Pediatric Objectives for Adult-Track Hospice and Palliative Medicine Fellows

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Introduction

Although pediatric palliative care (PPC) teams have grown in number in the past few years, many are limited to inpatient and weekday coverage.[1] In addition, pediatric patients may live far from their subspecialty medical homes, away from academic medical centers or freestanding children's hospitals, especially when they reside in rural parts of the country. These children often return to their communities with complex, chronic conditions and even dependence on medical technology.[2] At times, adult-focused hospice and palliative medicine (HPM) providers may be asked to care for these patients, whether in hospice or in partnership with local primary care providers. But the question remains: how do we best prepare adult-based HPM fellows to care for these children? We can start by teaching the fundamentals of PPC during training and connecting clinicians to the nearest subspecialty PPC teams.

Prior work supported by the American Academy of Hospice and Palliative Medicine (AAHPM) led to the development of Entrustable Professional Activities (EPAs),[3,4] Curricular Milestones (CMs),[5,6] and Subspecialty-Specific Reporting Milestones (RMs).[7,8] This built on the foundational work of the American Board of Hospice and Palliative Medicine HPM Competencies Project[9,10] in 2009 and the Pediatric HPM Competencies Work Group[11,12] that followed in 2011. Already there was an understanding that HPM training needed more emphasis on physical, emotional, and cognitive development; on aspects of care that extend beyond the patient to siblings and other family; and on the ongoing collaboration with primary and other subspecialty providers.

Though these newer documents helped define the core tasks of an HPM physician and the overall components of a comprehensive HPM curriculum, they often did not drill down to the specific knowledge, skills, and attitudes unique to PPC practice. The Pediatric Objectives that follow are meant to further define the specific curricular aspects expected of all HPM fellow trainees, particularly those who might work with children after graduation. This is an aspirational document, a first attempt at defining what to teach adult-based fellows so that they can care well for seriously ill pediatric patients and their families.

Definitions

EPAs are observable and measurable tasks that characterize core physician practice within a given specialty or subspecialty. These activities are entrusted to a competent trainee to perform without direct supervision.[13]

RMs are a select subset of subcompetencies designed to clearly outline the developmental progression of observable and measurable behaviors over the course of the fellowship training year. RMs are a required element of the Accreditation Council for Graduation Medical Education (ACGME) accreditation system and are reported for each fellow semiannually.[14]

CMs may be thought of as "teachable units," which can be a single didactic but often are taught during multiple points in an academic year. Encouraged but not required by the ACGME, CMs may be used to organize and standardize curricular content and guide program development and evaluation.[14]

Pediatric Objectives are an attempt to outline more clearly the specific knowledge, skills, and attitudes that may be implied in the broader CMs. Some may be taught in a single setting, and others may be achieved during the course of an entire academic year.

Development Process

AAHPM convened a working group of nine fellowship directors to represent a range of experiences and training backgrounds in pediatrics, medicine-pediatrics, and internal medicine. Several had worked on prior curriculum projects (EPAs, CMs, RMs). The working group achieved the following steps.

1. Brainstormed preliminary list of topics asking the questions: "What is unique about pediatric palliative care?" and "What would an adult-training palliative care physician need to know?" Combined this with results from the 2016 AAHPM Annual Assembly HPM Fellowship Directors Preconference session, which similarly asked attendees about the fundamental elements of a PPC curriculum for adult-focused fellows.
2. Conducted national needs assessment survey of HPM program directors and educators.
3. Drafted comprehensive topic list based on needs assessment results and existing curricular documents in dyads:
    - HPM Competencies (adult and pediatric)
    - HPM EPAs
    - HPM CMs
    - ACGME HPM RMs 2.0 & Supplemental Guide
    - HPM Board Review Course Outline
    - *AAHPM Fellowship Director Guide*
    - AAHPM *Essentials*, Pediatrics
    - Palliative Care Fast Facts and Concepts
    - Education in Palliative & End-of-Life Care for Pediatrics Outline
    - American Academy of Pediatrics Resilience in the Face of Grief and Loss Curriculum
    - Initiative for Pediatric Palliative Care curriculum
4. Prioritized list and identified top 10 core topics.
5. Drafted learning objectives for each topic within dyads.
6. Completed iterative revisions of learning objectives with review by other workgroup members.
7. Conducted national survey of key stakeholders on draft Pediatric Objectives list.
8. Finalized list based on survey results, simplifying wherever possible and eliminating items lacking consensus on importance.

