

# CERTIFIED FELLOWSHIP IN PEDIATRIC PALLIATIVE MEDICINE

[Syllabus Approved by Board of Studies, Medical & Health Sciences]

<b>Programme Code</b>	:	HLTH14A15
<b>Programme Details</b>	:	2-YEARS HBNI CERTIFIED FELLOWSHIP IN PEDIATRIC PALLIATIVE MEDICINE
<b>Programme Learning Outcomes (PLOs / PSOs)</b>	:	MENTIONED [COMMON FOR ALL 2 YRS HBNI CERTIFIED FELLOWSHIPS OFFERED AT TMC]
<b>Eligibility Criteria</b>	:	MD IN PALLIATIVE MEDICINE OR MD IN PEDIATRICS.
<b>Duration of the Course</b>	:	2 YEARS
<b>Programme Structure (Credit-Based)</b>	:	NA
<b>Detailed Course Syllabus</b>	:	ATTACHED
<b>Teaching–Learning Methodologies</b>	:	2 YEARS PROGRAM
<b>Examination &amp; Evaluation System</b>	:	ANNUAL APPRAISAL FOLLOWED BY UNIVERSITY FINAL EXAMINATION
<b>Internship / Project / Dissertation Guidelines</b>	:	NA
<b>Program In Charge</b>	:	PROF. JAYITA DEODHAR <a href="mailto:jayita.deodhar@gmail.com">jayita.deodhar@gmail.com</a>

## CERTIFIED FELLOWSHIP (PEDIATRIC PALLIATIVE MEDICINE)

*Programme Code: HLTH14A15*

*Programme Outcome:*

- The HBNI Fellowship Programmes at Tata Memorial Centre are designed to develop competent, ethical, and academically oriented healthcare professionals with advanced knowledge and skills in their respective specialties and subspecialties.
- At the completion of the fellowship, candidates are expected to demonstrate excellence in clinical practice, patient-centered care, multidisciplinary teamwork, communication, professionalism, and evidence-based decision-making.
- Fellows shall acquire the ability to independently evaluate, diagnose, plan, and manage patients while adhering to institutional protocols, quality standards, patient safety practices, and ethical principles in healthcare delivery.
- The fellowship programmes also aim to foster academic growth, research aptitude, lifelong learning, and leadership qualities among trainees.
- Fellows are expected to actively participate in teaching, seminars, journal clubs, conferences, audits, and research activities, thereby contributing to the advancement of medical science and institutional development.
- Upon successful completion of the programme, the fellow should be capable of functioning independently as a skilled specialist/subspecialist with competence in clinical services, academics, research, and collaborative healthcare practice in tertiary care and oncology-focused settings.

## DETAILED SYLLABUS

### ▪ **Introduction:**

- Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness, it prevents and relieves suffering through early identification, correct assessment and treatment of various symptoms whether physical, psychosocial or spiritual.
- Less than 1 % of the population of India needing Palliative care has access to Palliative care. In addition, is the fact that there is resource limitation (e.g.
- availability of medications like opioids, access to expertise) in most of the parts of the country especially in rural India. Amongst this, is the fact that there is a growing awareness that there are major gaps in availability of paediatric palliative care. The need for palliative care in paediatric population is as important and essential as in the adult, if not more, given the more complex nature of their symptom profile and assessment.
- Globally, it is estimated that approximately 22 million children require palliative care services among which around 8 million require specialist Palliative care. In India, the estimate of children requiring these services is 1.6 million, with very few Specialist Paediatric Palliative care physicians available for meeting with the demand, either due to the lack of awareness about the speciality or limited provisions for training in this speciality.
- Currently, in India, only one institute offers a Paediatric Palliative care Fellowship but the eligibility is only for doctors who have done Paediatric Medicine. This leaves MD Palliative Medicine physicians without the opportunity to pursue the same. Thus, it will be of great benefit to form a formal structured curriculum with expert guidance to enable the students to become competent in delivering paediatric palliative care.

### ▪ **SCOPE OF TRAINING**

- The two-year full-time fellowship program will intend to
- Prepare trainees to be Paediatric palliative care experts
- Enable trainees to recognize the palliative care health needs in the said population of the community and carry out professional obligations ethically and in keeping with the objectives of the national health policy.

