**Continued Accreditation Application: Hospice and Palliative Medicine**

**(Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiation Oncology, Radiology, Surgery)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty application is for programs applying for **Continued Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for the application to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Hospice and Palliative Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| --- |
| Program Name: Click or tap here to enter text. |

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When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What is be the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in
2. Anesthesiology? [ ] YES [ ] NO
3. Emergency medicine? [ ] YES [ ] NO
4. Family medicine? [ ] YES [ ] NO
5. Internal medicine? [ ] YES [ ] NO
6. Neurology? [ ] YES [ ] NO
7. Obstetrics and gynecology? [ ] YES [ ] NO
8. Pediatrics? [ ] YES [ ] NO
9. Physical medicine and rehabilitation? [ ] YES [ ] NO
10. Psychiatry? [ ] YES [ ] NO
11. Radiation oncology? [ ] YES [ ] NO
12. Radiology? [ ] YES [ ] NO
13. Surgery? [ ] YES [ ] NO

Explain if none of the options above is marked ‘YES.’ (Limit 250 words) For information on independent subspecialty status, email acgme-i@acgme-i.org

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**Program Personnel and Resources**

**Program Director**

1. Does the program director have an active clinical practice in hospice and palliative medicine? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
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| Click here to enter text. |

1. Does the program director have a record of involvement in:
2. education and scholarly activity that includes mentoring fellows? [ ] YES [ ] NO
3. serving as a clinical supervisor in an inpatient or outpatient setting? [ ] YES [ ] NO
4. developing curricula and/or participating in didactic activities? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Has the program director served a minimum of two years in the clinical practice of hospice and palliative medicine? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Faculty**

1. In addition to the program director, is there at least one other physician faculty member who devotes at least 10 hours per week on average to the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member Name(s) |
| Anesthesiology |  |
|  |
| Cardiology |  |
|  |
| Critical care medicine |  |
|  |
| Emergency medicine |  |
|  |
| Family medicine |  |
|  |
| Geriatric medicine |  |
|  |
| Internal medicine |  |
|  |
| Neurology |  |
|  |
| Obstetrics and gynecology |  |
|  |
| Oncology |  |
|  |
| Pediatrics |  |
|  |
| Physical Medicine and Rehabilitation |  |
|  |
| Psychiatry |  |
|  |
| Radiation Oncology |  |
|  |
| Surgery |  |
|  |

List any faculty members not included in the table above, as well as their specialty.

|  |
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| Click here to enter text. |

1. Are the following team members involved in teaching fellows:
2. Nurses [ ] YES [ ] NO
3. Psychosocial clinicians such as social workers or psychologists [ ] YES [ ] NO
4. Members providing spiritual care [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

**Resources**

* + 1. Using the site number assigned to each participating site in the Accreditation Data System (ADS), complete the following table for the most recent 12-month period. Indicate the number of patients at each site needing hospice and/or palliative care in each category. *Note Site #1 is the primary clinical site.*

Date range for data below is Click to enter a date to Click to enter a date

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of patients** | **Site #1** | **Site #2** | **Site #3** |
| With inpatient consults |  |  |  |
| Admitted to dedicated hospice/palliative care inpatient unit |  |  |  |
| Admitted to home hospice care |  |  |  |
| Admitted to long term care hospice/palliative care unit |  |  |  |
| Seen in ambulatory clinic for hospice/palliative care  |  |  |  |

If additional sites are planned, describe the hospice/palliative care services provided at each. (Limit 250 words)

|  |
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| Click here to enter text. |

* + 1. Using the site number assigned to each participating site in the ADS, complete the following table for the most recent 12-month period. Provide information on the ages of patients seen for hospice/palliative care at each site. *Note Site #1 is the primary clinical site.*

Date range for data below is Click to enter a date to Click to enter a date

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** |
| Age range of hospice/palliative care patients  |  |  |  |
| Number of pediatric hospice/palliative care patients |  |  |  |
| Number of adult hospice/palliative care patients |  |  |  |

* + 1. Does the program provide experiences with a pediatric palliative care team?

 [ ] YES [ ] NO

If ‘NO’, skip to question 4.

If ‘YES’, will the patient population include

1. patients within the full pediatric age range (neonatal through adolescent/young adult)? [ ] YES [ ] NO
2. include children with chronic conditions? [ ] YES [ ] NO
3. include children with palliative care needs who may recover? [ ] YES [ ] NO

Explain any “NO” responses. (Limit 250 words)

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* + 1. Describe how the program ensures that the patient population includes diversity of socioeconomic and cultural backgrounds representing the diversity of the country or jurisdiction where the fellowship resides. (Limit 300 words)

|  |
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**Eligibility Criteria**

1. Describe how the program ensures all fellows have completed an ACGME-I-accredited residency in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, radiology, or surgery or possess qualifications acceptable to the Sponsoring Institution’s Graduate Medical Education Committee. (Limit 300 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to professionalism and an adherence to ethical principles?

