Supplemental Guide:
Hospice and Palliative Medicine

ACGME

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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 Work 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.

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.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available on the Resources page of the Milestones section of the ACGME website.

Patient Care 1: Comprehensive Whole Patient Assessment **Overall Intent:** To ensure correct assessment and diagnosis etiology of physical symptoms and psychosocial/spiritual distress	
Milestones	**Examples**
Level 1 *Performs a general history and physical* *Performs a general psychosocial history*	● 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 *Performs a symptom-focused history and physical* *Identifies potential supports and stressors for patients and their families/caregivers including psychological, spiritual, social, developmental stage, financial, and cultural factors*	● 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 *Performs a detailed symptom assessment using developmentally appropriate symptom assessment tools* *Performs a detailed psychosocial and spiritual assessment using developmentally appropriate assessment tools*	● 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 *Performs a comprehensive symptom assessment using developmentally appropriate symptom assessment tools in collaboration with the interdisciplinary team* *Performs a comprehensive psychosocial and spiritual assessment using developmentally appropriate assessment tools in collaboration with the interdisciplinary team*	● 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 *Promotes comprehensive symptom assessment across care teams*	● Collaborates with oncology to develop a template for comprehensive cancer pain assessment in the electronic health records (EHR)

Promotes comprehensive psychosocial and spiritual assessment across care teams	● Educates residents and nursing staff on routine spiritual assessment in patients with advanced cardiac disease
Assessment Models or Tools	● Direct observation ● Medical record (chart) audit ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 5th ed. Oxford, United Kingdon: 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. ● 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	
Milestones	**Examples**
Level 1 *Manages common physical symptoms with basic treatment options* *Acknowledges psychosocial and spiritual distress* *Identifies palliative emergencies*	● 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 *Manages common physical symptoms with a range of treatment options* *Refers to interdisciplinary team to address psychosocial and spiritual distress* *Initiates medical management for emergencies*	● 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 *Manages complex physical symptoms with a comprehensive range of treatment options* *Collaborates with the interdisciplinary team to manage psychosocial and spiritual distress* *Mobilizes the interdisciplinary team and manages an emergency using comprehensive treatments consistent with patient goals*	● 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 *Manages refractory symptoms across care settings* *Provides comprehensive management for complex psychosocial and spiritual distress in collaboration with community resources across care settings*	● Manages refractory pain with proportionate sedation ● Provides basic counseling for grief and bereavement and prescribes medication for depression when indicated

Consistently manages and provides anticipatory coaching across care settings	● 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 *Manages physical symptoms with innovative and advanced treatment options* *Maintains a therapeutic presence for a patient with intractable suffering and assists families and teams* *Participates in systems improvement opportunities to address patient care emergencies*	● 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	● Direct observation ● Global evaluations ● Medical record (chart) audit ● Multiple-choice questions ● Multisource feedback ● Self-assessment including self-reflection ● Simulation ● Standardized patients
Curriculum Mapping	●
Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 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. ● Himelstein 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.mypcnow.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	
Milestones	**Examples**
Level 1 *Identifies distress associated with withholding or withdrawing artificial nutrition or hydration (ANH)* *Identifies distress associated with withholding or withdrawing LST*	● 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 *Identifies ethical, legal, institutional, cultural, and religious perspectives to withholding or withdrawing ANH* *Identifies ethical, legal, institutional, cultural, and religious perspectives to withholding or withdrawing LST*	● 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 *Develops a care plan considering burdens and benefits of withholding or withdrawing ANH in specific clinical scenarios* *Manages withdrawal of LST and manages symptoms before, during, and after withdrawal or in lieu of withholding LST*	● 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 *Facilitates shared decision making; plans for withholding or withdrawal of ANH; provides support to family/caregivers and teams* *Facilitates shared decision making; plans for withholding or withdrawal of LST; provides support to family/caregivers and teams*	● 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 *Promotes best practices in withholding or withdrawal of ANH or LST at the system level*	● 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	● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Self-assessment and reflection ● Standardized patient simulation
Curriculum Mapping	●
Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 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. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnow.org/fast-fact-index 2018. ● 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. *Pediatrics*. 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. *Pediatrics*. 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	
Milestones	**Examples**
Level 1 *Identifies signs and symptoms of imminent dying* *Identifies patients and families/caregivers in distress*	● 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 *Identifies risk of and manages common symptoms for the imminently dying* *Assesses the etiology of psychosocial and spiritual distress in patients and families/caregivers and uses the interdisciplinary team to provide basic support*	● 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 *Manages evolving symptoms in the context of declining organ function for the imminently dying* *Provides anticipatory planning for patients, families/caregivers and teams*	● 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 *Manages distressing symptoms of imminent death, including complex and refractory symptoms, across care settings* *Provides culturally sensitive and developmentally appropriate psychosocial and spiritual support to distressed patients and families/caregivers, and identifies families at risk for complex bereavement*	● 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 *Promotes best practices in care of the imminently dying at the system level*	● 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	● Direct observation ● Medical record (chart) audit ● Multisource feedback
Curriculum Mapping	●

Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 5th ed. Oxford, United Kingdon: 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. ● Fast facts and concepts. Palliative Care Network of Wisconsin. https://www.mypcnow.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. *Pediatrics*, 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	
Milestones	**Examples**
Level 1 *Recognizes common illness trajectories* *Identifies prognostic formulation as a key element for shared decision making*	● 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 *Identifies illness trajectory of less common disease and recognizes prognostic uncertainty* *Identifies and describes prognostic factors, tools, and models*	● Describes the natural history of less common cancers such as neuroblasoma from diagnosis to death ● Describes the use of prognostic tools such as Palliative Performance Scale
Level 3 *Identifies potential impact of treatment on the illness trajectory* *Formulates a prognosis by integrating prognostic factors, tools, and models, recognizing limitations*	● 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 *Integrates modifying factors on the illness trajectory including multi-morbidity, psychosocial factors, and functional status* *Facilitates consensus on prognosis in collaboration with other care providers*	● 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 *Advances knowledge of application or prognostication in serious illness*	● 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	● Direct observation ● Global evaluations ● Medical record (chart) audit ● Multisource feedback
Curriculum Mapping	●

Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 5th ed. Oxford, United Kingdon: 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. ● 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. *Arch Dis Child.* 2008; 93:1067-70. ● Murray, S. et al. Illness trajectories and palliative care. *BMJ.* 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	
Milestones	**Examples**
Level 1 *Lists commonly available opioid and non-opioid analgesics*	● Lists pharmacologic options, including morphine, hydromorphone, and gabapentin
Lists non-pharmacologic interventions for pain	● Lists non-pharmocologic options, including distraction and guided imagery
Lists procedural interventions for pain	● Lists procedural options including nerve block and epidural
Level 2 *Describes indications and use of opioid and non-opioid analgesics*	● Describes World Health Organization analgesic ladder and recommends ibuprofen for mild inflammatory pain
Describes indications of use of non-pharmacologic interventions for pain	● Understands use of distraction for painful procedures
Describes indications for some procedural and advanced interventions to address pain	● Proposes celiac plexus block for pancreatic cancer related abdominal pain
Level 3 *Demonstrates knowledge of mechanism of action, metabolism, adverse effects, interactions, and conversions of opioid and non-opioid analgesics*	● Knows when gabapentin is preferable to duloxetine due to mechanism of action and adverse events
Describes locally available non-pharmacologic interventions of pain	● Uses child life specialists for distraction during painful procedure
Describes referral criteria for locally available procedural and advanced interventions to address pain	● Outlines referral process for celiac plexus block
Level 4 *Demonstrates detailed knowledge of pharmacology of opioid and non-opioid analgesics with risks and benefits related to specific patient characteristics*	● Knows dosing and agent adjustments for patients with opioid-related neurotoxicity
Demonstrates evidence-based knowledge of non-pharmacologic interventions	● Describes evidence base for distraction during painful procedures