- Enable trainees to master the competencies, pertaining to palliative medicine, that are required to be practiced at the primary as well as secondary and the tertiary levels of the health care delivery system.
- Prepare trainees to be future educators in paediatric palliative medicine.
- Prepare trainees to be able to carry out research and advocacy in paediatric palliative medicine.

## ▪ **GOALS**

- To identify the scope of paediatric palliative medicine in life limiting conditions in children,
- To identify, assess and treat common conditions or symptoms seen in patients with such disorders,
- To develop and teach good communication and interpersonal skills
- To identify dying and special issues related to end of Life Care in children and for their families
- To be knowledgeable in the principles of medical ethics and their application pertaining to paediatric palliative medicine
- To be able to carry out research and undergraduate medical teaching and other basic medical skills, along with advocacy

## ▪ **CORE KNOWLEDGE**

- Detailed knowledge of the physical symptoms of common symptoms of patients who require palliative care, including incidence, aetiology, patho-physiology, assessment, including impact on quality of life, and treatment.
- Disease trajectories, needs of service delivery with various models
- Concept of Total Pain
- Gastrointestinal symptoms- nausea, vomiting, dysphagia, hiccup, constipation, diarrhoea, malignant bowel obstruction, jaundice, ascites and hepatic encephalopathy.
- Urologic symptoms- urinary incontinence, obstruction, urinary fistulae, haematuria.
- Neurologic symptoms- intracranial hypertension, seizures, delirium, spinal cord and peripheral nerve disorders.
- Respiratory symptoms- Dyspnoea, airway obstruction, cough, aspiration
- Surgical procedures in palliation - wound, haemorrhage, others. Haematological- anaemia, leucopenia, platelet disorders.

- Disease modifying therapies.
- Emergencies in paediatric palliative medicine.
- End of life care
- Quality of Death and bereavement care
- Nursing issues in palliative care.
- Psychological and psychiatric issues
- Spiritual issues for parents and extended family
- Core knowledge about specific disorders which will benefit from palliative care-
- Advanced Cancer— including basic knowledge of specific cancers with role of Palliative therapies
- Congenital and End stage heart diseases
- Respiratory disorders
- Renal Disorders
- Neurologic disorders
- HIV
- Others -Muscular dysfrophies, Storage disorders, Chromosomal disorders

## ■ CORE SKILLS

- Age-appropriate comprehensive assessment including physical, cognitive, functional, social, psychological, and spiritual domains using data gathered from history, examinaaon, appropriate laboratory studies, and assessment of suffering and quality of life.
- Practical training to carry out procedures independently at the end of the course - using subcutaneous infusion systems, starting opioid infusions (age wise) thoracocentesis, ascitic tapping, etc.
- Clinical skills to be able to make rational therapeutic decisions including decisions about withholding withdrawing treatment.
- Management of emergencies e.g. spinal cord compression, pain, seizures. Good communication skills which are essential to deal with patients and their families.
- Good interpersonal skills essential to teamwork for optimal patient care.
- End of life Care- including managing terminal symptoms, patient/ family education,
- Bereavement care.

▪ **ATTITUDE**

- Application of the principles of medical ethics to actual practice- beneficence, non-maleficence, autonomy and justice.
- Ethical issues regarding withholding or withdrawing futile treatment.

▪ **TEACHING & LEARNING ACTIVITIES**

- Maintaining the log book in reference to
- Case presentations and discussions, Journal clubs
- Research review
- In-house and guest lectures
- Conferences, symposia, seminars and CMEs
- Participations in workshops, updates, conferences
- Teaching undergraduates

▪ **COURSE DESCRIPTION**

- The fellowship program encompasses theoretical/ practical learning in clinical research, advocacy, service development, evolution and development of individuals and assume leadership roles in future.
- Duration: Twoyears
- Year 1 - Training in oncology setting in Tata Memorial Hospital
- Year 2 - Training in non-oncologic setting including training in KEM Hospital, Bai JerbaiWadia Hospital, Nair Hospital, Chatrapathi Shivaji Maharaj Hospital,

▪ **Teaching Schedule:**

- Lectures: 80 hours in 2 years (One lecture per week, 40 weeks a year.)
- Practical: 480 hours (including outpatient clinic, in-patientsmanagement, Management of Emergencies, Procedure like paracentesis, thoracocentesis, nasogastric tube insertion, acute pain management, others etc.)
- Positions available: One per year
- Applicants Qualifications: MD in Palliative Medicine OR MD in Pediatrics.
- Selection Procedure:Entrance exam will be conducted followed by a personal interview.

