in the complex health care system and how to effectively navigate the system to improve patient care and the health system's performance
Level 1 Examples	<ul style="list-style-type: none"> ● Recognizes the many incentives that may impact a patient's hospital length of stay ● Compares payment systems, such as Medicare, Medicaid, the VA, and commercial third-party payers, and contrast practice models, such as a patient-centered medical home and an Accountable Care Organization; compares and contrasts types of health benefit plans, including preferred provider organization and health maintenance organization
Level 2 Examples	<ul style="list-style-type: none"> ● Recognizes how early palliative care consultation can impact hospital length of stay ● Describes how hospice services are covered by different payment systems ● Describes differences between practice employment versus being an independent contractor
Level 3 Examples	<ul style="list-style-type: none"> ● Analyzes personal practice pattern of transitioning patients route of analgesic management and its impact on hospital length of stay ● Displays ability to counsel patients on the use of covered rehabilitative services versus uncovered board and care with hospice in a skilled nursing facility ● Identifies a mentor with desirable hospice and palliative medicine practice
Level 4 Examples	<ul style="list-style-type: none"> ● With interdisciplinary team assistance, manages transition from hospital for a patient with pain related to serious illness who is not eligible for hospice services ● Advocates for palliative radiation therapy treatment for a hospice patient with a painful bone metastasis ● Develops a professional development plan for the first year after training
Level 5 Examples	<ul style="list-style-type: none"> ● Presents institution-specific data to show palliative care impact on hospital length of stay ● Develops e-consults or telehealth services within an existing hospice and palliative medicine program
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Chart audit ● Objective structured clinical examination ● Quality improvement project ● Portfolio
Notes or Resources	<ul style="list-style-type: none"> ● American Academy of Hospice and Palliative Medicine resources http://aahpm.org/education/quality ● Centers for Medicare and Medicaid Services (CMS). Medicare and Medicaid programs: Hospice conditions of participations; final rule. Federal Register. 2008 June;(73)109. https://www.gpo.gov/fdsys/pkg/FR-2008-06-05/pdf/08-1305.pdf

	<ul style="list-style-type: none">● CMS. The Merit-based Incentive Payment System: advancing care information and improvement activities performance categories. December 2016. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-ACI-and-IA-presentation.pdf. 2018.● Agency for Healthcare Research and Quality (AHRQ). The Challenges of Measuring Physician Quality https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/challenges.html. 2018.● AHRQ. Major physician performance sets. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/measurementsets.html. 2018.● Thomson RM, Patel CR, Lally KM. UNIPAC 1: Medical care of people with serious illness. In Shega JW and Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017: 1-27, 59-62.
--	--

Supplemental Guide for Hospice and Palliative Medicine

System-Based Practice 4	Hospice
Overall Intent	To understand the regulatory requirements for hospice and the role of the hospice physician in caring for patients near the end of life
Level 1 Examples	<ul style="list-style-type: none"> ● Identifies members and roles of a hospice interdisciplinary team ● Understands that admission to hospice requires a life expectancy of six months or less if the illness runs its normal course
Level 2 Examples	<ul style="list-style-type: none"> ● Details common symptoms managed by the hospice team such as pain, delirium, agitation, and secretions ● Describes eligibility guidelines for common diseases such as cancer, congestive heart failure, and dementia
Level 3 Examples	<ul style="list-style-type: none"> ● Facilitates referrals to interventional radiology for malignant pleural effusion drainage intervention ● With supervision, begins to apply the eligibility requirements to establish whether patients are appropriate for hospice/concurrent care
Level 4 Examples	<ul style="list-style-type: none"> ● Provides hospice symptom management, including complex symptoms requiring potential transition to general inpatient care level of care ● Independently assesses when patients meet hospice enrollment and disenrollment guidelines
Level 5 Examples	<ul style="list-style-type: none"> ● Leads hospice-wide quality improvement initiative for optimal formulary use ● Collaborates with and educates non-hospice physicians on how to improve appropriate hospice utilization
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● 360-degree evaluations ● Chart review ● Multiple-choice questions
Notes or Resources	<ul style="list-style-type: none"> ● National Hospice and Palliative Care Organization (NHPCO). Concurrent care for children. https://www.nhpc.org/resources/concurrent-care-children. 2018. ● Carlson A, Twaddle M. What are the eligibility criteria for hospice? In Goldstein NE and Morrison RS, eds. <i>Evidence-Based Practice of Palliative Medicine</i>. Philadelphia, PA: Elsevier Saunders; 2013: 443-447. ● NHPCO. Regulatory and compliance center. https://www.nhpc.org/regulatory. 2018. ● Thomson RM, Patel CR, Lally KM. UNIPAC 1: Medical care of people with serious illness. In Shega JW and Paniagua MA, eds. <i>Essential Practices in Hospice and Palliative Medicine</i>. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017: 31-54. ● Centers for Medicare and Medicaid Services (CMS). Medicare and Medicaid programs: Hospice conditions of participations; final rule. Federal Register. 2008 June;(73)109. https://www.gpo.gov/fdsys/pkg/FR-2008-06-05/pdf/08-1305.pdf

