

Module	Objectives
<b>M1: What is Pediatric Palliative Care and Why Does it Matter: Palliative Care Overview</b>	<ul style="list-style-type: none"> <li>• Define pediatric palliative care (PPC) as a set of tasks</li> <li>• Identify predictable opportunities for palliative care intervention at different stages of disease</li> <li>• Describe when and how to utilize a subspecialty palliative care team</li> <li>• Evaluate myths and assumptions about PPC</li> </ul>
<b>M2: Child Development</b>	<ul style="list-style-type: none"> <li>• Learn typical phases of cognitive, psychosocial and spiritual growth</li> <li>• Learn how children of different developmental capacity understand concepts of illness and death and how this can impact care planning</li> <li>• Learn interventions that can be utilized when working with children of diverse ages along the illness continuum and at end of life</li> </ul>
<b>M3: Family Centered Care</b>	<ul style="list-style-type: none"> <li>• Define Family-Centered Care (FCC)</li> <li>• Learn the four key principles in FCC</li> <li>• Describe strategies for delivering effective FCC in pediatric palliative care</li> <li>• Understand and reduce barriers to the delivery of FCC</li> </ul>
<b>M4: Grief and Bereavement</b>	<ul style="list-style-type: none"> <li>• Review theories of grief</li> <li>• Assess grief in children</li> <li>• Use developmentally based strategies to address grief</li> <li>• Discuss grief related to the loss of a child and strategies to address family grief</li> </ul>
<b>M5: Self Care for Professionals</b>	<ul style="list-style-type: none"> <li>• Understand how self-care is a core competency in palliative and end of life care</li> <li>• Recognize what triggers stress and burnout</li> <li>• Develop a self-care plan that reduces stress and fosters personal growth and well-being</li> </ul>
<b>M6: Team Collaboration and Effectiveness</b>	<ul style="list-style-type: none"> <li>• Identify the conceptual basis for teamwork in palliative care</li> <li>• Describe different types of teams in palliative care</li> <li>• Name specific advantages and challenges of teamwork</li> </ul>
<b>M7: Communication &amp; Planning</b>	<ul style="list-style-type: none"> <li>• Describe the 6 steps of the SPIKES model for giving bad news</li> <li>• Detail reasons for communicating prognosis</li> <li>• Learn methods for communicating prognosis</li> <li>• Understand ways to elicit goals of care and to discuss advanced care planning</li> </ul>
<b>M8: Ethical &amp; Legal Issues</b>	<ul style="list-style-type: none"> <li>• Place ethics in pediatric palliative care</li> <li>• Clarify role of parents as surrogate decision makers</li> <li>• Describe basic tenets of pediatric end-of-life care</li> </ul>
<b>M9: Teaching with EPEC-Pediatrics in the Face-to-Face Setting</b>	<ul style="list-style-type: none"> <li>• Describe how education can promote practice and systems change</li> <li>• Describe why it is important to identify the tension point for learners</li> <li>• Name three principles of adult learning</li> <li>• Design a training session using EPEC-Pediatrics curriculum materials</li> </ul>

<p><b>M10: Multi-Modal Analgesia</b></p>	<ul style="list-style-type: none"> <li>• Review assumptions about opioid use in children</li> <li>• Evaluate the 4 WHO-Principles of acute pediatric pain management</li> <li>• Discuss the concept of Multimodal Analgesia</li> <li>• Calculate morphine requirements for a child in severe pain</li> </ul>
<p><b>M11: Opioid Selection and Opioid Rotation</b></p>	<ul style="list-style-type: none"> <li>• Review opioids commonly used in pediatric palliative care             <ul style="list-style-type: none"> <li>○ Pharmacology</li> <li>○ Routes of administration</li> <li>○ Common adverse effects</li> </ul> </li> <li>• Review opioids not recommended for pediatric use</li> <li>• Practice opioid rotation in a case example</li> </ul>
<p><b>M12: Management of Neuropathic Pain Management and Adjuvant Analgesia</b></p>	<ul style="list-style-type: none"> <li>• Appreciate the high prevalence of neuropathic pain in pediatric palliative care</li> <li>• Define neuropathic pain and describe main causes in pediatric patients</li> <li>• Emphasize the role of opioids as a first-line agent in neuropathic pain management</li> <li>• Develop a step-by-step treatment approach for neuropathic pain, including pharmacologic (opioids, non-opioids, adjuvants), procedural and integrative medicine approaches</li> </ul>
<p><b>M13: Procedural Pain Management Strategies</b></p>	<ul style="list-style-type: none"> <li>• Describe the evidence for the importance of managing procedural pain</li> <li>• Review the 4 essential pain management strategies for needle procedures</li> <li>• Identify pharmacologic agents including dose, route of administration, monitoring, and adverse effects</li> <li>• Identify behavioral and integrative strategies that facilitate coping with procedures</li> </ul>
<p><b>M14: Chronic Complex Pain *</b> [included M24: Methadone* in the online version until 2016]</p>	<ul style="list-style-type: none"> <li>• Discuss the prevalence of chronic pain and underlying pathophysiology in children</li> <li>• Appreciate that different chronic pain syndromes are often considered manifestations of an underlying vulnerability rather than separate disorder</li> <li>• Review the limited role for pharmacotherapy in children with chronic pain             <ul style="list-style-type: none"> <li>○ Opioids are usually not indicated!</li> </ul> </li> <li>• Stress the importance of a rehabilitative, interdisciplinary team approach in managing chronic pain</li> <li>• Discuss management of children who have both acute pain, such as vaso-occlusive crisis in sickle-cell disease, and chronic daily musculoskeletal pain</li> </ul>
<p><b>M15: Management of Gastrointestinal Symptoms</b></p>	<ul style="list-style-type: none"> <li>• State the spectrum and impact of gastrointestinal symptoms</li> <li>• Recognize pathophysiology involved in nausea and vomiting, and learn to prescribe appropriate antiemetic therapy</li> <li>• Diagnose and treat diarrhea and constipation</li> <li>• Explain the diagnosis and treatment of anorexia-cachexia syndrome &amp; - Discuss weight changes and loss of appetite with caregivers</li> </ul>

