

# Advanced Training Curricula Renewal

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## **DRAFT** Curriculum standards

### Advanced Training in Palliative Medicine (Paediatrics and Child Health)

November 2023



**RACP**  
Specialists. Together

#### **About this document**

This document outlines the curriculum standards for Advanced Training in Palliative Medicine (Paediatrics and Child Health) for trainees and supervisors.

The curriculum standards should be used in conjunction with the Advanced Training in Palliative Medicine (Paediatrics and Child Health) learning, teaching, and assessment programs.

For more information or to provide feedback contact [curriculum@racp.edu.au](mailto:curriculum@racp.edu.au).

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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 New Zealand.



## Specialty overview

Paediatric palliative medicine physicians work collaboratively with a multidisciplinary team to provide relief from pain and suffering and optimise quality of life during different phases of a life-limiting illness, including at the end-of-life, for children and their families.

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

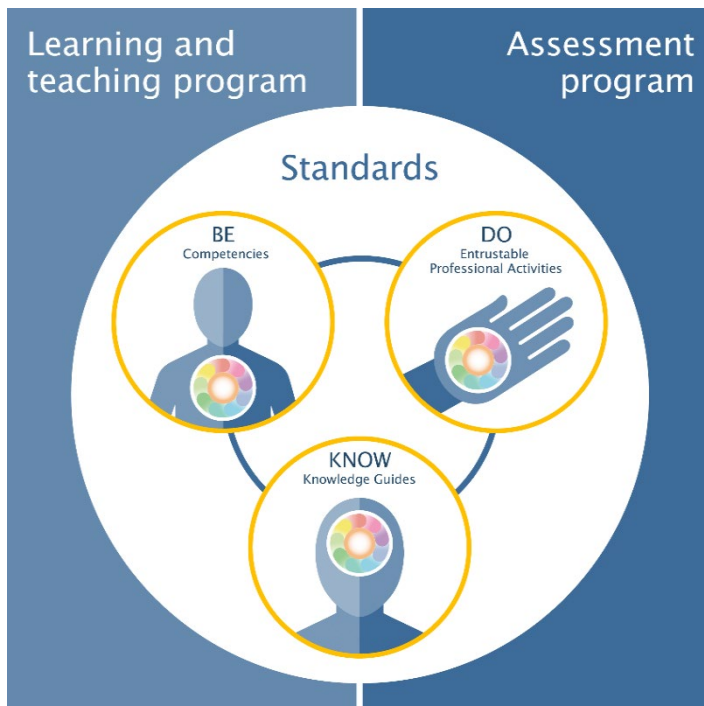
Paediatric palliative specialists have training, experience, and expertise in:

- 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 a life-limiting or life-threatening illness including:
  - » neurodegenerative disease
  - » relapsed solid tumour
  - » severe cerebral palsy.

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

- accessing equipment needed to aid care in both the hospital and home environment  
assistance for families to come together to talk about sensitive issues
- competence in advance care planning and decision-making
- competence in complex symptom management
- counselling and grief support
- end-of-life and after death care provision
- high-level interpersonal and communication skills
- links to other services such as home help, financial support, and respite care
- planning for future medical treatment decisions and goals of care
- relief of pain and other symptoms, such as vomiting and shortness of breath
- support for emotional, social, and spiritual concerns
- working within a multidisciplinary team.

## Advanced Training curricula standards



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.

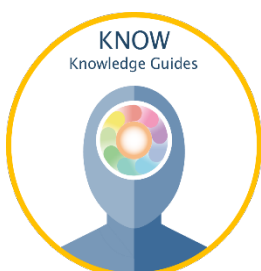
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **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.

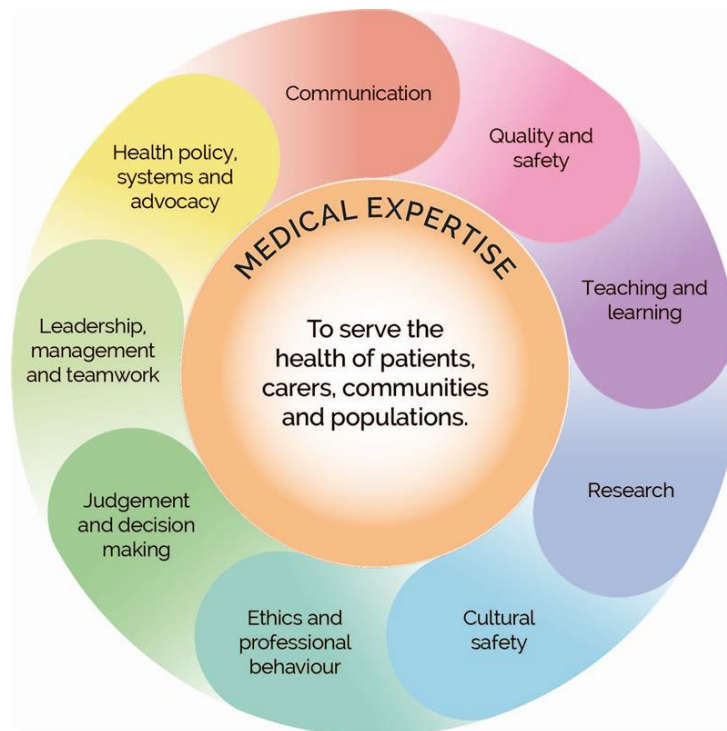
## Common curricula standards

The renewed curricula for Advanced Training will consist of a mix of program-specific content and content that is common across Advanced Training programs.

- **Competencies** will be common across Advanced Training programs.
- **Entrustable Professional Activities (EPAs)** will contain a mix of content that is common and content that is program-specific.
- **Knowledge Guides** will be program-specific, although content may be shared between complementary programs.

## Professional Practice Framework

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



## Learning, teaching, and assessment 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.

# 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.



### 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.

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

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

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**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, or carers<sup>1</sup>, and in collaboration with the health care team.

