



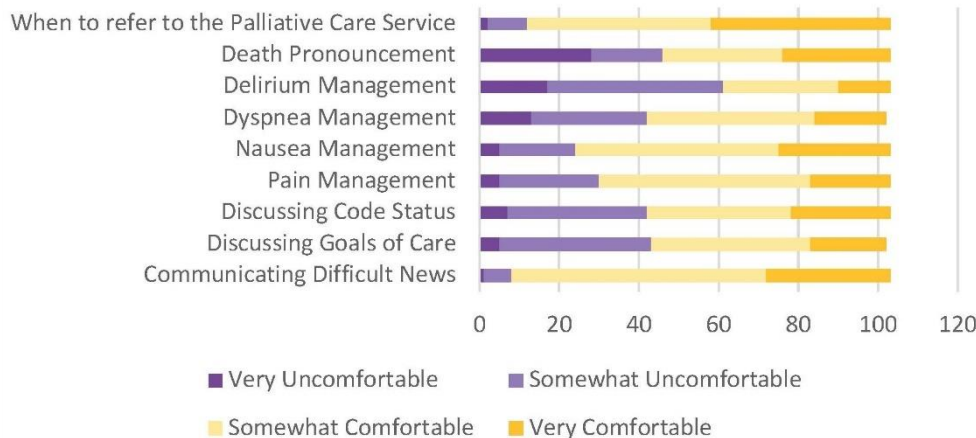
APPD Spring 2021 Spring Virtual Meeting Trainee Award: Annie Gula, MD

PRIMARY PEDIATRIC PALLIATIVE CARE: A CURRICULAR REFORM

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The AAP, IOM, and ACGME have each asserted that increased exposure to primary palliative care education is crucial for all physicians regardless of eventual specialty. Pediatric palliative care is defined by the World Health Organization as "the active total care of the child's body, mind and spirit, and also involves giving support to the family" beginning with diagnosis and regardless of disease trajectory. We agree with this holistic and inclusive definition of palliative care and believe all pediatric residents should be able to provide primary palliative care (PPC). We know, however, that stigma around palliative care continues to exist, pediatric residents have limited and variable exposure to end-of-life care (Trowbridge et al) and they continue to report inadequate PPC training (Baker et al). We performed a needs assessment for our institution and subsequently developed a Primary Palliative Care Curriculum (PPCC). The needs assessment included focus groups with current residents and anonymous surveys of current

Fellow/Recent Residency Graduate Comfort with Key PPC Elements



residents (n=70) and current fellows and recent graduates (n=103) asking about overall comfort in and desire to learn more about PPC. Of current residents, 34% felt comfortable managing pain and 25.7% agreed they felt comfortable discussing goals of care. Residents expressed interest in gaining more skills

in the domains of pain management (94.4%), non-pain symptom management (95.7%), delivering serious news (98.6%), discussing goals of care (97.1%), discussing code status (98.6%), and when to consult palliative care services (91.4%). While most recent graduates and

Components of Primary Palliative Care Curriculum



fellows reported some formal training in PPC, only 57% felt comfortable leading goals of care conversations and 25% felt very well prepared in pain and symptom management. In response to these findings and with funding from an APPD resident research grant, we were able to design and implement a longitudinal, interdisciplinary, multimodal PPCC. Knowledge targets include pain and symptom management, end-of-life care, medical ethics, and when to consult the palliative care team. Skill-based sessions target communication via longitudinal VitalTalk experiences (a nationally recognized methodology to teach empathic communication skills) and partnership sessions with Child Life Specialists. Resilience building sessions include structured debriefs embedded in high acuity rotations and recurrent residency-class based support groups. Pediatric trainees desire to improve skills in communication, pain and symptom management, and utilizing palliative care resources. We designed and implemented a longitudinal, interdisciplinary PPCC to target the educational needs of our residents. Future directions include further evaluating our curriculum after a year of intervention and adjusting based on our findings and further developing bereavement support and structured debriefing training.