

Educational Objectives for Clinical Fellowship

This form is for recognized specialists whose postgraduate medical training program is designed to give them additional expertise but does not lead to additional credentials for practice. The College of Physicians and Surgeons of Ontario (CPSO) requires the submission of a statement of objectives before issuing a postgraduate education certificate of registration for a clinical fellowship appointment.

Trainee Information

Name of Clinical Fellow:
First name Last name

Specialty Certification:

Title of Certification:

Country Issuing Certification:

General Information

Department Name: Paediatrics

Division Name (If applicable): Palliative Care

Name of Fellowship: Paediatric Advanced Care Team (Palliative care)

Fellowship Site: SickKids

Fellowship Start Date:
Month, Day, Year

End Date:
Month, Day, Year

If re-appointment:

Reappointment Start Date:
Month, Day, Year

End Date:
Month, Day, Year

Name of Supervisor: Adam Rapoport/Kevin Weingarten

Telephone: 416-813-6905 Email: kevin.weingarten@sickkids.ca

Fellowship Overview

Please provide a brief statement of the clinical focus and educational purpose of the fellowship. The answer space below will expand to accept point form or paragraph entries. If this fellowship is a re-appointment, please describe the clinical focus and educational purpose of the re-appointment only.

PAEDIATRIC MEDICINE CLINICAL FELLOWSHIP PROGRAM
Paediatric Palliative Medicine (PACT - Paediatric Advanced Care Team) - Division of Paediatric Medicine

This fellowship follows completion of residency training in pediatrics and trainees are FRCP(C) qualified (equivalent or eligible). This 12 month clinical fellowship in Pediatric Palliative Medicine is focused on advancing pediatric pain management, palliative care and quality of life concerns. The main qualifications are that the candidate is board-eligible or board certified (or equivalent) in pediatrics or one of its sub-specialties & that they display a serious commitment to a career in pediatric palliative medicine.

The primary responsibilities of the trainee will include becoming familiar with comprehensive, interdisciplinary evaluation and management of children with diverse advanced illnesses and their families. In addition they will be responsible for the care of inpatients and outpatients in varied settings, including an academic teaching hospital, hospice/home care and chronic care. The trainee will be trained as a clinician-educator through supervised experiences in the teaching of pediatric palliative care.

The fellowship program schedule consists of approximately 8 clinical months with the inpatient paediatric palliative care team. Fellows will have an opportunity to follow up their patients and their families following discharge or death by phone or in person. Additional rotations may include 1 month with the Pain team at Sickkids, and 2-3 months of academic/elective time (Hospice - Emily's House, Chaplaincy, child life, etc...). Throughout the training period, fellows will participate in after hours and weekend "on call" for the PACT. Fellows participate in weekly clinical and academic rounds as well as optional attendance to other rounds including: research rounds, pediatric grand rounds, and applicable conferences.

Fellows keep a portfolio to record their progress and achievements during the fellowship. In-training evaluation forms are completed for each clinical rotation and quarterly meetings are held for each fellow with their oversight committee to review interim progress.



Fellowship Objectives: CanMEDS Roles

Where applicable, please provide objective(s) for each of the following:

The answer space below will expand to accept point form or paragraph entries; enter "N/A" if individual CanMEDS role is not applicable

1. Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework

1. Demonstrates a good understanding of the basic scientific and clinical knowledge relevant to resolving clinical problems encountered by patients with complex/chronic or any patient at the end-of-life, and relating them to patient care.
2. Uses all of the pertinent information to arrive at complete and accurate consult notes and clinical recommendations. Plan for consultation and suggested management strategies are complete and accurate.
3. Elicits an appropriate history, including relevant information that is concise, accurate and appropriate to the patient's presenting complaint.
4. Performs a physical examination that is relevant, sufficiently elaborate, and appropriate for the patient's problem.
5. Uses problem-solving skills to develop an appropriate diagnostic impression and management of complex paediatric palliative care related issues.
6. Develops an appropriate plan for investigations in a cost-effective, ethical and useful manner.
7. Demonstrates a working knowledge of both the basic and clinical sciences at the level of a consultant in the specialty.
8. Demonstrates an understanding of the clinical presentation and management of common pediatric palliative care symptoms including: complicated pain, dyspnoea, refractory nausea, fatigue, etc....
9. Demonstrates an ability to appropriately consult medical specialists in care of patients.
10. Recognizes signs and symptoms suggestive of end of life and effectively manages them.
11. Recognizes and manages palliative emergencies (uncontrolled symptoms; conflicts; support of a recently bereaved family; etc.) resulting in prompt and appropriate treatment. Remains calm, acts in a timely manner and prioritizes correctly.

2. Communicator

As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

1. Effectively teaches students, colleagues and other professionals, and lay groups, assessing learner needs, providing timely and constructive feedback, developing plans for improvement, and using sound evaluation tools and processes.
2. Recognizes that communication is an essential function of a physician, and describes how effective patient-physician communication can foster patient satisfaction and compliance as well as influence the manifestations and outcome of a patient's illness.
3. Establishes relationships with patients that are characterized by understanding, trust, respect, empathy and confidentiality.
4. Understands the importance of effective communication between health-care professionals involved with an individual patient.
5. Understands issues involving disabilities, gender, race and culture as they apply to both ongoing medical care and end-of-life care.



