

Introduction

- Palliative care is an emerging field within pediatrics, particularly in light of the increasing number of pediatric patients with complex medical needs
- The AAP has recommended an interdisciplinary palliative care/hospice team for all hospitals serving children with life-threatening conditions (3)
- Previous studies have shown that pediatric residents feel they do not have the experience, competency, or training in this field (2)
- Informal survey of our residents prior to intervention showed that 67% felt they were comfortable leading family meetings, 56% with end of life decision making, and 48% discussion code status and the role of the PCP within palliative care

Objective and Hypothesis

- **Objective:** Measure impact of a work-shop conducted among pediatric and internal medicine-pediatric residents in the topic of pediatric palliative care
- **Hypothesis:** We hypothesized that participants would report greater familiarity and confidence in pediatric palliative care after the intervention

Intervention

- Participants were pediatric and internal medicine-pediatric residents at UMMS-Baystate
- Intervention was designed as two, one hour work-shops consisting of lecture and role-playing during weekly protected educational time.
 - Session 1: Provided basic definitions and addressed the role of primary care pediatricians in providing palliative care including discussions with family regarding long term goals of care
 - Session 2: Focused on inpatient concepts such as pain control in terminal illness and conducting effective family meetings regarding end of life decision making
- Didactics were led by the authors
- Role-playing sessions were mediated by attending physicians with particular experience in the care of complex pediatric patients



Figure 1: SPIKES protocol for delivering bad news.

Figure obtained from Hausdorff, J. "Ask the hematologist: SPIKES protocol for delivering bad news to patients". *Hematologist*. Vol. 14, no. 4, 2017. www.hematology.org/Thehematologist/Ask/7475.aspx. Accessed Oct. 8, 2017.

Figure 2: Average comfort item response score, before and after intervention
Pre = 3.3 (IQR 2.8, 3.8); Post = 4.1 (IQR 3.6, 4.3). P-value for difference = 0.003

