

NEW CURRICULA

Advanced Training in Palliative Medicine (Paediatrics & Child Health)

Curriculum standards



RACP
Specialists. Together

About this document

The new Advanced Training in Advanced Training in Palliative Medicine (Paediatrics & Child Health) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Palliative Medicine (Paediatrics & Child Health) for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Palliative Medicine (Paediatrics & Child Health) [LTA programs](#).

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Program overview

Purpose of Advanced Training

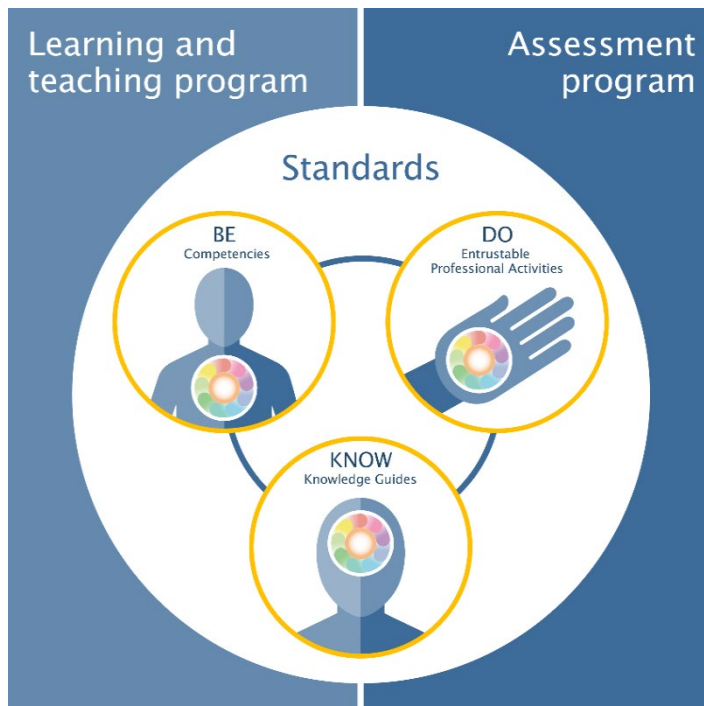
The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.



RACP curriculum model



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

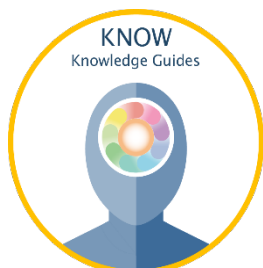
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



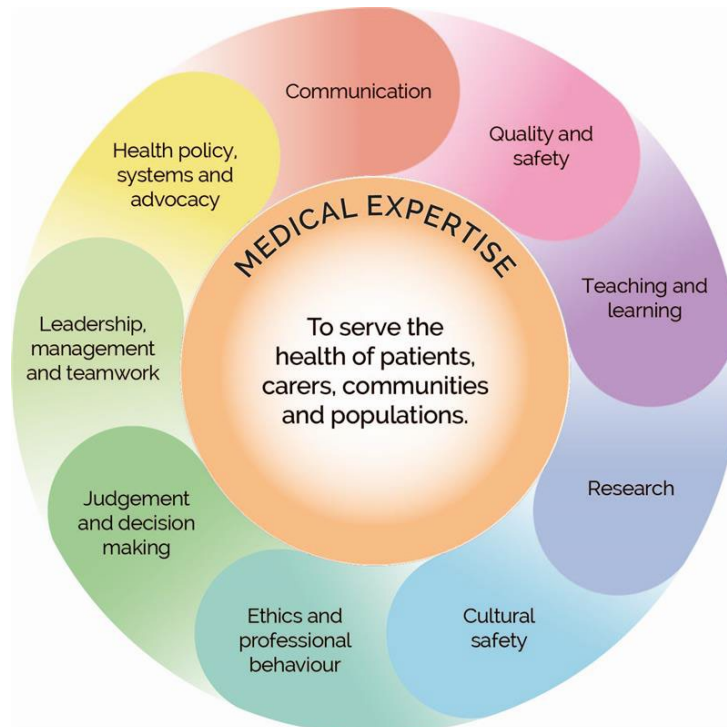
- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.



Learning, teaching, and assessment (LTA) structure

The learning, teaching, and assessment structure defines the framework for delivery



Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**.

There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training required for Divisional Advanced Training programs.

Palliative Medicine (Paediatrics & Child Health) specialty overview

Paediatric palliative medicine physicians provide holistic supportive care with multidisciplinary teams to provide relief from symptoms and to optimise quality of life during different phases of life-limiting illnesses, including at the end of life, for children and their families.

For the purpose of this document, “children” may refer to perinates, neonates, infants, children, adolescents, and young adults.

Paediatric palliative specialists have training, experience, and expertise in:

- partnering with children and families to provide tailored practical and emotional support
- identifying and managing physical, psychological, emotional, spiritual, and social aspects of care
- providing child- and family-centred care to those with life-limiting or life-threatening conditions.

Paediatric palliative medicine provision is based on individual needs, and may include:

- high-level interpersonal and communication skills
- competence in assessment and relief of physical, emotional, and existential symptoms
- facilitating discussions between and within families and care teams
- planning for future medical treatment decisions and goals of care
- working within and across multidisciplinary teams
- accessing equipment needed to aid care in both the hospital and home environment
- links to other services, such as home help, financial support, and respite care
- support for emotional, social, and spiritual concerns
- end-of-life and after-death care provision
- counselling and grief support.

Palliative Medicine (Paediatrics & Child Health) learning goals

The curriculum standards are summarised as 15 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE Competencies	1. Professional behaviours
DO EPAs	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care settings 7. Manage acute changes in clinical condition 8. Longitudinal care, including management of transitions across developmental ages and stages 9. Communication with patients 10. Prescribing 11. Investigations and procedures 12. End-of-life care
KNOW Knowledge guides	13. Symptom management 14. Life-limiting and life-threatening conditions 15. End-of-life and after-death care

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.

Learning goal 1: Professional behaviours



Medical expertise

Professional standard: Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, whānau, or carers¹, and in collaboration with the health care team.

¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.



Communication

Professional standard: Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.



Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.



Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.²

Lifelong learning: Undertake effective self-education and continuing professional development.

Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

Supervision: Provide supervision for junior colleagues and/or team members.

Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

Patient education: Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.



Research

Professional standard: Physicians support creation, dissemination and translation of knowledge and practices applicable to health³. They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

² Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

³ Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety



Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve, this brings awareness and accountability for the impact of the physician's own culture on decision making and health care delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau, and/or community and the physician, to improve health outcomes.

Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau, and/or community autonomy and agency over their decision making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health, and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services, and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.⁴

Critical reflection. Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

Allyship. Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

Inclusive communication. Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

Culturally-safe environment. Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

⁴ The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as:

- the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery
- the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided
- the awareness that cultural safety encompasses a critical consciousness where health professionals and health care organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174



Ethics and professional behaviour

Professional standard. Physicians' practice is founded upon ethics, and physicians always treat patients, their families, communities, and populations in a caring and respectful manner. Physicians demonstrate their commitment and accountability to the health and well-being of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.

Patient welfare: Prioritise patients' welfare and community benefit above self-interest.

Accountability: Be personally and socially accountable.

Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.

Self-care: Implement strategies to maintain personal health and wellbeing.

Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.

Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.

Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.

Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.

Compassion and empathy: Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.



Judgement and decision making

Professional standard: Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision-making: Contribute effectively to team-based decision-making processes.



Leadership, management, and teamwork

Professional standard: Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the health care team and function as an effective team member.



Health policy, systems, and advocacy

Professional standard: Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability: Manage the use of health care resources responsibly in everyday practice.

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



#	Theme	Title
2	<u>Team leadership</u>	Contribute leadership within a team of health professionals to provide palliative care for patients
3	<u>Supervision and teaching</u>	Supervise and teach professional colleagues
4	<u>Quality improvement</u>	Identify and address areas requiring improvement in health care delivery in the paediatric palliative care setting
5	<u>Clinical assessment and management</u>	Clinically assess and manage the palliative care needs of patients across different stages of life-limiting illnesses
6	<u>Management of transitions in care settings</u>	Manage transition of patient care between care settings and contexts, including hospital, home, and hospice
7	<u>Manage acute changes in clinical condition</u>	Manage acute clinical changes in the palliative care setting, including palliative care emergencies
8	<u>Longitudinal care, including management of transitions across developmental ages and stages</u>	Manage and coordinate longitudinal care of patients with malignant and non-malignant conditions across developmental ages and stages, including transition between paediatric and adult care settings
9	<u>Communication with patients</u>	Communicate with patients across different stages of life-limiting illnesses
10	<u>Prescribing</u>	Prescribe medications tailored to patients' needs, illness stages, prognosis, and goals of care
11	<u>Investigations and procedures</u>	Order, undertake, review, and explain outcomes of investigations and procedures in the context of patients' underlying illness stage, prognosis, and goals of care
12	<u>End-of-life care</u>	Plan for and manage the end-of-life and after-death care of patients

Learning goal 2: Team leadership

Theme	Team leadership	
Title	Contribute leadership within a team of health professionals to provide palliative care for patients	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> • prioritise workload • organise or coordinate multiple concurrent tasks • articulate and appropriately delegate individual responsibilities based on expertise and resources in the team • comprehend the range of team members' skills, expertise, and roles, and monitor for accountability as appropriate • develop and apply leadership techniques in daily practice • collaborate with and motivate team members • promote and adopt insights from team members • act as a role model • resolve conflict. 	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> • synthesise information with other disciplines to develop optimal goals of care for patients⁵ • use evidence-based care to meet the needs of patients or populations • assess and effectively manage clinical risk in various scenarios • demonstrate clinical competence and skills by effectively supporting team members 	<p>The trainee may:</p> <ul style="list-style-type: none"> • demonstrate adequate knowledge of health care issues by interpreting complex information • assess the spectrum of problems to be addressed • apply medical knowledge to assess the impact and clinical outcomes of management decisions • provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team
Communication	<ul style="list-style-type: none"> • communicate clearly and respectfully with other health professionals and members of relevant multidisciplinary teams within and outside the palliative care team • prepare succinct and well-written documentation, including medical record notes, letters, symptom management plans for health professionals, and symptom management plans for children and families 	<ul style="list-style-type: none"> • communicate adequately with colleagues, patients, and/or the public • respect the roles of team members

⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • apply relevant communication skills to resolve conflict between health professionals and with children and families • include children and families, as appropriate, in discussions with the multidisciplinary team • develop rapport with people at all levels by tailoring messages to different stakeholders 	
Quality and safety	<ul style="list-style-type: none"> • participate in surveillance and monitoring of adverse events and near misses • identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change • place safety and quality of care first in all decision making 	<ul style="list-style-type: none"> • participate in audits and other activities that affect the quality and safety of patients' care • participate in multidisciplinary collaboration to provide effective health services and operational change • use information resources and electronic medical record technology where available
Teaching and learning	<ul style="list-style-type: none"> • reflect regularly to self-evaluate personal professional practice, skills, and knowledge, and address gaps through self-directed learning • actively seek feedback from supervisors and colleagues on performance as a team member and team leader • maintain current knowledge of medical advances, as well as health care priorities and expectations of the child, family, and health care teams • teach competently by imparting professional knowledge • manage and monitor learner progress, providing regular assessment and feedback 	<ul style="list-style-type: none"> • accept feedback constructively, and change behaviour in response • recognise the limits of personal expertise, and involve other health professionals as needed • demonstrate basic skills in facilitating colleagues' learning
Cultural safety	<ul style="list-style-type: none"> • demonstrate culturally competent relationships with children and families, professional colleagues, and stakeholders • demonstrate inclusion of and respect for diversity and difference • take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making 	<ul style="list-style-type: none"> • demonstrate awareness of cultural diversity and unconscious bias • work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> • promote a team culture of shared accountability for decisions and outcomes • encourage open discussion of ethical and clinical concerns • respect differences between multidisciplinary team members, and model respectful conversations when there are differing approaches and opinions 	<ul style="list-style-type: none"> • support ethical principles in clinical decision making • maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities • respect the roles and expertise of other health professionals • work effectively as a member of a team

	<ul style="list-style-type: none"> • apply the ethics of resource allocation • effectively consult with stakeholders • acknowledge personal conflicts of interest and unconscious bias to ensure these do not negatively impact patient care • act collaboratively to resolve behavioural incidents and conflicts, including harassment and bullying 	<ul style="list-style-type: none"> • promote team values of honesty, discipline, and commitment to continuous improvement • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	<ul style="list-style-type: none"> • evaluate health services and clarify expectations to support systematic, transparent decision making • make decisions when faced with multiple and conflicting health professionals' perspectives • ensure medical input to organisational decision making • adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery 	<ul style="list-style-type: none"> • monitor services and provide appropriate advice • review new health care interventions and resources • interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	<ul style="list-style-type: none"> • combine team members' skills and expertise to deliver patient care and/or population advice • develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate and support others • build effective relationships with and between multidisciplinary team members to achieve optimal outcomes • ensure all members of the team are accountable for their individual practice 	<ul style="list-style-type: none"> • understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patients' care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • engage in appropriate consultation with stakeholders • advocate for resources and support for health care teams to achieve organisational priorities • influence the development of organisational policies and procedures to optimise health outcomes • identify the determinants of health for patient populations, and mitigate barriers to access to care • remove self-interest from solutions to health advocacy issues 	<ul style="list-style-type: none"> • communicate with stakeholders within the organisation about health care delivery • understand methods used to allocate resources to provide high-quality care • promote the development and use of organisational policies and procedures

Learning goal 3: Supervision and teaching

Theme	Supervision and teaching	
Title	Supervise and teach professional colleagues	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• facilitate work-based teaching in a variety of settings• teach professional skills• create a safe and supportive learning environment• plan, deliver, and provide work-based assessments• promote learners to be self-directed and identify learning experiences• administer learners in day-to-day work, and provide feedback• support learners to prepare for assessments.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	<ul style="list-style-type: none">• explain the rationale underpinning a structured approach to patient⁶ assessment and clinical decision making• demonstrate child- and family-centered practice• articulate the rationale and reasoning for investigation and management options, and encourage and mentor learners to consider such rationales	<ul style="list-style-type: none">• teach learners using basic knowledge and skills
Communication	<ul style="list-style-type: none">• communicate clearly and respectfully when supervising and teaching other health professionals, junior colleagues, and medical students• supervise other health professionals, junior colleagues, and medical students in communication tasks• model a collaborative and safe learning environment• support learners to deliver clear, concise, and relevant information in both verbal and written communication• teach communication skills to other health professionals, junior colleagues, and medical students	<ul style="list-style-type: none">• demonstrate accessible, supportive, and compassionate behaviour
Quality and safety	<ul style="list-style-type: none">• use errors and adverse events as opportunities to teach	<ul style="list-style-type: none">• observe learners to reduce risks and improve health outcomes

⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • identify and discuss risks with learners • ensure learners practice within their own limits of competence by providing appropriate supervision, assessment, and feedback • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns 	
Teaching and learning	<ul style="list-style-type: none"> • apply knowledge of the principles, processes, and skills of supervision while supervising learners in day-to-day work • support learners to identify and participate in professional development and learning opportunities based on their individual learning needs • provide feedback and assessment tailored to learners' goals and learning needs • encourage self-directed learning and assessment • develop a consistent and fair approach to assessing learners • establish and maintain effective mentoring through open dialogue • recognise the limits of personal educational expertise, and involve others appropriately • develop goals and strategies to enhance and improve teaching skills • self-assess personal teaching practice regularly, and address gaps through self-directed learning • seek feedback from colleagues and learners on teaching performance • participate in teaching and supervision professional development activities 	<ul style="list-style-type: none"> • demonstrate basic skills in the supervision of learners • apply a standardised approach to teaching, assessment, and feedback without considering individual learners' needs • implement teaching and learning activities that are aligned to learning goals • adopt a teaching style that encourages learners' self-directedness
Research	<ul style="list-style-type: none"> • provide guidance and support for junior colleagues' research project goals and requirements • monitor the progress of learners' research projects regularly • review and ensure acceptable standard of college research projects prior to submission • support learners to find forums to present research projects • encourage and guide learners to seek out relevant research to support practice 	<ul style="list-style-type: none"> • guide learners with respect to the choice of research projects • ensure that the research projects planned are feasible and of suitable standards

Cultural safety	<ul style="list-style-type: none"> • demonstrate a culturally appropriate approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural competence • respect and incorporate cultural, ethical, and religious values and beliefs of patients, families, and colleagues in teaching and learning 	<ul style="list-style-type: none"> • function effectively and respectfully when working and teaching with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> • role model ethical and professional behaviour to learners, including: <ul style="list-style-type: none"> » acknowledging own errors » practising within limits of competence » reflecting on the impact of own beliefs on patients' care » respect for colleagues and patients • incorporate teaching of relevant medical and health ethics and law into educational opportunities • provide professional guidance to learners when required 	<ul style="list-style-type: none"> • demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • provide learners with feedback to improve their experiences
Judgement and decision making	<ul style="list-style-type: none"> • prioritise workloads, and manage learners with different levels of professional knowledge or experience • explain decisions by linking theory and practice when explaining professional decisions • promote shared problem solving • support learners to make independent decisions • apply objective evidence and expected standards to justify feedback and assessment decisions • escalate concerns about learners appropriately 	<ul style="list-style-type: none"> • provide general advice and support to learners • apply health data logically and effectively to investigate difficult diagnostic problems
Leadership, management, and teamwork	<ul style="list-style-type: none"> • participate in and support continuing professional development • maintain professional, clinical, research, and/or administrative responsibilities while teaching • create an inclusive environment whereby learners feel part of the team 	<ul style="list-style-type: none"> • demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling

Health policy,
systems, and
advocacy

- advocate for suitable resources to provide quality supervision and maintain training standards
 - explain the value of health data in the care of patients or populations
 - support innovation in teaching and training
 - advocate for paediatric palliative care teaching and learning
 - integrate public health principals into teaching and practice
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Learning goal 4: Quality improvement

Theme	Quality improvement	
Title	Identify and address areas requiring improvement in health care delivery in the paediatric palliative care setting	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify and report actual and potential (near miss) errors• perform and evaluate system improvement activities• comply to best practice guidelines• evaluate clinical guidelines and outcomes• improve the development of policies and protocols designed to protect patients⁷ and enhance health care• monitor one’s own practice and develop individual improvement plans.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
<u>Medical expertise</u>	<ul style="list-style-type: none">• use medical knowledge and expertise to monitor for and mitigate potential adverse clinical outcomes• regularly review patients’ or population health outcomes to identify opportunities for improvement in delivering appropriate care• evaluate environmental and lifestyle factors contributing to poor health, and consider these when discussing therapeutic choices with patients and their families, whānau, and/or carers• use standardised protocols to adhere to best practice and quality health care• regularly monitor personal professional performance	<ul style="list-style-type: none">• contribute to processes on identified opportunities for improvement• recognise the importance of prevention and early detection in clinical practice• use local guidelines to assist patients’ care decision making
	<u>Communication</u>	<ul style="list-style-type: none">• support patients to have access to information in a way that is accessible and meaningful to them• assist patients’ access to their health information, as well as complaint and feedback systems• discuss with patients any safety and quality concerns they have relating to their care• implement the organisation’s open disclosure policy

⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

Quality and safety	<ul style="list-style-type: none"> demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover participate in organisational quality and safety activities, including: <ul style="list-style-type: none"> » clinical incident reviews » corrective and preventive action plans » morbidity and mortality reviews » root cause analyses participate in systems for surveillance and monitoring of adverse events and near misses, including reporting such events ensure that identified opportunities for improvement are raised and reported appropriately use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve health care 	<ul style="list-style-type: none"> demonstrate understanding of a systematic approach to improving the quality and safety of health care
Teaching and learning	<ul style="list-style-type: none"> participate in professional training in quality and safety supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care 	<ul style="list-style-type: none"> work within organisational quality and safety systems for the delivery of clinical care use opportunities to learn about safety and quality theory and systems
Research	<ul style="list-style-type: none"> ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research 	<ul style="list-style-type: none"> recognise that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research
Cultural safety	<ul style="list-style-type: none"> undertake professional development opportunities that address the impact of cultural bias on health outcomes 	<ul style="list-style-type: none"> communicate effectively with patients from culturally and linguistically diverse backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> align improvement goals with the priorities of the organisation and/or community contribute to developing an organisational culture that enables and prioritises patients' safety and quality 	<ul style="list-style-type: none"> comply with professional regulatory requirements and codes of conduct
Judgement and decision making	<ul style="list-style-type: none"> use decision-making support tools, including guidelines, protocols, pathways, and reminders analyse and evaluate current care processes to improve health care 	<ul style="list-style-type: none"> access information and advice from other health practitioners to identify, evaluate, and improve patients' care management
Leadership, management, and teamwork	<ul style="list-style-type: none"> formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals support multidisciplinary team activities to lower patients' risk of harm, and promote 	<ul style="list-style-type: none"> demonstrate attitudes of respect and cooperation among members of different professional teams partner with clinicians and managers to ensure patients receive appropriate care and information on their care

	<p>multidisciplinary programs of education</p> <ul style="list-style-type: none"> • actively involve clinical pharmacists in the medication-use process 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes • participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged • measure, analyse, and report a set of specialty-specific process of care and outcome clinical indicators, and a set of generic safety indicators • take part in the design and implementation of the organisational systems for: <ul style="list-style-type: none"> » clinical, and safety and quality education and training » defining the scope of clinical practice » performance monitoring and management 	<ul style="list-style-type: none"> • communicate with service managers about issues that affect patients' care • contribute to relevant organisational policies and procedures • contribute to an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

Learning goal 5: Clinical assessment and management

Theme	Clinical assessment and management	
Title	Clinically assess and manage the palliative care needs of patients across different stages of life-limiting illnesses	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify and access sources of relevant information about patients⁸• locate patient histories• examine patients• synthesise findings to develop differential diagnoses• assess where patients are in their illness trajectory• formulate management plans, including physical, psychosocial, and spiritual needs• discuss findings and plans with patients• generate a symptom management plan• communicate findings with other health professionals.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• elicit accurate, organised, and problem-focused medical histories, considering physical, psychosocial, and spiritual factors• perform focused physical examinations appropriate to patients' ages, stages of illness, and presenting problem• synthesise and interpret findings from histories and examinations to devise the most likely provisional diagnosis and reasonable differential diagnoses• assess the severity of problems, the likelihood of complications, and clinical outcomes• develop management plans based on relevant guidelines and evidence, as well as patients' stages of illness, goals of care, and any advance care planning discussions that have been conducted• plan for and anticipate future complications based on knowledge of the likely disease trajectory• develop symptom management plans for potential or current	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• take patient-centred histories, considering psychosocial factors• perform accurate physical examinations• recognise and correctly interpret abnormal findings• synthesise pertinent information to direct clinical encounters and diagnostic categories• seek supervisor input to develop appropriate management plans, including for symptom management
Medical expertise		

⁸ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<p>physical and emotional symptoms, both for other health professionals and for families</p> <ul style="list-style-type: none"> • consult with other team members in grief and bereavement risk assessments, both before and after the death of a child • participate in team conversations about appropriate bereavement follow-up 	
Communication	<ul style="list-style-type: none"> • explain diagnosis, investigation, and management options using language appropriate to patients' understanding and desire for information • address questions, misunderstandings, and concerns • explore the concerns and goals of patients and their families, whānau, and/or carers, and plan management in partnership • respond to verbal and nonverbal cues and emotions while providing medical information • include significant others in conversations when appropriate, recognising that in paediatrics this will commonly but not always be patients' parents • communicate with other health professionals and members of relevant multidisciplinary teams as needed • document relevant and detailed medical record entries, including clinical assessments and management plans • share summaries of care and management plans with other professionals involved in a child's care • address prognosis if required, acknowledging the limits of prognostication in paediatric palliative care 	<ul style="list-style-type: none"> • explain diagnosis, investigation, and management options using basic communication skills • seek supervisor input for complex or highly emotional conversations
Quality and safety	<ul style="list-style-type: none"> • incorporate infection control into clinical practice • participate in effective clinical handover • recognise and effectively deal with aggressive and violent patient behaviours through appropriate training • obtain informed consent before undertaking any investigations or providing treatment (except in emergencies) • contribute to monitoring and evaluation strategies around 	<ul style="list-style-type: none"> • take precautions against potential assaults from patients or their families, whānau, and/or carers

	<ul style="list-style-type: none"> clinical assessment and management, including clinical audits • evaluate and explain the benefits and risks of clinical interventions based on the specific circumstances of individual patients • report and analyse adverse incidents and sentinel events to identify system failures and contributing factors • identify evidence-based practice gaps using clinical indicators, and implement changes to improve patient outcomes 	
Teaching and learning	<ul style="list-style-type: none"> • reflect regularly upon and self-evaluate professional development and clinical practice • seek feedback from colleagues on own clinical practice • address gaps in knowledge and skills through self-directed learning and continuing professional development • supervise junior colleagues in the provision of clinical care • use clinical encounters to educate patients and junior colleagues on relevant aspects of health and disease • obtain informed consent before involving patients in teaching activities 	<ul style="list-style-type: none"> • set goals and objectives for self-learning • initiate self-reflection practice • deliver teaching considering learners' level of training
Research	<ul style="list-style-type: none"> • apply evidence-based guidelines to clinical practice • analyse and apply relevant research literature to clinical practice • support or engage in research to build the paediatric palliative care evidence base 	<ul style="list-style-type: none"> • refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> • use plain-language patient education materials, and demonstrate cultural and linguistic sensitivity • demonstrate effective and culturally competent communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups • use professional interpreters, health advocates, or family or community members to assist in communication with patients, and understand the potential limitations of each 	<ul style="list-style-type: none"> • display respect for patients' cultures, and attentiveness to social determinants of health • appropriately access interpretive or culturally focused services

	<ul style="list-style-type: none"> • acknowledge patients' and families' beliefs and values, and how these might impact on health 	
Ethics and professional behaviour	<ul style="list-style-type: none"> • demonstrate professional values, including compassion, empathy, respect, integrity, and honesty to all patients • maintain patient privacy and confidentiality according to legal guidelines • assess patients' capacity for decision making, involving a proxy decision maker appropriately 	<ul style="list-style-type: none"> • demonstrate professional conduct, honesty, and integrity • consider patients' decision-making capacity • identify patients' preferences regarding management and the role of families in decision making • not advance personal interest or professional agendas at the expense of patient or social welfare
Judgement and decision making	<ul style="list-style-type: none"> • apply knowledge and clinical expertise to diagnose and manage patients' problems and make logical and rational decisions • use a holistic approach to health considering comorbidity, uncertainty, and risk when formulating differential diagnoses and management plans • use the best available evidence for the most effective therapies and interventions to ensure quality care 	<ul style="list-style-type: none"> • demonstrate clinical reasoning by gathering focused information relevant to patients' care • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • work effectively as a team member to achieve the best health outcome for patients when working with: <ul style="list-style-type: none"> » multidisciplinary teams » subspecialty units in paediatric teams » teams in community palliative care • identify colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patient safety • ensure patients are referred to other teams as appropriate, either within or external to the palliative care team 	<ul style="list-style-type: none"> • share relevant information with members of the health care team
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • aim to achieve optimal cost-effective care to allow maximum benefit from the available resources • advocate for children with paediatric palliative care needs in the health system 	<ul style="list-style-type: none"> • identify and navigate components of the healthcare system relevant to patients' care • identify and access relevant community resources to support patient care

Learning goal 6: Management of transitions in care settings

Theme	Management of transitions in care settings	
Title	Manage transition of patient care between care settings and contexts, including hospital, home, and hospice	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">manage the transition of patient care to ensure the optimal continuation of care between providersidentify the appropriate health care providers and other stakeholders with whom to share patient informationexchange pertinent, contextually appropriate, and relevant patient informationengage patients⁹ and their families, whānau, and/or carers in decision-making about the site of care.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">facilitate optimal transitions of care for patientsidentify and manage key risks for patients during transition, including risk of death during transfer or risk of not being medically stable enough to return to a preferred location of careanticipate and develop management plans for possible changes in patients' conditionsunderstand the strengths and limitations of different care settings, and develop management plans that are appropriate for the setting chosen	<ul style="list-style-type: none">understand the details of patients' conditions, illness severity, and potential emerging issues with appropriate actionsprovide accurate summaries of patients' information, with accurate identification of problems or issues
Communication	<ul style="list-style-type: none">explore preferred location of care and preferred location of death with patients and their families, whānau, and/or carerscommunicate with patients and their families, whānau, and/or carers about options and plans for transitions in care settings, including the reasons and/or risks associated with such transitionscommunicate and consult with other health professionals and members of the multidisciplinary team regarding transitions of care	<ul style="list-style-type: none">communicate clearly with clinicians and other caregiversuse standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissionscommunicate accurately and in a timely manner to ensure effective transitions between settings, and continuity and quality of care

