

Palliative Medicine APP Fellowship Program Manual & Education Curriculum

Developed By:

Hetal Patel, Lead APRN of Palliative Care

David Buxton MD, Executive Medical Director of Palliative Care

Daniel Lajoie, Director of APP Fellowship Program

Lucielle Gallo

Introduction

Palliative Care is a medical specialty focused on maximizing quality of life through the relief of symptoms during all stages of a serious illness. It is appropriate at any age and can be provided along with curative and life-prolonging treatment. Providers can help treat symptoms like pain, constipation, nausea, dyspnea, and anxiety, while also assisting in ensuring goals of care for patients and families align with medical treatment.

Mission:

The mission of the AdventHealth Advanced Practice Provider (APP) Fellowship in Palliative Medicine is to develop APPs dedicated to Palliative Care with the clinical, academic, and patient experience they need to be the next generation of APPs here at AdventHealth.

Purpose:

By providing a dedicated year of Palliative Care training and education, we will expand the workforce to meet the growing demands to assist patients suffering from serious illness.

Overall goals (by the end of fellowship):

- Gather, synthesize, and apply comprehensive and accurate clinical information from all sources pertaining to the medical care of outpatient/inpatient palliative care patients
- Recognize the presentation, management, disease trajectories, and various treatment modalities (chemotherapy, hormonal therapy, immunotherapy, surgery, radiation) for common solid and hematologic malignancies
- Develop competence in pain management for cancer and non-cancer pain for outpatient/inpatient palliative care patients, with a focus on: safe opioid prescribing (checking PDMP, obtaining prior authorizations, documenting prescription refills, fielding other patient requests), monitoring opioid risk scores, screening for substance use disorder and current substance use/misuse, non-opioid analgesics, adjuvant analgesics and non-pharmacologic approaches
- Develop competency in assessment and management of common non-pain symptoms for palliative care outpatients/inpatient, including, but not limited to:
 - Nausea and vomiting (chemo-induced, malignant obstructions, other causes pertinent to cancer)
 - Dyspnea
 - Insomnia
 - Fatigue
 - Depression

- Anxiety
- Existential suffering and grief
- Anorexia/weight loss
- Demonstrate knowledge of alternate routes of administration for medications when patients are unable to take medications orally
- Develop skills in working with an IDT in all aspects of patient care
- Develop skills in communicating/collaborating with oncology providers (Hematology/Medical Oncology, Surgical/Gynecologic Oncology) and other providers (primary care, surgeons, other specialists) while patients are going through cancer treatment
- Demonstrate accurate and comprehensive understanding of psychological stressors and disorders experienced by patients and families facing life-threatening conditions and describes appropriate clinical assessment and management, including the ability to assess, counsel, and support patients and families around the burdens of caregiving and make appropriate referrals around fiscal issues and legal concerns.
- Demonstrate knowledge on local laws and regulations related to the following areas: medical marijuana, physician aid in dying and opioid agonist therapy for opioid use disorder (methadone and buprenorphine)
- Determine relevant scholarly questions and pursue relevant scientific inquiry, particularly regarding topics in outpatient Palliative Care and supportive Oncology
- Effectively communicate across care settings (outpatient, inpatient, hospice) for patients receiving palliative care and demonstrate knowledge on the transitions between these care settings
- Develop competence in discussing end-of-life care in the different settings
- Gain experience in related specialties to palliative care, such as physical medicine and rehabilitation, hematology/medical oncology, gynecologic oncology, radiation oncology and wound care
- Demonstrate care that is respectful of age, developmental stage, gender, sexual orientation, and cultural practices
- Maintain a safe and competent practice, including self-evaluation and continuous learning
- Maintain comprehensive, timely, and legible medical records
- Demonstrate care that is cost-effective and represents best practices
- Demonstrate the capacity to reflect on personal attitudes, values, strengths, vulnerabilities, and experiences to optimize personal wellness and capacity to meet the needs of patients and caregivers

Curriculum

How Fellowship Learning Objectives will be met:

Supervised Direct Patient Care (SDPC) – Fellows will care for patients mostly in the inpatient setting during their fellowship. The care of every patient will be supervised by the care of a licensed and credentialed attending physician or nurse practitioner of record.

Rotation Didactics (RD) – Attendance and participation in weekly educational sessions related to outpatient/inpatient Palliative Care topics is mandatory.

Competency Blocks:

Below, you will find a list of objectives and the approximate times by which you should demonstrate accomplishing those objectives. Those times are general guides, so you may be ahead or behind that timeline. If you are ahead, push yourself to the next level. If you are behind, remember we are here to help you.

