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**Re-constructing the curriculum for palliative care and hospice in a community family practice residency**

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**Context & Objective:** Hospice and Palliative Care training is a formal component of Family Medicine residency. The increase of the aging population has prioritized training in this field of medicine. At our residency this curriculum was, for several years, facilitated by a community physician who had a private hospice and palliative care practice. When this provider retired, the residency program found itself with a significant curricular gap. The purpose of this project is to shift the structure of the curriculum and build it based on a community network of facilitators (consisting of physicians and nurses).

**Setting/Populations:** To design a sustainable community-based Hospice and Palliative Care curriculum with more opportunities for hands-on experience beyond what is learned in the inpatient hospital rotation. Duration of the rotation will be 2 weeks. Before and after survey have been utilized to evaluate attitude, confidence and suggestions related Palliative Care and Hospice training.

**Intervention/Study Design:** We identified and engaged providers of Hospice and Palliative Care services in our community and began to assess interest and readiness to teach our family medicine residents.

**Outcomes/Results:** At this time, we have successfully established Palliative Care and Hospice clinical activities with:

-Home Health Care where the resident will join the Hospice Nurse during House visits.

-Attending physician at the VA during house visit.

We are in the process of structuring a scheduled for the resident to round with the attendings at an Assisted Living Facility.

**Conclusions:** It has been easier than expected to engage healthcare professionals (hospice nurses and facility managers) in the community. On the other hands it has been challenging to attract the attention of other community physicians.

Not all residents that have done this rotation so far have answered the survey. The survey will be used for adjustment in the curriculum and to assess educational goals.

Community based residency programs rely on their local community providers to structure training for residents. Creating a culture of collaboration and solidarity with the local healthcare medical practices is fundamental for building curriculum in community centered residency training.

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