How to Use in Your Program

The Pediatric Objectives are intended to provide guidance as you develop or review your overall curriculum for your fellowship program. They can be used as a blueprint for programs working to develop their pediatric curriculum de novo or when updating an existing curriculum. It is not expected that all topics be covered entirely during a 2-week or 4-week rotation or during didactic sessions. We suggest that you review these alongside your pediatric teaching faculty to encourage more targeted bedside teaching or short "chalk talks" or to provide a pediatric perspective during existing adult-focused lecture topics. Remember that fellows are not expected to be able to do all these tasks alone, but rather to collaborate with their interdisciplinary colleagues to provide the best possible care to patients of all ages. As stated above, this is an aspirational document meant to provide guidance as we continue to develop consensus on pediatric content. We expect that it will be refined further over time.

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FAQs

Isn't most of this the territory of subspecialty PPC physicians and the pediatric interdisciplinary team?
You are correct, most of these objectives are part of what PPC physicians and interdisciplinary teams cover. However, there are many more children in need of PPC than there are PPC physicians and teams. Therefore, it is important for all our HPM fellows to learn the fundamentals. We do not expect adult-focused HPM fellows to become PPC experts. Instead, these objectives lay the foundation and help connect adult-focused HPM providers to existing resources to improve the care of seriously ill children and their families nationwide.

How can I accomplish all of this in a 2-week pediatric rotation?
Likely, you can't! Though a well-resourced program might be able, with careful planning, to cover a significant part of this in 2 weeks, the breadth of topics here would certainly be better served by a 4-week PPC rotation. Our hope is that programs with sufficient resources will consider allotting that much time to such an important set of topics. In addition, it is important to note that discussion of pediatric-relevant topics does not have to occur ONLY during the pediatrics rotation—programs should be deliberate about looking for other opportunities during the course of the fellowship year to discuss pediatric topics (for example, journal clubs and case discussions). For those programs fortunate enough

to have easy access to a PPC program, close collaboration throughout the year should be a resource for ongoing pediatric education.

Isn't this entire list aspiration, ie, not feasible for most adult-based trainees?
Though it is true that this list is aspirational, it is important for the Academy to have clear goals around education, even if those goals can't always be met. Many programs may in fact be able to cover most if not all the recommended topics in the course of the year (remember, discussion of pediatric-relevant topics does not have to occur ONLY within the 2–4 weeks allotted to a pediatrics rotation). And for those programs that may not have the time or the resources, these guidelines should act as a goal to work toward, as well as further ammunition to use when lobbying institutional leadership for more resources.

What if I do not have the resources to teach all these objectives?
Some programs may need to use resources outside of their institution to cover these objectives because of a lack of content experts or resources. These objectives may be accomplished by establishing a collaboration with a PPC/hospice team in the community or at nearby children's hospital. Many PPC teams are willing to provide didactics or discussions about these topics with emphasis on using the expertise of the pediatric interdisciplinary team. There also is a growing number of resources available in written or online modalities. Highlighting gaps in resources to your program's leadership and to your institution can help you advocate for more pediatric resources over time.

How does this list affect ACGME program requirements and/or board content?
It does not. Each serves different purposes. The ACGME program requirements are a basic set of standards that outline the clinical learning environment best suited to prepare fellows for autonomous practice. Though they may indicate the time required on certain clinical rotations, they often lack granularity in regard to what should be learned in these various contexts. The American Board of Internal Medicine HPM blueprint outlines the minimum standard for competency in the field but only in regard to content that can be meaningfully tested in a multiple-choice question format. The EPAs and CMs mentioned above are an attempt to further outline the specific knowledge, skills, and attitudes of an HPM physician. These Pediatric Objectives drill down even further to the subtleties of PPC practice.