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<sup>1</sup> 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.

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

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

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

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

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

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## 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.

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

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

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

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

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## 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.<sup>2</sup>

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

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

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

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

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

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## Research

**Professional standard:** Physicians support creation, dissemination and translation of knowledge and practices applicable to health<sup>3</sup> 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.

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

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

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<sup>2</sup> 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.

<sup>3</sup> 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.<sup>4</sup>

**This is a placeholder for the competencies in the cultural safety domain, which are in development and will be added at a later date.**

<sup>4</sup> 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 and their families in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

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

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

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

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**Accountability:** Be personally and socially accountable.

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

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

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

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

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

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

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

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

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

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## 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.

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

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

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

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

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

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## 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.

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

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

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

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**Teamwork:** Negotiate responsibilities within the healthcare team and function as an effective team member.

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## 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.

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

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

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**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.

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

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

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

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**Sustainability:** Manage the use of healthcare resources responsibly in everyday practice.

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## Entrustable Professional Activities



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

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

## EPA 1: Team leadership

Theme	Team leadership		AT-EPA-01
<b>Title</b>	<b>Contribute leadership within a team of health professionals to provide palliative care for patients</b>		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• prioritise workload</li> <li>• organise or coordinate multiple concurrent tasks</li> <li>• articulate and appropriately delegate individual responsibilities based on expertise and resources in the team</li> <li>• comprehend the range of team members' skills, expertise, roles, and monitor for accountability as appropriate</li> <li>• develop and apply leadership techniques in daily practice</li> <li>• collaborate with and motivate team members</li> <li>• promote and adopt insights from team members</li> <li>• act as a role model</li> <li>• resolve conflict.</li> </ul>		
<b>Behaviours</b>			
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>	
<u>Professional practice framework domain</u>	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	
	The trainee will:	The trainee may:	
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• synthesise information with other disciplines to develop optimal, goal-centred plans for patients</li> <li>• use evidence-based care to meet the needs of patients or populations</li> <li>• assess and effectively manage clinical risk in various scenarios</li> <li>• demonstrate clinical competence and skills by effectively supporting team members</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate adequate knowledge of healthcare issues by interpreting complex information</li> <li>• assess the spectrum of problems to be addressed</li> <li>• apply medical knowledge to assess the impact and clinical outcomes of management decisions</li> <li>• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>• communicate clearly and respectfully with other health professionals and members of the MDT within and outside of the palliative care team</li> <li>• prepare succinct and well-written documentation; including medical record notes, letters, and symptom management plans for health professionals, and symptom management plans for children and families</li> <li>• apply relevant communication skills to resolve conflict between health professionals and/or members of the MDT, and with children and families</li> </ul>	<ul style="list-style-type: none"> <li>• communicate adequately with colleagues, patients and/or the public</li> <li>• respect the roles of team members</li> </ul>	



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

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

## EPA 2: Supervision and teaching

Theme	Supervision and teaching		AT-EPA-02
Title	Supervise and teach professional colleagues		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• facilitate work-based teaching in a variety of settings</li> <li>• teach professional skills</li> <li>• create a safe and supportive learning environment</li> <li>• plan, deliver, and provide work-based assessments</li> <li>• promote learners to be self-directed and identify learning experiences</li> <li>• administer learners in day-to-day work, and provide feedback</li> <li>• support learners to prepare for assessments.</li> </ul>		
<b>Behaviours</b>			
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>	
<u>Professional practice framework domain</u>	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	
	The trainee will:	The trainee may:	
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• explain the rationale underpinning a structured approach to patient assessment and clinical decision making</li> <li>• demonstrate child and family centered practice</li> <li>• articulate the rationale and reasoning for investigation and management options</li> <li>• encourage and mentor learners to consider such rationales</li> </ul>	<ul style="list-style-type: none"> <li>• teach learners using basic knowledge and skills</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>• communicate clearly and respectfully when supervising and teaching other health professionals, junior colleagues and medical students</li> <li>• supervise other health professionals, junior colleagues and medical students in communication tasks</li> <li>• model a collaborative and safe learning environment</li> <li>• support learners to deliver clear, concise and relevant information in both verbal and written communication</li> <li>• provide communication skills teaching to other health professionals, junior colleagues and medical students</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate accessible, supportive, and compassionate behaviour</li> </ul>	
<b>Quality and safety</b>	<ul style="list-style-type: none"> <li>• utilise errors and adverse events as an opportunity to teach</li> <li>• identify and discuss risks with learners</li> </ul>	<ul style="list-style-type: none"> <li>• observe learners to reduce risks and improve health outcomes</li> </ul>	

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

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

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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
  - integrate public health principals into teaching and practice
-

## EPA 3: Quality improvement

Theme	Quality improvement	AT-EPA-03
<b>Title</b>	<b>Identify and address failures in health care delivery in the paediatric palliative care setting</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify and report actual and potential (near miss) errors</li> <li>• perform and evaluate system improvement activities</li> <li>• comply to best practice guidelines</li> <li>• evaluate clinical guidelines and outcomes</li> <li>• improve the development of policies and protocols designed to protect patients and enhance healthcare</li> <li>• monitor one's own practice and develop individual improvement plans.</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• use medical knowledge and expertise to monitor for and mitigate potential adverse clinical outcomes</li> <li>• regularly review patients' or population health outcomes to identify opportunities for improvement in delivering appropriate care</li> <li>• evaluate environmental and lifestyle factors contributing to poor health, and consider these when discussing therapeutic choices with patients and their families</li> <li>• use standardised protocols to adhere to best practice and quality healthcare</li> <li>• regularly monitor personal professional performance</li> </ul>	<ul style="list-style-type: none"> <li>• contribute to processes on identified opportunities for improvement</li> <li>• recognise the importance of prevention and early detection in clinical practice</li> <li>• use local guidelines to assist patient care decision making</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• support patients to have access to information in a way that is accessible and meaningful to them</li> <li>• assist patients' access to their health information, as well as complaint and feedback systems</li> <li>• discuss with patients any safety and quality concerns they have relating to their care</li> <li>• implement the organisation's open disclosure policy</li> </ul>	<ul style="list-style-type: none"> <li>• recognise contribution of consumer engagement to quality improvement in healthcare</li> <li>• recognise how health literacy might affect the way patients or populations gain access to, understand, and use health information</li> </ul>
<b>Quality and safety</b>	<ul style="list-style-type: none"> <li>• demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate understanding of a systematic approach to improving the quality and safety of healthcare</li> </ul>

