

Topic	Speaker	Overview
Annual Mandatory Fellowship Orientation (Core Faculty only)	Jared Rubenstein and Jill Ann Jarrell	Year structure, discussion of fellowship goals and objectives, convey general sense of excitement. Review binders, outline policies/procedures, where to go for support, well-being, duty hours, procedure logs, etc.
Introduction	Jared Rubenstein and Jill Ann Jarrell	Year structure, discussion of fellowship goals and objectives, convey general sense of excitement. Review binders, outline policies/procedures, where to go for support, well-being, duty hours, procedure logs, etc. (site visit prep)
Professional Boundaries and Moral Distress	Joy Hesselgrave	Describe importance of need for self-care and maintenance of professional boundaries, provide skills to learners on how to practice self-care, maintain boundaries, and provide information on how to seek help when feeling overwhelmed
Anatomy of a Consult	Marina Ma	Describe form and function of interdisciplinary practice (including provider variation in communication style) and outline goals/plan for an initial consult. Review consult etiquette for palliative care (asking permission when required, navigating roles, closed-loop communication, etc.)
Procedural Communication Workshop	Jared Rubenstein and Gina Santucci (<i>additional team members for small group facilitation</i>)	Provide procedural communication education and opportunity for small group practice
Pain Assessment and Pathophysiology	Jaime Jump	Review pathophysiology of nociception, discuss and practice elements of thorough pain assessment (and documentation)
Opioid Pharmacokinetics and Pharmacodynamics	Nancy Glass	Review pharmacology of opioid medications in general, discuss clinical relevance of understanding basic opioid pharmacology in case-based format
Opioid Conversion and Rotation Overview	Jared Rubenstein and Jennifer Placencia	Case-based opioid conversions and rotations, active participation and baseline knowledge of opioid pharmacology is expected of learners. This session will be repeated during the year as needed
Pain Cases and Conversions	Jared Rubenstein and Jennifer Placencia	Case-based opioid conversions and rotations, active participation and baseline knowledge of opioid pharmacology is expected of learners. This session will be repeated during the year as needed
Opioid Side Effect Management and Adjuvant Pain Medications	Faith Kinnear	Review and discuss management of opioid side effects using both pharmacologic and non-pharm modalities, with particular attention on mechanism of action of treatment modalities. Review mechanisms and clinical uses of adjuvant pain medications.
Hospice 101	Nancy Glass	Brief explanation of Hospice Medicaid Benefit, Concurrent Care, logistics of making hospice referral
Advance Directives	Jill Ann Jarrell	Recognize difference between documents and processes, review TX-specific documentation requirements (both inpatient and outpatient)
Gastrointestinal Symptom Management	Gina Santucci and Jennifer Placencia	Review causes of common GI symptoms (including nausea, vomiting, and constipation). Discuss screening, assessment, management (including mechanism of action), documentation and anticipatory guidance
Non-pharm Pain and Symptom Management	Melody Hellsten	Briefly review evidence base for non-pharm treatment modalities for pain and other symptoms, recognize non-pharm treatment modalities available at TCH and how to prescribe/recommend each
Respiratory Symptom Management	Jared Rubenstein	Discuss oral secretion and dyspnea screening, assessment, management (including mechanism of action), documentation and anticipatory guidance
Recognition and Management of the Actively Dying Patient	Tammy Kang	Describe the physical exam findings of actively dying patients, review anticipatory guidance for family members at the bedside during active end of life. Recognize and appreciate distinct elements of WOLST procedures for technological supportive interventions such as mechanical ventilation, dialysis and ECMO, review practical management of the EOL situation including symptom management.
Spiritual Support 101	Kirstin Springmeyer	<p>Aquaint the clinician of the standards and concepts of spiritual care in the hospital setting</p> <p>Discuss the role of spirituality in chronic illness and end of life care - Identify and contract examples of positive and negative spiritual coping.</p> <p>Describe the ways in which a palliative care physician can do an initial screen for spiritual distress</p> <p>Review expectations of working with learner and discuss how best to collaborate with chaplain on team</p>
Social work 101	Claire Crawford	<p>Describe a comprehensive social work assessment of a palliative care patient</p> <p>Discuss the interplay between social determinants of health and chronic illness and end of life care</p> <p>Describe the ways in which a palliative care physician can do an initial screen for psychosocial distress</p> <p>Review expectations of working with learner and discuss how best to collaborate with social worker on team</p>
Grief and Bereavement 101	Taryn Schuelke	<p>Describe an anticipatory grief assessment of a palliative care patient/family member</p> <p>Describe the ways in which a palliative care physician can do assess for anticipatory grief</p> <p>Discuss the many ways in which PACT supports families in their grief</p> <p>Review expectations of working with learner and discuss how best to collaborate with grief and bereavement specialist on team</p>
Professionalism	Jill Ann Jarrell and Lindsey Gurganious	Goal: Provide an overview of attitudes and behaviors expected of pediatric palliative care fellows. Objectives: List and discuss daily activities, communication tips, and professional development strategies that will elevate the learner from fellow to attending in one year.
Feedback	Jared Rubenstein	Review strategies for giving and receiving feedback. Discuss feedback challenges unique to palliative care.
Consultant Etiquette	Jared Rubenstein	Discuss the role of the consult team and medical consultant at a quaternary level academic children's medical center. Review the process and evidence base for leading family meetings.