Demonstrates detailed knowledge of appropriate procedural and advanced interventions to address pain in specific patients	● Understands efficacy, durability, alternative interventions, and potential adverse events of celiac plexus block
Level 5 *Advances knowledge about pain management for palliative patients*	● Presents case series on novel use of intranasal ketamine at a national meeting
Assessment Models or Tools	● Direct observation ● Medical record (chart) audit ● Multiple-choice question
Curriculum Mapping	●
Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 5th ed. Oxford, United Kingdon: 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. ● 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. *Pediatrics*. 2001; 108(3):793-7. ● Downing J, et al. Pediatric pain management in palliative care. *Pain Manage*, 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	
Milestones	**Examples**
Level 1 *Lists commonly available medications for non-pain symptoms* *Lists non-pharmacologic interventions for non-pain symptoms* *Lists procedural interventions for non-pain symptoms*	● 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 *Descries indications and use of medications for non-pain symptoms* *Describes indications and use non-pharmacologic interventions for non-pain symptoms* *Describes indications for some procedural and advanced interventions to address non-pain symptoms*	● 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 *Demonstrates knowledge of mechanism of action, metabolism, adverse effects, interactions, and conversions (if applicable) of medications for non-pain symptoms* *Describes locally available non-pharmacologic interventions for non-pain symptoms* *Describes referral criteria for locally available procedural and advanced interventions to address non-pain symptoms*	● 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 *Demonstrates detailed knowledge of pharmacology of medications for non-pain symptoms with risks and benefits related to specific patient characteristics*	● Creates a nausea medication plan for a patient with prolonged QTc interval

Demonstrates evidence-based knowledge of non-pharmacologic interventions for non-pain symptoms *Demonstrates detailed knowledge of appropriate procedural and advanced interventions to address non-pain symptoms in specific patients*	● 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 *Advances knowledge about management for non-pain symptoms for palliative patients*	● 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	● Chart-stimulated discussion ● Direct observation ● Examinations/quizzes ● Mentored review of clinical management plan ● Reflective journaling
Curriculum Mapping	●
Notes or Resources	● Bruera E, Higginson H, von Guntent CF. *Textbook of Palliative Medicine and Supportive Care.* 2nd ed. Boca Raton, FL: CRC Press; 2016. ● Cherney N, Fallon M, Kaasa S, Portenoy RK, Currow DC. *Oxford Textbook of Palliative Medicine*. 5th ed. Oxford, United Kingdon: 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. ● 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	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of common patient safety events*	● Acknowledges risks associated with opioid medications
Demonstrates knowledge of how to report patient safety events	● Identifies the safety event reporting mechanism for their institution
Demonstrates knowledge of basic quality improvement methodologies and metrics	● Describes the components of a Plan, Do, Study, Act (PDSA) cycle
Level 2 *Identifies system factors that lead to patient safety events*	● Identifies transitions of care as a system risk factor contributing to opioid overdoses
Reports patient safety events through institutional reporting systems (actual or simulated)	● Enters a safety event report after discovering a nurse inadvertently placed an extra fentanyl patch on a patient
Describes local quality improvement initiatives (e.g., advance directives, hospice length stay)	● Describes a current QI project to improve completion of advance directives in their program
Level 3 *Participates in analysis of patient safety events (simulated or actual)*	● Participates in a simulated root cause analysis related to an opioid overdose in the hospital
Participates in disclosure of patient safety events to patients and families (simulated or actual)	● In collaboration with the attending discloses the erroneous placement of an extra fentanyl patch to a patient/caregiver
Participates in local quality improvement initiatives	● Participates in a committee to improve completion of advance directives for hospitalized palliative care patients
Level 4 *Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)*	● Collaborates with interdisciplinary team to analyze an opioid overdose safety event and communicates with patient/caregiver about the event
Discloses patient safety events to patients and families (simulated or actual)	● Independently discloses the erroneous placement of an extra fentanyl patch to a patient/caregiver

Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	● Completes and shares outcomes of a full PDSA cycle related to improved completion of advance directives for hospitalized palliative care patients
Level 5 *Actively engages teams and processes to modify systems to prevent patient safety events* *Role models or mentors others in the disclosure of patient safety events* *Creates, implements, and assesses quality improvement initiatives at the institutional or community level*	● 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	● Direct observation ● E-module multiple choice tests ● Medical record (chart) audit ● Multisource feedback ● Portfolio ● Simulation
Curriculum Mapping	●
Notes or Resources	● Institute of Healthcare Improvement. (http://www.ihi.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) *Essential Practices in Hospice and Palliative Medicine*. 5th Edition (pp.63-68). Chicago, IL: American Academy of Hospice and Palliative Medicine.