	<ul style="list-style-type: none"> <li>participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, root cause analyses, and corrective action preventative action plans</li> <li>participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events</li> <li>ensure that identified opportunities for improvement are raised and reported appropriately</li> <li>use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve healthcare</li> </ul>	
Teaching and learning	<ul style="list-style-type: none"> <li>participate in professional training in quality and safety</li> <li>supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care</li> </ul>	<ul style="list-style-type: none"> <li>work within organisational quality and safety systems for the delivery of clinical care</li> <li>use opportunities to learn about safety and quality theory and systems</li> </ul>
Research	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>undertake professional development opportunities that address the impact of cultural bias on health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>communicate effectively with patients from culturally and linguistically diverse backgrounds</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>align improvement goals with the priorities of the organisation and/or community</li> <li>contribute to developing an organisational culture that enables and prioritises patients' safety and quality</li> </ul>	<ul style="list-style-type: none"> <li>comply with professional regulatory requirements and codes of conduct</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>use decision-making support tools, such as guidelines, protocols, pathways, and reminders</li> <li>analyse and evaluate current care processes to improve healthcare</li> </ul>	<ul style="list-style-type: none"> <li>access information and advice from other health practitioners to identify, evaluate, and improve patients' care management</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals</li> <li>support multidisciplinary team activities to lower patients' risk of harm, and promote interdisciplinary programs of education</li> <li>actively involve clinical pharmacists in the medication-use process</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate attitudes of respect and cooperation among members of different professional teams</li> <li>partner with clinicians and managers to ensure patients receive appropriate care and information on their care</li> </ul>



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Health policy,  
systems, and  
advocacy

- 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:
    - » defining the scope of clinical practice
    - » performance monitoring and management
    - » clinical, and safety and quality education and training
  - communicate with service managers about issues that affect patient 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
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## EPA 4: Clinical assessment and management

Theme	Clinical assessment and management		AT-EPA-04
<b>Title</b>	<b>Clinically assess and manage the palliative care needs of patients across different stages of a life-limiting illness</b>		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify and access sources of relevant information about patients</li> <li>• locate patient histories</li> <li>• examine patients</li> <li>• synthesise findings to develop differential diagnoses</li> <li>• assess where a patient is in their illness trajectory</li> <li>• formulate a management plan, including physical, psychosocial and spiritual needs</li> <li>• discuss findings and plans with patients</li> <li>• generate a symptom management plan</li> <li>• communicate findings with other health professionals.</li> </ul>		
<b>Behaviours</b>			
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>	
	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	
<b>Medical expertise</b>	The trainee will:	The trainee may:	
	<ul style="list-style-type: none"> <li>• elicit an accurate, organised, and problem-focused medical history considering physical, psychosocial, and spiritual factors</li> <li>• perform a focused physical examination appropriate to the patient's age, stage of illness and presenting problem</li> <li>• synthesise and interpret findings from the history and examination to devise the most likely provisional diagnosis and reasonable differential diagnoses</li> <li>• assess the severity of problems, the likelihood of complications, and clinical outcomes</li> <li>• develop management plans based on relevant guidelines and evidence, as well as the patient's stage of illness, goals of care and any advance care planning discussions that have been conducted</li> <li>• plan for and anticipate future complications based on knowledge of the likely disease trajectory</li> <li>• develop symptom management plans for potential or current physical and emotional symptoms, both for other health professionals and for families</li> </ul>	<ul style="list-style-type: none"> <li>• take patient-centred histories, considering psychosocial factors</li> <li>• perform accurate physical examinations</li> <li>• recognise and correctly interpret abnormal findings</li> <li>• synthesise pertinent information to direct the clinical encounter and diagnostic categories</li> <li>• seek supervisor input to develop appropriate management plans, including for symptom management</li> </ul>	

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

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

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

## EPA 5: Management of transitions in care settings

Theme	Management of transitions in care settings		AT-EPA-05
Title	<b>Manage transition of patient care between care settings and contexts, including hospital, home, and hospice</b>		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>manage a transition of patient care to ensure the optimal continuation of care between providers</li> <li>identify the appropriate health care providers and other stakeholders with whom to share patient information</li> <li>exchange pertinent, contextually appropriate, and relevant patient information</li> <li>engage families and patients in decision-making about site of care.</li> </ul>		
<b>Behaviours</b>			
<b><u>Professional practice framework domain</u></b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>facilitate optimal transitions of care for patients</li> <li>identify 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 care</li> <li>anticipate and develop management plans for possible changes in patients' conditions</li> <li>understand the strengths and limitations of different care settings and develop management plans that are appropriate for the setting chosen</li> </ul>	<ul style="list-style-type: none"> <li>understand the details of patients' conditions, illness severity, and potential emerging issues with appropriate actions</li> <li>provide accurate summaries of patients' information with accurate identification of problems or issues</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>explore preferred location of care and preferred location of death with patients and families</li> <li>communicate with patients and families about options and plans for transitions in care settings, including the reasons and/or risks associated with such a transition</li> <li>communicate and consult with other health professionals and members of the MDT regarding transitions of care</li> <li>provide handover to receiving health professionals</li> <li>write comprehensive and accurate summaries of care, including transfer documentation</li> </ul>	<ul style="list-style-type: none"> <li>communicate clearly with clinicians and other caregivers</li> <li>use standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissions</li> <li>communicate accurately and in a timely manner to ensure an effective transition between settings, and continuity and quality of care</li> </ul>	