Blocks 1-7	
Demonstrate comprehensive history and physical assessments, as well as review of available clinical information, for palliative care patients in an outpatient setting	
Communicate effectively with patients, families and other providers about findings and plans	
Demonstrate knowledge of opioid titration/rotation using patient cases	
Practice safe opioid prescribing using opioid risk assessments, frequent follow-up visits, pill counts, and urine drug screening	
Work with IDT members effectively for comprehensive patient care	
Demonstrate basic understanding of non-pain symptom management in advanced cancer, including (but not limited to) dyspnea, insomnia, fatigue, depression, anxiety, anorexia	
Complete prompt and comprehensive documentation of patient encounters	
Demonstrate motivation for inquiry and self-motivation by preparing a topic for discussion once per month	
Demonstrate care that is respectful with of age, developmental stage, gender, sexual orientation, and cultural practices	
Start developing rapport and ability to communicate effectively with other providers	
Develop skills related to outpatient pain management, such as checking PDMPs, obtaining prior authorizations, documenting prescription refills, and fielding other patient requests	
Blocks 8-10 (in addition to above)	
Synthesize data from all sources to create a comprehensive assessment for outpatient/inpatient palliative care patients	
Demonstrate knowledge on opioid rotation to less commonly used analgesics, such as transdermal fentanyl and methadone using patient cases	
Describe indications, contraindications, and expected benefit for non-opioid analgesics, particularly in cancer pain	

Obtain basic psychosocial and spiritual assessments in patients encounters under the supervision of social workers or chaplains	
Demonstrate interest in scientific inquiry regarding outpatient/inpatient palliative care topics	
Demonstrate knowledge of indications for hospice referrals for cancer patients using local coverage determinants	
Develop competence in discussing end-of-life care in the home/outpatient setting along with inpatient	
Communicate effectively with providers outside AdventHealth, including PCPs, hospice physicians, and referring physicians not associated with AdventHealth	
Demonstrate knowledge of alternate routes of administration for medications when patients are unable to take medications orally	
Gain experience in related specialties to outpatient palliative care, such as physical medicine and rehabilitation, hematology/medical oncology, gynecologic oncology, radiation oncology and wound care	
Blocks 9-13 (in addition to above)	
Recognize influence of all factors (physiologic, psychosocial, spiritual) on pain and non-pain symptoms in advanced cancer	
Demonstrate understanding for indications uncommonly symptom-management medications, such as for methadone and transmucosal fentanyl for the relief of cancer pain	
Demonstrate the capacity to reflect on personal attitudes, values, strengths, vulnerabilities, and experiences to optimize personal wellness and capacity to meet the needs of patients and caregivers	
Demonstrate knowledge on local laws and regulations related to the following areas: medical marijuana, physician aid in dying, opioid agonist therapy for opioid use disorder (methadone and buprenorphine)	
Demonstrate knowledge of indications for hospice referrals using assessment of overall prognosis/comorbidities	
Demonstrate interest in assessing needs for systems-level changes to continue safe opioid prescribing in palliative care patients	

Fellowship Rotations:

Months	Rotations	Description
8	Inpatient Palliative Care- <i>Core</i>	
1	Outpatient Palliative Care- <i>Core</i>	
1	Oncology- <i>Core</i>	
.5	Solid Organ Transplant / Intensive Care / Advanced Heart Failure - <i>Core</i>	
.5	Inpatient Hospice- <i>Elective</i>	
.5	Outpatient Hospice- <i>Elective</i>	
.5	Elective of Choice	Inpatient Palliative Care, Outpatient Palliative Care, Oncology, Pulmonary Hypertension, Music Therapy/Child Life Therapy, Heart Failure, Chaplaincy, Intensive Care Unit, Inpatient Hospice, Outpatient Hospice, Research, Leadership/ Administrative
TOTAL	12 Months (<i>approx. 1 Month PLD</i>)	

Rotation expectations/format:

- Attendance – Call the fellowship program coordinator promptly with any absences
- Punctuality – The fellow is expected to be present in the clinic no later than 20 minutes prior to the beginning of each clinic session or starting rounds inpatient with their educator
- Promptly complete medical records (within 24 hours) and requested reports for all patients for which you are providing care
- Fellows may be responsible for returning/addressing patient/caregiver telephone calls (including prescription refills for outpatients if needed) and communicating with the core faculty about these conversations while participating in the outpatient rotation at AdventHealth. When on other rotations, these responsibilities will be covered by core faculty
- Fellows are responsible for weekly readings/topics of discussion at the direction of the core faculty. In the last clinic session per rotation, the fellow will be responsible for bringing a topic of their choosing (relevant to recent patient interactions) to discuss with core faculty in place of assigned didactic
- When on the clinic rotation, the fellow is expected to come to all clinics that are not already covered by another Palliative Care fellow.
- Clinic sessions are dedicated to outpatient-relevant activities, even if the session is not full. This includes completing outpatient notes, returning telephone calls, and learning about outpatient topics.
- If clinic/rotation is missed for elective rotations, you may be asked to make up the clinic/inpatient rotation

Professionalism:

- Achieve balance between needs of patients/family/team, while balancing one's own self-care
- Maintain comprehensive, timely, and eligible medical records with current hospital EMR system
- Demonstrate accountability to patients, society, and the profession and a commitment to excellence
- Discussed role of hospice and how it can benefit both patient and family
- Fulfill professional commitment
- Demonstrate knowledge of ethics and law in the provision of care to patients and caregivers
- Demonstrate compassion towards all patients, caregivers, and other health care providers
- Demonstrate capacity to reflect on personal attitudes, values, strengths, vulnerabilities, and experiences, to optimize personal wellness and capacity to meet the needs of patients and caregivers

Preceptors and Mentorship:

Every rotation fellow will be assigned an SDCP preceptor to help reach their block learning objectives. Palliative Care is supported by an interprofessional team including Nurse Practitioners, Licensed Clinical Social Workers, Nurses, Physicians and Chaplains. Fellows have mentorship opportunities from any member of the team.