Practice-Based Learning and Improvement 1	Evidence-Based and Informed Practice
Overall Intent	To incorporate evidence and patient values into clinical practice
Level 1 Examples	<ul style="list-style-type: none"> Identifies clinical practice guideline for treatment of depression in a seriously ill patient
Level 2 Examples	<ul style="list-style-type: none"> Refines search of evidence for treatment of depressive symptoms to include comorbidities and patient preferences for intervention
Level 3 Examples	<ul style="list-style-type: none"> Synthesizes available evidence to make a recommendation for cognitive behavioral therapy in conjunction with an serotonin-norepinephrine reuptake inhibitors (SNRI) for depressive symptoms and neuropathic pain
Level 4 Examples	<ul style="list-style-type: none"> Recognizes gaps in high-level evidence and incorporates other case reports or non-clinical studies to guide recommendation for treatment of depressive symptoms in patient with short prognosis
Level 5 Examples	<ul style="list-style-type: none"> Develops standardized journal club format for critical appraisal of available evidence and its application to seriously ill patients
Assessment Models or Tools	<ul style="list-style-type: none"> Direct observation Portfolio Simulation Objective structured clinical examination Oral or written examination
Notes or Resources	<ul style="list-style-type: none"> Ferrell BR, et al. National consensus project clinical practice guidelines for quality palliative care guidelines, 4th ed. <i>JPM</i>. September 4, 2018. Goldstein NE, Morrison RS. <i>Evidence-based practice of palliative medicine</i>. Elsevier Saunders, Philadelphia, PA, 2013. Guyatt G, Rennie D, Meade MO, Cook DJ. <i>User's Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice</i>. 3rd ed. McGraw-Hill Medical. 2015. https://jamaevidence.mhmedical.com/Book.aspx?bookId=847 Center for Evidence-Based Medicine. http://www.cebm.net/

Practice-Based Learning and Improvement 2	Reflective Practice and Commitment to Personal Growth
Overall intent	To seek clinical performance information with the intent to improve care; reflects on all domains of practice, personal interactions, and behaviors, and their impact on patients and colleagues (reflective practice); develop clear objectives and goals for improvement in an individualized learning plan
Level 1 Examples	<ul style="list-style-type: none"> ● Sets a personal practice goal of prescribing bowel regimen for own patients on opioids ● After modeling by the attending, recognizes own inexperience using the chaplain during the family meeting ● Recognizes lack of personal training in spiritual assessment
Level 2 Examples	<ul style="list-style-type: none"> ● Integrates external feedback on percent of patients on bowel regimen to adjust practice ● Recognizes lack of understanding of the role of chaplaincy as contributing to an effective family meeting ● When prompted, meets with chaplain to develop a reading list of spiritual care resources
Level 3 Examples	<ul style="list-style-type: none"> ● Does a performance audit of percent of patients on opioids with a bowel regimen ● With prompting from the chaplain, collaborates to determine how to effectively work together in a family meeting ● Using web-based resources, creates a personal curriculum to improve spiritual assessment
Level 4 Examples	<ul style="list-style-type: none"> ● Routinely reviews personal practice of prescribing bowel regimen with opioids to continually improve practice ● After family meeting, debriefs with the chaplain to optimize future collaboration in family meetings ● Performs a chart audit on personal documentation of spiritual assessment
Level 5 Examples	<ul style="list-style-type: none"> ● Coaches others on improving bowel regimen prescribing habits for patients on opioids ● Develops interprofessional education module for hospice and palliative medicine fellows and chaplain trainees on collaboration during family meetings ● Develops a spiritual assessment curriculum for colleagues
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Mentored review of learning plan ● Targeted reflective writing
Notes or Resources	<ul style="list-style-type: none"> ● Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. <i>Acad Med.</i> 2009. Aug;84(8):1066-74. doi: 10.1097 /ACM. 0b013e 3181acf25f. NOTE: Contains a validated questionnaire about physician lifelong learning. ● Lockspeiser TM, Schmitter PA, Lane JL et al. Assessing fellows' written learning goals and goal writing skill: validity evidence for the learning goal scoring rubric. <i>Acad Med.</i> 2013. 88 (10) ● Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: practice-based learning and improvement. <i>Acad Pediatr.</i> 2014. 14: S38-S54.