<p>Quality and safety</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• ensure appropriate infection control measures during transitions in care</li> <li>• analyse adverse incidents and sentinel events during transitions of care to identify system failures and contributing factors</li> <li>• use consent processes, including written consent if required, for the release and exchange of information</li> </ul>	<ul style="list-style-type: none"> <li>• ensure that handover is complete, or work to mitigate risks if the handover was incomplete</li> <li>• ensure all outstanding results or procedures are followed up by receiving units and clinicians</li> <li>• keep patients' information secure, adhering to relevant legislation regarding personal information and privacy</li> </ul>
<p>Teaching and learning</p>	<ul style="list-style-type: none"> <li>• regularly self-evaluate personal clinical practice around transitions of care</li> <li>• supervise junior colleagues in managing transitions of care</li> <li>• utilise teaching opportunities arising from transitions of care, including handover sessions</li> <li>• utilise 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</li> </ul>	<ul style="list-style-type: none"> <li>• take opportunities to teach junior colleagues during handover, as necessary</li> </ul>
<p>Cultural safety</p>	<ul style="list-style-type: none"> <li>• 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 families</li> <li>• utilise culturally appropriate services to support patients in care transitions (e.g., Māori and Aboriginal or Torres Strait Islander peoples health workers/ community-controlled organisations)</li> </ul>	<ul style="list-style-type: none"> <li>• include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required</li> </ul>
<p>Ethics and professional behaviour</p>	<ul style="list-style-type: none"> <li>• disclose and share only contextually appropriate medical and personal information during transitions of care in line with clinical, ethical and legal requirements</li> <li>• maintain patient privacy and confidentiality according to legal guidelines during transitions of care</li> </ul>	<ul style="list-style-type: none"> <li>• maintain respect for patients and other health professionals, including respecting privacy and confidentiality</li> </ul>

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



## EPA 6: Manage acute changes in clinical condition

Theme	Manage acute changes in clinical condition		AT-EPA-06
Title	Manage the care of 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"> <li>identify acute changes in clinical condition, including palliative care emergencies</li> <li>initiate investigation and management appropriate to patients' stage of disease, prognosis, and goals of care</li> <li>follow local processes for escalation of care, as appropriate to the given patient</li> <li>liaise with other medical teams as appropriate</li> <li>ensure appropriate follow-up and documentation.</li> </ul>		
<b>Behaviours</b>			
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>	
<b>Professional practice framework domain</b>	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	
	The trainee will:	The trainee may:	
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>assess, diagnose, and manage acute clinical presentations as appropriate to patients' stage of disease, prognosis and goals of care</li> <li>recommend investigations that are appropriate to the patient's stage of disease, prognosis and goals of care</li> <li>manage escalations or transitions of care in a proactive and timely manner</li> <li>predict, plan for, recognise, and respond to palliative care emergencies, such as large and potentially terminal bleeding events</li> </ul>	<ul style="list-style-type: none"> <li>formulate basic assessment and management plans for acute deterioration and palliative care emergencies</li> <li>seek supervisor input to comprehensively medically manage acute deterioration and palliative care emergencies</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>explain diagnosis, investigation, and management options for acute events to patients and families using language appropriate to the patient and family's understanding and desire for information</li> <li>negotiate realistic treatment goals, and determine and explain expected prognoses and outcomes</li> <li>address questions, misunderstandings, and concerns about the patient's condition and management options</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate interdisciplinary and patient/family communication skills to sufficiently support the multidisciplinary team</li> <li>determine the patient's understanding of their disease and their preferred goals of care, where possible</li> <li>acknowledge and escalate questions, misunderstandings and concerns about the patient's condition and management options to appropriate members of the multidisciplinary team</li> </ul>	

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

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

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- prioritise patient care based on need, and consider available healthcare resources
  - collaborate with colleagues to develop policies and protocols for the investigation and management of common acute medical problems in palliative care
  - 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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## EPA 7: Longitudinal care, including management of transitions across developmental ages and stages

<b>Theme</b>	<b>Longitudinal care, including management of transitions across developmental ages and stages</b>	<b>AT-EPA-07</b>
<b>Title</b>	<b>Manage and coordinate longitudinal care of patients with malignant and non-malignant conditions across developmental ages and stages</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>describe the importance of developmental ages and stages in healthcare</li> <li>describe the difference between chronological and developmental ages as relevant to children with serious illness</li> <li>consider the changing needs of a child with a life-limiting illness as they grow and develop</li> <li>facilitate and support transitions between teams and settings as patients grow and develop</li> <li>collaborate with other health care providers</li> <li>facilitate continuity of care</li> <li>facilitate patients' self-management and self-monitoring</li> <li>employ with the broader health policy context.</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>consider a patient's chronological and developmental age during clinical assessments and formulation of management plans</li> <li>regularly re-assess approaches to clinical assessment and management over time</li> <li>elicit patient and family contribution to the child's needs assessments and care planning over time</li> <li>consider appropriate timing of transition between services and teams, such as neonatal to general paediatric teams, and paediatric to adult settings</li> </ul>	<ul style="list-style-type: none"> <li>recognise the need for transition between services and teams, and participate in transition planning</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>use communication that is appropriate for the age and developmental stage of patients, recognising that this may change over time</li> <li>document and communicate changes in care plans as patients grow and develop</li> </ul>	<ul style="list-style-type: none"> <li>actively elicit patients' specific language and communication needs wherever possible</li> <li>develop strategies to meet patient's changing developmental needs over time</li> <li>document and share insights about child and family's changing needs with relevant care providers, to optimise and personalise patient care over time</li> </ul>