Faculty:

- Tata Memorial Hospital- Dr Jayita K Deodhar, Dr Muckaden, Dr Anuja Damani, Dr P Talawadekar, Dr Girish Chinaswamy, Dr Nehal
- Wadia Children's Hospital- Dr V Dinand, Dr S. Khanna
- KEM Hospital- Dr. R. Nanavati, Dr Mukesh Agarwal
- Nair Hospital- Dr. S. Mallik, Dr. P. Wade
- Chatrapathi Shivaji Maharaj Hospital- Dr. V. Kumawat, Dr S. Kadam

Distribution of training schedule in different specialities:

Introduction and General Principles	6 months
General Paediatrics	3 months
Perinatal/ Neonatal Paediatrics	2 months
Oncology	3 months
Endocrinology	1 month
Cardiology	1 month
Nephrology	1 month
Neurology	1 month
Pulmonology	1 month
Haematology	1 month
Teaching Techniques and Research	3 months

Annual Fees: Rs. 1,80,000 for 2 years (90,000 per year)

Annual Stipend: Rs 1,01,000 per month (as comparable to Senior Resident year 11,01,000 wef 1st Jan 2021 as per recent order dated Dec 2020)

## ▪ **CLINICAL ACTIVITIES**

During each rotation, clinical fellows will be responsible for:

- Assessing and managing the multiple issues experienced by patients & families
- Collaborating closely with interdisciplinary team members in the hospital
- Documenting services provided
- Maintaining a patient log
- Maintaining continuity of care for the patient including the following settings inpatient and acute care, homecare and hospice.
- Research in Paediatric Palliative Medicine.
- Teaching experience in Paediatric Palliative Medicine.

### • **Inpatient Care**

- o The Palliative care team renders inpatient care to all those patients who are referred to them by various other specialties in the centre.
- o Most patients and families have multiple needs requiring palliative care expertise acute physical, psychological, social, practical, spiritual and loss issues.
- o Fellows/ students will become an integral member of the interdisciplinary team.

### o **Objectives:**

- Develop expertise in acute physical symptom management and establish appropriate treatment plans by working closely with the other team members. Choose appropriate medications and therapies
- Recognize medication side effects and respond accordingly Dose escalate medications when appropriate using standard prescribing guidelines
- Appreciate signs and likelihood of nonphysical suffering by working closely with the interdisciplinary team
- Develop effective counselling skills and integrate another team members appropriately
- Determine patient and family goals of care by facilitating family meetings with other team members
- Become an effective teacher and team leader by developing team work skills Recognize appropriate times to teach students, residents and fellows in an inpatient setting
- Comfort family members and staff around patients' last hours of living

- Learn how to effectively and efficiently lead rounds Develop self-care strategy
- o **Responsibilities:**
  - Be responsible for the direction of medical care for patients, under the supervision of a faculty member who is the attending physician
  - Participate in / lead daily rounds with ffte interdisciplinary team to develop andreview each patient's plan of care
  - Supervise and teach residents and medical students working on the unit Provide consultative services to community care physicians who care for patients when requested
  - Communicate with the patient's primary care physician.
- o **Supervision:**
  - Fellows/ students will work under the supervision of the attending physician Faculty member who is responsible for approving all management decisions, teaching fellows and overseeing the teaching of other medicaltrainees. The degree of fellow supervision will be high initially, and then likely decrease during the course of the year as the fellow's knowledge base and abilities increase. This will be customized for each individual fellow.
- **Homecare**
  - o Tata Memorial Centre has a dedicated Home care team comprising nurses and social workers and supported by palliative care physicians, counsellors and therapists. The homecare team is responsible for maintaining continuity of patient care after she is discharged from the hospital.
  - o During the course of the fellowship, each student will participate in homecare activities.
  - o Other centres who carry out Home Care will also be included in the rotation
  - o **Objectives:**
    - Learn appropriate clinical skills such as assessment, communication, decision making and care planning in the home environment
    - Obtain service delivery skills specific to the home care environment such as adapting to limitations of the home as a setting for care and facilitating continuity of care
    - Care for a panel of homecare patients longitudinally during the training in order to