⁹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • provide handover to receiving health professionals • write comprehensive and accurate summaries of care, including transfer documentation 	
Quality and safety	<ul style="list-style-type: none"> • identify patients at risk of adverse outcomes, including death during transition of care, and mitigate this risk or conduct appropriate conversations with families and health professionals to ensure the risks are understood and incorporated into decision making • ensure appropriate infection control measures during transitions in care • analyse adverse incidents and sentinel events during transitions of care to identify system failures and contributing factors • use consent processes, including written consent if required, for the release and exchange of information 	<ul style="list-style-type: none"> • ensure handovers are complete, or work to mitigate risks if incomplete • ensure all outstanding results or procedures are followed up by receiving units and clinicians • keep patients' information secure, adhering to relevant legislation regarding personal information and privacy
Teaching and learning	<ul style="list-style-type: none"> • regularly self-evaluate personal clinical practice around transitions of care • supervise junior colleagues in managing transitions of care • use teaching opportunities arising from transitions of care, including handover sessions • use opportunities from transitions of care to learn about and enhance the skills and resources available to support end-of-life care for children in different settings and communities 	<ul style="list-style-type: none"> • take opportunities to teach junior colleagues during handover, as necessary
Cultural safety	<ul style="list-style-type: none"> • communicate in a culturally appropriate way by considering health literacy, language barriers, culture, religion, and belief systems when discussing transition of care with patients and their families, whānau, and/or carers • use culturally appropriate services to support patients in care transitions, such as Māori and Aboriginal or Torres Strait Islander peoples' health workers or community-controlled organisations 	<ul style="list-style-type: none"> • include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required
Ethics and professional behaviour	<ul style="list-style-type: none"> • disclose and share only contextually appropriate medical and personal information during transitions of care in line with clinical, ethical, and legal requirements 	<ul style="list-style-type: none"> • maintain respect for patients and other health professionals, including respecting privacy and confidentiality

	<ul style="list-style-type: none"> • maintain patient privacy and confidentiality according to legal guidelines during transitions of care • consider the additional complexity related to some types of information, including genetic information, and seek appropriate advice about disclosure of such information 	
Judgement and decision making	<ul style="list-style-type: none"> • use medical expertise and knowledge of patients and their families, whānau, and/or carers' wishes and priorities to ensure that care is provided in the most appropriate facility and setting 	<ul style="list-style-type: none"> • use a structured approach to consider and prioritise patients' issues • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • delegate appropriately during transitions of care • demonstrate understanding of the medical governance of patient care, and the differing roles of team members • respect the roles and expertise of health professionals across various institutions and settings, and collaborate with these professionals to ensure smooth transitions of care 	<ul style="list-style-type: none"> • recognise factors that impact on the transfer of care, and help subsequent health professionals understand the issues to continue care • work to overcome the potential barriers to continuity of care, appreciating the role of handover in overcoming these barriers
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • contribute to processes for managing risks, and identify strategies for improvement in transition of care • engage in organisational processes to improve transitions of care, including formal surveys or follow-up phone calls 	<ul style="list-style-type: none"> • factor transport issues and costs to patients into arrangements for transferring patients to other settings

Learning goal 7: Manage acute changes in clinical condition

Theme	Manage acute changes in clinical condition	
Title	Manage acute clinical changes in the palliative care setting, including palliative care emergencies	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify acute changes in clinical condition, including palliative care emergencies• initiate investigation and management appropriate to patients’ stage of disease, prognosis, and goals of care• follow local processes for escalation of care as appropriate• liaise with other medical teams as appropriate• ensure appropriate follow-up and documentation.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	<ul style="list-style-type: none">• assess, diagnose, and manage acute clinical presentations as appropriate to patients’ stages of disease, prognosis, and goals of care• recommend investigations that are appropriate to patients’ stages of disease, prognosis, and goals of care• manage escalations or transitions of care in a proactive and timely manner• predict, plan for, recognise, and respond to palliative care emergencies, including large and potentially terminal bleeding events	<ul style="list-style-type: none">• formulate basic assessment and management plans for acute deterioration and palliative care emergencies• seek supervisor input to comprehensively medically manage acute deterioration and palliative care emergencies
Communication	<ul style="list-style-type: none">• explain diagnosis, investigation, and management options for acute events to patients¹⁰ and their families, whānau, and/or carers, using language appropriate to the patient and family’s understanding and desire for information• negotiate realistic treatment goals, and determine and explain expected prognoses and outcomes• address questions, misunderstandings, and concerns about patients’ conditions and	<ul style="list-style-type: none">• demonstrate communication skills to sufficiently support multidisciplinary teams, patients, their families, whānau, and/or carers• determine patients’ understanding of their disease and their preferred goals of care, where possible• acknowledge and escalate questions, misunderstandings, and concerns about patients’ conditions and management options to appropriate members of the multidisciplinary team

¹⁰ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<p>management options respond to verbal and nonverbal cues and emotions while discussing acute medical events with patients, their families, whānau, and/or carers</p> <ul style="list-style-type: none"> communicate with other health professionals, and complete appropriate documentation about acute changes in patients' conditions and adjustments to their management plans 	
Quality and safety	<ul style="list-style-type: none"> maintain up-to-date certification in basic life support evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances analyse adverse incidents and sentinel events to identify system failures and contributing factors identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes 	<ul style="list-style-type: none"> recognise the risks and benefits of interventions raise appropriate issues for review at morbidity and mortality meetings evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure
Teaching and learning	<ul style="list-style-type: none"> regularly evaluate personal clinical practice around provision of acute care seek feedback on own clinical practice address gaps in knowledge and skills through self-directed learning and continuing professional development supervise junior colleagues in managing acute and emergency events in palliative care use teaching opportunities arising from acute and emergency events in palliative care 	<ul style="list-style-type: none"> participate in inter- and intra-team education around acute events in palliative care to enhance team effectiveness provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to clinical practice in managing acute and emergency events in palliative care support and participate in research to build the palliative care evidence base in acute and emergency events encountered in palliative care 	<ul style="list-style-type: none"> demonstrate efficient use of literature databases to retrieve evidence use information from credible sources to aid in decision making refer to evidence-based clinical guidelines and protocols on acutely unwell patients demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> negotiate health care decisions around acute or emergency events in culturally appropriate ways, by considering health literacy, language barriers, cultures, religion, and belief systems 	<ul style="list-style-type: none"> demonstrate recognition of, respect, and sensitivity to cultural factors in the community serviced proactively identify barriers to access to health care

	<ul style="list-style-type: none"> • integrate culturally appropriate care of Māori and Aboriginal and Torres Strait Islander peoples into management of acute events • consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams in acute and emergency events encountered in palliative care 	
Ethics and professional behaviour	<ul style="list-style-type: none"> • consider the consequences of delivering treatment that is deemed medically futile, recognising that patients and their families, whānau, and/or carers may have different views • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect health care policy and patients' care during acute events • initiate and engage in ethical discussions around decision making to facilitate patient- and family-centred care, and minimise and address moral distress in the multidisciplinary team 	<ul style="list-style-type: none"> • communicate medical management plans as part of multidisciplinary plans for patients • establish, where possible, patients' wishes and preferences about care • contribute to building a positive, respectful, and inclusive culture within teams
Judgement and decision making	<ul style="list-style-type: none"> • identify the need for escalation of care, and escalate to appropriate staff or services when needed • integrate evidence into clinical decision making around management of acute events in palliative care • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty • incorporate available resources and local guidelines and contexts into decision making • acknowledge there is invariably more than one appropriate treatment plan, and justify the treatment plan chosen 	<ul style="list-style-type: none"> • involve additional staff to assist in patients' care in a timely manner when required • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • work respectfully and effectively with colleagues during management of acute events • ensure appropriate multidisciplinary assessment and management of acute events • initiate emergent escalation of care within and between teams to effectively manage acute patient events 	<ul style="list-style-type: none"> • collaborate with and engage other team members during management of acute events, based on their roles and skills • encourage an environment of openness and respect

Health policy,
systems, and
advocacy

- use a considered and rational approach to the responsible use of resources, balancing costs against outcomes
 - prioritise patients' care based on need, and consider available health care resources
 - collaborate with colleagues to develop policies and protocols for the investigation and management of common acute medical problems in palliative care
 - understand the systems for the escalation of care for deteriorating patients
 - understand the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes in acute events in palliative care
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Learning goal 8: Longitudinal care, including management of transitions across developmental ages and stages

Theme	Longitudinal care, including management of transitions across developmental ages and stages	
Title	Manage and coordinate longitudinal care of patients with malignant and non-malignant conditions across developmental ages and stages	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> describe the importance of developmental ages and stages in health care describe the difference between chronological and developmental ages as relevant to children with serious illnesses consider the changing needs of children with life-limiting illnesses as they grow and develop facilitate and support transitions between teams and settings as patients¹¹ grow and develop collaborate with other health care providers facilitate continuity of care facilitate patients' self-management and self-monitoring engage with the broader health policy context. 	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
	<p>The trainee will:</p> <ul style="list-style-type: none"> consider patients' chronological and developmental ages during clinical assessments and formulation of management plans regularly re-assess approaches to clinical assessment and management over time elicit contributions of patients, families, whānau, and/or carers for needs assessments and care planning over time consider appropriate timing of transition between services and teams, including neonatal to general paediatric teams, and paediatric to adult settings 	<p>The trainee may:</p> <ul style="list-style-type: none"> recognise the need for transition between services and teams, and participate in transition planning
Medical expertise		
Communication	<ul style="list-style-type: none"> use communication that is appropriate for the age and developmental stage of patients, recognising this may change over time document and communicate changes in care plans as patients grow and develop 	<ul style="list-style-type: none"> actively elicit patients' specific language and communication needs wherever possible develop strategies to meet patients' changing developmental needs over time document and share insights about patients' and families' changing needs with relevant care

