Palliative Care Elective/Selective Rotation for Residents

**Rotation Director**   
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Attending Pager: 50014

Introduction

The Palliative Care elective rotation for pediatric residents is designed to provide residents with the opportunity to gain knowledge and a breadth of experience in the field of pediatric palliative care. The interdisciplinary PANDA (Pediatric Advanced NeeDs Assessment) palliative care team sees patients with a broad range of life-threatening illnesses, including malignancy, congenital and genetic disorders, severe neurological impairment, and complex congenital heart disease. Inpatient consultations are performed on all units as needed. In addition, patients are seen in outpatient settings and perinatal palliative care consults are performed in conjunction with maternal fetal medicine. The team also works collaboratively with local hospice agencies to care for patients who are at home.

Roles and Responsibilities

* Meet at outset of rotation with PANDA team members for brief orientation and discussion of personal learning objectives
* Recommended reading will be provided
* Attend weekly clinical rounds and bi-weekly interdisciplinary conference calls with hospice agencies
* Accompany MD/NP on inpatient and outpatient consultations and family meetings
* Accompany other team members to learn about services provided (creative arts therapists, chaplains, case manager, etc.)
* Attend educational sessions as available
* Additional opportunities may be available but will require advanced planning
  + Spend one or two days with a local hospice agency, in an inpatient hospice and/ or accompanying hospice nurses on home visits
  + Visit HSC Pediatric Center, learn about palliative care in a subacute facility, attend palliative care rounds
* Meet and debrief with PANDA MD at end of rotation

Important Contact Information

PANDA ASCOM: 476-1543

PANDA role based pagers: Attending 50014, Nurse Practitioner 50015

Attendings: Melanie Anspacher, David Steinhorn, Laila Mahmood

Nurse Practitioners: Debbie LaFond, Liz Bettini, Deb Fisher

Case manager Marsha Smith: 476-4630

Social Worker Ryan Maddock: 602-4256

Need to email the whole team? [panda@childrensnational.org](mailto:panda@childrensnational.org)

Sample Schedule

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning 8am-12pm** | 9:00 Huddle/Signout\*  Consults/ outpatient visits | 8:30 AM  Clinical Meeting  Pain Conference Room  Consults/ outpatient visits | 9:00 Huddle  Consults/ outpatient visits | 9:00 Huddle  10:00 Hospice Interdisciplinary team phone call (every other week)  Consults/ outpatient visits | 9:00 Huddle  Consults/ outpatient visits |
| **12-1pm** | Noon conference | Noon conference | Noon conference | Professorial Rounds | Noon conference |
| **Afternoon 1-5pm** | Consults/ outpatient visits  3:00  PANDA team administrative meeting  (team only) | 1:00 Meet with Clinical Pharmacist  Consults/ outpatient visits | Consults/ outpatient visits | Consults/ outpatient visits | Consults/ outpatient visits |

\*9:0 Huddle M,W,Th,F takes place in the PANDA consultation room, next to the PANDA office, third floor main near the PICU

Recommended Reading / Resources

American Academy of Pediatrics. Pediatric Palliative Care and Hospice Care Commitments, Guidelines and Recommendations. Pediatrics, 2013.

Feudtner, et al. Pediatric Palliative Care Patients: A Prospective Multi-center Cohort Study. Pediatrics, 2011.

Sourkes, et al. Food, Toys and Love: Pediatric Palliative Care. Curr Prob Ped Adol Health Care, 2005.

Kang, et al. Integration of Palliative Care into the Care of Children with Serious Illness. PIR, 2014.

Klick and Hauer. Pediatric Palliative Care. Curr Prob Ped Adol Health Care, 2010.

Levetown. Communicating with Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information. Pediatrics, 2008.

Strand, et al. Top 10 Things Palliative Care Clinicians Wished Everyone Knew about Palliative Care. Mayo Clin Proc, 2013.

Waldman and Wolfe. Palliative Care for Children with Cancer. Clinical Oncology, 2013.

Anspacher & Shah. Palliative Care for the Medically Complex Child. This is a powerpoint presentation with audio narration, lasting abou 40 minutes. This can be shared with interested residents.

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Learning Objectives

Patient Care

* Assess the physical, psychological, social , and spiritual aspects of the patient’s and family’s suffering
* Assess patients’ and families wishes, expectations and goals of care
* Recognize considerations in counseling families on making decisions for interventions (ex: tracheostomy)
* Identify tools and resources for advanced care planning with patients and families (Five Wishes, Voicing my Choices, etc.)
* Recognize important considerations in caring for patients and families at end of life including legacy-making and bereavement support

Medical Knowledge

* Identify patients with life-threatening (or life-limiting) diseases or medical conditions appropriate for palliative care
* Know the definition and principals of pediatric palliative care
* Understand the importance of early introduction of palliative care in the patient’s course of illness
* Recognize the different developmental stages of understanding and coping with illness and dying
* Know a basic approach to pain management in children
* Describe common distressing symptoms in children undergoing treatment for cancer
* Describe common symptoms and sources of pain in children with severe neurological impairment
* Identify non-pharmacologic, integrative approaches to pain and symptom management
* Describe common symptoms at end of life

Interpersonal and Communication Skills

* Utilize empathic listening and communication skills with patients and families
* Describe how to introduce palliative care and the palliative care team to families
* Know an approach to delivering bad news and prognosis to families
* Describe the planning and implementation of a multidisciplinary family meeting

Professionalism

* Discuss common ethical dilemmas that arise in caring for patients, including medical futility, foregoing or discontinuing life-sustaining therapies, withdrawal of artificial nutrition and hydration, decision-making capacity, and the principle of double effect in opioid management
* Understand one’s personal responses and feelings when dealing with death and dying
* Recognize differences between the clinician’s own and the patient and family’s values, attitudes, assumptions, hopes and fears related to illness, dying, and grief

Systems-based Practice

* Identify opportunities in patients’ illness trajectory for consulting a multi-disciplinary palliative care team
* Describe the members and roles of the multi-disciplinary palliative care team including MD/NP clinicians, social worker, case manager, chaplain, psychologist, child life specialist and creative arts therapists
* Define hospice care and understand how it is different from palliative care
* Identify local resources for pediatric hospice care
* Recognize importance of concurrent care for children in providing curative therapies along with palliative care
* Describe barriers to providing palliative care and related services for children

Practice-based Learning and Improvement

* Demonstrate an ability to self-reflect on personal learning strengths, deficiencies and limits, and develops a plan for improvement
* Identify and utilize evidence-based guidelines for the provision of pediatric palliative care