<p><b>M16: Management of Respiratory Symptoms</b></p>	<ul style="list-style-type: none"> <li>• Appreciate the high prevalence of dyspnea, excess respiratory secretions and cough in pediatric palliative care and often inadequate treatment by clinicians</li> <li>• Discuss pathophysiology of common respiratory symptom in pediatric palliative care</li> <li>• Describe the role of opioids as a first-line agent in dyspnea</li> <li>• Develop a step-by-step approach in managing dyspnea and other respiratory symptoms</li> </ul>
<p><b>M17: Management of Emotional and Behavioral Symptoms</b></p>	<ul style="list-style-type: none"> <li>• Describe approaches to emotional and behavioral aspects of palliative care</li> <li>• Discuss “phenotypes” of psychological and behavioral pathology in seriously ill children</li> <li>• Review the assessment and potential treatments for each phenotype</li> <li>• Identify thresholds for referral to mental health clinicians</li> </ul>
<p><b>M18: Management of Neurological Symptoms</b></p>	<ul style="list-style-type: none"> <li>• Review neurological complications of children with serious illnesses, including advanced pediatric hematology/oncology conditions, and treatment strategies</li> <li>• Identify causes of pain behaviors in children with neurological impairment</li> <li>• Develop step-by-step approach to manage distressing neurological symptoms in pediatric palliative care</li> </ul>
<p><b>M19: Management of Refractory Distress</b></p>	<ul style="list-style-type: none"> <li>• Describe persistent myths about palliative sedation</li> <li>• Explain the circumstances under which palliative sedation may be indicated</li> <li>• Describe recommended dosing for palliative sedation in children</li> <li>• Review the potential alternatives to palliative sedation</li> </ul>
<p><b>M20: Preparation for Imminent Death</b></p>	<ul style="list-style-type: none"> <li>• Define the end-of-life period</li> <li>• Describe the tasks necessary for managing pain and distress at end of life</li> <li>• Identify important issues that require careful communication and planning</li> <li>• Describe the essential components of good care at the very end of life</li> </ul>
<p><b>M21: Integrative Medicine</b></p>	<ul style="list-style-type: none"> <li>• Describe how integrative medicine strategies can enhance care for children with life-threatening conditions.</li> <li>• Practice a relaxation and mental imagery (RMI) exercise.</li> <li>• Review importance of safe and effective integrative medicine modalities to improve pain and symptom management as well as quality of life for seriously ill children</li> </ul>
<p><b>M22: Introducing Quality Improvement in PPC</b></p>	<ul style="list-style-type: none"> <li>• Discuss why quality improvement methodology is an important approach for integrating pediatric palliative care into services</li> <li>• Describe the basic concepts of quality improvement approaches</li> <li>• Describe the first steps to improving quality</li> <li>• Complete a performance improvement project</li> </ul>

<b>M23: Teaching Pain and Symptom Management</b>	<ul style="list-style-type: none"><li>• Describe the goals of education</li><li>• Explain how adults learn best</li><li>• Use personal style and presentation skills to make teaching more effective</li><li>• Cope with 'challenging' participants</li><li>• Experience different presentation modalities</li></ul>
<b>M24: Methadone</b>	<ul style="list-style-type: none"><li>• Review advantages and disadvantages of methadone use</li><li>• Evaluate potential adverse effects of methadone</li><li>• Explain difference of half-life compared to other opioids</li><li>• Practice opioid rotation to methadone</li></ul>