- develop a continuity experience
- Know the roles, responsibilities and potential contributions of all members of the team and develop skills at working together as a team on a level playing field
- Develop self-care strategy
  
- o **Responsibilities:**
  - Students will:
  - Function as a full member of the team
  - Work closely to provide consultation services to the attending community physicians
  - Make 3-5 home visits / day; some of these will be joint visits with another team members
  - Facilitate interdisciplinary team meetings and patient specific team meetings
  - Teach relevant clinical material to team members during interdisciplinary group meetings
  - Communicate with the patient's primary care physician when working as a Consultant
  
- o **Supervision:**
  - Fellows work under the supervision of the attending physician faculty member(s). The degree of supervision will be customized for each student.
  
- **Outpatient Consultation and Training Centre**
  - o The Paediatric Palliative Medicine fellow/ student will provide outpatient care to patients at Tata memorial centre and at the training centre located at one of the outreach centres.
  
  - o **Objectives:**
    - Perform consultations on symptom control and determine patient and family goals of care by facilitating family meetings in an acute care hospital and outpatient clinic.
    - Learn appropriate consultation etiquette and work collaboratively with the referring doctor or team, other consultants, the patient, the family, caregivers and other palliative care team members
    - Understand the continuum of care for the paediatric palliative medicine patient

- Facilitate the progression of palliative to hospice care if appropriate
- Teach palliative care skills to residents, nurses and other hospital staff
- Learn the financial and data processing aspects of a palliative care service Develop expertise in paediatric palliative oncology
  
- o **Responsibilities:**
  - During outpatient consultation service rotations, fellows will primarily work as a consultant with an attending physician.
  
- o **Supervision:**
  - Fellows work under the supervision of the attending physician assigned to the consultation service who is responsible for approving all management decisions and teaching the fellows and other medical trainees.
  
- **Hospice Care**
  - o Students will also be posted at Shanthi Avedna Hospice and Respite Care at Borges Home, Bandra
  - o Other postings
  - o Rotations in allied faculties will be conducted in designated Hospitals for relevant clinical practice according to the above-mentioned posting structure. These will include-
    - General Paediatric medicine
    - Neonatal Medicine and Perinatal Care
    - Specialist paediatrics
    - Managing common symptoms, identifying role of palliative medicine in conditions like end stage organ failures, HIV.
    - Short rotations in paediatrics, radiation, surgical oncology- role of disease modifying therapies.
  
- **Syllabus**
  - **Common Physical symptoms and conditions:**

Pathophysiology and management of the common physical symptoms and conditions in Paediatric Palliative Medicine

    - o Cough
    - o Dyspnoea

- o Nausea and vomiting
- o Constipation
- o Delirium
- o Oedema
- o Agitation at the end of life
- o Anorexia and cachexia
- o Bleeding and thrombosis
- o Enteral feeding intolerance
- o Oral conditions, including but not limited to candidiasis, stomatitis, and xerostomia
- o Respiratory and oropharyngeal secretions xiii. Skin conditions, including but not limited to fistula, lymphedema, malignant wounds, pressure sores, pruritus, wound breakdown and odour
- o Sleep disturbances
- o Weakness and fatigue
  
- **Pain:**
  - o Pathophysiology and Neurophysiology of chronic pain
  - o Common pain
  - o Medications used in the management of pain:
    - Opioids
    - Adjuvants, including but not limited to nonsteroidal anti-inflammatory drugs (NSAIDs), anti-depressants, anti-convulsant, glucocorticoids, and Nmethyl-D-aspartate (NMDA) receptor antagonists such as ketamine iv. Non-pharmacological approaches to pain management, including but not limited to physical and psychological interventions
  - o Indications for, and complications of interventional anaesthetic techniques used in pain management, including but not limited to epidural, intrathecal, and neurolytic block
  