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	
Milestones	**Examples**
Level 1 *Demonstrates knowledge of care coordination* *Identifies key elements for safe and effective transitions of care and hand-offs* *Demonstrates knowledge of population and community health needs and disparities*	● 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 *Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams* *Performs safe and effective transitions of care/hand-offs in routine clinical situations* *Identifies specific population and community health needs and inequities for the local population*	● 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 *Coordinates care of patients in complex clinical situations effectively incorporating patient and family goals, illness trajectory, and available resources* *Performs safe and effective transitions of care/hand-offs in complex clinical situations* *Uses local resources effectively to meet the needs of a patient population and community*	● 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 *Role models effective coordination of patient-centered care among different disciplines and specialties*	● Educates learners on engagement of appropriate interprofessional team members for each patient/caregiver, and ensures the necessary resources have been arranged

Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings *Participates in changing and adapting practice to provide for the needs of specific populations*	● 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 *Analyses the process of care coordination and leads in the design and implementation of improvements* *Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes* *Leads innovations and advocates for populations and communities with health care inequities*	● 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	● Direct observation ● Medical record (chart) audit ● Multisource feedback ● Quality metrics and documented goals of care
Curriculum Mapping	●
Notes or Resources	● 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. *Acad Med*. 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. *Oxford Textbook of Palliative Medicine*. 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), *Oxford Textbook of Palliative Medicine*. 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) *Essential Practices in Hospice and Palliative Medicine*. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine. 2017: 95-116.

Systems-Based Practice 3: Physician Role within 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	
Milestones	**Examples**
Level 1 *Identifies components of the complex health care system*	● Recognizes the many incentives that may impact a patient's hospital length of stay
Describes basic health payment systems, including government, private, public, and uninsured care, as well as different practice models	● 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 *Describes the physician's role and how the interrelated components of the complex health care system impact patient care*	● Recognizes how early palliative care consultation can impact hospital length of stay
Describes payment model for serious illness (e.g., hospice, palliative care, rehab, concurrent care)	● Describes how hospice services are covered by different payment systems
Describes models of hospice and palliative care practice	● Describes differences between practice employment versus being an independent contractor
Level 3 *Analyzes how personal practice affects the system (e.g., length of stay, readmission rates, prescribing patterns)*	● Analyzes personal practice pattern of transitioning patients route of analgesic management and its impact on hospital length of stay
Uses shared decision making in patient care, taking into consideration payment models	● 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 resources for transition to independent practice	● Identifies a mentor with desirable hospice and palliative medicine practice
Level 4 *Manages the interrelated components of the complex health care systems for patient- and family-centered, efficient, and effective patient care*	● 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 patient care, understanding the limitations of each patient's payment model	● Advocates for palliative radiation therapy treatment for a hospice patient with a painful bone metastasis

(e.g., community resources, patient assistance resources) *Describes resources for leadership and program development and effectively plans for transition to independent practice*	● Develops a professional development plan for the first year after training
Level 5 *Advocates for or leads change to enhance systems for patient- and family-centered, high value, efficient, and effective patient care* *Participates in advocacy activities for health policy to better align payment systems with high-value care*	● 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	● Direct observation ● Medical record (chart) audit ● Objective structured clinical examination ● Portfolio ● Quality improvement project
Curriculum Mapping	●
Notes or Resources	● American Academy of Hospice and Palliative Medicine resources http://aahpm.org/education/quality ● Centers for Medicare and Medicaid Services (CMS). Medicare and Medical 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 ● 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. *Essential Practices in Hospice and*

	Palliative Medicine. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017: 1-27, 59-62.