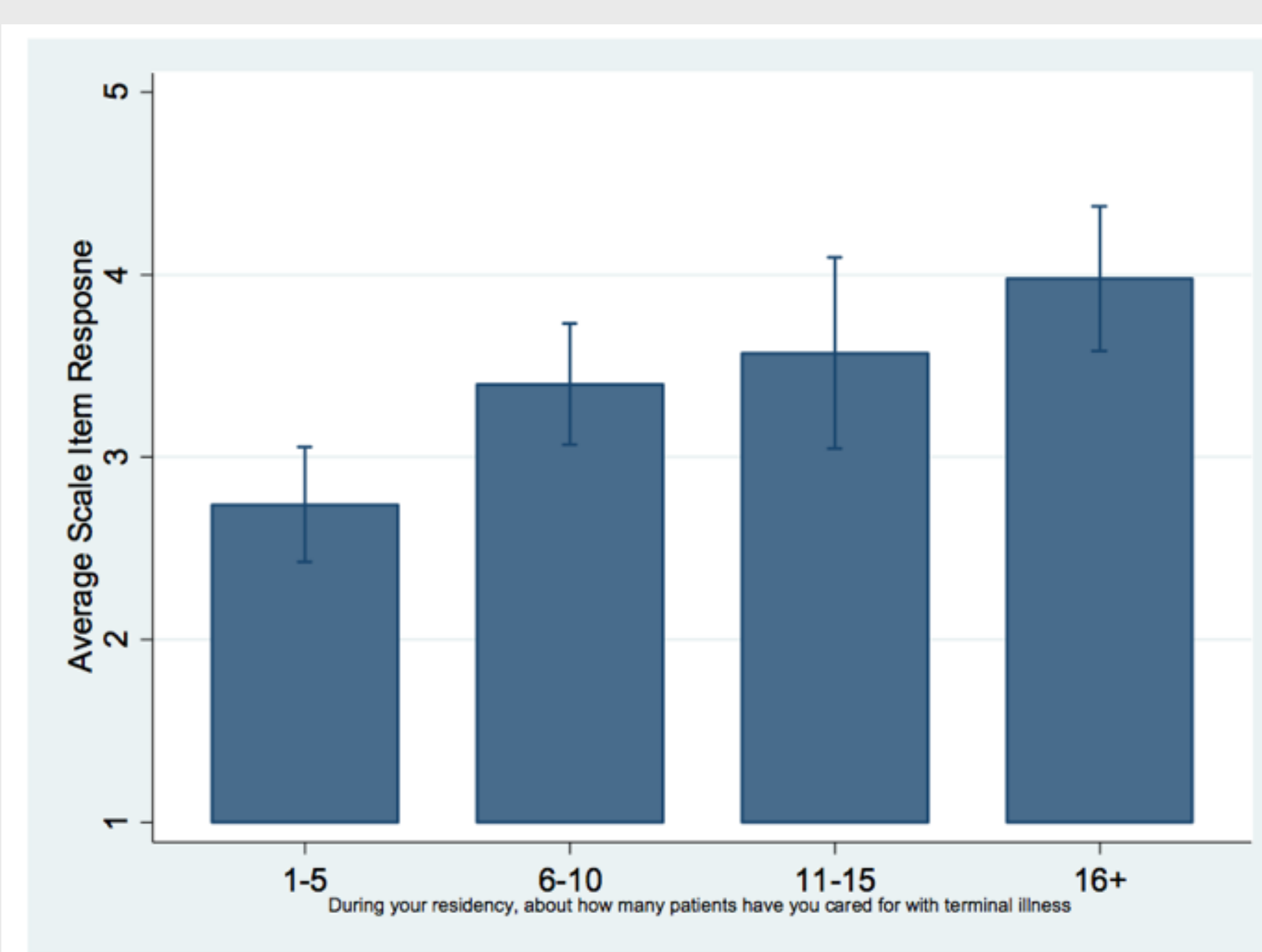
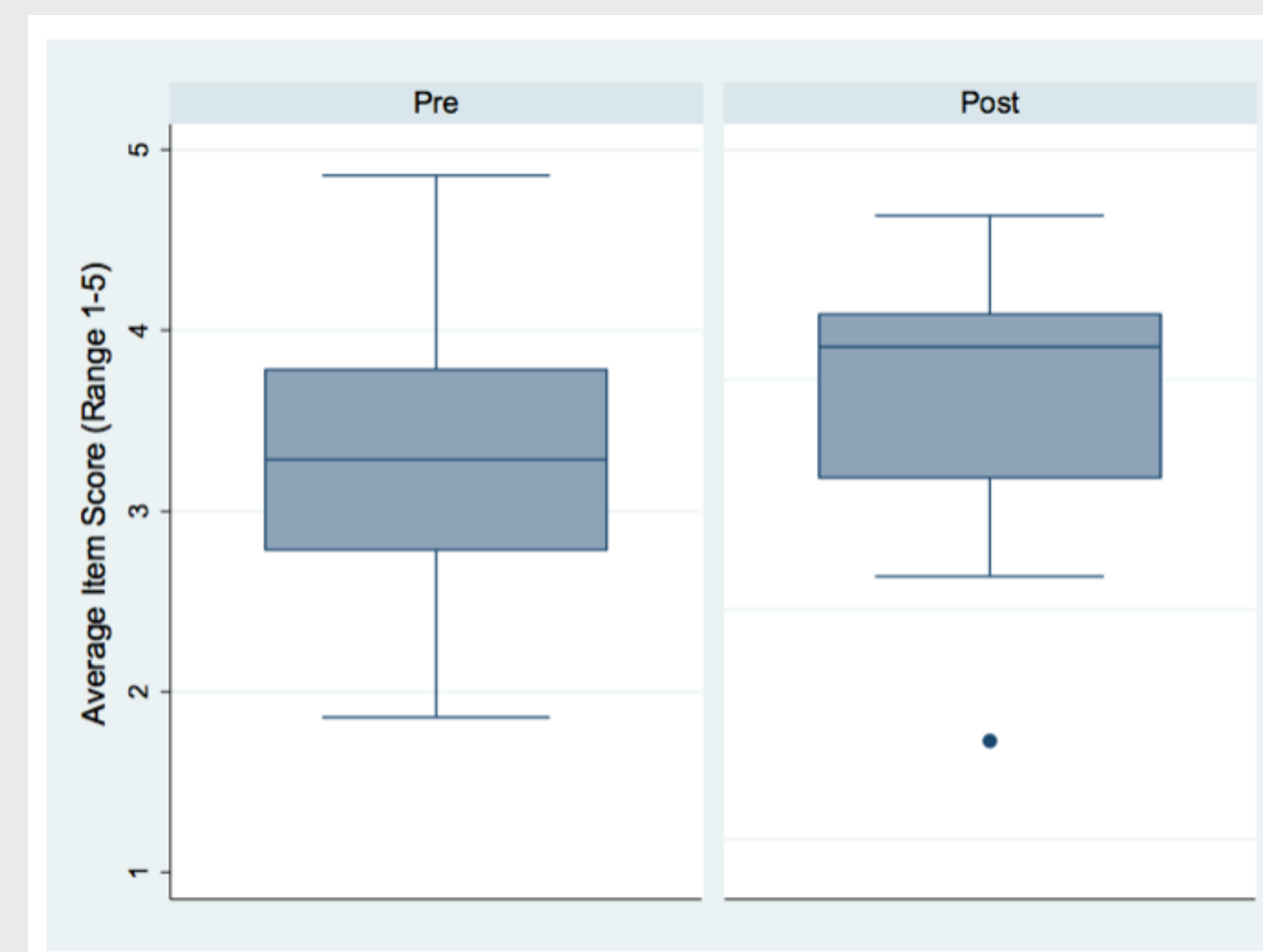


Figure 3: Average comfort item scale scores, by experience

Average comfort item scale scores correlate significantly with the number of terminal patients the respondent has cared for. Spearman's rho=0.73, p<0.001

Intervention and Analysis

- Didactics included introduction to previously developed tools including the Serious Illness Conversation Guide and SPIKES
- Residents were asked to fill out an 11-item Likert scale based survey prior to and after the intervention
 - Seven items to assess participants' comfort level
 - Four items to assess participants' opinions of the importance of pediatric palliative care

Discussion

- Residents reported an overall greater comfort with the topic after the intervention (Pre: Median 3.1, IQR 2.8-3.8, Post: Median 4.1, IQR 3.6-4.3, P = 0.003). Fig 1.
- Residents reported better understanding of what pediatric palliative care is (P = 0.001) and more comfort leading a discussion regarding palliative care options for patients (P = 0.007) after the intervention
- Residents with more experience with caring for terminal patients had higher comfort scores with this topic (p< 0.001). Fig 2.

Conclusions

- After a brief workshop designed for residents, participants reported improved familiarity and comfort level with pediatric palliative care
- This educational intervention was able to show that residents benefit from training in pediatric palliative care
- We hope that this provides a framework for further educational sessions for pediatric residents
- Also currently in application of a simulation based curriculum for difficult discussions within pediatrics

References

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