

A Novel ACGME AIRE Fellowship Program in Hospice and Palliative Medicine: Testing Direct Observation as the Gold Standard

Purpose:

A work force shortage of board-certified physicians in Hospice and Palliative Medicine (HPM) is predicted. Mid-career physicians who have developed interest in HPM could fill this gap, yet many are unable to pursue traditional fellowship training. The University of Colorado's Community-Hospice and Palliative Medicine (CHPM) Fellowship, an ACGME AIRE (Advancing Innovation in Residency Education) pilot project was developed as an alternative path to board eligibility. The program, in conjunction with a Master of Science in Palliative Care (MSPC), uses online, distance learning to support HPM fellows' education and training in their local communities.

Objective: To report on the design, development, assessment measures and first four years of lessons learned from the CHPM fellowship.

Methods: Direct observation (DO), is the most used assessment method in medical education. However, it is not clear that DO is necessary for competency development. The MSPC plus CHPM Fellowship is designed for fellows to achieve HPM competency without DO but rather remotely via an on-line curriculum, virtual educational platform, and a clinical portfolio. The program is essentially testing the hypothesis that specialty medical education can occur with minimal direct observation for select trainees.

Traditional activities include completing a capstone project, small group learning, journal clubs, readings. More atypical activities include asynchronous video role-play and biweekly online seminar coursework.

CHPM fellows see patients in a variety of palliative settings in their communities without expectation for direct clinical supervision. CHPM faculty review write-ups, provide feedback and discuss management options, but do not provide direct clinical supervision.

A clinical portfolio housed on a HIPAA-compliant platform documents fellow's individualized learning plan, 100 or more patient write-ups, continuity logs, patient/family satisfaction surveys, and 360 peer evaluations. Fellows' progress on ACGME milestones and EPAs are evaluated periodically.

Results:

The array of evaluations, along with patient write-ups and faculty interactions has allowed CHPM faculty to assess fellow progression in HPM competency development. Faculty present evidence of this development at CCC meetings and make recommendations about whether fellows can continue in training or need remediation.

We believe that the ultimate evaluation of this novel approach to specialty medical education is whether fellows pass their initial certifying HPM Board exams and continue to maintain their certification status. Physicians who achieve these two metrics are less likely to have difficulties such as malpractice claims or disciplinary action from the hospital or state medical board.

In 2022 three fellows from the initial cohort passed the HPM boards and are now Hospice and Palliative Medicine board-certified.

For next steps in evaluating fellow competency, we are considering remote capture of a portion of a patient interaction which faculty can use to confirm the level of competency, focused interviews with fellows who have graduated, surveys 1-, 3- and 5-years post-graduation and monitoring of board certification status over time.

Conclusions:

The CHPM appears to be an adequate, alternate, online and often asynchronous route to develop HPM specialty physicians remotely where DO is unnecessary.