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

	<ul style="list-style-type: none"> <li>support and participate in research to enhance care for patients who encounter transitions in care settings and teams</li> </ul>	<ul style="list-style-type: none"> <li>recognise appropriate use of review articles</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>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</li> <li>use a professional interpreter, health advocate or community member to assist in communication with patients, and understand the potential limitations of each</li> </ul>	<ul style="list-style-type: none"> <li>provide culturally sensitive chronic disease management for children with palliative care needs</li> <li>facilitate appropriate use of interpreter services and translated materials</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>respect the roles and expertise of other health professionals, including those across other care settings and teams</li> <li>use consent processes for the release and exchange of health information when patients are transitioning between care settings and teams</li> </ul>	<ul style="list-style-type: none"> <li>share information between relevant service providers</li> <li>acknowledge and respect the contribution of health professionals involved in patients' care</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>implement a stepwise process in the management of transition between care settings and teams, with appropriate handover</li> <li>recognise patients' and families' needs in terms of both internal resources and external support on a longitudinal health care journey with changing needs of a growing and developing child</li> </ul>	<ul style="list-style-type: none"> <li>recognise personal limitations in caring for patients with changing needs and seek help in an appropriate way when required</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>coordinate whole-person care through involvement in all stages of the patients' care journey as they grow and develop</li> <li>work effectively within multidisciplinary teams across and between services to manage patients who may have changing needs as they grow and develop</li> </ul>	<ul style="list-style-type: none"> <li>participate in multidisciplinary care for patients with chronic diseases and disabilities, including care transitions between healthcare facilities and home, as appropriate to patients' context</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>maintain good relationships with health agencies and services</li> <li>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</li> </ul>	

## EPA 8: Communication with patients

Theme	Communication with patients		AT-EPA-08
Title	Communicate with patients across different stages of a life-limiting illness		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>enhance the setting for the conversation and include other team members as needed</li> <li>adapt conversations to the audience, including adjustment for age, development, cognition, linguistic, and cultural considerations</li> <li>use language appropriate to the patient's understanding and desire for information</li> <li>assess the patient's understanding prior to giving any information</li> <li>respond to verbal and nonverbal cues and emotion</li> <li>select and use appropriate communication modalities and strategies</li> <li>plan conversations and be ready to modify plans as needed</li> <li>develop a mutually agreed management plan</li> <li>verify patient understanding of information shared</li> <li>develop, summarise, document and implement a plan following communication to ensure actions occur.</li> </ul>		
<b>Behaviours</b>			
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>	
	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	
<b>Medical expertise</b>	The trainee will:	The trainee may:	
	<ul style="list-style-type: none"> <li>explain diagnosis, investigation and management options</li> <li>use language appropriate to the patient's understanding and desire for information</li> <li>address questions, misunderstandings, and concerns about patients' conditions and management options</li> <li>provide accessible information to patients to enable informed decisions about diagnostic, therapeutic, and management options</li> <li>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, symptom, and end-of-life conversations</li> </ul>	<ul style="list-style-type: none"> <li>select appropriate modes of communication</li> <li>engage patients in discussions, avoiding the use of jargon</li> <li>check patients' understanding of information</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>tailor communication modalities to the circumstances, including emails, face-to-face, or phone calls</li> <li>include significant others in conversation when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>select appropriate modes of communication</li> <li>engage patients in discussions, avoiding the use of jargon</li> <li>check patients' understanding of information</li> </ul>	



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

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

## EPA 9: Prescribing

Theme	Prescribing		AT-EPA-09
<b>Title</b>	<b>Prescribe medications tailored to patients' needs, illness stages, prognosis and goals of care</b>		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>collect and interpret medication histories, including the use of complementary and alternative therapies</li> <li>choose appropriate pharmacological and/or non-pharmacological management options based on patients' preferences, taking into consideration age, development, comorbidities, potential drug interactions, risks, and benefits</li> <li>communicate with patients about the benefits and risks of different therapies</li> <li>communicate instructions about medication administration</li> <li>monitor medicines for efficacy and tolerability, and adjust doses or cease as appropriate</li> <li>identify patients at increased risk from medications in the home, and initiate risk mitigation practices</li> <li>collaborate with other health professionals, including pharmacists and nursing staff.</li> </ul>		
<b>Behaviours</b>			
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>consider age, illness type and trajectory, lifestyle factors, allergies, potential drug interactions, and patient preference prior to prescribing a new medication</li> <li>incorporate a plan for follow-up and medication monitoring when commencing or adjusting medications</li> <li>assess appropriate medications based on the patient's clinical condition, prognosis and goals of care</li> <li>formulate symptom management plans that include sufficient escalation steps to manage current or potential symptoms, with medication names, doses, intervals, and routes using succinct and consistent language</li> <li>incorporate non-pharmacological therapies into care and symptom management plans</li> </ul>	<ul style="list-style-type: none"> <li>be aware of potential side-effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li> <li>select medicines for common conditions safely and accurately</li> <li>demonstrate understanding of the rationale, risks, benefits, side effects, contraindications, dosage, and interactions of prescribed medications</li> <li>identify and manage adverse events</li> </ul>	

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- 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, e.g. subcutaneous or sublingual in the deteriorating or terminal phase of an illness, or subcutaneous/intravenous in the setting of nausea/vomiting/bowel obstruction
  - prescribe anticipatory medications to ensure adequate preparation for the terminal phase of an illness or crisis events across different care settings
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- discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients and families based on the illness stage and goals of care, such as conversations about risk of QT prolongation and ECG monitoring are unlikely to be appropriate in the terminal phase
  - seek guidance from pharmacists and other treating teams to ensure no contra-indications to medications, e.g. cumulative risk of prolonged QT interval, metabolism considerations with other medications including chemotherapy or cancer trial agents
  - tailor written instructions about symptom management and medication administration for patients, as well as other health professionals (e.g. in the form of health professional symptom management plans)
  - educate patients about the intended use, expected outcomes, 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, e.g. clonazepam drops should be placed on a spoon prior to administering sublingually rather than administering drops into the mouth directly from the bottle due to risk of overdose
- 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 the required medication in full, including mg/kg/dose information and all legally required information
  - seek further advice from experienced clinicians or pharmacists when appropriate
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Communication

