

Palliative Medicine – Resident Responsibilities

- 1) You will need to complete the pretest in July and return it before you can start the curriculum. The pretest will be sent to you also via e-mail.
- 2) You are expected over the year to read all the chapters of the American Academy of Hospice and Palliative Medicine's Hospice and Palliative Medicine: Core Curriculum and Review Syllabus, 1999, except for Module 13 on Pediatrics. I suggest that you go through the book systematically, although you certainly can read the chapters on the problems your patients are currently having.
- 3) Case vignettes will be sent out to you on a quarterly basis – see the attached schedule. These cases are self-teaching modules with multiple choice questions and accompanying answers and explanations. If you have questions or disagree with the answers, please feel free to discuss them with us so that we can dialogue. When you have completed the cases, send an e-mail to us to let us know that you are done, and the next set will be sent to you. If you have not completed the e-mail by the end of the quarter or when your class-mates have completed theirs, you will receive an e-mail reminder, and if necessary afterwards a phone call from us to check on your status.
- 4) You will be assigned new hospice patients as they sign on to hospice. This number will depend upon how long your patients live or stay on hospice. You will not be expected to have more than two patients at any one time. You may, however, if you are interested ask for more patients.
- 5) You will assume the role of primary care physician for hospice patients who have a UCI attending and who are under the care of Trinity Hospice. All patients under the primary care of the Trinity medical director are automatically eligible, as well the patients of any UCI attending who gives permission. You may with the permission of the attending continue to follow any patient you see from clinic or an inpatient service at UCIMC or LBVA who signs onto this hospice.
- 6) As the primary MD, you will need to make an initial home visit within one week of the patient signing onto hospice or within 72 hours if they go into a nursing home. The Trinity coordinator will contact you by pager when a patient has been assigned to you. You should get all the information necessary from her. However, you may also want to contact the nurse who made the initial assessment.
- 7) After you see the patient, you should page the attending or medical director to go over your assessment and plan. You should then call the hospice to give them your verbal orders. Your verbal orders will then be sent to the address that you gave and will need to be signed within 72 hrs and sent back to the hospice. You will need to write a note for each of your visits send a copy to Dr. Liao and the attending.
- 8) As a licensed physician, you will also be asked to sign all the hospice “paperwork” including the initial certification and all subsequent certifications. You will also be responsible for filling out and signing the death certificate after discussion with your attending or the hospice medical director.
- 9) You will also be asked to make home visits on a minimum of once a month, and on a PRN basis at the request of the hospice RN or the patient or family. Again you should contact your attending to go over your assessment and plan and then call in your verbal orders and write and send in your note.

- 10) As the primary physician, you will be “on-call” for your hospice patients 24 hours a day and 7 days a week, i.e., you must be available on pager. You will also need to arrange for coverage for when you are on vacation or are out of town, and inform the hospice who that is. This coverage should preferably be one of your fellow residents who is also participating in this curriculum. If you are unable to find such a person, you should contact your attending or the hospice medical director to ask them to cover for you.
- 11) If possible you should attend the funeral or memorial service of the patient. At the very least, you are expected to call the patient’s family within one week of the date of death for bereavement follow-up. You should then discuss with the hospice team the bereavement risk for the family and the plan for bereavement follow-up. You should then write a bereavement note summarizing all the above and have this note included in the Trinity chart.
- 12) We would also like you to express your feelings and thoughts about your experience in a more artistic way and turn this in to us. For example this could be in prose, such as an essay, a poem, a drawing, a song, etc.
- 13) Your final evaluation will be based on a post-test in June, written evaluations by the hospice team, and feedback from the family.