¹¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • use assistive technologies for patients whose speech and language is impacted by underlying medical conditions • be curious and ask families and/or carers to interpret emotions, values, likes, and dislikes for patients who are nonverbal or have limited communication • stage conversations and processes of transition, with overlap between services where possible • conduct comprehensive verbal and written handovers when transitioning patients between settings and medical teams 	<p>providers to optimise and personalise care over time</p>
Quality and safety	<ul style="list-style-type: none"> • evaluate and explain the reasons and processes around transitioning between care settings and teams due to age • analyse adverse incidents and sentinel events to identify system failures and contributing factors when transitioning between care settings and teams • identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes when transitioning between care settings and teams 	<ul style="list-style-type: none"> • participate in continuous quality improvement processes and clinical audits on chronic disease management • identify activities that may improve patients' quality of life
Teaching and learning	<ul style="list-style-type: none"> • regularly evaluate personal clinical practice around assessing and managing patients at chronologically and developmentally appropriate levels • seek feedback on own clinical practice • address gaps in knowledge and skills through self-directed learning and continuing professional development • supervise junior colleagues in managing patients according to their chronological and developmental ages and stages, re-assessing as changes occur • use teaching opportunities arising from encounters incorporating age and developmental assessment 	<ul style="list-style-type: none"> • use clinical practice guidelines for management of chronic diseases in children • participate in intra- and inter-team education around children's changing developmental needs
Research	<ul style="list-style-type: none"> • apply relevant research literature and evidence-based guidelines to clinical practice in managing patients who transition between care settings and teams based on age • support and participate in research to enhance care for patients who 	<ul style="list-style-type: none"> • efficiently search literature for evidence of best practice in developmentally appropriate care of patients with palliative care needs • recognise appropriate use of review articles

	encounter transitions in care settings and teams	
Cultural safety	<ul style="list-style-type: none"> demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples and members of other cultural groups when considering ages and stages of development and transitions in care settings and teams use professional interpreters, health advocates, family or community members to assist in communication with patients, and understand the potential limitations of each 	<ul style="list-style-type: none"> provide culturally sensitive chronic disease management for children with palliative care needs facilitate appropriate use of interpreter services and translated materials
Ethics and professional behaviour	<ul style="list-style-type: none"> respect the roles and expertise of other health professionals, including those across other care settings and teams use processes for the release and exchange of health information when patients are transitioning between care settings and teams 	<ul style="list-style-type: none"> share information between relevant service providers acknowledge and respect the contribution of health professionals involved in patients' care
Judgement and decision making	<ul style="list-style-type: none"> implement a stepwise process in the management of transition between care settings and teams, with appropriate handovers recognise patients' and their families', whānau, and/or carers' needs in terms of both internal resources and external support on a longitudinal health care journey involving the changing needs of a growing and developing child 	<ul style="list-style-type: none"> recognise personal limitations in caring for patients with changing needs, and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> coordinate whole-person care through involvement in all stages of patients' care journeys as they grow and develop work effectively within multidisciplinary teams across and between services to manage patients who may have changing needs as they grow and develop 	<ul style="list-style-type: none"> participate in multidisciplinary care for patients with chronic diseases and disabilities, including care transitions between health care facilities and home, as appropriate to patients' context
Health policy, systems, and advocacy	<ul style="list-style-type: none"> maintain good relationships with health agencies and services apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs when providing care to patients who have changing needs as they grow and develop 	

Learning goal 9: Communication with patients

Theme	Communication with patients	
Title	Communicate with patients across different stages of life-limiting illnesses	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• enhance the setting for the conversation, and include other team members as needed• adapt conversations to the audience, including adjustment for age, cognition, development, and cultural and linguistic considerations• use language appropriate to patients’¹² understanding and desire for information• assess patients’ understanding prior to giving any information• respond to verbal and nonverbal cues and emotions• select and use appropriate communication modalities and strategies• plan conversations, and be ready to modify plans as needed• develop mutually agreed management plans• verify patients’ understanding of information shared• develop, summarise, document, and implement plans following communication to ensure actions occur.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">• explain diagnosis, investigation, and management options• use language appropriate to patients’ understanding and desire for information• address questions, misunderstandings, and concerns about patients’ conditions and management options• provide accessible information to patients to enable informed decisions about diagnostic, therapeutic, and management options• use medical expertise and knowledge about illnesses and trajectories to guide complicated and emotional decision making in palliative care, including prognosis, advance care planning, goals of care, symptoms, and end-of-life conversations	
Communication	<ul style="list-style-type: none">• tailor communication modalities to the circumstances, including emails, face-to-face, or phone calls	<ul style="list-style-type: none">• select appropriate modes of communication

¹² References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> include significant others in conversations when appropriate encourage and respond to questions from patients and other health professionals respond to verbal and nonverbal cues and emotions during consultations and conversations with patients and other health professionals consider patients' capacity for decision making and consent, and involve them in their care with consideration to age, development, and personal preferences, appropriate to their family context include family and other carers in patients' care and, when appropriate, bridge understanding and conversations between patients and their families, whānau, and/or carers document key conversations, and share details with patients and the wider care team use language appropriate to patients' understanding and desire for information assess patients' understanding prior to giving information 	<ul style="list-style-type: none"> engage patients in discussions, avoiding the use of jargon check patients' understanding of information adapt communication style in response to patients' age and developmental level, and cognitive, cultural, physical, situational, and socioeconomic factors collaborate with patient liaison officers as required
Quality and safety	<ul style="list-style-type: none"> discuss potential benefits and harms of management strategies, and ensure patients and their families, whānau, and/or carers understand these conversations to ensure safe and quality care recognise and take precautions where patients may be vulnerable, including issues of child protection or self-harm participate in processes to manage patient complaints 	
Teaching and learning	<ul style="list-style-type: none"> supervise colleagues in managing communication with patients and their families, whānau, and/or carers, and with other health professionals maximise teaching opportunities around communication skills 	<ul style="list-style-type: none"> participate in learning opportunities to enhance communication skills take opportunities to teach and supervise others to enhance their communication skills
Research	<ul style="list-style-type: none"> incorporate communication strategies from guidelines and peer-reviewed literature into clinical practice support and participate in research in adherence with ethics and governance requirements 	<ul style="list-style-type: none"> refer to evidence-based clinical guidelines demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice

Cultural safety	<ul style="list-style-type: none"> • demonstrate effective and culturally competent communication with people of different backgrounds and cultures, including Māori and Aboriginal and Torres Strait Islander peoples • use qualified interpreters and members of cultural and religious communities to help meet the communication needs of patients, their families, whānau, and/or carers • provide plain-language and culturally appropriate written materials to patients 	<ul style="list-style-type: none"> • identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers
Ethics and professional behaviour	<ul style="list-style-type: none"> • demonstrate respectful professional relationships with patients and health professionals • communicate with integrity, transparency, empathy, and respect with patients and other health professionals • support patients' rights to seek second opinions 	<ul style="list-style-type: none"> • communicate appropriately, consistent with the context, respecting patients' needs and preferences • demonstrate a caring attitude towards patients • respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself • use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
Leadership, management, and teamwork	<ul style="list-style-type: none"> • communicate effectively with team members involved in patients' care, and with patients and other health professionals • collaborate with other health professionals within the palliative care team and from other care teams when formulating clinical assessments and plans • model and facilitate an environment where all team members feel they can participate in communication, contribute to conversations, and have their opinions valued 	<ul style="list-style-type: none"> • summarise, clarify, and communicate responsibilities of health care team members • participate in multidisciplinary care planning, including communication with the wider team about palliative care priorities • maintain the focus for health care team members on patient outcomes
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • communicate and collaborate with other services (such as regional or remote paediatric teams and community palliative care services) and key stakeholders (such as government organisations) to enhance care for patients and their families, whānau, and/or carers at patient and system levels 	<ul style="list-style-type: none"> • communicate with and involve other health professionals as appropriate

Learning goal 10: Prescribing

Theme	Prescribing	
Title	Prescribe medications tailored to patients' needs, illness stages, prognosis, and goals of care	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• collect and interpret medication histories, including the use of complementary and alternative therapies• choose appropriate pharmacological and/or non-pharmacological management options based on patients' preferences, taking into consideration age, benefits, comorbidities, development, potential drug interactions, and risks• communicate with patients¹³ about the benefits and risks of different therapies• communicate instructions about medication administration• monitor medicines for efficacy and tolerability, and adjust doses or cease as appropriate• identify patients at increased risk from medications in the home, and initiate risk mitigation practices• collaborate with other health professionals, including pharmacists and nursing staff.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• consider a range of factors prior to prescribing new medications, including:<ul style="list-style-type: none">» age» allergies» illness type and trajectory» lifestyle factors» patient preference» potential drug interactions• incorporate a plan for follow-up and medication monitoring when commencing or adjusting medications• assess appropriate medications based on the clinical condition, prognosis, and goals of care of patients• formulate symptom management plans that include sufficient escalation steps to manage current or potential symptoms, detailing medications' names, doses, intervals, and routes, using succinct and consistent language	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• be aware of potential side effects and practical prescription points, including medication compatibility and monitoring in response to therapies• select medicines for common conditions safely and accurately• demonstrate understanding of the benefits, contraindications, dosage, interactions, rationale, risks, and side effects of prescribed medications• identify and manage adverse events
Medical expertise		