Quality and safety	<ul style="list-style-type: none"> <li>• review medicines regularly to reduce and understand reasons for non-adherence, and monitor treatment effectiveness, tolerability and drug interactions, adjusting and ceasing medicines as appropriate</li> <li>• access paediatric- and palliative care-specific drug references to ensure best prescribing practice, optimise medication efficacy and minimise risk</li> <li>• identify patients at increased risk from medications in the home (e.g. risk of misuse or diversion), and initiate risk mitigation practices (e.g. locked box for injectable medications)</li> <li>• contribute to monitoring and evaluation strategies around prescribing (e.g. clinical audits), analyse adverse incidents and sentinel medication prescribing and administration events to identify system failures and contributing factors</li> <li>• report suspected adverse medication events to appropriate channels, and record in patients' medical records</li> </ul>	<ul style="list-style-type: none"> <li>• check the dose before prescribing</li> <li>• monitor side effects of medicines prescribed</li> <li>• identify medication errors and institute appropriate measures</li> <li>• use electronic prescribing systems safely</li> <li>• rationalise medicines to avoid polypharmacy</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• regularly self-evaluate clinical practice around prescribing</li> <li>• seek feedback from colleagues and learners on their own prescribing practice</li> <li>• supervise junior colleagues' prescribing and review drafted symptom management plans</li> <li>• 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</li> <li>• train carers, where appropriate, about the indications for administration of medications and when to seek assistance</li> </ul>	<ul style="list-style-type: none"> <li>• undertake continuing professional development to maintain currency with prescribing guidelines</li> <li>• reflect on prescribing, and seek feedback from a supervisor</li> </ul>
Research	<ul style="list-style-type: none"> <li>• apply relevant research literature and evidence-based guidelines to prescribing practice</li> <li>• support and participate in research to build the palliative care evidence base in prescribing</li> </ul>	<ul style="list-style-type: none"> <li>• make therapeutic decisions according to the best evidence</li> <li>• recognise where evidence is limited, compromised, or subject to bias or conflict of interest</li> </ul>

<p>Cultural safety</p>	<ul style="list-style-type: none"> <li>incorporate cultural and language considerations and factors into conversations and decisions about medication prescription</li> <li>tailor medication advice to the language, education and health literacy of the individual patient</li> <li>provide plain-language and culturally appropriate patient education materials</li> </ul>	<ul style="list-style-type: none"> <li>appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches</li> </ul>
<p>Ethics and professional behaviour</p>	<ul style="list-style-type: none"> <li>reflect on the ethical implications of pharmaceutical industry-funded research and marketing</li> </ul>	<ul style="list-style-type: none"> <li>consider the efficacy of medicines in treating illnesses, including the relative merits of different non-pharmacological and pharmacological approaches</li> <li>follow regulatory and legal requirements and limitations regarding prescribing</li> <li>follow organisational policies regarding pharmaceutical representative visits and drug marketing</li> </ul>
<p>Judgement and decision making</p>	<ul style="list-style-type: none"> <li>use a systematic approach to select treatment options</li> <li>incorporate findings from clinical and psychosocial assessments to formulate and explain choices for starting or continuing medications</li> <li>choose suitable medicines only if medicines are considered necessary and will benefit patients</li> <li>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</li> <li>evaluate new medicines in relation to their possible efficacy and safety profile for individual patients</li> </ul>	<ul style="list-style-type: none"> <li>recognise personal limitations and seek help in an appropriate way when required</li> <li>consider the following factors for all medicines: <ul style="list-style-type: none"> <li>» contraindications</li> <li>» cost to patients, families, and the community</li> <li>» funding and regulatory considerations</li> <li>» generic versus brand medicines</li> <li>» interactions</li> <li>» risk-benefit analysis</li> </ul> </li> </ul>
<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> <li>collaborate with other health professionals as appropriate, to ensure safe and effective medicine prescription and administration, including medical staff, pharmacists, and others</li> </ul>	<ul style="list-style-type: none"> <li>work collaboratively with pharmacists</li> <li>participate in medication safety and morbidity and mortality meetings</li> </ul>
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> <li>incorporate considerations about access and availability when prescribing medications in palliative care, e.g. cost, PBS listing, availability in the community</li> <li>advocate within healthcare organisations/to appropriate stakeholders when safety and availability of medications requires review, e.g. cessation of certain medication products that are frequently used in palliative and are important for patient care</li> </ul>	<ul style="list-style-type: none"> <li>prescribe in accordance with the organisational policy</li> </ul>