6. Demonstrates effective consultation skills in presenting well documented assessments and management plans in written and/or verbal form in the context of admission notes, progress notes, and discharge letters
7. Establishes a safe environment with patients and their caregivers in an effort to create a therapeutic relationship. Communicates well and at an appropriate level with patients and families.
8. Demonstrates appropriate communication skills with patients and families, being able to understand and recognize emotional and personal needs of patients and families.
9. Assesses and ensures that patients and families have a clear and thorough understanding of medical diagnoses, prognosis & management.
10. Prepares written documentation (initial consultations, daily patient notes, "No CPR" letters) that are accurate, organized and timely.
11. Able to appropriately initiate difficult conversations with patients and families; establishing patients' and families' hopes, fears and goals-of-care.

3. Collaborator

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

1. Identifies and describes the role, expertise and limitations of all members of an interdisciplinary team.
2. Develops a care plan for a patient they have assessed, including investigations, management strategies and continuing care, in collaboration with the members of the interdisciplinary team.
3. Participates in interdisciplinary team meetings. Demonstrates the ability to accept, consider and respect the opinions of other team members, while contributing general pediatric specific expertise.
4. Effectively communicates with members of an interdisciplinary team in the resolution of conflicts, provision of feedback, and where appropriate, is able to assume a leadership role.

4. Manager

As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

1. Practices the skills required to be a successful leader in the clinical and academic settings, including visioning, management, finance, interpersonal skills, and negotiation.
2. Understands the structure and functions of complex health care systems and models for the delivery of health care to children with severe disease.
3. Works effectively as a member of a team or partnership to accomplish tasks whether one is a team leader or team member.
4. Develops an understanding of inpatient and outpatient processes to provision of care and understands the importance of efficiency and patient safety as dimensions of health care quality
5. Sets realistic priorities and uses time effectively in order to optimize professional performance, balancing professional, personal and institutional commitments.
6. Demonstrates leadership skills and teamwork in managing preventative and therapeutic health care for children by incorporating patients, families and allied health professionals.

5. Health Advocate

As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

1. Understands and applies the principles and methods of child and family advocacy.
2. Understands child health policy, including measures of child health and well-being, the formulation of strategies to effect change, and the appropriate agencies and levels of government necessary to influence policy.
3. Demonstrates an understanding of the psychosocial, economic and societal determinants of health as they relate to children and their families whether they are hospitalized, in another facility or at home.
4. Demonstrates an ability to manage an individual patient within the context of their specific determinants of health.

Educational Objectives for Clinical Fellowship – PCME, August 2010

FACULTY OF MEDICINE

500 University Avenue, Suite 602, Toronto, Ontario M5G 1V7 Canada

Tel: + 1 416 978 6976 • Fax: + 1 416 978 7144 • postgrad.med@utoronto.ca • www.pgme.utoronto.ca



Postgraduate Medical Education UNIVERSITY OF TORONTO

5. Demonstrates knowledge of which patients and families are "at risk" and advocate on their behalf.
6. Demonstrates and promotes active involvement of the family in medical decision making and comprehensive care of the child. Advocates for direct involvement of the child in decision making as appropriate.

6. Scholar

As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

1. If time permits, plans research projects that derive from testable research questions and/or hypotheses, and use sound methods for sampling, measurement, and analysis.
2. In the case of research, conducts investigations and research-related activities that are professional; ethical; respect the rights, privacy, and interests of human research subjects; and provide special protections for children and other vulnerable populations..
3. Demonstrates a commitment to self-assessment and improvement, and proficiency in the development and pursuit of life-long learning plans, including a personal plan for continuing education and recertification.
4. Effectively uses quality improvement methods (ie. quality improvement project) to monitor and improve health care for children, including the care provided by one's own practice.
5. Demonstrates an ability to identify a patient problem, access the appropriate information and critically appraise its content.
6. Demonstrates an ability to implement a plan of care grounded in an evidence-based approach
7. Demonstrates an understanding of, and the ability to apply, the principles of adult learning with respect to oneself and others.
8. Demonstrates an understanding of preferred learning methods in dealing with students, residents and colleagues.
9. Demonstrates an interest in unique palliative care issues through discussions with team members and makes an effort to formulate opinions.
10. Creates and shares an interesting presentation about a relevant topic at Academic Palliative Care rounds using up-to-date medical literature.

7. Professional

As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

1. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
2. Formulates career plans to make the transition from training to independence in an academic setting.
3. Plans and manages career to achieve career goals that fit your aspirations, values, and lifestyle preferences.
4. Continually evaluates one's abilities, knowledge and skills and know one's limitations of professional competence.
5. Strives to balance personal and professional roles and responsibilities and demonstrates ways of attempting to resolve conflicts and role strain.
6. Describes and demonstrates an understanding of the professional, legal and ethical codes to which physicians are bound.
7. Delivers highest quality care with integrity, honesty and compassion.