

Subject – Paediatric	Level 1 skills / knowledge	Expected behaviour for case study
<p>Case study</p> <p>Jenny is 15 years old with osteosarcoma that requires chemotherapy and surgery. Jenny lives with her mother and younger sister. Jenny's parents are divorced. Jenny says her father would be happy to delay treatment to allow for ovary preservation, but her mother will not.</p>		
<p>Law</p>	<p>Explains that a person is presumed to have decision-making capacity unless there is reason to suggest otherwise</p>	<p>HCP recognises that Jenny has capacity and therefore can contribute to her decision-making even though she is not an adult.</p>
	<p>Recognises and locates relevant advance care planning documents and identifies the person's substitute decision-maker</p>	<p>HCP is aware of relevant ACD documents for children and the health service policy and processes.</p>
	<p>Demonstrates appropriate processes to add an advance care planning document alerts on local systems</p>	<p>HCP is able to document discussions with Jenny.</p>
<p>Communication - with the person / family / carers</p>	<p>Explains advance care planning and can provide general information about it</p>	<p>Healthcare professional (HCP) is aware that advance care planning is important in this situation both now and in the future. HCP can provide Jenny and her family with written and verbal information about what advance care planning is.</p>
	<p>Recognises trigger factors where advance care planning may assist a person and can refer to others</p>	<p>HCP recognises the triggers for advance care planning for Jenny are her diagnosis, her age, and that there may be differing perspectives regarding treatment plans. HCP refers to the healthcare team to follow up and clarify who would be the substitute decision-maker (SDM) if there is conflict – which parent.</p>

	Initiates an advance care planning discussion	HCP identifies that an advance care planning discussion with Jenny and her family is appropriate.
	Reflects on their personal values and preferences and can differentiate between these and consumer agenda	HCP recognises their own values regarding potential for infertility; and what they might want for their child. HCP can focus on Jenny, who appears to have capacity to make decisions and the differing perspectives between parents.
Communication - with the team	Identifies the contribution of all health professionals and care workers in a person's advance care planning discussions	HCP discusses with healthcare team that Jenny has expressed concern over plans for ovary preservation and suggests Jenny and her family may require more information.
	Recognises and discusses when treatment interventions may not match stated values and preferences for care	HCP identifies that Jenny's SDM needs clarification for Jenny and the healthcare team. HCP can explain the role of the SDM and when the SDM is required to make decisions.
	Is aware of processes to receive, store and share advance care planning documents	HCP documents discussions with Jenny and if established who the SDM is.
Ethics	Recognises that there may be different perspectives between the goal of the person, the substitute decision-maker and the healthcare team	HCP recognises the potential for differing perspectives within the family and the need to maintain the focus on what Jenny's preferences are.
	Explains to the person with sufficient capacity that they can guide the healthcare team regarding interventions	HCP explains to Jenny how documenting her preferences can help guide the medical team and the SDM on what she would have wanted if she can't speak for himself.
Communication - over time	Identifies what the person wants to achieve from the advance care planning discussion	HCP identifies that Jenny has reflected on who she would prefer to be her SDM and her preferences for care and would like these documented and followed.

	Recognises triggers to review advance care planning documents	HCP recognises that the new diagnosis of a life threatening disease is a trigger. Other potential triggers for further review might be completion of treatment and relapse.
	Informs the team of the existence of any advance care planning documents	HCP is aware of state / territory legislation regarding ACDs and children and documents discussions.
	Recognises the loss of decision-making capacity and discusses this with the healthcare team	HCP able to identify that as Jenny is not an adult she is not able to appoint an SDM. HCP aware of the need for discussion of preferences and clarification of the SDM in case Jenny deteriorates.

Points of assessment / discussion	Role of advance care planning in the context of the paediatric setting. Able to advocate for the child and negotiate differing perspectives between parents.
Method of assessment	MCQ regarding legislation, reflection on child's ability to decide on care for themselves.