## EPA 10: Investigations and procedures

Theme	Investigations and procedures	AT-EPA-10
<b>Title</b>	<b>Order, undertake, review and explain outcomes of investigations and procedures in the context of patients' underlying illness stage, prognosis, and goals of care</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>order or undertake investigations and procedures in partnership with patients appropriate to the patient's stage of illness, prognosis and goals of care</li> <li>arrange informed consent when applicable</li> <li>confirm procedures are undertaken under appropriate conditions with appropriate monitoring and follow-up plans</li> <li>interpret and communicate the results and outcomes of investigations and procedures, including imaging, and share these with other health professionals as appropriate</li> <li>perform this activity across multiple relevant settings, e.g. in the hospital, at home or in a paediatric hospice.</li> </ul>	
<b>Behaviours</b>		
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
<b><u>Professional practice framework domain</u></b>	<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>
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>use clinical acumen and experience when deciding whether to order and undertake procedures based on the patient's stage of illness, prognosis and goals of care, for example, consider the role and value of investigations versus an empirical treatment trial for a change in clinical condition</li> <li>use medical knowledge and experience to interpret and convey findings or outcomes of investigations and procedures</li> </ul>	<ul style="list-style-type: none"> <li>assess patients and identify indications for procedures</li> <li>check for allergies and adverse reactions</li> <li>consider risks and complications of procedures</li> <li>interpret results of common diagnostic procedures</li> <li>organise and document post-procedure review of patients</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>explain potential value, risks and desired outcomes of both undertaking and not undertaking investigations or procedures to patients</li> <li>address patients' concerns about investigations or procedures, and provide opportunities to ask questions</li> <li>tailor explanations and information about investigations and procedures to individual patients, such as accounting for age, development, linguistic, or cultural considerations</li> </ul>	<ul style="list-style-type: none"> <li>explain the process of procedures to patients without providing a broader context</li> <li>help patients to choose the procedure</li> <li>communicate with members of procedural teams so all team members understand who each member is</li> <li>discuss post-procedural care with patients</li> <li>complete relevant documentation, and conduct an appropriate clinical handover</li> </ul>



	<ul style="list-style-type: none"> <li>• provide written instructions and information to patients about investigations and procedures as appropriate</li> <li>• 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</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>• 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</li> <li>• ensure clear plans for who is responsible for following up results and outcomes of investigations and procedures (particularly relevant when working in a consultation-liaison role)</li> </ul>	<ul style="list-style-type: none"> <li>• provide information in a manner so that patients are fully informed when consenting to any procedures</li> <li>• demonstrate consistent use of aseptic technique</li> <li>• identify patients using approved patient identifiers before any treatment or intervention is initiated</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• self-reflect on approaches to ordering and conducting investigations and procedures in the palliative care setting</li> <li>• seek feedback from colleagues on their approach to investigations and procedures in the palliative care setting</li> <li>• supervise and mentor colleagues in decision making about the role of investigations and procedures in the palliative care setting</li> <li>• utilise teaching opportunities around ordering and interpreting investigations</li> </ul>	<ul style="list-style-type: none"> <li>• participate in continued professional development</li> <li>• help junior colleagues to develop new skills</li> <li>• actively seek feedback on procedural technique until competent</li> </ul>
Research		
Cultural safety	<ul style="list-style-type: none"> <li>• tailor conversations and recommendations about investigations and procedures to the cultural context of patients and families</li> </ul>	<ul style="list-style-type: none"> <li>• respect religious, cultural, linguistic, and family values and differences</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• 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 procedures in the palliative care setting, e.g. imaging, pathology, surgical departments</li> </ul>	<ul style="list-style-type: none"> <li>• perform procedures when adequately supervised</li> <li>• follow procedures to ensure safe practice</li> </ul>



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

## EPA 11: End-of-life and after death care

<b>Theme</b>	<b>End-of-life care</b>	<b>AT-EPA-13</b>
<b>Title</b>	<b>Plan for and manage the end-of-life and after death care of patients</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>diagnose the deteriorating and terminal palliative care phases</li> <li>assess patients' readiness to have conversations about end-of-life</li> <li>support patients to plan for end-of-life care through prognostic and advance care planning conversations</li> <li>develop management plans in anticipation of the deteriorating and terminal phases of an illness</li> <li>assess patients' and families' preferences for location of end-of-life care, and the planning required and feasibility of these preferences</li> <li>assess families' coping and support levels to tailor additional supports as needed in the last weeks of the patient's life</li> <li>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</li> <li>formulate a plan for bereavement follow up, namely who/which organisation and timing of follow up</li> <li>consult families about after death options for care</li> <li>adapt one's own reactions to death and loss.</li> </ul>	

<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b> Expected behaviours of a trainee who can routinely perform this activity without needing supervision	<b>Requires some supervision</b> Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	<p>The trainee will:</p> <ul style="list-style-type: none"> <li>incorporate medical acumen and experience in advance care planning conversations to elucidate patient preferences for end-of-life care</li> <li>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</li> <li>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, e.g. home, hospital or hospice</li> <li>formulate goals of care and resuscitation plans in conjunction with the patient, family and other health professionals as appropriate, to ensure that patient care is aligned with their illness stage and prognosis</li> </ul>	<p>The trainee may:</p> <ul style="list-style-type: none"> <li>demonstrate an understanding of the principles of care for patients at the end of their lives</li> <li>provide timely assessment and document patients' care plans</li> <li>manage physical symptoms in alignment with patients' wishes</li> <li>take steps to alleviate patients' symptoms and distress</li> <li>correctly identify patients approaching the end-of-life, and provide symptomatic treatment</li> <li>adequately manage patients in their terminal phase</li> </ul>

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

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

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

## 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.



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#	Title
1	<a href="#"><u>Symptom management</u></a>
2	<a href="#"><u>Non-malignant and malignant life-limiting and life-threatening conditions</u></a>
3	<a href="#"><u>End-of-life and after death care</u></a>

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### 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
  - » neuroplastic
  - » neuropathic
  - » nociceptive:
    - somatic
    - visceral
  - » spinal cord compression
  - » total
- Psychological, including:
  - » anxiety
  - » depression
  - » low mood

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 patients' 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

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

**Consider other factors**

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

**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
    - selective serotonin-noradrenaline reuptake inhibitors
    - tricyclic antidepressants
  - » non-steroidal anti-inflammatory agents
  - » opioids:
    - fentanyl
    - hydromorphone
    - methadone
    - morphine
    - opioid rotations
    - oxycodone
    - paracetamol
- Anti-emetic agents
- Anti-secretory agents
- Anxiolytic/sedative agents
- Non-pharmacological symptom management options



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## **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 non-verbal patients:
  - » face, legs, activity, cry, and consolability (FLACC)
  - » numerical rating
  - » pain faces

