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	14
Rotation Name	HH/ AC	HH/ AC	HH/ AC	HH/ AC	CBPC	CBPC	LTC	IP/ AC	IP/ AC	IP/ AC	IP/ AC	PCHU	ELECT	VC
Site	1,4	1,4	1,4	1,4	2	2	2	3	3	3	3	4	1	X
% Outpatient	20	20	20	20	0	0	0	20	20	20	20	0	0	0

HH = Home Hospice care
AC = Ambulatory care (8 hour session/week)
CBPC = Community-based palliative care
IP = Inpatient palliative care consult team
PCHU = Dedicated general inpatient care for hospice patients
LTC = Long Term Care
ELECT = Elective
VC = Vacation

Institution # 1 MJHS Hospice and Palliative Care (x 4 blocks home hospice).
Institution # 2 The New Jewish Home (x 2 blocks community-based palliative care, X1 block long term care).
Institution # 3 Montefiore Medical Center (x 4 blocks inpatient consultation service; one ambulatory care session per week for 4 months).
Institution #4 New York Presbyterian Medical Center (x 1 block dedicated general inpatient hospice service; one ambulatory care session per week for 4 months).
Elective x 1 block.
Vacation x1 block (taken concurrently during other blocks).

Home Hospice (HH): 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.

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 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 performing with initial assessment, care plan development, and follow-up treatment. The fellow will 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. 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.

Dedicated Inpatient Hospice Service (PCHU): One block

Every Fellow will spend one block managing general inpatient care (GIP) 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 a lower level of hospice care, such as routine home care. In addition, fellows will gain experience in communication with patients and families, other clinicians, alternate care settings and community resources, and through writing informative, compassionate notes in the electronic medical record.

Inpatient Palliative Care Consultation Team (IP): Four blocks

Fellows spend four blocks on the inpatient palliative care consultation service at Montefiore Medical Center, one of the largest tertiary teaching hospitals in the country providing care to a patient population characterized by great diversity in race, ethnicity, culture, and socioeconomic status. Fellows will work as part of an interdisciplinary palliative care team to assess and manage inpatients with complex medical and psychosocial problems under the supervision of an attending hospice and palliative medicine physician. Fellows will acquire progressive responsibility for the medical aspects of the palliative plan of

care, participate in daily rounds, family meetings, and weekly clinical conferences.

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: an embedded palliative care model in the Montefiore Einstein Center for Cancer Care and an independent, general palliative care ambulatory practice at New York Presbyterian Hospital/ Columbia University Medical Center. 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.

Long-Term Care (LTC): One block

Fellows will learn about the management of patients who reside in nursing homes during the Long Term Care rotation at The New Jewish Home. 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. The rotation will teach the regulatory framework of nursing home care and current trends in population management in the skilled nursing facility setting.

Elective (ELECT): (One block)

Every fellow will have a one block-long elective. During the elective, the fellow 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, Research, and Interventional Pain Service, Addiction Medicine, and various medical subspecialties.

Vacation (VC): (29 days/1 block)

Every fellow is entitled to 29 days of paid time off for vacation, holiday observance and personal days. Vacation time is taken concurrently during other block rotations; fellows are encouraged to spread vacation time throughout the year.