Systems-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	
Milestones	**Examples**
Level 1 *Identifies the hospice physician as having a specific clinical role in the hospice interdisciplinary team*	● Identifies members and roles of a hospice interdisciplinary team
Identifies general eligibility guidelines for hospice care	● Understands that admission to hospice requires a life expectancy of six months or less if the illness runs its normal course
Level 2 *Describes key domains of clinical competence for hospice physicians including interdisciplinary teamwork, management of physical symptoms, and use of the hospice formulary*	● Details common symptoms managed by the hospice team such as pain, delirium, agitation, and secretions
Describes major regulatory requirements and guidelines for hospice care including eligibility, levels of care, and scope of mandated services	● Describes eligibility guidelines for common diseases such as cancer, congestive heart failure, and dementia
Level 3 *Demonstrates clinical competence in the role of hospice physician including interdisciplinary teamwork, management of physical symptoms, and use of the hospice formulary, with supervision*	● Facilitates referrals to interventional radiology for malignant pleural effusion drainage intervention
Demonstrates compliance with regulatory requirements and guidelines for hospice care, including documentation, visits, interdisciplinary team oversight, and institutional policy implementation, with supervision	● With supervision, begins to apply the eligibility requirements to establish whether patients are appropriate for hospice/concurrent care
Level 4 *Demonstrates clinical competence in the role of hospice physician across all hospice settings*	● Provides hospice symptom management, including complex symptoms requiring potential transition to general inpatient care level of care
Demonstrates compliance with regulatory requirements and guidelines in the role of hospice physician across all hospice settings	● Independently assesses when patients meet hospice enrollment and disenrollment guidelines

Level 5 *Teaches and role models hospice care to non-hospice physicians across settings* *Advocates locally, regionally, or nationally for the hospice model of care*	● 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	● Direct observation ● Medical record (chart) audit ● Multiple-choice questions ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● National Hospice and Palliative Care Organization (NHPCO). Concurrent care for children. https://www.nhpco.org/resources/concurrent-care-children. 2018. ● Carlson A, Twaddle M. What are the eligibility criteria for hospice? In Goldstein NE and Morrison RS, eds. *Evidence-Based Practice of Palliative Medicine*. Philadelphia, PA: Elsevier Saunders; 2013: 443-447. ● NHPCO. Regulatory and compliance center. https://www.nhpco.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. *Essential Practices in Hospice and Palliative Medicine*. 5th ed. Chicago, IL: American Academy of Hospice and Palliative Medicine; 2017: 31-54. ● Centers for Medicare and Medicaid Services (CMS). Medicare and Medical 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	
Milestones	**Examples**
Level 1 *Demonstrates how to access and use available evidence in routine patient care*	● Identifies clinical practice guideline for treatment of depression in a seriously ill patient
Level 2 *Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care*	● Refines search of evidence for treatment of depressive symptoms to include comorbidities and patient preferences for intervention
Level 3 *Locates and applies the best available evidence, integrated with patient preferences and values to guide patient care*	● 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 *Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to the individual patient*	● 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 *Coaches others to critically appraise and apply evidence and patient preferences and values into clinical care, and/or participates in the developing guidelines*	● Develops standardized journal club format for critical appraisal of available evidence and its application to seriously ill patients
Assessment Models or Tools	● Direct observation ● Objective structured clinical examination ● Oral or written examination ● Portfolio ● Simulation
Curriculum Mapping	●
Notes or Resources	● Ferrell BR, et al. National consensus project clinical practice guidelines for quality palliative care guidelines, 4th ed. *JPM*. September 4, 2018. ● Goldstein NE, Morrison RS. *Evidence-based practice of palliative medicine*. Elsevier Saunders, Philadelphia, PA, 2013. ● Guyatt G, Rennie D, Meade MO, Cook DJ. *User's Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. 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	
Milestones	**Examples**
Level 1 *Accepts responsibility for personal and professional development by establishing goals* *Identifies gap(s) between expectations and actual performance* *Actively seeks opportunities to improve*	● 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 *Demonstrates openness to performance data (feedback and other input) in order to inform goals* *Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance* *Designs and implements a learning plan, with prompting*	● 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 *Seeks performance data episodically, with adaptability and humility* *Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance, with guidance* *Independently creates and implements a learning plan*	● 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 *Intentionally seeks performance data consistently, with adaptability and humility* *Independently analyzes, reflects on, and institutes behavioral change(s) to narrow the*	● 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