### **Investigations**

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

### **Procedures**

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

### **Disease or syndrome specific procedures**

Understanding of the indications, benefits and burdens of disease related procedures, including:

- Cardiac:
  - » disease
  - » entricular assist device insertion
  - » surgery for congenital cardiac disease
- Gastrointestinal
  - » nasogastric insertion
  - » percutaneous gastrostomy
- Neurological
  - » baclofen pump insertion
  - » cerebrospinal fluid diversion
  - » palliative radiotherapy
- Orthopaedic
- Renal:
  - » renal replacement therapy
- Respiratory
  - » non-invasive ventilation
  - » tracheostomy
  - » O<sub>2</sub> therapy
  - » VATS and pleurodesis in the setting of recurrent malignant pleural effusions
- Surgical interventions
  - » coliosis surgery in the setting of severe neurodisability
  - » fracture fixation in the setting of osteopenia of disability

### **Symptom-related procedures**

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

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## **IMPORTANT SPECIFIC ISSUES**

Advanced Trainees will identify important specialty-

### **Clinical considerations**

- Anticipatory prescribing
- Complex family discussions, encompassing patient and family priorities and goals of care
- Investigations and monitoring in the context of illness stage and goals of care
- Options for place of care

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specific issues and the impact of these on diagnosis and management and integrate these into care.

- Patient and family 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

**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

- Cardiac conditions, including:
  - » cardiomyopathy, acquired
  - » cardiomyopathy, familial
  - » cardiac disease, congenital
- Congenital health problems, including:
  - » birth complications:
    - hypoxic brain injury
  - » genetic conditions:
    - trisomy 18
  - » prematurity-related
- Dermatological conditions:
  - » epidermolysis bullosa
- Gastrointestinal conditions, including:
  - » liver failure
  - » refractory feeding intolerance, generally associated with another presentation, such as:
    - severe neurological impairment
  - » short gut syndrome
- Immunological conditions, including:
  - » Immunodeficiencies being considered for or treated with bone marrow transplant, such as:
    - Severe Combined Immunodeficiency (SCID)
- Metabolic conditions, such as:
  - » mucopolysaccharoidoses
  - » Pompe disease
- Neurological conditions, including:
  - » brain injury
  - » neurodegenerative disorders, progressive
    - 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:
    - timing of consideration for lung transplant

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 patients' 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

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### **Malignant conditions**

- Solid tumours, such as:
  - » progressive
  - » relapsed solid
    - all end-of-life rhabdomyosarcoma
    - neuroblastoma
    - osteosarcoma
- Brain tumours, such as:
  - » diffuse midline glioma
  - » glioblastoma multiforme
- Haematological malignancies, such as:
  - » patients with haematological malignancy entering transplant with high disease or comorbidity burden e.g. high risk transplants
  - » relapsed/refractory leukemia/lymphoma, and high risk leukemias
  - » second bone marrow transplant

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### **EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**

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

#### **For the above conditions**

- Disease and patient-specific factors in prescribing potential therapies:
  - » organ dysfunction
  - » susceptibility to medication side effects
- Epidemiology
- Expected trajectory/trajectories of conditions
- Intent of potential therapies, including:
  - » attempt at cure
  - » life prolongation
  - » symptom management
- Pathophysiology

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### **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**

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.

Advanced Trainees will know how to explain the investigation or procedure to patients,

#### **Clinical assessment tools**

- Symptom assessment scales for verbal and non-verbal patients, including:
  - » FLACC scale
  - » numerical rating scale
  - » pain faces
- Tailored to pathophysiology, prognosis and goals of care

#### **Investigations**

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

#### **Procedures**

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

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families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

### **Disease or syndrome specific procedures**

Understanding of the indications, benefits, and burdens of disease related procedures, including:

- Cardiac:
    - » disease
    - » entricular assist device insertion
    - » surgery for congenital cardiac disease
  - Gastrointestinal:
    - » nasogastric insertion
    - » percutaneous gastrostomy
  - Neurological
    - » baclofen pump insertion
    - » cerebrospinal fluid diversion
    - » Palliative radiotherapy
  - Orthopaedic
  - Renal:
    - » renal replacement therapy
  - Respiratory
    - » non-invasive ventilation
    - » tracheostomy
    - » O2 therapy
    - » VATS and pleurodesis in the setting of recurrent malignant pleural effusions
  - Surgical interventions
    - » scoliosis surgery in the setting of severe neurodisability
    - » fracture fixation in the setting of osteopenia of disability
- 

### **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 patient and family priorities and goals of care
- Investigations and monitoring in the context of illness stage and goals of care
- Options for place of care
- Patient and family preferences for communication (e.g. degree of information shared, degree of 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 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

#### **Self-care in palliative care**

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

### 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 haemorrhage (e.g., secondary to coagulopathy)
  - » terminal airway obstruction (e.g., secondary to mediastinal mass)
- Incontinence and changes in bowel habit
- Reduced enteral intake
- Seizures (e.g., Batters 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
- Family contexts and communication styles, including:
  - » mutual pretence
  - » open versus closed awareness contexts
- Grief and bereavement
- Spiritual needs and concerns e.g. 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, such as:
  - » aromatherapy,
  - » massage
- Pharmacological management for symptoms at end-of-life
  - » agitation/restlessness
    - anti-psychotics
    - benzodiazepines
  - » breathlessness
    - benzodiazepines
    - opioids
  - » pain
    - adjuvant agents
    - opioids
  - » nausea/vomiting
    - dopamine antagonists
    - 5HT3 antagonists
  - » secretion (e.g., anti-cholinergics)

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## UNDERTAKING THERAPY

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

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

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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.

Advanced Trainees will incorporate ethical and legal considerations into patients' end-of-life care plans.

### Clinical considerations

- Anticipatory prescribing
- Complex family discussions, encompassing patient priorities and goals of care
- Investigations and monitoring in the context of illness stage and goals of care
- Options for place of care
- Patient 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
- 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