

Elective: Pediatrics; Symptom Management and Palliative Care Service

OVERVIEW

The Pediatric Symptom Management and Palliative Care Service was developed in 2006, providing consultative advice aimed at improving quality of life for children with life-limiting illness and supporting their families. Service is provided in all settings, including acute care (Winnipeg Children's Hospital), long term care (St. Amant), and home. As a unique provincial resource, we will see children at home within a few hours' drive of Winnipeg, and use telephone/telehealth for more distant support.

Clinical caseload is variable and covers a wide range of conditions, including neurodegenerative conditions, malignancies and prenatal consultation for anticipated lethal fetal anomalies.

We prefer to have only one learner on rotation at once (Resident or Medical Student), due to the limited clinical caseload. Placement is on a first-come, first-served basis. If there are more than one potential trainees for a given period, priority will be given to residents in their final year of training, who will not have another opportunity for experience in pediatric palliative care.

INTRODUCTION

Location(s):

Winnipeg Children's Hospital
St. Amant

Contact Person:

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LEARNING OBJECTIVES (CanMEDS)

The following are objectives for a pediatric palliative care rotation, expressed in the CanMeds framework. It is acknowledged that in the limited time of an elective rotation there may not be opportunity for direct clinical experience pertaining to all objectives, however at minimum they should be addressed in a conceptual/didactic manner.

Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills and professional attitudes in their provision of patient-centered care.

The student can expect to be actively involved in the service. This will encompass:

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- Understand the spectrum of conditions and circumstances that might fall within the scope of pediatric palliative care, and the potential for palliative care to be provided in parallel with aggressive disease-focused care.
- Ability to obtain a pain and symptom history, diagnose specific pain syndromes and symptom patterns and correlate these with the pathophysiology and underlying diseases.
- Demonstrate knowledge of the pharmacology of the Palliative Medicine.
- Have an approach towards appropriate diagnostic investigations.
- Recognize palliative care emergencies and their management.
- Anticipate and have an approach for common clinical challenges at end of life.
- Be comfortable with pronouncing a patient deceased and supporting the family and involved health care team at the time of death, and be aware of the role of the Office of the Chief Medical Examiner following the death of a child.

Communicator

Physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

As Communicators, students will facilitate the doctor-patient relationship:

- Understand the important role of communication in caring for children with life limiting conditions and in supporting their families and involved health care teams.
- Develop an approach to communicating with patients/families about goals and expectations of care (including DNAR), Advance Care Planning, concerns around death & dying, preferred location of care.
- Recognize the importance of bereavement follow up.
- Be aware of the potential need for supporting groups with which the child had been involved, such as schools and sports teams.

Collaborator

Physicians effectively work within a healthcare team to achieve optimal patient care.

As Collaborators, students will work effectively within the surgical team to achieve optimal patient care:

- Recognized that palliative care works closely with patients, their families, and involved interdisciplinary health care teams in pursuit of comfort and quality of life throughout the spectrum of a life-limiting illness.
- Be able to work respectfully within the parameters defined by patients, families, and health care teams with regards to acknowledgement and discussion of death and dying.
- Recognize the lead role that the primary care provider (Pediatrician, Family Physician, Nurse Practitioner) can play in the care of patient with a life limiting illness.

Leader

Physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

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As Leaders, students will participate in the activities of the surgical service, making decisions, allocating resources, and contributing to the effectiveness of the health care team:

- Recognize the resources (human and other) that may be required to provide comprehensive palliative and end-of-life care and bereavement support in various care settings.
- Be aware of the detailed care planning and preparation needed to support a dying child at home including rural settings and remote First Nations communities.

Health Advocate

Physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.

As Health Advocates, students will responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations:

- Recognize when a palliative care consultation might be appropriate in the support of a patient or family, and consider how to approach situations where palliative care specialty services are not involved but should be.
- Be able to formulate an approach to obtaining the resources needed to support a child with a life-limiting illness in the community/at home.

Scholar

Physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

As Scholars, students will demonstrate a lifelong commitment to learning:

- Know the evidence behind the use of medications in pediatric palliative care, including the challenge of limited pediatric data and the frequent extrapolation from adult studies.
- Understand the role of off-label medicine use in pediatric palliative care and its benefits and risks.
- Know some of the myths and concerns that exist regarding medication use in pediatric palliative care (such as death hastening due to opioids even when appropriately prescribed), and the literature around such concerns.
- Recognize the need for, and challenges facing, research in pediatric palliative care.

Professional

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

As Professionals, students are committed to health and well-being of individuals through ethical practice, profession-led regulation and high personal standards of behavior:

- Be aware of potential boundary issues, their own emotional response to caring for dying children, and the need for self-care.
- Demonstrate sensitivity and respect to children and families experiencing life-limiting illness at all stages of the disease trajectory.

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- Demonstrate timely communication and responsiveness/availability with all caregivers, patients and families in hospital and at home.

INFORMATION

These are locations, readings, evaluations, call responsibilities, etc.

Call Responsibilities

Call is not required. If the learner wishes to be available after hours for interesting clinical situations that may arise, this would be their discretion.

WARD ACTIVITIES

These are examples of schedules, expectations, rotation details, etc. All the details below are subject to change.

Expectations

Elective ant time during the Clerkship period, within the limitations noted above. Variable length of time from a minimum of one week to a maximum of four weeks. In general, clinical rotations are available all year. However, we are minimally staffed service, with the CNS having the primary role in initial patient screen/assessment and in continuity of care. In order to ensure an adequate learning experience, we cannot accommodate a trainee during absence of the CNS.