

Block Rotation
 MJHS Fellowship in Hospice and Palliative Care
 Montefiore Medical Center/Albert Einstein College of Medicine at MJHS Hospice and Palliative Care Program

Block	1	2	3	4	5	6	7	8	9	10	11	12	13	
Rotation Name	HHC/ AC	HHC / AC	HHC / AC	HHC/ AC	CBP C	CBP C	LTC	IP/ AC	IP/ AC	IP/ AC	IP/ AC	PCAT	ELECT	
Site	1,5	1,5	1,5	1,5	1,2	1,2	3	4	4	4	4	5	1	
% Outpatient	20	20	20	20	0	0	0	20	20	20	20	0	0	

HHC = Home Hospice care

AC = Ambulatory care (one 8 hour session/week)

CBPC = Community Based Palliative Care

IP = Inpatient Palliative Care Consult Team

PCAT = Dedicated General Inpatient Hospice service

LTC = Long Term Care

ELECT = Elective

Institution # 1 = MJHS Hospice and Palliative Care (x 4 blocks home hospice, x 2 blocks community-based pal care, x 1 block elective).

Institution # 2 = The New Jewish Home (x 2 blocks community-based palliative care).

Institution #3 = Isabella Geriatric Center (x 1 block long term care).

Institution # 4 = Montefiore Medical Center (x 4 blocks inpatient consultation service; ambulatory care session 1x/week x 4 months).

Institution #5 = New York Presbyterian Medical Center (x 1 block dedicated GIP hospice service; ambulatory care session 1x/week x 4 months.)

Elective = x 1 block.

Home Hospice (HHC): Four blocks

The home hospice care rotation involves placement on the Manhattan, Bronx, or Queens community-based teams of MJHS Hospice and Palliative Care. In these block rotations, the Fellow will function as a member of the hospice team, and will perform home visits while participating in the oversight and management of the interdisciplinary plan of care. The populations served by these teams are extremely diverse in terms of demographics, culture, age, socioeconomic status, terminal illnesses, and treatment status, among other factors. Each fellow will have the opportunity to care for both adult and pediatric hospice patients in the community. Preceptors for these rotations will be Dr. Fiona Bayne, Dr. Damani Taylor, Dr. Michael Mencias and Dr. David Adlerstein.

Community-Based Palliative Care (CBPC): Two blocks

Each fellow will spend two blocks on the community-based palliative care consultation rotation, working both at The New Jewish Home and providing home based palliative care consultation. The New Jewish Home is a large long-term care facility located on the Upper West Side of Manhattan; it provides care to 13,000 sick and elderly patients a year through diverse programs and settings, including a long-term skilled nursing facility and a short-stay rehabilitation service. The fellow will work as a member of the palliative care team to provide consultation to patients from a diverse spectrum of cultural, economic and social backgrounds under the supervision of an MJHS Director of Palliative Care Practice, providing residents with initial assessment, care plans and follow-up treatment. During this block the fellow will perform daily rounds, provide new consultations and follow-up visits to assess and treat pain and other symptoms, provide guidance in the management of psychosocial and family distress, assist with advance care planning, and recommend plans for care in the community after discharge. If the illness is advanced and the patient and family might benefit from comprehensive care by a hospice program, the fellow will participate in referral to hospice services, eligibility determination, and transition of care. Additionally, the fellow will work with members of the palliative care team to provide home-based palliative care consultation for patients with serious illness who are homebound. Consultation, follow-up visits, and family meetings will be performed both in-person and through the use of telemedicine in appropriate circumstances. During this rotation, the fellow will be supervised by Dr. Tartania Brown.

Dedicated General Inpatient Hospice Service (PCAT): One block

Every fellow will spend one block managing general inpatient care (GIP) hospice patients at New York Presbyterian Hospital. This rotation will provide fellows with experience in providing hospice care for patients experiencing intense pain or other uncontrolled symptoms that cannot be managed in the home or other less intensive settings. The fellow will gain experience in providing short-term, acute medical care to stabilize a patient's condition and facilitate transition back to home based hospice care if possible, as well as develop their skills in managing symptomatic, imminently dying patients in the inpatient setting. During this rotation, the fellow will become a member of the interdisciplinary team, conduct daily rounds, admit and follow patients, participate in team meetings, document in the medical record and acquire progressive responsibility for the medical plan of care, goals of care discussions, discharge planning and follow-up care. Fellows will gain experience in communication with patients, families, and clinical colleagues, and will learn about other care settings and community resources. They will hone their documentation skills by writing progress notes in the electronic medical record that meet regulatory requirements to support level of care eligibility as outlined in the Hospice Conditions of Participation. The preceptor for this rotation will be Dr. David Adlerstein in collaboration with attending physicians from the New York Presbyterian Hospital Palliative Care service.

