

Inpatient Hospice & Palliative Medicine – Goals & Objectives

- **Participating Site(s):** Inpatient palliative care consult service; acute care hospital units; inpatient hospice units (as applicable)
- **Duration:** 2 weeks (half-month rotation)
- **Required or Elective:** Elective
- This rotation typically occurs in PGY2 or PGY3

Rotation Overview

This rotation provides residents with immersive experience in inpatient hospice and palliative medicine through direct participation on an inpatient consult service. Residents focus on the management of complex symptoms, serious illness communication, ethical decision-making, and coordination of care for hospitalized patients with life-limiting or advanced illness. The rotation emphasizes interdisciplinary collaboration, timely clinical decision-making, and support of patients and families during critical illness and end-of-life transitions.

Overall Rotation Goal

The goal of this rotation is for residents to develop competence and confidence in delivering high-quality inpatient hospice and palliative care by managing complex symptoms, leading goals-of-care discussions, and collaborating effectively with interdisciplinary teams to ensure patient-centered, goal-concordant care.

Educational Objectives (Aligned with ACGME Competencies)

Patient Care

Residents will be able to:

- Perform comprehensive palliative assessments of hospitalized patients with serious or life-limiting illness
- Formulate and implement evidence-based management plans for complex inpatient symptoms (e.g., refractory pain, dyspnea, delirium, nausea, terminal secretions)
- Facilitate timely goals-of-care discussions and code status clarification for hospitalized patients
- Assist with transitions of care, including hospice referral, comfort-focused care pathways, and discharge planning

Medical Knowledge

Residents will be able to:

- Explain principles of inpatient palliative and hospice care delivery
- Apply pharmacologic and non-pharmacologic approaches to symptom control in acutely ill patients
- Recognize indications for inpatient hospice referral and comfort-focused treatment plans
- Demonstrate knowledge of ethical and legal considerations in end-of-life decision-making

Practice-Based Learning and Improvement

Residents will be able to:

- Identify personal learning gaps in inpatient symptom management and communication
- Integrate evidence-based palliative care literature into clinical practice
- Reflect on challenging inpatient cases to improve future clinical performance

- Incorporate feedback from faculty and interdisciplinary team members

Interpersonal and Communication Skills

Residents will be able to:

- Lead and participate in goals-of-care and family meetings in the inpatient setting
- Communicate prognosis, treatment options, and care recommendations clearly and compassionately
- Collaborate effectively with consulting teams, nursing staff, case management, chaplaincy, and social work
- Demonstrate empathetic communication during high-stress and emotionally charged situations

Professionalism

Residents will be able to:

- Demonstrate compassion, integrity, and accountability in caring for seriously ill hospitalized patients
- Respect patient autonomy, cultural values, and individual preferences
- Navigate ethical dilemmas with professionalism and appropriate consultation
- Maintain emotional awareness and resilience when caring for patients at end of life

Systems-Based Practice

Residents will be able to:

- Describe the roles of inpatient palliative care team members and consultants
- Utilize hospital-based resources to support symptom management and care transitions
- Coordinate care across inpatient teams, hospice services, and post-acute settings
- Recognize system-level factors impacting inpatient end-of-life care

PGY-Level Expectations

PGY-1:

- Participate in inpatient palliative care consultations under direct supervision
- Identify common inpatient palliative symptoms and assist with management planning
- Observe goals-of-care discussions and interdisciplinary team interactions

PGY-2:

- Develop and adjust inpatient symptom management plans with indirect supervision
- Lead portions of goals-of-care conversations and family meetings
- Coordinate care with primary teams and consult services

PGY-3:

- Independently manage complex inpatient palliative care cases with attending oversight
- Lead goals-of-care discussions and hospice referral decisions
- Serve as a role model for junior learners in communication and interdisciplinary collaboration

Teaching and Learning Activities

- Inpatient palliative care consultations
- Interdisciplinary rounds and family meetings
- Case-based discussions and bedside teaching

- Participation in ethics consultations when applicable
- Independent reading and guided self-study

Evaluation and Feedback

Resident performance is evaluated through:

- Direct faculty observation
- Review of clinical documentation and consult recommendations
- Participation in interdisciplinary rounds and discussions
- End-of-rotation evaluation mapped to ACGME milestones

Residents receive ongoing formative feedback and summative feedback at the conclusion of the rotation.

Supervision

Faculty supervision is provided in accordance with ACGME supervision guidelines and is based on resident level, demonstrated competence, and patient complexity. Residents are expected to seek attending input for complex symptom management, ethical concerns, or end-of-life decision-making.