gap(s) between expectations and actual performance *Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it*	● Performs a chart audit on personal documentation of spiritual assessment
Level 5 *Role models consistently seeking performance data, with adaptability and humility* *Coaches others on reflective practice* *Facilitates the design and implementation of learning plans for others*	● 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	● Direct observation ● Mentored review of learning plan ● Targeted reflective writing
Curriculum Mapping	●
Notes or Resources	● Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. *Acad Med.* 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. *Acad Med*. 2013. 88 (10) ● Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: practice-based learning and improvement. *Acad Pediatr.* 2014. 14: S38-S54. ● Sockalingam S, Wiejer D, Yufe S, et al. The relationship between academic motivation and lifelong learning during residency: a study of psychiatry residents. *Acad Med*. 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. *Journal of Palliative Medicine*. 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	
Milestones	**Examples**
Level 1 *Identifies and describes potential triggers and reporting processes for professionalism lapses* *Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics*	● Recognizes that fatigue may lead to rude behavior ● Describes beneficence, non-maleficence, justice, and autonomy
Level 2 *Takes responsibility for own professionalism lapses* *Demonstrates knowledge of the ethical principles underlying hospice and palliative medicine issues*	● 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 *Demonstrates professional behavior in complex stressful situations* *Analyzes and seeks help in managing and resolving complex ethical situations*	● 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 *Recognizes and intervenes in situations that may trigger professionalism lapses in self and others* *Collaborates with and uses appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)*	● 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 *Coaches others when their behavior fails to meet professional expectations*	● Coaches colleagues to connect rude behavior with fatigue and stress

Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution	● Develops a patient-centered guideline for addressing non-beneficial treatments
Assessment Models or Tools	● Direct observation ● Global evaluation ● Multisource feedback ● Objective structured clinical examination ● Oral or written self-reflection ● Simulation
Curriculum Mapping	●
Notes or Resources	● 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. *Ann Intern Med*. 2002;136:243-246. ● Byyny RL, Papadakis MA, Paauw DS. Medical Professionalism Best Practices. Alpha Omega Alpha Medical Society, Menlo Park, CA. 2015. https://alphaomegaalpha.org/pdfs/2015MedicalProfessionalism.pdf ● Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. 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. ● American Academy of Pediatrics, Committee on Bioethics. Informed consent, parental permission, and assent in pediatric practice. *Pediatrics*. 1995; 95(2):314-7. ● Jonsen AR. *Clinical Ethics, A Practical Approach to Ethical Decisions in Clinical Medicine*. 8th Edition. McGraw-Hill. 2015. ● Fromme E. Ethical issues in palliative are. UpToDate, 2018. https://www.uptodate.com/contents/ethical-issues-in-palliative-care ● Doka K, Jennings B, Corr CA. *Living with Grief: Ethical Dilemmas at the End of Life.* 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	
Milestones	**Examples**
Level 1 *Responds promptly to requests or reminders to complete tasks and responsibilities*	● Promptly responds to prescription refill request from the outpatient clinic staff
Level 2 *Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations*	● During outpatient clinic encounter, completes opioid prescription after reviewing prior use and prescriptions
Level 3 *Performs tasks and responsibilities in collaboration with the interdisciplinary team*	● Collaborates with clinic staff to ensure prior authorization of opioid prescriptions
Level 4 *Addresses situations that impacts the interdisciplinary team's ability to complete tasks and responsibilities in a timely manner*	● Collaborates with interdisciplinary team to manage a patient with escalating opioid need and prior authorization requirements
Level 5 *Proactively implements strategies to ensure that the needs of patients, teams, and systems are met*	● Assists outpatient clinic to develop streamlined processes for completion of prior authorizations for opioid prescriptions
Assessment Models or Tools	● Compliance with deadlines and timelines ● Direct observation ● Global evaluations ● Multisource feedback ● Objective structured clinical evaluation ● Self-evaluations ● Simulation
Curriculum Mapping	●
Notes or Resources	● ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new Millennium: a physician charter. *Ann Intern Med*. 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	
Milestones	**Examples**
Level 1 *Recognizes status of personal and professional well-being, with assistance* *Recognizes limits in the knowledge/skills of self or team and values feedback, with assistance*	● Acknowledges own response to patient death, when asked ● Receives feedback on missed emotional cues after a family meeting
Level 2 *Independently recognizes status of personal and professional well-being* *Independently recognizes limits in the knowledge/skills of self or team and welcomes feedback*	● 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 *Proposes a plan to optimize personal and professional well-being, with assistance* *Receives and integrates feedback into a plan to remediate or improve limits in the knowledge/skills of self or team, with assistance*	● 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 *Independently develops a plan to optimize personal and professional well-being* *Independently seeks, receives, and integrates feedback and develops a plan to remediate or improve limits in the knowledge/skills of self or team*	● 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 *Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations*	● 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	● Direct observation ● Group interview or discussions for team activities ● Individual interview ● Participation in institutional well-being programs ● Review of learning plan ● Self-assessment