- **Child development**
  - o Stages of child development and its impact on provision of palliative medicine
  - o Developmental stages and their impact on children's concepts of illness and dying
  - o Effect of illnesses on child development, including but not limited to:
  - o Developmental regression/ loss of milestones
  - o Progressive development over atypical trajectories

- o Effect of a child's developmental stage on the assessment of pain and other symptoms
  - o Neonatal & perinatal palliative care
  - o Life threatening congenital and acquired conditions that present antenatally or in the neonatal period
  - o Complications of extreme prematurity
  - o Challenges of working with families with prenatal diagnoses implying severe morbidity or mortality
  - o Planning for delivery, advance directives and comfort care methods at the time of delivery as appropriate for neonates with life-threatening conditions
  - o Methods for medication delivery in neonates requiring palliative symptom management
  - o Planning for post-delivery care for neonates with life threatening conditions, including but not limited to discharge home, provision of appropriate normal new-born care, and anticipated symptom needs
  - o Care and resources for both parents and siblings of neonates with life limiting conditions
- **Emergencies:**  
Pathophysiology and management of paediatric Palliative Medicine emergencies, including but not limited to:
    - o Pain Crisis
    - o Seizures
    - o Severe dyspnoea
    - o Catastrophic bleed
    - o Delirium
    - o Intractable nausea and vomiting
    - o Biliary, bowel, and urinary obstruction
    - o Hypercalcemia
    - o Spinal cord compression
    - o Superior vena cava syndrome
- **Psychological, Spiritual & Existential issues:**
    - o Psychological Issues in Paediatric Palliative Medicine, including but not limited to Anxiety and Depression

- o Therapeutic interventions used in the management of psychological issues, including but not limited to behavioural therapy, cognitive therapy, counselling, hypnotherapy, imagery, and visualization
  - o Responses and emotions expressed by patients and their families, including but not limited to fear, guilt, anger, sadness and despair, and strategies to address them
  - o Impact of psychological issues on decision-making, management of pain and other physical symptoms, and outcomes
  - o Role of patients' and their families' coping styles on decision-making and outcomes
  - o Impact of pain and intractable symptoms on psychological wellbeing and quality of life
  - o Impact of illness on interpersonal relationships, body image, sexuality, and role
  - o Social Issues common to paediatric Palliative Medicine, including but not limited to child and family relational and financial issues, and strategies to address them
  - o Changing family dynamics and factors that contribute to distress
  - o Caregiver distress and strategies to provide support
  - o Needs of siblings of a child with a life-threatening condition
  - o Spiritual Issues of spirituality related to death and dying, and the role of spiritual care
  - o Difference between patients' spiritual and religious needs
  - o The importance of hope and nurturing hope
  - o Major cultural and religious practices which relate to medical practice, dying, and bereavement
  - o Existential issues in patients and strategies to provide support
  - o Factors contributing to existential distress
  - o Suffering and its impact on patients, their families, and the health care team
  - o Grief and bereavement Normal, anticipatory, atypical, and complicated grief, including identification of risk factors, and strategies for supporting patients and their families
  - o Bereavement, and strategies and services to support patients' families
  - o Needs of siblings in dealing with grief and loss
  - o Complicated nature of guilt often experienced by parents of children with genetic illness
  - o Bereavement Care for Parents, Siblings and Extended Family
- **Disease-specific considerations**
    - o **Oncologic**
      - Epidemiology, natural history, pathophysiology, complications, and symptom burden for childhood cancers