	<ul style="list-style-type: none">● Sockalingam S, Wiejer D, Yufe S, et al. The relationship between academic motivation and lifelong learning during residency: a study of psychiatry residents. <i>Acad Med</i>. 2016 Oct;(91)10 1423-1430. https://journals.lww.com/academicmedicine/FullText/2016/10000/The_Relationship_Between_Academic_Motivation_and.28.aspx.● Hauer J, Quill T. Educational needs assessment, developing learning objectives, and choosing a teaching approach. <i>Journal of Palliative Medicine</i>. 2011. Vol 14 Num 4. Doi: 10.1089/jpm.2010.0232.
--	---

Professionalism 1	Professional Behavior and Ethical Principles
Overall Intent	To recognize and address lapses in ethical and professional behavior, demonstrate ethical and professional behaviors, and use appropriate resources for managing ethical and professional dilemmas
Level 1 Examples	<ul style="list-style-type: none"> ● Recognizes that fatigue may lead to rude behavior ● Describes beneficence, non-maleficence, justice, and autonomy
Level 2 Examples	<ul style="list-style-type: none"> ● Acknowledges being rude to a nurse over the phone without becoming defensive, making excuses, or blaming others ● Applies the basic ethical principles to determine a surrogate decision maker
Level 3 Examples	<ul style="list-style-type: none"> ● Apologizes for being rude, takes steps to make amends if needed, and articulates strategies for preventing similar lapses in the future ● Applies ethical principles to analyze a case of non-beneficial treatments and conflicting goals
Level 4 Examples	<ul style="list-style-type: none"> ● Self-monitors for fatigue and stress and proactively asks for help with caseload when at risk of rude behavior ● Collaborates with the Ethics Committee and risk management to address a complicated case of non-beneficial treatment and conflicting goals
Level 5 Examples	<ul style="list-style-type: none"> ● Coaches colleagues to connect rude behavior with fatigue and stress ● Develops a patient-centered guideline for addressing non-beneficial treatments
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Global evaluation ● 360-degree evaluation ● Objective structured clinical examination ● Oral or written self-reflection ● Simulation
Notes or Resources	<ul style="list-style-type: none"> ● American Society of Anesthesiologist Code of Ethics Guidelines. https://www.asahq.org/~-/media/sites/asahq/files/public/resources/standards-guidelines/guidelines-for-the-ethical-practice-of-anesthesiology.pdf?la=en. 2018. ● American Medical Association Code of Ethics. https://www.ama-assn.org/delivering-care/ama-code-medical-ethics. 2019. ● American Board of Internal Medicine; American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. <i>Ann Intern Med</i>. 2002;136:243-246. ● Byyny RL, Papadakis MA, Paauw DS. Medical Professionalism Best Practices. Alpha Omega Alpha Medical Society, Menlo Park, CA. 2015. https://alphaomegalpha.org/pdfs/2015MedicalProfessionalism.pdf ● Levinson W, Ginsburg S, Hafferty FW, Lucey CR. <i>Understanding Medical Professionalism</i>. McGraw-Hill Education; 2014. ● American Academy of Pediatrics. Case based teaching guides for residents (fellows): section on bioethics: https://www.aap.org/en-us/continuing-medical-education/Bioethics-Cased-Based-Teaching-Guides/Pages/Bioethics-Case-Based-Teaching-Guides.aspx.