Curriculum Mapping	●
Notes or Resources	● This subcompetency is not intended to evaluate a fellow's well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being. ● Local resources, including Employee Assistance Program. ● ACGME "Well-Being Tools and Resources." https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022. ● 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. *Oxford Textbook of Palliative Medicine* 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	
Milestones	**Examples**
Level 1 *Uses language and non-verbal behavior to demonstrate respect and establish rapport* *Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system*	● 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 *Establishes a therapeutic relationship in straightforward encounters using active listening and clear language* *Identifies complex barriers to effective communication (e.g., developmental stage, health literacy, cultural norms)*	● 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 *Establishes a therapeutic relationship in challenging patient/family encounters* *Reflects on personal biases and modifies approach to minimize communication barriers*	● 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 *Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity* *Consistently recognizes personal biases while attempting to proactively minimize communication barriers*	● 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 *Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships* *Mentors self-awareness practice and educates others to use a contextual approach to minimize communication barriers*	● 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	● Direct observation ● 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 ● Self-assessment ● Standardized patients or structured case discussions
Curriculum Mapping	●
Notes or Resources	● Back A, Arnold R, Tulsky James. *Mastering Communication with Seriously Ill Patients. Cambridge*. Cambridge University Press, 2009. ● Makoul G. The SEGUE Framework for teaching and assessing communication skills. *Patient Educ Couns.* 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. *J Am Geriatr Soc* 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. *CA Cancer J Clin*. 2005 May-Jun;55(3):164-77. ● 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. *JAMA*. 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. *BMC Med Educ* 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	
Milestones	**Examples**
Level 1 *Respectfully receives a consultation request* *Understands and respects the role and function of interdisciplinary team members* *Understands and respects the role and function of other health care teams*	● 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 team members ● Identifies which issues should be managed by the outpatient palliative care team and the outpatient pulmonology team
Level 2 *Clearly and concisely responds to a consultation request* *Solicits insights from and uses language that values all interdisciplinary team members* *Solicits insights from other health care teams using language that values all members*	● 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 *Checks understanding of recommendations when providing consultation* *Integrates contributions from the interdisciplinary team members into the care plan* *Integrates contributions from other health care team members into the care plan*	● 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 *Integrates recommendations from different members of the health care team to optimize patient care* *Prevents and mediates conflict and distress among the interdisciplinary team members*	● 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

Addresses conflict and distress among other health care team members in complex patient situations	
Level 5 *Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed* *Fosters a culture of open communication and effective teamwork within the interdisciplinary team* *Attends to individual and team distress and promotes resilience among other health care teams*	● 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	● Chart audit ● Checklists ● Direct observation ● Global assessment ● Multisource feedback ● Objective structured clinical examination ● Simulation ● Standardized patient encounters
Curriculum Mapping	●
Notes or Resources	● François, J. Tool to assess the quality of consultation and referral request letters in family medicine. *Can Fam Physician*. 2011 May;57(5), 574-575. ● Dehon E, Simpson K, Fowler D, Jones A. Consultant Evaluation of Faculty form In *Development of the Faculty 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. *J Palliat Med.* 2011;14(5):650-654. ● Moore AR, Bastian RG, Apenteng BA. Communication within hospice interdisciplinary teams: a narrative review. *Am J Hosp Palliat Care*. 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	
Milestones	**Examples**
Level 1 *Accurately records information in the patient record* *Safeguards patient personal health information* *Communicates through appropriate channels as required by institution policy (e.g., patient safety reports, cell phone/pager usage)*	● 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 *Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record* *Demonstrates accurate, timely, and appropriate use of documentation shortcuts* *Documents required data in formats specified by institutional policy*	● 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 *Concisely reports diagnostic and therapeutic reasoning and physician-patient communications in the patient record, including goals of care and advance care planning* *Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context* *Uses appropriate channels to offer clear and constructive suggestions to improve the system*	● 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 *Communicates clearly, concisely, in a timely manner, and in an organized written form, including anticipatory guidance*	● Provides pain management contingency plan in the EHR if a patient's pain escalates overnight

