# HPM Fellow Outpatient Experiences 2020-21

| | Symptom Management Service (Oncology PC) | Outpatient Palliative Care Service (Non-Oncology and Home-Based PC) |
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| Location | Mission Bay (palliative care now embedded in outpatient cancer generally) | Clinic is located on the Parnassus campus; home visits are near Parnassus as well (accessible by walking/Lyft) |
| Interdisciplinary Team (IDT) structure | RN routinely; cancer center SW as available; PC chaplain typically offline/scheduled | Full interdisciplinary team, including RN, SW, chaplain & MDs |
| IDT interaction | During clinic session with SMS RN and Physician attending routinely; Weekly with the rest of the TDT (including psychologists, nutritionist, physical therapists, etc) | Patients and families seen together as an interdisciplinary team during each clinical encounter |
| Patient population | • Demographics: Regional/National referral center<br>• Diseases: Solid and hematological malignancies (although most heme cancers seen at SMS at Parnassus)<br>• Consultation with UCSF cancer center patients in San Mateo and Berkeley | • Demographics: patients of widely ranging age, race & ethnicity, SES, and primary language.<br>• Majority of clinic patients live outside San Francisco, often in more rural and underserved parts of Northern California. >50% of visits conducted by telemedicine.<br>• Clinic patients have wide range of non-cancer serious illnesses, including degenerative neurologic diseases such as ALS, advanced heart failure and pulmonary htn, chronic lung diseases including COPD and interstitial lung disease, cirrhosis, chronic renal failure, and complex multi-morbidity<br>• Fellow will carry 1-2 longitudinal home-based patients at a time (both cancer and non-cancer diagnoses) |
| Precepting structure | Two dedicated physician preceptors (Mike Rabow and Carly Zapata) working with 2 fellows each per clinic | One dedicated physician preceptor. The fellow will also receive substantial teaching and feedback from the nurse, SW, and/or chaplain who are present with them for the interdisciplinary encounters in clinic and in homes. Some of home-based precepting will be by Zoom. |
| Degree of independence | High | Fellows will manage their own panel of patients in a longitudinal fashion between scheduled encounters, with support from the interdisciplinary team and input from the attending as needed. |
| Ancillary staff/support service | High, including all cancer center support staff (including MA, RN, scheduler) | High, including nursing and admin support to triage phone calls, pend prescriptions, follow-up with patients between scheduled visits, communicate with pharmacies and insurance companies, schedule urgent visits, etc |
| What's unique about it? (Top reasons to do this site) | • The chance to do continuity with your patients, learning those skills and enjoying the benefits of a relationship over time with patients and their families (the excitement and experience here is very different than the acute drama of inpatient training)<br>• Dedicated physician preceptors<br>• One of the most well-established outpatient palliative care fellow training sites in the country!<br>• Chance to work with the population that accounts for most of the outpatient palliative care work in the US | • Opportunity to care for patients longitudinally with a broad range of clinical diagnoses, including non-cancer diagnoses in clinic (and both-cancer and non-cancer diagnoses at home)<br>• Opportunity to work directly with and learn from an exceptional interdisciplinary team during each clinical encounter<br>• Opportunity to learn how to provide palliative care in the home. Home visits are an amazing service to patients and wonderful for fellow learning and satisfaction! |