	<ul style="list-style-type: none">● American Academy of Pediatrics, Committee on Bioethics. Informed consent, parental permission, and assent in pediatric practice. <i>Pediatrics</i>. 1995; 95(2):314-7.● Jonsen AR. <i>Clinical Ethics, A Practical Approach to Ethical Decisions in Clinical Medicine</i>. 8th Edition. McGraw-Hill. 2015.● Fromme E. Ethical issues in palliative care. UpToDate, 2018. https://www.uptodate.com/contents/ethical-issues-in-palliative-care● Doka K, Jennings B, Corr CA. <i>Living with Grief: Ethical Dilemmas at the End of Life</i>. Quality Books. 2005.● AAHPM Position statements: Palliative Sedation, Physician-Assisted Dying, Withholding and Nonbeneficial Medical Interventions: http://aahpm.org/about/position-statements.
--	---

Professionalism 2	Accountability/Conscientiousness
Overall Intent	To take responsibility for his/her actions and the impact on patients and other members of the health care team
Level 1 Examples	<ul style="list-style-type: none"> ● Promptly responds to prescription refill request from the outpatient clinic staff
Level 2 Examples	<ul style="list-style-type: none"> ● During outpatient clinic encounter, completes opioid prescription after reviewing prior use and prescriptions
Level 3 Examples	<ul style="list-style-type: none"> ● Collaborates with clinic staff to ensure prior authorization of opioid prescriptions
Level 4 Examples	<ul style="list-style-type: none"> ● Collaborates with interdisciplinary team to manage a patient with escalating opioid need and prior authorization requirements
Level 5 Examples	<ul style="list-style-type: none"> ● Assists outpatient clinic to develop streamlined processes for completion of prior authorizations for opioid prescriptions
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● 360-degree evaluations ● Global/rotation evaluations ● Self-evaluations ● Compliance with deadlines and timelines ● Simulation ● Objective structured clinical evaluation
Notes or Resources	<ul style="list-style-type: none"> ● ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new Millennium: a physician charter. <i>Ann Intern Med.</i> 2002;136(3):243-6. ● Code of conduct from fellow institutional manual.

Professionalism 3	Self-Awareness and Help Seeking
Overall Intent	To identify, use, manage, improve, and seek help for personal and professional well-being for self and others
Level 1 Examples	<ul style="list-style-type: none"> ● Acknowledges own response to patient death, when asked ● Receives feedback on missed emotional cues after a family meeting
Level 2 Examples	<ul style="list-style-type: none"> ● Independently identifies and communicates personal impact of a patient death ● Recognizes a pattern of missing emotional cues during a family meeting and accepts feedback
Level 3 Examples	<ul style="list-style-type: none"> ● With the interdisciplinary team, develops a reflective response to deal with personal impact after patient death ● Integrates feedback from the interdisciplinary team to develop a plan for identifying and responding to emotional cues during the next family meeting
Level 4 Examples	<ul style="list-style-type: none"> ● Independently develops a personal practice to sustain resilience in response to patient deaths ● Self-assesses and seeks additional feedback on skills responding to emotional cues during a family meeting
Level 5 Examples	<ul style="list-style-type: none"> ● Assists in organizational efforts to address clinician well-being after a patient death ● Works with the interdisciplinary team to develop a feedback framework for learners around family meetings
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Self-assessment ● Review of learning plan ● Individual interview ● Group interview or discussions for team activities ● Participation in institutional well-being programs
Notes or Resources	<ul style="list-style-type: none"> ● Local resources, including Employee Assistance Program. ● ACGME Tools and Resources for Resident and Faculty Member Well-Being https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources. 2018. ● WELLMD https://wellmd.stanford.edu. 2018. ● AAP Resilience Curriculum: resilience in the face of grief and loss. Part D: Introduction to personal wellness. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/hospice-palliative-care/Pages/Resilience-Curriculum.aspx. 2018. ● Currow DC, Fallon M, Cherny NI, Portenoy RK, Kaasa S, eds. 2015. Chapter 4.16. Burnout, compassion fatigue, and moral distress in palliative care. <i>Oxford Textbook of Palliative Medicine</i> 5th ed. Oxford, United Kingdom: Oxford University Press; 2015.