¹³ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • incorporate non-pharmacological therapies into care and symptom management plans • identify complementary and alternative therapies sought out or used by families, and give advice on the risks and benefits offered by these practices • prescribe medications via appropriate routes for administration in the palliative care setting, such as subcutaneous or sublingual in the deteriorating or terminal phase of an illness, or subcutaneous or intravenous in the setting of nausea, vomiting, or bowel obstruction • prescribe anticipatory medications to ensure adequate preparation for the terminal phase of illnesses or crisis events across different care settings 	
Communication	<ul style="list-style-type: none"> • discuss and evaluate the benefits, rationale, and risks of treatment options, making decisions in partnership with patients and their families, whānau, and/or carers based on illness stage and goals of care • seek guidance from pharmacists and other treating teams to ensure there are no contraindications for medications • tailor written instructions about symptom management and medication administration for patients, as well as other health professionals • educate patients about the expected outcomes, intended use, and potential side effects for each prescribed medication, addressing the common, rare, and serious effects • describe how the medication should and should not be administered 	<ul style="list-style-type: none"> • discuss and explain the rationale for treatment options with patients • explain the benefits and burdens of therapies, considering patients' individual circumstances • write clearly legible scripts or charts using generic names of required medications in full, including mg / kg / dose information and all legally required information • seek further advice from experienced clinicians or pharmacists when appropriate
Quality and safety	<ul style="list-style-type: none"> • review medicines regularly to reduce and understand reasons for non-adherence, and monitor drug interactions, tolerability, and treatment effectiveness, adjusting and ceasing medicines as appropriate • access paediatric- and palliative care-specific drug references to ensure best prescribing practice, optimising medication efficacy and minimising risk 	<ul style="list-style-type: none"> • check the dose before prescribing • monitor side effects of prescribed medicines • identify medication errors, and institute appropriate measures • use electronic prescribing systems safely • rationalise medicines to avoid polypharmacy

	<ul style="list-style-type: none"> identify patients at increased risk from medications in the home, such as risk of misuse or diversion, and initiate risk mitigation practices, such as locked boxes for injectable medications contribute to monitoring and evaluation strategies around prescribing, such as clinical audits analyse adverse incidents and sentinel medication prescribing and administration events to identify system failures and contributing factors report suspected adverse medication events to appropriate channels, and record in patients' medical records 	
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate clinical practice around prescribing seek feedback from colleagues and learners on their own prescribing practice supervise junior colleagues' prescribing, and review drafted symptom management plans use, and model the use of, appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines train carers, where appropriate, about the indications for administration of medications and when to seek assistance 	<ul style="list-style-type: none"> undertake continuing professional development to maintain currency with prescribing guidelines reflect on prescribing, and seek feedback from a supervisor
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to prescribing practice support and participate in research to build the palliative care evidence base in prescribing 	<ul style="list-style-type: none"> make therapeutic decisions according to the best evidence recognise where evidence is limited, compromised, or subject to bias or conflict of interest
Cultural safety	<ul style="list-style-type: none"> incorporate cultural and language considerations and factors into conversations and decisions about medication prescription tailor medication advice to the language, education, and health literacy of individual patients provide plain-language and culturally appropriate patient education materials 	<ul style="list-style-type: none"> appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches
Ethics and professional behaviour	<ul style="list-style-type: none"> reflect on the ethical implications of pharmaceutical industry-funded research and marketing 	<ul style="list-style-type: none"> consider the efficacy of medicines in treating illnesses, including the relative merits of different non-pharmacological and pharmacological approaches

	<ul style="list-style-type: none"> • follow regulatory and legal requirements and limitations regarding prescribing • follow organisational policies regarding pharmaceutical representative visits and drug marketing
Judgement and decision making	<ul style="list-style-type: none"> • use a systematic approach when selecting treatment options • incorporate findings from clinical and psychosocial assessments to formulate and explain choices for starting or continuing medications • choose suitable medicines only if medicines are considered necessary and will benefit patients • prescribe medicines appropriate to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest risk of potential harm to them • evaluate new medicines in relation to their possible efficacy and safety profile for individual patients
Leadership, management, and teamwork	<ul style="list-style-type: none"> • collaborate with other health professionals as appropriate, to ensure safe and effective medicine prescription and administration, including medical staff, pharmacists, and others • work collaboratively with pharmacists • participate in medication safety and morbidity and mortality meetings
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • incorporate considerations about access and availability when prescribing medications in palliative care, such as availability in the community, cost, and PBS listing status • advocate within health care organisations and to appropriate stakeholders when safety and availability of medications requires review, such as the cessation of certain medication products that are frequently used in palliative settings and are important for patient care • prescribe in accordance with the organisational policy

Learning goal 11: Investigations and procedures

Theme	Investigations and procedures	
Title	Order, undertake, review, and explain outcomes of investigations and procedures in the context of patients’ underlying illness stage, prognosis, and goals of care	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• order or undertake investigations and procedures in partnership with patients¹⁴, appropriate to the stage of illness, prognosis, and goals of care• arrange informed consent when applicable• confirm procedures are undertaken under appropriate conditions with appropriate monitoring and follow-up plans• interpret and communicate the results and outcomes of investigations and procedures, including imaging, and share these with other health professionals as appropriate• perform this activity across multiple relevant settings, such as the hospital, at home, or in a paediatric hospice.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
Medical expertise	<ul style="list-style-type: none">• use clinical acumen and experience when deciding whether to order and undertake procedures based on patients’ stages of illness, prognosis, and goals of care (e.g. considering the role and value of investigations versus an empirical treatment trial for changes in clinical condition)• use medical knowledge and experience to interpret and convey findings or outcomes of investigations and procedures	<ul style="list-style-type: none">• assess patients and identify indications for procedures• check for allergies and adverse reactions• consider risks and complications of procedures• interpret results of common diagnostic procedures• organise and document post-procedure review of patients
Communication	<ul style="list-style-type: none">• explain desired outcomes, potential value, and risks of both undertaking and not undertaking investigations or procedures to patients• address patients’ concerns about investigations or procedures, and provide opportunities to ask questions• tailor explanations and information about investigations and procedures to patients, including accounting for age and development, and cultural and linguistic considerations	<ul style="list-style-type: none">• explain the process of procedures to patients without providing a broader context• help patients choose the procedure• communicate with members of procedural teams so all team members understand who each member is• discuss post-procedural care with patients• complete relevant documentation, and conduct appropriate clinical handovers

¹⁴ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> provide written instructions and information to patients about investigations and procedures as appropriate collaborate and communicate effectively with health professionals to achieve consensus about the appropriateness of investigations and procedures as appropriate, such as scoliosis surgery for a child with severe cerebral palsy who has deteriorating health 	
Quality and safety	<ul style="list-style-type: none"> communicate and collaborate with health professionals and care teams to ensure relevant people are involved in complex decision making about investigations and procedures in the palliative care setting obtain informed consent or other valid authority before undertaking procedures ensure clear plans for who is responsible for following up results and outcomes of investigations and procedures, particularly when working in a consultation-liaison role 	<ul style="list-style-type: none"> provide information in a manner so patients are fully informed when consenting to any procedures demonstrate consistent use of aseptic technique identify patients using approved patient identifiers before any treatment or intervention is initiated
Teaching and learning	<ul style="list-style-type: none"> self-reflect on approaches to ordering and conducting investigations and procedures in the palliative care setting seek feedback from colleagues on their approach to investigations and procedures in the palliative care setting supervise and mentor colleagues in decision making about the role of investigations and procedures in the palliative care setting use teaching opportunities around ordering and interpreting investigations 	<ul style="list-style-type: none"> participate in continued professional development help junior colleagues develop new skills actively seek feedback on procedural technique until competent
Research	<ul style="list-style-type: none"> obtain written consent from patients if the investigation is part of a research program 	
Cultural safety	<ul style="list-style-type: none"> tailor conversations and recommendations about investigations and procedures to the cultural context of patients, their families, whānau, and/or carers 	<ul style="list-style-type: none"> respect cultural, linguistic, and religious values and differences of patients, their families, whānau and/or carers
Ethics and professional behaviour	<ul style="list-style-type: none"> communicate and collaborate with health professionals within and external to the palliative care team in a respectful and timely manner to ensure best practice and quality care for investigations and 	<ul style="list-style-type: none"> perform procedures when adequately supervised follow procedures to ensure safe practice involve patients in decision making regarding investigations, obtaining

	<p>procedures in the palliative care setting, such as imaging, pathology, and surgical departments</p> <ul style="list-style-type: none"> incorporate ethical principles in decision making about investigations and procedures in the palliative care setting, including autonomy, beneficence, justice, and non-maleficence explain the expected benefits as well as the potential burdens and risks of proposed investigations before obtaining informed consent or other valid authority 	<p>the appropriate informed consent, including financial consent, if necessary</p>
Judgement and decision making	<ul style="list-style-type: none"> identify the optimal timing, risks, and roles for investigations and procedures based on patients' illness stages, prognosis, and goals of care adjust the investigative path in accordance with test results received 	<ul style="list-style-type: none"> prioritise which patients receive procedures first (if there is a waiting list) assess personal skill levels and seek help with procedures when appropriate use tools and guidelines to support decision making
Leadership, management, and teamwork	<ul style="list-style-type: none"> consider the role other members of the health care team might play in ordering and/or conducting investigations, and avoid duplication of effort provide other health professionals with clear information, and negotiate required follow-up for investigations and procedures create a working environment in which concerns about the outcomes of investigations and procedures can be discussed in a safe and open manner 	<ul style="list-style-type: none"> ensure all relevant team members are aware that a procedure is occurring discuss patients' management plans for recovery with colleagues
Health policy, systems, and advocacy	<ul style="list-style-type: none"> discuss serious incidents regarding investigations and procedures at clinical review meetings initiate local improvement strategies in response to serious incidents use resources efficiently when performing investigations and procedures advocate for equity of access to appropriate investigations for all patient groups, irrespective of age, gender, race, or socioeconomic status 	<ul style="list-style-type: none"> perform procedures in accordance with organisational guidelines and policies

