

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>Communication with the person / Family / Carers</p>	<p>Can explain advance care planning and provide general information</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 triggers and risk factors where advance care planning may assist 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>
	<p>Has reflected on personal values and preferences and can differentiate between clinician and consumer agenda</p>	<p>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.</p>
<p>Communication with the team</p>	<p>Recognises that the team involves health professionals across all settings and all have a role in advance care planning discussions</p>	<p>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.</p>
	<p>Able to recognise and discuss when treatment interventions may not match stated preferences for care</p>	<p>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.</p>
	<p>Aware of and utilises appropriate methods for documentation of discussion</p>	<p>HCP documents discussions with Jenny and if established who the SDM is</p>
<p>Communication over time</p>	<p>Identifies what the person wants to achieve from the advance care planning discussion</p>	<p>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.</p>
	<p>Recognises triggers to review</p>	<p>HCP recognises that the new diagnosis of a life</p>

	ACP	threatening disease is a trigger. Other potential triggers for further review might be completion of treatment and relapse.
	Able to recognise deterioration and loss of capacity and discuss same with 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.
Ethical	Recognises there may be differing perspectives between the goals of the person, the SDM and the health care team	HCP recognises the potential for differing perspectives within the family and the need to maintain the focus on what Jenny's preferences are.
	Informs the team of the existence of advance care directives	HCP is aware of state / territory legislation regarding ACDs and children and documents discussions.
	Able to explain to the person that they are eligible to guide the medical 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.
Legal	Able to assess the person's ability to participate in discussion and follow direction	HCP recognises that Jenny has capacity and therefore can contribute to her decision-making even though she is not an adult.
	Aware of relevant documents and requirements for workplace	HCP is aware of relevant ACD documents for children and the health service policy and processes
	Able to put in the medical record system an alert that there is an advance care directive	HCP is able to document discussions with Jenny.

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.