Interpersonal and Communication Skills 1	Patient- and Family-Centered Communication
Overall Intent	To use listening, language, behaviors, and self-awareness to form a therapeutic relationship with a patient and his/her family while identifying and minimizing potential barrier to communication
Level 1 Examples	<ul style="list-style-type: none"> ● Reflects how use of silence and active listening assists in establishing patient/caregiver rapport ● Identifies the need for an interpreter for a patient/caregiver who is non-English speaking
Level 2 Examples	<ul style="list-style-type: none"> ● Demonstrates therapeutic relationship with appropriate use of silence and normalizing emotional responses ● Identifies non-English-speaking patient who prefers to defer decision making to their caregiver as a potential communication challenge
Level 3 Examples	<ul style="list-style-type: none"> ● Successfully maintains therapeutic relationship in the context of patient's/caregiver's expression of anger at health system ● Identifies and reflects on personal bias towards patient autonomy over cultural preferences in decision making
Level 4 Examples	<ul style="list-style-type: none"> ● Maintains rapport and therapeutic relationship with multiple emotional caregivers and differing opinions on the patient's plan of care ● Acknowledges personal bias and successfully manages communication with non-English-speaking patient who defers decision making to their caregiver
Level 5 Examples	<ul style="list-style-type: none"> ● Teaches a model for consistent family meeting debriefing ● Coaches a learner to acknowledge personal bias and successfully manage communication with non-English-speaking patient who defers decision making to their caregiver
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Standardized patients or structured case discussions ● Self-assessment ● Mini-clinical evaluation exercise ● SECURE - Kalamazoo Essential Elements Communication Checklist (Adapted) ● SEGUE - Skills needed to Set the state, Elicit information, Give information, Understand the patient, and End the encounter
Notes or Resources	<ul style="list-style-type: none"> ● Back A, Arnold R, Tulskey J. <i>Mastering Communication with Seriously Ill Patients</i>. Cambridge. Cambridge University Press, 2009. ● Makoul G. The SEGUE Framework for teaching and assessing communication skills. <i>Patient Educ Couns</i>. 2001;45(1):23-34. ● O'Sullivan P, Chao S, Russell M, Levine S, Fabiny A. Development and implementation of an objective structured clinical examination to provide formative feedback on communication and interpersonal skills in geriatric training. <i>J Am Geriatr Soc</i> 2008;56(9):1730-5. ● Vital Talk: www.vitaltalk.org. 2018. ● Back A, Arnold R, Baile W, Tulskey J, Fryer-Edwards K. Approaching difficult communication tasks in oncology. <i>CA Cancer J Clin</i>. 2005 May-Jun;55(3):164-77.

	<ul style="list-style-type: none">● Wright AA, Zhang B, Ray A; et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. <i>JAMA</i>. 2008;300(14):1665-1673.● Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in fellows. <i>BMC Med Educ</i> 2009; 9:1.● American Academy of Hospice and Palliative Medicine: Hospice and Palliative Medicine Competencies Project. http://aahpm.org/fellowships/competencies#competencies-toolkit. 2018.
--	---

Interpersonal and Communication Skills 2	Interprofessional and Team Communication
Overall Intent	To effectively communicate with the interdisciplinary team, and with other health care providers, in both straightforward and complex situations
Level 1 Examples	<ul style="list-style-type: none"> ● Receives consult request for pain management, asks clarifying questions politely, and expresses thanks for the consult ● Describe the professional skill set, expertise, role, and potential contribution of each member of the interdisciplinary teammembers ● Identifies which issues should be managed by the outpatient palliative care team and the outpatient pulmonology team
Level 2 Examples	<ul style="list-style-type: none"> ● Communicates pain management recommendations clearly and concisely in an organized and timely manner ● Actively seeks and listen to the point of view of the interdisciplinary team members in preparing a discharge plan to home hospice ● Elicits history from the pulmonology team and asks their thoughts about adding an opioid for symptom management
Level 3 Examples	<ul style="list-style-type: none"> ● Speaks directly to the consulting team to verify understanding of pain management plan and discusses potential next steps if plan is not effective ● Incorporates recommendations form the interdisciplinary team members regarding a safe discharge plan in the setting of potential opioid diversion ● Negotiates a time limited trial of opioid for a patient with dyspnea to address the concerns of the pulmonology team
Level 4 Examples	<ul style="list-style-type: none"> ● Identifies the need for goals of care discussion and negotiates to expand the original focus of the pain management consult ● Solicits underlying concerns about the discharge plan with higher risk of opioid diversion from the interdisciplinary team members and addresses each wherever possible ● Initiates a direct discussion with the pulmonology team to address conflict regarding differences in opinions about the chronic use of opioids in dyspnea management
Level 5 Examples	<ul style="list-style-type: none"> ● Mediates a conflict resolution between the primary oncologist and intensivist regarding goals of care ● Develops strategies to promote resilience and optimal functioning within the interdisciplinary team and collaborating teams ● Leads a debriefing with the pulmonology team after the death of a chronic patient
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Global assessment ● 360-degree evaluation ● Simulation ● Standardized patient encounters ● Objective structured clinical examination ● Checklists ● Chart audit