How can I teach this if we see few pediatric patients in our program?
It is not about the number of patients that you see, but rather learning the best you can from the pediatric patients that you do see. Most of these objectives involve working with the pediatric interdisciplinary team and being able to identify resources that will help you teach these objectives (eg, partnering with your local pediatric hospice or palliative care program or connecting with distant programs virtually). With time, fellowship programs may begin to partner to share resources and teaching, developing curricula at the national level to help those programs that have less exposure to pediatric patients.

Pediatric Objectives for Adult-Track HPM Fellows

1	Communication and Decision Making
1A	Identify tools to assess the developmental stage of a pediatric patient.
1B	Determine pediatric patient capacity and understanding of medical situation, including need for assent.
1C	Recognize unique aspects of surrogate decision making in pediatrics (parents, guardians, foster parents, state custody, emancipated minors, or pregnant mothers).
1D	Demonstrate inclusion of children in serious news disclosure and decision making, when appropriate, in collaboration with the interdisciplinary team.
1E	Elicit goals of care, specifically honoring the patient/family definition of quality of life.
2	**Prognostication**
2A	Recognize the extreme uncertainty that surrounds prognosticating in children, adolescents, and young adults with serious illness and help patients, family members, and team members navigate this uncertainty.
2B	Describe the disease trajectories of the most common diseases encountered in pediatric palliative care and hospice patients.
2C	Identify commonly offered interventions that can affect the disease trajectory of pediatric palliative care and hospice patients.
2D	Recognize pediatric etiologies that carry the highest risk of mortality during hospitalization.
3	**Concurrent Palliative and Life-Sustaining Treatment (LST)**
3A	Facilitate discussions with pediatric patients and their families about the initiation, continuation, or withdrawal of advanced LST/artificial nutrition and hydration (ANH).
3B	Describe the impact of and symptom burden associated with use and withdrawal of LST/ANH in children.
3C	Understand personal, patient- and family-based, and institutional biases, which can impact the recommendation to initiate, continue, or withdraw LST/ANH.
3D	Describe federal, state, and local laws; ethical principles; and local institutional policies relevant to the discontinuation of LST/ANH.
3E	Understand the role of multidisciplinary support and need for care coordination in the context of complex chronic illness being supported by technology.
4	**Ethics**
4A	Describe the ethical and legal implications of decision making in pediatrics, including issues of consent, assent, parental authority, and the application of a “best interest” standard.
4B	Identify the ethical and legal implications of disagreement between parents or between parents and staff regarding care of the child.
4C	Identify the indicators and impact of patient, family, provider, and team distress.
4D	Display a commitment to meeting patient and family preferences and needs while preserving provider integrity, especially in instances where providers may not agree with family decisions.
4E	Describe strategies and ethical approaches around truth telling when parents wish to limit communication with minors.

08.24.20 Pediatric Objectives for Adult-Track HPM Fellows. Developed by HPM Pediatric Curriculum Work Group (Erin M. Denney-Koelsch, MD FAAHPM; Michael D. Barnett, MD MS FAAP FACP FAAHPM; Jillian L. Gustin, MD FAAHPM; Toluwalase Ajayi, MD FAAP; Lisa M. Humphrey, MD FAAHPM; Sonia Malhotra, MD MS FAAP; Kristen M. Moyer, MD; Lindsay Ragsdale, MD FAAHPM; Elisha Waldman, MD FAAHPM) with support from AAHPM.