Completion of Fellowship:

Upon successful completion of the Palliative Care APP Fellowship, the fellow will be presented with a Certificate of Completion. This signifies the fellow has achieved all competencies, milestones and completed all program requirements.

As part of weekly RD, fellows will be prepared to sit for the Advance Certified Hospice and Palliative Nurse (ACHPN) examination, ACHPN (advancingexpertcare.org). *Please note that this nationally certified examination is only available for certified Nurse Practitioner – it is not available for Physician Assistants.*

Fellows will receive a non-ACGME accredited certificate of completion from AdventHealth. Full-time employment offers are contingent upon position availability, and performance review both during the fellowship, and at program end.

Evaluation:

To ensure the success of the fellow and the program, ongoing evaluations and feedback will be provided by the fellow, preceptors, and Program faculty.

Feedback:

Fellow will meet with Program Director on a weekly basis to address any issues/questions and provide feedback to the fellow.

Milestone Assessment:

Quarterly assessment to understand where the fellow is in their learning objectives and milestones.

- Completed by fellow for self-reflection
- Completed by preceptors and faculty with direct interaction with fellow
- Assessment will include:
 - Patient care
 - Medical knowledge
 - Practice based learning
 - Interpersonal and communication skills
 - Professionalism
 - System based practice
 - Inter-professional collaboration
 - Personal and professional development

Fellow/ Preceptor Evaluation:

Quarterly assessment to provide feedback on the rotations, preceptor and fellow.

- Completed by fellow to understand their experience with their preceptor and to evaluate the rotation
- Completed by preceptor to provide feedback on the organization/structure of rotation, and self-reflection as a preceptor

Program Eligibility:

Important Dates:

The length of this fellowship is one year (12 months) and expected to begin January 2024.

	January 2024 (Class 2 JAN)	July 2024 (Class 3 JUL)
Application Submission Begin	April 3, 2023	December 1, 2023
Application Submission Deadline	July 12, 2023	March 1, 2024
Interviewing	August 1, 2023 – August 15, 2023	March 1, 2024 – March 31, 2024
Candidate Selection Announced	August 21, 2023	April 1, 2024
Candidate Acceptance Due	September 1, 2023	April 15, 2024
Pre-boarding / On-boarding /	September 1, 2023 – December 2023	April – June 2024

Credentialing Period		
Start Date	January 2024	Monday, July 1, 2024

Application:

Perspective candidates can visit health.adventhealth.com/app-palliative-medicine-fellowship

Completed applications should be emailed to: AHMG.CFL.PalliativeCareFellowship@AdventHealth.com

In order to be considered, the candidate must have a Florida APRN or PA license, national certification, and DEA by their interview date.

Interview:

Candidates will be notified as soon as possible if invited for interview to allow for travel planning if needed. Interview day will consist of program orientation, committee interview, individual interview, and tour of AdventHealth Orlando Campus. (The interview committee is composed of APPs, Physicians and Leadership in Palliative Care). The committee will be looking at the following core competencies:

- Interpersonal communication skills
- Professionalism
- Medical knowledge
- Patient care experience
- Empathy
- Resilience
- Growth mindset

It is the candidate’s responsibility to arrange travel and lodging for the interview day.

Candidate Selection:

All candidates with a completed application packet are evaluated based on their academic and clinical history, along with their ambition to be part of the Palliative Care Fellowship.

Candidate Acceptance:

Selected candidates will have 2 days to review letter-of-intent (LOI) and accept the fellowship program offer of employment.

Onboarding:

AdventHealth Medical Group requires all practicing providers be fully credentialed with payors and hold hospital privileges with AdventHealth Medical Staffing. To ensure a timely start, the candidate must complete all required forms, and submit all necessary documentation.

Start Date

Fellowship will begin in January 2024 or July 2024, depending on the candidate obtaining Medical Staff privileges.

Faculty / Administration

Program Director:

Daniel Lajoie, MSN, FNP-C, ACHPN

Program Coordinator:

Kim Armstrong, RN, BSN

Program Faculty:

David Buxton, MD, Palliative Care Medical Director

Hetal Patel, APRN, Lead APP Palliative Medicine

Gena Brennan, APRN, Palliative Care

Linda Pierre, APRN, Palliative Care

Fellowship Trainee Services

Benefits:

- Salary of \$70,000 for the duration of the fellowship
- Professional liability coverage
- 21 Paid Leave Days for each calendar year which includes holidays, vacation, sick leave, or other personal time off
- Medical insurance
- Life insurance
- Disability insurance
- Retirement plan