This rotation is designed to strengthen your training and understanding of the care, needs and resources available for families of neonates and infants who have a life-threatening disease and for whom there is no further life-saving or life prolonging medical treatment.

Your experiences in the Palliative Care Center and your rotation will afford you the invaluable understanding of the complex decision-making that occurs in this critical period. The focus of palliative care is on the patient and family as a unit; on controlling distressing physical and emotional symptoms-to help maximize quality of life, and to assist patients and families to live out their days in a manner that helps them meet their personal goals. We believe that this exposure will give you not only a greater appreciation for improving the care for the seriously ill and the dying but also spark change through the development, implementation and dissemination of innovative educational, research, and clinical care programs.

To maximize your experience, it is your responsibility to actively participate and be involved with patients receiving Palliative Care – both as an inpatient and as an outpatient if possible. We encourage you to not only develop relationships with the families and patients, but also help develop care plans as able.

Since this elective occurs during the third year are for 3rd year NICU fellows.

1. **Patient Care**
   Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of neonatal health problems. Hence, fellows are expected to:
   a. *Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.*
   b. *Develop and carry out patient management plans*
      i. Interact well with a multidisciplinary team focusing on providing palliative care
      ii. Participate in the coordination of care for high risk infants and children
   c. *Counsel and educate patients and their families*
   d. *Work with health care professionals including those from other disciplines to provide patient-focused care*
2. **Medical Knowledge**
   Fellows must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to the care of the neonatal patients. Hence, fellows are expected to:
   
   b. **Demonstrate an investigatory and analytic thinking approach in the following clinical situations:**
      
      i. Explain the physiology and pathophysiology of common and uncommon problems and diseases in those patients receiving palliative care
      
      ii. Recognize and facilitate the addressing of ethical issues

   b. **Assess quality of life issues with patients and families facing life-threatening diseases.**

3. **Practice-Based Learning and Improvement**
   Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Hence, fellows are expected to:
   
   a. **Locate, appraise and assimilate evidence from scientific studies related to the patients’ health problems:**
      
      i. Seek information as needed and apply this knowledge appropriately using evidence-based problem solving to the care of your patients’ common and uncommon neonatal end-of-life care issues
      
      ii. Demonstrate the ability to critically appraise the medical literature

   c. **Facilitate the learning of students and other health care professionals:**
      
      i. Provide effective feedback to students, residents and other members of the team
      
      ii. Reflect on own performance and develop a plan for self-improvement and include this in their Individual Development Plans
      
      iii. Ask questions of other members of the team to guide thinking
      
      iv. Use clinical encounters for teaching opportunities

   c. **Reflect on personal experience with death and dying as it affects your function as a physician**

4. **Communication and Interpersonal Skills**
   Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families, and professional associates. Hence, fellows are expected to:
   
   a. **Create and sustain a therapeutic and ethically sound relationship with patients:**
      
      i. Recognize the impact of emotional responses to obtaining and providing information and adapt to patient/family’s need
      
      ii. Recognize personal biases that can affect information obtained and provided
iii. Elicit patient’s cultural values and religious beliefs in a sensitive manner
iv. Listen non-judgmentally and maintain a non-judgmental vocal tone and nonverbal language when obtaining patient information
v. Seek information from families to assure patient-centered care
vi. Produce the opportunity to discuss issues peripheral to the chief concern
vii. Clearly explain diagnoses, actions and plans using language appropriate to patients’ situation, culture and beliefs
viii. Maintain objectivity in settings of conflict

b. Work effectively with others as a member or leader of a health care team or other professional group:
   i. Clearly explain diagnoses, actions and plans using language appropriate to the health care workers’ situation, culture and beliefs
   ii. Maintain objectivity in settings of conflict
   iii. Document patient care in the medical record (as needed) following accepted guidelines in a timely fashion

c. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills:
   i. Recognize the limits of one’s own knowledge, skill level and tolerance of stress; knowing when to ask for help, how to contact consultants and where to find basic information

5. Professionalism
Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse neonatal patient population. Hence, fellows are expected to:

   a. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development:
      i. Maintain integrity and composure in complex situations
      ii. Seek to exceed expectations and maintain a positive attitude amidst high-acuity and stressful situations
      iii. Demonstrate accountability for one’s own actions and those of the health care team
      iv. Advocate for best quality of care possible
      v. Accept assigned roles and responsibilities
      vi. Make effective use of time

   b. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices by also:
i. Discussing concepts of futility, withdrawal and the withholding of care

c. Demonstrate sensitivity and responsiveness to patients’ culture, age gender and disabilities by also:
   i. Identifying and respect personal issues of families that affect patient care decisions
   ii. Recognizing personal biases that may conflict with those of a patient’s family and how this may impact decision-making and development of treatment plans
   iii. Respecting the input and importance of the family

6. **Systems-Based Practice**
   Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Hence, fellows are expected to:

   a. **Know how to partner with health care managers and health care providers to assess, coordinate, and improve palliative care and know how these activities can affect system performance:**
      i. Work with specialized members of the health care team (case workers, social workers) to optimize palliative care outcome
      ii. Use consultants and other resources appropriately during the patient’s hospital course and in discharge planning
   b. **Advocate for quality patient care and assist patients in dealing with system complexities.**
   c. **Identify barriers families face when accessing palliative care services and strategies that may be used to overcome these barriers.**
   d. **Practice cost-effective health care and resource allocation that does not compromise quality of care and know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.**

**In addition, these are our expectations of you:**

1. Arrive and meet Dr. John Humphrey by 8AM or as designated by him on particular days.
2. Attend all care conferences with Dr. Humphrey or other team members as those situations arise.
3. Attend Neonatal-Perinatal Medicine Fellowship didactics as able:
   a. Tuesday Academic Conferences
   b. Wednesday Physiology Lectures
   c. Other lectures as scheduled monthly (Neo-Surg Conferences, Fellow’s meetings, etc.)
4. Please do not hesitate to ask questions.
Resource and the designated supervisor during your rotation in Palliative Care is:

- John Humphrey, MD

Please do not hesitate to notify Dr. Humphrey or Dr. Konduri or Dr. Kim with any questions or concerns.