Inpatient Palliative Care Consultation Team (IP): Four blocks

Each fellow will spend four blocks on the inpatient palliative care consultation rotation at Montefiore Medical Center, providing referred inpatients with comprehensive palliative care assessment, care planning and follow-up treatment. Montefiore Medical Center is one of the largest tertiary teaching hospitals in the country. It serves a large area of the Bronx, New York and provides care to a patient population characterized by great diversity in race, ethnicity, culture, and socioeconomic status. The fellow will serve as a member of interdisciplinary Palliative Care Consultation Team, working closely with the Attending Palliative Care physician and acquiring progressive responsibility for the medical aspects of the palliative plan of care. They will participate in daily rounds, family meetings, and weekly clinical conferences. There will be ample opportunity to assess patients who are situated in medical-surgical units, critical care units, and the Emergency Department. Experience in medical decision-making will be complemented by experience with goal-setting discussions, hospice eligibility review, and post discharge planning. The preceptor for this rotation will be Dr. Serife Eti in collaboration with attending physicians from the Montefiore Palliative Care service.

Long-Term Care (LTC): One block

Every fellow will spend one block at Isabella Geriatric Center precepted by the nursing home medical director. Isabella Geriatric Center for Rehabilitation and Nursing is a non-profit, non-sectarian organization which provides a continuum of services focused on maintaining health and well-being for older adults through a 705-bed nursing home facility, senior housing, adult day care, short- and long-term rehabilitation and in the community at large. The fellow will gain experience in the management of geriatric syndromes, complex symptom management, and end of life care for older patients. The fellows will be trained in assessment of the non-verbal patient, wound care, and the management of complex issues related to nutrition and hydration, progressive neurodegenerative illness, and frailty. Fellows will learn about the role of palliative care in this environment, including exposure to such key events as the family meeting, goals of care discussions, advance directive completion, and care transitions. The supervisor for this rotation will be Dr Mohammed Butt, the medical director at Isabella, a board-certified physician in Geriatrics and Internal Medicine.

Elective (ELECT): One block

Every trainee will be permitted to take one block-long elective. During the elective, the trainee will be expected to function fully in all aspects of clinical work under an attending physician and faculty on the elective service. Possible electives include the following: Hospice Administration, Ethics; Pediatrics; Radiation Oncology, Medical Oncology, Addiction Medicine, Interventional Pain Management, and others.

Ambulatory Care (AC): Eight months

Fellows will spend one day per week in the ambulatory practice setting for a total of 8 months over the course of the training year. The longitudinal ambulatory care experience runs concurrently with other block rotations, allowing fellows the opportunity to develop physician-patient relationships and experience the cadence of care delivered in the ambulatory setting. Each fellow will receive training in 2 distinct ambulatory practice models, each approximately 4 months in duration: 1) an embedded palliative care model in the Montefiore Einstein Center for Cancer Care under the direct supervision of Dr Quinn Demarest; and 2) an independent, general palliative care ambulatory practice at New York Presbyterian Hospital/ Columbia University Medical Center under the direct supervision of Dr. Dinaz Irani. In both sites, fellows will care for a cohort of ambulatory palliative care patients at various stages in the trajectory of their illnesses. To ensure continuity of care and engagement across medical settings, fellows will be informed if patients are admitted to the hospital through the electronic medical record, providing the opportunity to provide services across the health care continuum.

Paid Time Off (PTO): 29 days

Every fellow is entitled to 29 days of paid time off for vacation, holiday observance and personal days. In addition, fellows are entitled to up to 12 days of sick leave as needed. They may request up to three days of educational leave to attend conferences and educational events, granted at the discretion of the Program Director. Fellows are encouraged to spread time off throughout the year.