

PEDIATRIC PALLIATIVE CARE MEDICINE OBJECTIVES
Developed For A Clinical Rotation in Pediatric Palliative Care
Winnipeg MB

The resident will spend time with the pediatric pain and symptom management service/pediatric palliative care providing consultative support for children referred with life-threatening illness. Consultations will occur at the Children's Hospital located at the Health Science Centre (a tertiary care centre) and within the Winnipeg community.

On this rotation the resident will:

The Family Physician is a Skilled Clinician
(CanMeds 2005: Medical Expert)

- a) learn and develop knowledge and skills necessary to practice palliative care in a pediatric population
- b) develop knowledge and skills related to the assessment and management of pediatric patients with complicated symptom management issues
(also CanMeds communicator)
- c) develop proficiency with pediatric dosing and titration medications used in pediatric palliative care, and familiarity with reference sources for such information
- d) demonstrate awareness of the unique challenges for pediatric patients and their families in the transition from curative-focused treatment to comfort-focused treatment when cure is no longer possible
- e) develop an understanding of the issues faced by chronically ill children and their families in transitioning from pediatric health care services to adult health care services
- f) demonstrate skills in providing palliative care for children in their home setting
(also CanMeds communicator)
- g) be able to develop techniques and protocols that are useful in dealing with symptom management in the last hours of life

Family Medicine is Community Based
(CanMeds 2005: Collaborator, Manager)

- a) develop the skills necessary to work effectively with interdisciplinary team members through family conferences, team meetings, and ongoing interactions related to patient care (also CanMeds communicator)

- b) develop an understanding of the potential supportive and collaborative role for palliative care clinicians through consultative involvement of children with life-threatening neurological conditions, independent of goals of care or hoped-for outcomes
- c) develop consultancy skills necessary for communicating with the admitting pediatric team
- d) work with the pediatric pain and symptom management/palliative care team and gain exposure to a specialized team's approach to pediatric challenges.
- e) demonstrate an understanding of the resources needed to support a child with complex illness outside of an acute care facility
- f) describe the various components that make up the effective delivery of home care to the palliative child
- g) gain experience in home visitation to children receiving palliative care
- h) be aware of the consultant's position, as well as that of the primary care physician (pediatrician/family physician) in care for patients at home (Also CanMeds communication/collaborator)
- i) describe the legal and administrative responsibilities of the physician to the patient (and the patient's family) who is being cared for at home

**The Family Physician is a Resource to a Defined Patient Population
(CanMeds 2005: Health Advocate, Scholar, Professional)**

- a) demonstrate skills and knowledge related to critical appraisal of the literature
- b) understand the spectrum of conditions for which pediatric palliative care may be involved, and the similarities/differences with palliative care for adults
- c) develop an awareness of systemic gaps and barriers to pediatric palliative and end-of-life care, and consider approaches to addressing them (advocacy)
- d) demonstrate an understanding of and an approach to common ethical challenges in the care of dying children
- e) demonstrate an approach to care-planning for pediatric patients, recognizing the complexities related to that the child's age, maturity and autonomy, illness experience, and family relationships.

**The Doctor-Patient Relationship Is Central To The Role Of The Family Physician
(CanMeds 2005: Communicator)**

- a) Be aware of specific issues around developmental understanding of death and dying, and how this affects an approach to communication with children with life-threatening illness and their families

- b) model the communication skills necessary to work with pediatric patients and their families through the diagnosis and treatment of life-threatening illness

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