Learning goal 12: End-of-life care

Theme	End-of-life care	
Title	Plan for and manage the end-of-life and after-death care of patients	
Description	This activity requires the ability to:	
	<ul style="list-style-type: none">• diagnose the deteriorating and terminal palliative care phases• assess patients’ readiness to have conversations about the end-of-life stage• support patients¹⁵ to plan for end-of-life care through prognostic and advance care planning conversations• develop management plans in anticipation of the deteriorating and terminal phases of illnesses• assess patients’ and their families’, whānau, and/or carers’ preferences for location of end-of-life care, and the planning required and feasibility of these preferences• assess families’ coping and support levels, and tailor additional supports as needed in the last weeks of patients’ lives• support psychosocial assessments of families’ capacity to integrate grief into their lives, i.e. assess risk and protective factors for complicated grief after the death of a child• formulate plans for bereavement follow-up, in particular who or which organisation will do this, and when it will occur• consult families about after-death options for care• adapt one’s own reactions to death and loss.	
Behaviours		
Professional practice framework domain	Ready to perform without supervision	Requires some supervision
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	The trainee will:	The trainee may:
	<ul style="list-style-type: none">• incorporate medical acumen and experience in advance care planning conversations to elucidate patients' preferences for end-of-life care• use medical acumen and experience to assess patients’ stages of illness to diagnose when they may be, or are, in the last weeks of life• incorporate medical knowledge about disease processes and anticipated symptoms, along with an understanding of resources and local options, to consider and plan for the appropriate location for end-of-life care, such as home, hospice, or hospital• formulate goals of care and resuscitation plans in conjunction with patients, family members, and	<ul style="list-style-type: none">• demonstrate an understanding of the principles of care for patients at the end of their lives• provide timely assessment and document patients’ care plans• manage physical symptoms in alignment with patients’ wishes• take steps to alleviate patients’ symptoms and distress• correctly identify patients approaching the end of life• adequately manage patients in their terminal phase

¹⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<p>other health professionals as appropriate, to ensure that care is aligned with illness stage and prognosis</p> <ul style="list-style-type: none"> • formulate holistic care and symptom management plans that encompass emotional, physical, psychological, and social needs • tailor management plans to the site of care, ensuring end-of-life care can be expertly managed across a variety of clinical settings, including home, hospice, and hospital • incorporate the needs of significant others in care planning for the end of life, including parents, siblings, grandparents, peers, schools, and the community • recognise and manage the terminal phase (last days of life) in a timely manner, recognising that this can be particularly challenging in non-malignant illness contexts • manage the potential risks and provide support during times of loss and grief 	
Communication	<ul style="list-style-type: none"> • identify family preferences and communication styles to inform who should be involved in discussions about end of life • explore patients', their families', whānau, and/or carers' wishes and readiness to inform about prognosis, dying, and after-death processes • provide bereaved families with written information about access to bereavement support in accordance with local and institutional guidelines and resources • collaborate and communicate with other health professionals, including community palliative care services or other treating teams, to ensure safe, quality, and timely care is provided to patients 	<ul style="list-style-type: none"> • discuss with patients the goals of care and treatment, and document these in patients' clinical records • ensure consistent messages are given to patients about treatment options, their likelihood of success, risks, and prognosis • provide honest and clear clinical assessment summaries of situations, using plain language and avoiding medical jargon • discuss with family or carers appropriate support and bereavement care
Quality and safety	<ul style="list-style-type: none"> • contribute to quality assurance and evaluation strategies around end-of-life care, including clinical audits and death reviews • participate in morbidity and mortality meetings • develop strategies to obtain feedback about the provision of end-of-life care from multidisciplinary team members and patients 	<ul style="list-style-type: none"> • collect and review data on the safety and effectiveness of end-of-life care delivery • communicate the content of discussions about prognosis and advance care planning to multidisciplinary teams • ensure that actual care is aligned with patients' documented wishes

	<ul style="list-style-type: none"> review technological systems and processes that support safe and high-quality end-of-life care 	
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal clinical practice around end-of-life care seek feedback from colleagues on their own clinical practice address gaps in knowledge and skills about end-of-life care through self-directed learning and continuing professional development supervise junior colleagues in managing end-of-life care use teaching opportunities arising from the provision of end-of-life care participate in education development and provision about end-of-life care for non-paediatric palliative care professionals, including adult-based community palliative care services, and generalist paediatric, nursing, and allied health teams 	<ul style="list-style-type: none"> participate in education on disease-specific symptom assessment and evidence-based symptom management participate in upskilling in best practice end-of-life care management encourage junior colleagues to participate in multidisciplinary case reviews, mortality and morbidity meetings, and adverse event reviews
Research	<ul style="list-style-type: none"> apply relevant literature and evidence-based guidelines to the provision of end-of-life care support and participate in research to build the paediatric end-of-life care evidence base 	<ul style="list-style-type: none"> recognise that the evidence may be insufficient to resolve uncertainty and make definitive decisions
Cultural safety	<ul style="list-style-type: none"> practise culturally responsible end-of-life care based on understanding preferences and priorities of patients and their families, whānau, and/or carers develop strategies for supporting culturally appropriate decision making in end-of-life care, such as obtaining input from cultural or religious community leaders incorporate cultural and religious preferences in end-of-life and after-death care plans 	<ul style="list-style-type: none"> understand, respect, and respond to individual preferences and needs of patients, regardless of their culture and religious beliefs support patients with communication difficulties associated with cultural and linguistic diversity
Ethics and professional behaviour	<ul style="list-style-type: none"> identify and employ ethical principles in the provision of end-of-life care, such as autonomy, beneficence, justice, and non-maleficence incorporate ethical and legal considerations into end-of-life care plans identify and address moral distress and burnout when providing end-of-life care, both for self and colleagues 	<ul style="list-style-type: none"> share information on advance care plans, treatment plans, goals of care, and patients' treatment preferences with wider care teams ensure patients' dignity is preserved respond appropriately to distress or concerns of colleagues and patients

Judgement and decision making	<ul style="list-style-type: none"> explain reasoning behind decision making in the provision of end-of-life care 	<ul style="list-style-type: none"> define and document patients' goals and agreed outcomes
Leadership, management, and teamwork	<ul style="list-style-type: none"> work effectively with health professionals from all disciplines to provide optimal end-of-life care, both within and external to the palliative care team delegate roles and responsibilities for the provision of end-of-life care among health professionals, both within and external to the palliative care team coordinate care and support to provide end-of-life care in patients' and their families', whānau, and/or carers' preferred place of care, as feasible coordinate and appropriately delegate bereavement care 	<ul style="list-style-type: none"> document multidisciplinary care plans, including the terminal phase
Health policy, systems, and advocacy	<ul style="list-style-type: none"> participate in developing frameworks for organisational policies and procedures about end-of-life care, such as advance care planning procedures and prescribing medications at the end of life allocate resources according to the organisational strategic plan to support systems for effective delivery of end-of-life care advocate for the needs of individual patients, social groups, and cultures within the community who have specific needs or inequitable access to tailored high-quality and safe end-of-life care 	<ul style="list-style-type: none"> allocate scarce health care resources effectively support community-based service providers to build capacity for people to be cared for in their preferred place of death

Knowledge guides

Knowledge guides provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.



#	Title
13	<u>Symptom management</u>
14	<u>Life-limiting and life-threatening conditions</u>
15	<u>End-of-life and after-death care</u>

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Agitation
- Breathlessness
- Nausea / Vomiting
- Pain
- Secretions

Conditions

- Gastrointestinal, including:
 - » anorexia / cachexia
 - » bowel obstruction, malignant
 - » constipation
 - » diarrhoea
 - » feeding intolerance
 - » hiccups
 - » mouth care
 - » mucositis
 - » nausea and vomiting
 - » xerostomia
- Neurological, including:
 - » agitation
 - » delirium
 - » dystonia
 - » headaches
 - » increased intracranial pressure (ICP)
 - » irritability
 - » muscle spasm
 - » myoclonus
 - » seizures
- Other, including:
 - » fatigue
 - » insomnia
 - » sweating
- Pain, including:
 - » background
 - » bone, malignant
 - » breakthrough versus incident crises
 - » neuropathic
 - » nociceptive:
 - somatic
 - visceral
 - » nociplastic
 - » spinal cord compression
 - » total
- Psychological, including:
 - » anxiety
 - » depression

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁶ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

- » low mood
- Respiratory, including:
 - » breathlessness
 - » cough
 - » secretions
- Skin, including:
 - » breakdown:
 - epidermolysis bullosa
 - » itch
 - » tumour involvement and fungation
 - » wounds:
 - pressure ulcers

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Haemorrhage, catastrophic
- Hypercalcaemia, malignant
- Pain crisis
- Seizure
- Spinal cord compression, malignant
- Superior vena cava obstruction
- Terminal restlessness / delirium
- Upper airways obstruction

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Pharmacology

- Analgesic agents, including:
 - » adjuvant:
 - alpha adrenergic agonists
 - dexamethasone
 - gabapentinoids
 - ketamine
 - paracetamol
 - selective serotonin noradrenaline reuptake inhibitors
 - tricyclic antidepressants
 - » non-steroidal anti-inflammatory agents
 - » opioids:
 - fentanyl
 - hydromorphone
 - methadone
 - morphine
 - opioid rotations
 - oxycodone
- Anti-emetic agents
- Anti-secretory agents
- Anxiolytic / Sedative agents
- Bisphosphonates
- Non-pharmacological symptom management options

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They may order initial investigations, and will be able to interpret the reported results of each investigation or procedure, including those arranged by the primary treating team.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Clinical assessment tools

- Tailored to pathophysiology, prognosis, and goals of care
- Symptom assessment scales for verbal and nonverbal patients:
 - » face, legs, activity, cry, and consolability (FLACC) scale
 - » numerical rating
 - » Wong–Baker Faces

Disease- or syndrome-specific procedures (understanding of the indications, benefits, and burdens of disease-related procedures, including the following)