5	**Assessment and Management of Pain**
5A	Perform a developmentally appropriate, comprehensive pain assessment including all domains of suffering for both the child and caregivers.
5B	Describe a developmentally appropriate plan to provide comprehensive pharmacologic and nonpharmacologic pain management.
5C	Describe the differences between adult and pediatric patients in the pharmacology of pain medications.
5D	Outline the unique differences in assessing and managing pain symptoms in children with serious neurological impairment.
6	**Assessment and Management of Nonpain Symptoms**
6A	Describe a developmentally appropriate, comprehensive nonpain symptom assessment that identifies all domains of suffering for both the child and caregivers.
6B	Describe a developmentally appropriate plan to provide comprehensive pharmacologic and nonpharmacologic nonpain management.
6C	Describe the differences between adult and pediatric patients in the pharmacology of nonpain symptom medications.
6D	Outline the unique differences in assessing and managing nonpain symptoms in children with serious neurological impairment.
7	**Grief, Bereavement, and Spirituality**
7A	Describe how the developmental stage of a child impacts the concepts of spirituality and death and dying.
7B	Identify methods to include siblings in medical care and retain connection with family members during serious illness.
7C	Identify risk and protective factors for complicated grief for bereaved parents/caregivers and make referrals for bereavement care when needed.
7D	Identify methods for debriefing, self-care, and teamwork after the loss of a pediatric patient, which can be a complicated and challenging experience for providers.
8	**Pediatric Hospice**
8A	Describe hospice eligibility guidelines for common neonatal and pediatric medical conditions.
8B	Discuss hospice regulatory requirements, including pediatric concurrent care models, and understand how policy and regulations at state and federal levels impact access to hospice services.
8C	Collaborate with pediatric patients' primary and subspecialty providers and community-based resources to ensure the provision of appropriate patient- and family-centered services specific to the unique settings and requirements for hospice.
9	**Perinatal Palliative Care**
9A	Explain the key components of a birth plan (neonatal advance directive).
9B	Demonstrate cultural sensitivity to differences in birth and death rituals in the perinatal period.
9C	Explain the differences between perinatal bereavement and the loss of other loved ones.
10	**Transitions of Care**
10A	Recognize pediatric diseases that require a transition to adult-based care and identify tools for disease self-management and successful transition to adult clinicians.
10B	Outline pediatric and adolescent support services including child-life services, support groups, and pediatric camps.
10C	Demonstrate the ability to tailor communication skills for advance care planning to adolescent and young adult patients.

Figure: Matrix of Relevant Hospice and Palliative Medicine Curricular Milestones for Each HPM Pediatric Objective

Pediatric Objectives		HPM Curricular Milestones																					
		Patient Care						Communication					HPM Processes					Professional Development					
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
		PC1	PC2	PC3	PC4	PC5	PC6	C1	C2	C3	C4	C5	HPM1	HPM2	HPM3	HPM4	HPM5	PD1	PD2	PD3	PD4	PD5	PD6
Communication	1A		*									*											
	1B		*						*	*								*					
	1C		*			*	*	*	*									*					
	1D					*	*	*	*	*			*					*					
	1E					*		*	*									*	*				
Prognostication	2A	*				*		*	*	*													
	2B	*			*					*													
	2C	*			*	*				*													
	2D	*			*					*													
Concurrent Care	3A	*				*	*	*	*	*							*	*					
	3B	*	*			*	*																
	3C					*											*	*	*				
	3D					*											*	*					
	3E	*		*		*							*		*		*						
Ethics	4A					*												*					
	4B					*		*	*					*				*	*				
	4C		*			*	*	*				*	*	*					*				
	4D					*		*	*				*	*				*	*				
	4E							*	*				*					*					
Pain	5A		*		*	*	*																
	5B	*		*	*	*	*																
	5C	*		*	*	*	*																
	5D	*	*	*	*	*	*																
Nonpain	6A		*		*	*	*																
	6B	*		*	*	*	*																
	6C	*		*	*	*	*																
	6D	*	*	*	*	*	*																
Grief & Spirituality	7A		*				*					*	*										
	7B		*	*		*	*	*	*			*	*										
	7C		*				*					*	*										
	7D			*		*	*					*	*	*						*			
Hospice	8A	*								*							*						
	8B																*						*
	8C			*			*						*	*	*		*						
Perinatal	9A	*																					
	9B		*				*					*											
	9C		*									*											
Transitions	10A	*													*								
	10B												*	*	*								
	10C	*						*	*	*													

Pediatric Objectives are an attempt to outline more clearly the specific knowledge, skills, and attitudes that may be implied in the broader curricular milestones. Some may be taught in a single setting, while others may be achieved over the course of an entire academic year. Curricular milestones (CMs) are "teachable units" that form the conceptual basis of a HPM fellowship curriculum. They typically are taught over multiple points in time during a fellowship year. There is much overlap between CMs and Pediatric Objectives. The matrix is a guide to identify areas where the Pediatric Objectives may supplement existing CMs and curricular content. The work group acknowledges variability in the potential interpretation of HPM Pediatric Objective-CM relationships and invite fellowship programs to modify the matrix as needed.

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