Notes or Resources	<ul style="list-style-type: none">• François, J. Tool to assess the quality of consultation and referral request letters in family medicine. <i>Can Fam Physician</i>. 2011 May;57(5), 574-575.• Dehon E, Simpson K, Fowler D, Jones A. Consultant Evaluation of Faculty form In <i>Development of the Faculty</i> 360. MedEdPORTAL Publications. 2015;11:10174. http://doi.org/10.15766/mep_2374-8265.10174.• Youngwerth J, Twaddle M. Cultures of interdisciplinary teams: how to foster good dynamics. <i>J Palliat Med</i>. 2011;14(5):650-654.• Moore AR, Bastian RG, Apenteng BA. Communication within hospice interdisciplinary teams: a narrative review. <i>Am J Hosp Palliat Care</i>. 2016;33(10):996-1012.
--------------------	---

Interpersonal and Communication Skills 3	Communication within Health Care Systems
Overall Intent	To effectively communicate through established institutional pathways using a variety of methods
Level 1 Examples	<ul style="list-style-type: none"> ● Documents accurate subjective and objective components of patient's pain ● Logs off computer when leaving clinical workstation ● Reports a dosing error through designated reporting system
Level 2 Examples	<ul style="list-style-type: none"> ● Documents thoughtful differential diagnosis of pain etiology and justifies multimodal therapeutic recommendations ● Uses EHR template for pain management documentation ● Clearly documents sequence of events leading to the dosing error in the event reporting system
Level 3 Examples	<ul style="list-style-type: none"> ● Documents streamlined assessment and plan for pain management in line with patient's/caregiver's goals ● Communicates urgent pain crisis management recommendations in person or via telephone ● Offers suggestions to avoid future dosing errors via the reporting system
Level 4 Examples	<ul style="list-style-type: none"> ● Provides pain management contingency plan in the EHR if a patient's pain escalates overnight ● Consistently documents pain crisis management information in an easy-to-understand format ● Collaborates with pharmacists about opportunities to avoid future dosing errors
Level 5 Examples	<ul style="list-style-type: none"> ● Creates a consistent note template for documenting patient's pain management plan across care settings. ● Develops policy and education plan for changes in patient-controlled analgesia titration ● Leads discussion on safer administration of opioids at Pharmacy and Therapeutics Committee
Assessment Models or Tools	<ul style="list-style-type: none"> ● Chart audit ● Direct observation ● 360-degree evaluation ● Chart stimulated recall ● Log of event reporting, quality improvement and committee activities
Notes or Resources	<ul style="list-style-type: none"> ● Bierman JA, Hufmeyer KK, Liss DT, Weaver AC, Heiman HL. Promoting responsible electronic documentation: validity evidence for a checklist to assess progress notes in the electronic health record. <i>Teach Learn Med.</i> 2017 Oct-Dec;29(4):420-432. ● Starmer AJ, Spector ND, Srivastava R, Allen AD, Landgrigan CP, Sectish TC. I-pass, a mnemonic to standardize verbal handoffs. <i>Pediatrics.</i> 2012 Feb;129(2):201-4