- Cardiac:
 - » disease
 - » surgery for congenital cardiac disease
 - » ventricular assist device insertion
- Gastrointestinal:
 - » nasogastric insertion
 - » percutaneous gastrostomy
- Neurological:
 - » baclofen pump insertion
 - » cerebrospinal fluid diversion
- Orthopaedic
- Renal:
 - » renal replacement therapy
- Respiratory:
 - » non-invasive ventilation
 - » oxygen therapy
 - » tracheostomy
 - » video-assisted thoracic surgery (VATS) and pleurodesis in the setting of recurrent malignant pleural effusions
- Surgical interventions:
 - » fracture fixation in the setting of osteopenia of disability
 - » scoliosis surgery in the setting of severe neurodisability

Investigations

- Blood tests
- Imaging
- Tailored to pathophysiology, prognosis, and goals of care

Symptom-related procedures

- Pain control procedures, including:
 - » intrathecal analgesia
 - » nerve root injection
- Patient-controlled analgesia
- Radiotherapy
- Subcutaneous infusion

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

Clinical considerations

- Anticipatory prescribing
- Complex family discussions, encompassing the priorities and goals of care of patients, their families, whānau, and/or carers
- Investigations and monitoring in the context of illness stage and goals of care
- Options for place of care
- Patients' and their families', whānau, and/or carers' preferences for communication and degree of:
 - information shared
 - involvement in decision making

-
- Uncertainty in prognosis and trajectory
 - Understanding and having treatment strategies for the psychosocial effects and psychosocial drivers of symptoms

Ethical and legal issues

- Advance care planning
- Capacity assessment in the young person
- Disagreement between families and clinicians about treatment decisions
- Disagreement within families about treatment decisions
- Nutrition and hydration in the context of illness stage and goals of care
- Terminal sedation
- Withdrawal and/or withholding of life-sustaining treatment

Procedures

- The understanding and ability to communicate the relative risks and burdens to children and families
- Informed consent

Self-care in palliative care

- Personal impact of dealing with incurable illness, death, and dying
- Physician burnout

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these conditions.

Non-malignant conditions, including but not limited to

- Cardiac conditions, including:
 - » cardiac disease, congenital
 - » cardiomyopathy, acquired
 - » cardiomyopathy, familial
- Congenital health problems, including:
 - » birth complications:
 - hypoxic brain injury
 - » genetic conditions, including:
 - trisomy 18
 - » prematurity-related
- Dermatological conditions:
 - » epidermolysis bullosa
- Gastrointestinal conditions, including:
 - » liver failure
 - » refractory feeding intolerance, generally associated with another presentation, including:
 - severe neurological impairment
 - » short gut syndrome
- Immunological conditions, including:
 - » immunodeficiencies being considered for or treated with bone marrow transplant, including:
 - severe combined immunodeficiency (SCID)
- Metabolic conditions, including:
 - » mucopolysaccharidoses
 - » Pompe disease
- Neurological conditions, including:
 - » brain injury
 - » neurodegenerative disorders:
 - Batten disease
 - Duchenne muscular dystrophy
 - leukodystrophy
 - spinal muscular atrophy
 - » static encephalopathies:
 - severe cerebral palsy
- Renal conditions, including:
 - » bilateral renal agenesis
 - » renal disease, end stage
- Respiratory conditions, including:
 - » cystic fibrosis:

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁷ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual, family, community and social factors and the impact of these on diagnosis and management

¹⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> ○ timing of consideration for lung transplant <p>Malignant conditions, including but not limited to</p> <ul style="list-style-type: none"> • Brain tumours, including: <ul style="list-style-type: none"> » diffuse midline glioma » glioblastoma multiforme • Haematological malignancies, including: <ul style="list-style-type: none"> » patients with haematological malignancy entering transplant with high disease or comorbidity burden, such as high-risk transplants » relapsed / refractory leukemia / lymphoma, and high-risk leukemias » second bone marrow transplant • Relapsed resistant solid tumours with poor prognosis 	
<p>EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES</p> <p>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.</p>	<p>For the above conditions</p> <ul style="list-style-type: none"> • Disease- and patient-specific factors in prescribing potential therapies: <ul style="list-style-type: none"> » organ dysfunction » susceptibility to medication side effects • Epidemiology • Expected trajectory / trajectories of conditions • Intent of potential therapies, including: <ul style="list-style-type: none"> » attempt at cure » life prolongation » symptom management • Pathophysiology 	
<p>INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS</p> <p>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.</p> <p>Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.</p>	<p>Clinical assessment tools</p> <ul style="list-style-type: none"> • Symptom assessment scales for verbal and non-verbal patients, including: <ul style="list-style-type: none"> » face, legs, activity, cry, and consolability (FLACC) scale » numerical rating » Wong–Baker faces • Tailored to pathophysiology, prognosis and goals of care <p>Disease- or syndrome-specific procedures (understanding of the indications, benefits, and burdens of disease-related procedures, including the following)</p> <ul style="list-style-type: none"> • Cardiac: <ul style="list-style-type: none"> » disease » surgery for congenital cardiac disease » ventricular assist device insertion • Gastrointestinal: <ul style="list-style-type: none"> » nasogastric insertion » percutaneous gastrostomy • Neurological: <ul style="list-style-type: none"> » baclofen pump insertion » cerebrospinal fluid diversion » palliative radiotherapy 	

- Orthopaedic
- Renal:
 - » renal replacement therapy
- Respiratory:
 - » non-invasive ventilation
 - » oxygen therapy
 - » tracheostomy
 - » video-assisted thoracic surgery (VATS) and pleurodesis in the setting of recurrent malignant pleural effusions
- Surgical interventions:
 - » fracture fixation in the setting of osteopenia of disability
 - » scoliosis surgery in the setting of severe neurodisability

Investigations

- Blood tests
- Imaging
- Tailored to pathophysiology, prognosis, and goals of care
-

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

Clinical considerations

- Anticipatory prescribing
- Complex family discussions, encompassing priorities and goals of care of patients, their families, whānau, and/or carers
- Investigations and monitoring in the context of illness stage and goals of care
- Options for place of care
- Patients' and their families', whānau, and/or carers' preferences for communication and their degree of:
 - » information shared
 - » involvement in decision making
- Uncertainty in prognosis and trajectory
- Understanding and having treatment strategies for the psychosocial effects and psychosocial drivers of symptoms

Ethical and legal issues

- Advance care planning
- Capacity assessment in young people
- Disagreement within families about treatment decisions
- Disagreement between families and clinicians about treatment decisions
- Nutrition and hydration in the context of illness stage and goals of care
- Withdrawal and/or withholding of life-sustaining treatment

Procedures

- The understanding and ability to communicate the relative risks and burdens to children and families
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CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

- Agitation / Restlessness
- Breathing changes, including:
 - » breathing pattern
 - » secretions
- Changes in conscious state
- Changes in perfusion
- Changes specific to clinical conditions, including:
 - » terminal airway obstruction (e.g. secondary to mediastinal mass)
 - » terminal haemorrhage (e.g. secondary to coagulopathy)
- Incontinence and changes in bowel habit
- Reduced enteral intake
- Seizures (e.g. Batten disease)

ELIGIBILITY CONSIDERATIONS

Advanced Trainees will assess the patient's current condition and plan the next steps.

- Children's understanding and response to illness and grief
- Existential distress, including emotional and psychological aspects of grief
- Family contexts and communication styles, including:
 - » mutual pretence
 - » open versus closed awareness contexts
- Grief and bereavement risk assessment and care
- Spiritual needs and concerns, such as religious needs at end of life
- Meaning-making and legacy creation

LESS COMMON OR MORE COMPLEX PATIENT CONSIDERATIONS

Advanced Trainees will understand the resources that should be used to help manage patients.

- Anticipatory prescribing for potential 'catastrophic events':
 - » sedation for terminal bleeding
- Medication administration at end of life:
 - » continuous subcutaneous infusions
- Non-pharmacological management for symptoms at end of life, including:
 - » aromatherapy
 - » massage
- Pharmacological management for symptoms at end of life:
 - » agitation / restlessness:
 - anti-psychotics
 - benzodiazepines
 - » breathlessness:
 - benzodiazepines
 - opioids
 - » pain:
 - adjuvant agents
 - opioids
 - » nausea / vomiting:
 - 5HT3 antagonists
 - dopamine antagonists
 - » secretion, such as anticholinergics

UNDERTAKING THERAPY

- Cultural and/or religious considerations, including:
 - » rituals for washing
 - » timing of burial

Advanced Trainees will monitor the progress of patients during the therapy.

- Local services and resources to assist with finances, including:
 - » funeral funds
 - Options for location of care post-death, including:
 - » processes to have a child remain at home for a period post-death
 - » temperature regulated room in a hospice
 - Organ and tissue donation if available / appropriate
 - Physical changes that occur post-death
 - Role of the coroner, including reportable and reviewable deaths
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IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

Clinical considerations

- Anticipatory prescribing
- Complex family discussions, encompassing priorities and goals of care of patients, their families, whānau, and/or carers
- Investigations and monitoring in the context of illness stage and goals of care
- Options for place of care
- Patients' and their families', whānau, and/or carers' preferences for communication and their degree of:
 - » information shared
 - » involvement in decision making
- Uncertainty in prognosis and trajectory
- Understanding and having treatment strategies for the psychosocial effects and psychosocial drivers of symptoms

Ethical and legal issues

- Advance care planning
- Capacity assessment in young people
- Coroner's cases and the Coroners Act
- Disagreement between families and clinicians about treatment decisions
- Disagreement within families about treatment decisions
- Nutrition and hydration in the context of illness stage and goals of care
- Terminal sedation
- Verification and certification of death
- Withdrawal and/or withholding of life-sustaining treatment

Self-care in palliative care

- Personal impact of dealing with incurable illness, death, and dying
- Physician burnout