Produces written or verbal communication (e.g., patient notes, e-mail, etc.) that serves as an example for others to follow *Collaborates with the interdisciplinary team to initiate difficult conversations with appropriate stakeholders to improve the system*	● Consistently documents pain crisis management information in an easy-to-understand format ● Collaborates with pharmacists about opportunities to avoid future dosing errors
Level 5 *Advocates for a systems approach for consistent documentation of palliative care plan within or across care settings* *Guides departmental or institutional communication around policies and procedures* *Facilitates dialogue regarding systems issues among larger community stakeholders (e.g., institution, health care system, field)*	● 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	● Chart stimulated recall ● Direct observation ● Log of event reporting, quality improvement and committee activities ● Medical record (chart) audit ● Multisource feedback
Curriculum Mapping	●
Notes or Resources	● 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. *Teach Learn Med.* 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. *Pediatrics.* 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	
Milestones	**Examples**
Level 1 *Identifies prognostic communication as a key element for shared decision making* *Identifies the need to assess patient/family expectations and understanding of their health status and treatment options*	● 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 *Assesses the patient's families/caregivers' prognostic awareness and identifies preferences for receiving prognostic information* *Facilitates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying an understanding of the clinical situation*	● 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 *Delivers basic prognostic information and attends to emotional responses of patient and families/caregivers* *Sensitively and compassionately delivers medical information; elicits patient/family values, goals and preferences; and acknowledges uncertainty and conflict, with guidance*	● 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 *Tailors communication of prognosis according to disease characteristics and trajectory, patient consent, family needs, and medical uncertainty, and is able to address intense emotional response* *Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a*	● 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

personalized care plan in situations with a high degree of uncertainty and conflict	
Level 5 *Coaches others in the communication of prognostic information* *Coaches shared decision making in patient/family communication*	● Develops a simulation module to teach communication of prognosis ● Develops a role play to teach shared decision making
Assessment Models or Tools	● Direct observation ● Objective structured clinical examination
Curriculum Mapping	●
Notes or Resources	● Back A, Arnold R, Tulsky J. *Mastering Communication with Seriously Ill Patients*. 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. *CA Cancer J Clin*. 2005 May-Jun;55(3):164-77. ● Childers J, Back A, Tulsky J, Arnold M. REMAP: a framework for goals of care conversations. *J Oncol Pract*. 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. *Pediatrics*. 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

Available Milestones Resources

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - *https://meridian.allenpress.com/jgme/issue/13/2s*

Milestones Guidebooks: https://www.acgme.org/milestones/resources/

- *Assessment Guidebook*
- *Clinical Competency Committee Guidebook*
- *Clinical Competency Committee Guidebook Executive Summaries*
- *Implementation Guidebook*
- *Milestones Guidebook*

Milestones Guidebook for Residents and Fellows: https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/

- Milestones Guidebook for Residents and Fellows
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

Milestones Research and Reports: https://www.acgme.org/milestones/research/

- *Milestones National Report*, updated each fall
- *Milestones Predictive Probability Report,* updated each fall
- *Milestones Bibliography*, updated twice each year

Developing Faculty Competencies in Assessment courses - https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/

Assessment Tool: Direct Observation of Clinical Care (DOCC) - https://dl.acgme.org/pages/assessment

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - https://team.acgme.org/

Improving Assessment Using Direct Observation Toolkit - https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation

Remediation Toolkit - https://dl.acgme.org/courses/acgme-remediation-toolkit

Learn at ACGME has several courses on Assessment and Milestones - https://dl.acgme.org/