Hong Kong College of Paediatricians

Working Group on Curriculum Review

Syllabus Proposal

Area: **Paediatric Palliative Care (PPC)**

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Basic Training

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| Topics | Subtopics |
| Philosophy of Paediatric Palliative Care | Understand the definition of ‘holistic care’ and how it applies to medical care of children  Understand what is meant by the terms ‘physical’, ‘spiritual’, ‘social’ and ‘psychological/emotional’ in relation to children needing palliative care  Have basic knowledge of types of common non-malignant conditions requiring PPC  Understand the principles of balancing burden and benefit in considering intervention |
| Pain | Know that pain is poorly recognised, under- estimated and under-managed in children and infants  Be aware of simple pain scales such as face scales and VAS (Visual Analogue Scale).  Be aware that development alters the interpretation of these scales  Be familiar with WHO Pain Guidelines for children |
| Respiratory symptoms | Understand the definition and subjective nature of dyspnoea  Have knowledge of diagnosis and treatment of major reversible causes of dyspnoea in children on PPC care |
| Ethics and Law | Know the four main principles of: autonomy, non- maleficence, beneficence and justice  Understand the local/international guidelines for withholding/withdrawing life-sustaining treatment |

Higher Training

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| Philosophy of Paediatric Palliative Care | Recognises features of nonpathological behaviours and psychological responses associated with life-limiting conditions (e.g. anger and adjustment reactions).  Know what local agencies are available to support children and families for problems in each dimension (physical, psychological, social and spiritual)  Appreciate integrative medicine strategies and the roles of other professionals in providing holistic care, especially nurses, social workers, play specialists, psychologists and chaplains, complementary and alternative therapist and initiate appropriate referrals |
| Pain | Be able to use appropriate pain assessment tools effectively within the context of the pain to which they apply  Understand the limitations of pain scales in children with developmental delay and/or other communication difficulties  Understand the use of opioid as an effective pain control in end-of-life  Recognise the need to address emotional, psychological, social and spiritual needs as well as physical ones in managing pain |
| Respiratory Symptoms | Have knowledge of pathophysiology of dyspnoea in children with malignant and non-malignant conditions e.g. CP, DMD, children with lung metastases  Understand and apply the principles of pharmacological and non-pharmacological management of dyspnoea, including the place of oxygen therapy  Be aware of MDT approach to management. e.g. psychologist, play specialist, physiotherapy |
| GI Symptoms: | Understand the pathophysiology of hiccough, nausea, vomiting, constipation and diarrhoea in PPC, and initiate appropriate management |
| End of Life Care | Have knowledge in symptoms and signs indicative of imminent death, and initiate appropriate management  Be aware of different routes to administer medications/IVF (e.g. SC, buccal, intranasal)  Recognize the psychological stress of the parent/family members facing the dying child. Respect the wish of the dying child and family, and willing to work with the MDT to meet their needs |
| Ethics and Law | Understand the issues of euthanasia and its local implications  Understand the management strategies when families/patients do not agree with treatment options proposed by healthcare team.  Understand the ethics principal and knowledge on diagnosis of brain-stem death |
| Communications | Demonstrate the use of empathic listening to facilitate appropriate open discussion with both the child and parents / carers  Understand the developmental models of children’s view of death |
| Bereavement | Understand the general concepts of loss, grief and mourning.  Understand basic theories about bereavement: process of grieving, adjustment to loss  Be able to anticipate and identify abnormal, prolonged and complicated grief in children and adults |

Desirable skills:

1. Break bad news (e.g. SPIKE model)
2. Be able to conduct a DNACPR and ACP (Advance Care Plan) discussion with the child and parents/carers