- Principles of management of childhood cancers
- Goals of therapy including curative, control, and palliative
- Role of chemotherapy, immunotherapy, radiation therapy, and targeted therapy
- Management of side effects of therapy
- Pain and symptoms related to cancer and its treatment, and management incorporating pharmacological and non- pharmacological strategies
- Indications for and complications of interventions used to manage patients with cancer, including but not limited to:
  - Long-term intravenous lines, including but not limited to peripherally inserted central catheter (PICC)
  - Renal and bladder drainage tubes
  - Venting gastrostomy tubes
  - Ventricular peritoneal (VP) shunt
  - Vertebroplasty
- o **Non-oncologic**
  - Epidemiology, natural history, pathophysiology, complications, and symptom burden for progressive non- oncologic diseases, including but not limited to
  - Cardiovascular: Congenital heart disease, Congestive heart failure, Valvular disease, cardiomyopathy
  - Gastrointestinal and hepatobiliary: Biliary atresia, Short gut syndromes
  - Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS)
  - Metabolic and genetic vi. Metabolic diseases, including but not limited to defective protein, lipid or carbohydrate metabolism, or mitochondrial disease vii. Major chromosomal conditions and genetic abnormalities
  - Neurological and neuromuscular, including but not limited to
    - CNS dysgenesis
    - Hypoxic-ischemic encephalopathy and stroke
    - Neurodegenerative conditions, including but not limited to adrenoleukodystrophy, juvenile Huntington's disease, and Menke's disease
    - Neuromuscular conditions, including but not limited to Duchenne's Muscular Dystrophy, and spinal muscular atrophy
  - Renal dysfunction:

- Respiratory: Bronchopulmonary dysplasia, Chronic aspiration pneumonia, Cystic fibrosis, Hypoplastic lung, Pulmonary hypertension
  - Management of patients with end-stage non-oncologic diseases, including but not limited to medical, surgical, and rehabilitative therapies
  - Symptom management of patients with progressive non-oncologic diseases incorporating pharmacological and non-pharmacological strategies
  - Indications for and complications of interventions used to manage patients with progressive non-oncologic diseases, including but not limited to
    - Chest tubes and Thoracentesis
    - Cough assist devices
    - Enteric feeding tubes and venting gastrostomy tubes
    - Haemodialysis and peritoneal dialysis
    - Implantable pacemakers and defibrillators
    - Invasive and non-invasive ventilation
    - Oxygen xxv. Suctioning
    - Tracheostomy
    - Transplantation
    - Ventricular peritoneal (VP) shunt
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- **Therapies**
    - o Indications, dose selection, titration, routes of administration, and drug interactions of medications commonly used in paediatric Palliative Medicine
    - o Adjuvant pain medications, including but not limited to lidocaine and ketamine
    - o Agents that affect bowel function
    - o Anticonvulsants
    - o Antidepressants
    - o Antiemetics
    - o Antipsychotics
    - o Benzodiazepines
    - o Cannabinoids
    - o Diuretics
    - o Glucocorticoids
    - o Opioids, including but not limited to methadone
    - o Medications commonly used in the home setting

- o Principles of pharmacokinetics and pharmacodynamics of medications commonly used in paediatric Palliative Medicine, including but not limited to the effect of the stages of organ development and changing organ function
- o Management for side effects of medications commonly used in paediatric Palliative Medicine
- o Management for opioid neurotoxicity, tolerance, physical dependence, and addiction to opioids
- o Safe prescribing, including but not limited to strategies to limit the risk of medication diversion
- o Alternative and complementary therapies commonly used by patients receiving palliative care, including but not limited to oral agents, homeopathy, Ayurveda, and other systems of traditional medicine
  
- **Transition to adult care of youth with life limiting conditions**
  - o Principles of transition of care for young adults between paediatric and adult services
  - o Evolving needs including sexual and reproductive health, emotional wellbeing, social support and services, spirituality, and advance care planning
  - o Evolving needs for additional community support in caring for a young adult with a complex life limiting condition with aging primary caregivers
  - o Issues of achieving and maintaining independence for youth with typical or atypical development, including but not limited to:
    - o Independent living
    - o Meaningful occupation/ employment
    - o Independent mobility
    - o Friendship
    - o Sexuality
    - o Transition of responsibility from parents
  
- **Prognostication**
  - o Different trajectories common in chronic or life-threatening illnesses and their relevance to prognostication
  - o Use of prognostication for recognizing transition points in illness and access to appropriate palliative care resources, including but not limited to hospice palliative care
  - o Disease-specific prognostic indicators, including clinical signs, symptoms, and medical

investigations

- o Common validated tools used to assist in prognostication in adult Palliative Medicine, including but not limited to the Eastern Cooperative Oncology Group (ECOG) scoring system, Karnofsky Scoring System, the Palliative Performance Score (PPSv2), and the Palliative Prognostic Index (PPI)
- o Limitations of using adult indicators and tools to prognosticate in children