Interpersonal and Communication Skills 4	Complex Communication around Serious Illness
Overall Intent	To sensitively and effectively communicate about serious illness with patients and their families/caregivers, promoting shared decision making and assessing the evolving impact on all involved
Level 1 Examples	<ul style="list-style-type: none"> ● Recognizes importance of communicating prognosis to permit shared decision making but unable to do so independently ● Values assessing patient/family understanding of health status and expectations but unable to consistently do so independently
Level 2 Examples	<ul style="list-style-type: none"> ● Using open ended questions, can determine a patient's/family's prognostic awareness and discuss patient/family preferences for how communication about prognosis should occur ● Begins a family meeting for a patient with acute respiratory distress syndrome by asking the patient/family what they understand about their clinical condition
Level 3 Examples	<ul style="list-style-type: none"> ● Consistently responds to emotion in conversations by using NURSE statements (Name, Understand, Respect, Support, Explore) and deliberate silence ● With a shared understanding of their medical condition, asks patients and families what is most important to them
Level 4 Examples	<ul style="list-style-type: none"> ● Adjusts communication with family/caregivers to address uncertainty and conflicting prognostic estimates after a traumatic brain injury ● Run a family meeting with more complex emotions, family dynamics ● Independently develops and provides a recommendation for a time-limited trial of ventilator support for a patient with acute respiratory distress syndrome, in the context of conflicting patient and family goals
Level 5 Examples	<ul style="list-style-type: none"> ● Develops a simulation module to teach communication of prognosis ● Develops a role play to teach shared decision making
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Objective structured clinical examination
Notes or Resources	<ul style="list-style-type: none"> ● Back A, Arnold R, Tulskey J. <i>Mastering Communication with Seriously Ill Patients</i>. Cambridge: Cambridge University Press, 2009. ● VitalTalk www.vitaltalk.org, 2018. ● Back A, Arnold R, Baile W, Tulskey J, Fryer-Edwards K. Approaching difficult communication tasks in oncology. <i>CA Cancer J Clin</i>. 2005 May-Jun;55(3):164-77. ● Childers J, Back A, Tulskey J, Arnold M. REMAP: a framework for goals of care conversations. <i>J Oncol Pract</i>. 2017 Oct;13(10):e844-e850. doi: 10.1200/JOP.2016.018796. Epub 2017 Apr 26. ● Levetown, M. Communicating with children and families: from everyday interactions to skill in conveying distressing information. <i>Pediatrics</i>. 2008; 121(5):e1441-60.

Crosswalk of Curricular Milestones and Reporting Milestones

Revised: February 13, 2019

In an effort to aid programs in the transition to using the new Reportable Milestones, we have mapped them to the Curricular Milestones. As programs consider their individual curriculum, there is potential for additional mapping of Curricular Milestones and Reporting Milestones.

CM#	Curricular Milestones Title	Reporting Milestones
1	Knowledge of Serious and Complex Illness	Medical Knowledge (MK)1, MK2, MK3
2	Comprehensive Whole Patient Assessment	Patient Care (PC)1
3	Addressing Suffering/Distress	PC2, MK2, MK3
4	Patient Care Emergencies and Refractory Symptoms	PC2, MK2, MK3
5	Withholding/Withdrawing of Life-Sustaining Therapies	PC3, Prof1, Interpersonal and Communication Skills (ICS)1, ICS2, ICS4
6	Care of the Imminently Dying	PC4, Professionalism (Prof)3, ICS1, ICS4
7	Fundamental Communication Skills for Attending to Emotion	ICS1, ICS2, ICS4
8	Communication to Facilitate Complex Decision Making	MK1, ICS1, ICS4
9	Prognostication	MK1, ICS4
10	Documentation	Prof2, ICS3
11	Grief, Loss, Bereavement	PC2, PC4, ICS1
12	Interdisciplinary Teamwork	Systems-Based Practice (SBP)4, ICS2, ICS3
13	Consultation	Prof2, ICS2, ICS3
14	Transitions of Care	SBP2, SBP3, SBP4, ICS1
15	Safety and Risk Mitigation	SBP1, Prof1
16	Hospice Regulations and Administration	PC4, SBP4, SPB3, Prof2
17	Ethics of Serious Illness	PC3, Prof1
18	Self-Awareness within the Training Experience	SBP3, Practice-Based Learning and Improvement (PBLI)2, Prof1, Prof2, Prof3
19	Self-Care and Resilience	PBLI2, Prof3
20	Teaching	PBLI1, PBLI2, Prof3
21	Scholarship, Quality Improvement, and Research	SBP1, PBLI1
22	Career Preparation	SBP3, PBLI2, ICS3