Describe how these skills are evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Patient Care**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how competence is evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate competence in coordinating, leading, and facilitating key events in patient care including:
2. advance directive completion
3. conflict resolution
4. consultation around goals of care
5. family meetings
6. involving other members of the health care team as appropriate
7. proportionate sedation for refractory suffering
8. withdrawal of life-sustaining therapies

Describe how competence is evaluated in four of the seven areas listed above. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in providing basic counselling to the bereaved and the ability to identify when additional psychosocial referral is needed?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in providing palliative care throughout the continuum of serious illness while addressing the physical, intellectual, emotional, social and spiritual needs of the patient and facilitating patient autonomy, access to information and choice?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in recognizing signs and symptoms of impending death and appropriately caring for the imminently dying patient and that patient’s family members?

Describe how competence is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate competence in assessment, interprofessional care planning, management, coordination, and follow-up of patients with serious illness?

Describe how competence is evaluated. (Limit 400 words)

|  |
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1. How do graduating fellows demonstrate competence in providing patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering?

Describe how competence is evaluated. (Limit 400 words)

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| Click here to enter text. |

**Medical Knowledge**

1. How do graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge is evaluated. (Limit 400 words)

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of:
	1. Ethical issues?
	2. Clinical utilization?
	3. Financial outcomes of palliative care?

Provide an example of how knowledge is assessed in each of the areas listed. (Limit 300 words)

|  |
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1. How do graduating fellows demonstrate knowledge of the scientific method of problem solving and evidence-based decision making to develop a commitment to life-long learning and an attitude of caring? (Limit 300 words)

|  |
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| Click here to enter text. |

**Practice-based Learning and Improvement**

* + - 1. How do graduating fellows demonstrate their 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?

Describe how these skills are evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills are evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Systems-based Practice**

1. How do graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills are evaluated. (Limit 300 words)

|  |
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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Does the didactic curriculum include the following in hospice/palliative medicine ?
3. Lectures [ ] YES [ ] NO
4. Communication skills workshops [ ] YES [ ] NO
5. Conferences [ ] YES [ ] NO
6. Journal Club or other activity to develop skill in interpreting medical literature

 [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Do fellows participate as both teachers and learners in educational offerings? [ ] YES [ ] NO

Explain if ‘NO.' (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

1. Does the program include an inpatient experience that
2. Is at least 4 months in length? [ ] YES [ ] NO
3. Provides access to a full range of services in an acute care setting, including diagnostic and imaging services? [ ] YES [ ] NO
4. Provides access to a range of consulting physicians, including those with expertise in interventional pain management? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Does the program provide an experience in end-of-life care for patients who have less than six months to live that:
2. Is at least two months in length? [ ] YES [ ] NO
3. Incudes a pediatric palliative care team caring for children with serious illness at home? [ ] YES [ ] NO
4. Allows fellows to perform at least 25 home visits focused on care of patients at the end of life? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Does the program have an ambulatory care experience in an outpatient hospice clinic, day hospital, or palliative care clinic that:
2. Is at least six months in length? [ ] YES [ ] NO
3. Provides interprofessional care? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. Describe how the program structures the curriculum so all fellows have at least one month of elective experiences in a clinically relevant field. Describe the types of elective experiences available. (Limit 400 words)

|  |
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| Click here to enter text. |

1. Do all fellows:
2. See at least 100 new patients over the course of the program? [ ] YES [ ] NO
3. Function as part of an interprofessional team? [ ] YES [ ] NO
4. Have an experience in a dedicated palliative care/hospice unit? [ ] YES [ ] NO
5. Have a long-term care experience at a skilled nursing facility, chronic care hospital or children’s rehabilitation center? [ ] YES [ ] NO
6. Follow at least 10 patients longitudinally across all settings? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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1. Describe how the program ensures that all fellows function as part of an effective interprofessional team and participate in regular interprofessional team conferences to coordinate care and implement care recommendations. (Limit 300 words)

|  |
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**Scholarly Activity**

1. Describe how the program ensures each fellow is involved in a scholarly or quality improvement project. (Limit 300 words)

|  |
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1. How does the program ensure that all physician faculty members demonstrate ongoing involvement in education and scholarly activity, including mentoring fellows, serving as a clinical supervisor, developing curricula, and /or participating in didactic activities? (Limit 300 words)

|  |
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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number:                Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Hospice and Palliative Medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of hospice and palliative medicine, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

|  |
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