- **Rehabilitation**

- o Rehabilitation needs common to paediatric Palliative Medicine
- o Maintenance of function through exercise and therapy throughout the disease trajectory to improve quality of life
- o Strategies and services to address rehabilitation needs

- **Care of the dying:**

- o Recognition of the dying phase of illness
- o Specific issues associated with dying, including but not limited to physical symptoms, psychological issues, and ethical and moral concerns
- o Concept of a good death and factors that contribute to a good death across settings of care

- **Ethics in Paediatric Palliative Medicine:**

- o Principles and theories of Ethics
- o Cardinal principles of Medical Ethics and its application (Autonomy, Beneficence, Non-Maleficence, Justice)
- o Informed consent of Parents/ Children
- o Confidentiality
- o Decision making including age appropriate involvement of children in medical decision-making capacity.
- o Withholding and withdrawing of life sustaining treatment
- o Nutrition and Hydration at End of Life
- o Ethical situations in end of life decision making and end of life care
- o Conflict and Collusions

- **Assessment & Grading**

- **Internal Appraisal:**

Periodic assessment will be conducted in the Department yearly. There will be a formal assessment in the form of case discussions. Log book evaluation will also be done.

- **Final Exam:**

The examinations will be organised on the basis of grading or marking system to evaluate and certify candidates' level of knowledge, skill and competence at the end of the training and obtaining a minimum of 50% marks in theory as well as practical separately shall be mandatory for passing the whole examination. The examination for Fellowship at the end of 2 academic years (four academic terms). The academic terms shall mean six months training period.

- o **Theory**

- There shall be 4 theory papers. Paper 1 of these shall be on Basic Medical Sciences, 2nd focussing on specialist Paediatric Palliative Medicine in oncology setting, 3rd on specialist Paediatric Palliative Medicine in non-oncology setting and the 4th paper on recent advances in Paediatric Palliative Medicine, The examination shall be held sufficiently earlier than the clinical examination, so that the answer books can be assessed before the start of the clinical examination.

- o **Clinical and Oral**

- Clinical examination for the subject in clinical Science shall be conducted to test / aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a Specialist / Teacher for which a candidate shall examine a minimum of one long case and two short cases.
- The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which shall form a part of the examination.
- The candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory (2) Practical including clinical and viva voce examinations.

- **Theory Examination:**

Paper 1	4 Sections, each having two questions: 'A' (13 marks), and 'B' (12 marks) Total = 100 marks	Basic Sciences and General Paediatric Palliative Medicine issues
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Paper 2	4 Sections, each having two questions: 'A' (13 marks), and 'B' (12 marks) Total = 100 marks	Specialist Paediatric Palliative Medicine with a focus on Oncologic treatment and emergencies.
Paper 3	4 Sections, each having two questions: 'A' (13 marks), and 'B' (12 marks) Total = 100 marks	Specialist Paediatric Palliative Medicine with a focus on NonOncological disease trajectories and management.
Paper 4	4 Sections, each having two questions: 'A' (13 marks), and 'B' (12 marks) Total = 100 marks	Recent advances in Paediatric Palliative Medicine

• **Practical examination:**

Long Case 100 marks	Complicated physical problems	Preparation time 45 min	Assessment time 20 min
Short cases 2 50 marks each	1.Communication with a patientbreaking bad news 2. Of systems other than the systems of long case	15 min	10 min
Viva voce 100 marks	4 tablesinvestigation, radiology, emergencies, therapeutics		5 min each

Fellows/ students will be evaluated yearly by the faculty as well as half yearly by interdisciplinary

faculty who will be guided by the six domains of competency-

- o **Patient Care**
- o **Medical Knowledge**
- o **Practice-based Learning and Skills**
- o **Interpersonal and Communication Skills**
- o **Professionalism**
- o **Team-based Practice**

- **Fellowship Log book**

Each Fellow will be responsible for keeping a log of the patients s/he sees, their major problems, and any procedures performed for:

- o **Assessing if the fellow has been exposed to an appropriate mix of patients and problems**
- o **Provide documentaåon of clinical activities to certifying bodies.**

This log will be reviewed by the faculty on a yearly basis.

Declaration of Result: Result will be declared on the HBNI website.

Proposed Starting of Fellowship – August