

# Session 3: Developing & Recognizing Palliative Professional Competencies



# Panelists

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# Disclosure

Nothing To Disclose

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months.

Anything we talk about, we just happen to like!





## Objectives

- Describe the Workforce Needs in Palliative Medicine & Hospice Care
- Explain how all PAs in primary and subspecialty practice can provide primary palliative care for their patients
- Highlight the Development of the CAQ in Palliative Medicine & Hospice Care







# Case

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- 19 year old Anna
- Born with congenital heart disease—hypoplastic left heart disease--requiring heart transplant at age 15
- This past year she developed symptoms of an ulcer and upon further work-up was eventually diagnosed with gastric extranodal marginal zone B-cell lymphoma, also known as mucosa-associated lymphoid tissue (MALT) lymphoma





# Case

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- Anna has undergone initial chemotherapy with good response
- However, her GI symptoms remain, and due to nausea, vomiting, and pain, she has not been eating and thus losing weight
- She is hospitalized, and has multiple teams caring for her: medicine, oncology, and cardiology





# Case

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- This hospitalization is her first in an adult hospital, and while her pediatric cardiology/transplant team is following her on the adult side of the hospital, all other teams are new to her.
- Your palliative team has been consulted to help with symptoms: nausea, vomiting, pain and support for the family
- Anna also has a history of cognitive delay associated with her congenital disease, severe depression and anxiety
- Her pediatric psychiatrist has been called, and he has advised the team she will need to transfer her care to an adult provider







# Case

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- Anna's parents are her legal guardians, given her cognitive delay
- You meet with her mom at bedside to review her symptoms, and how things have been at home.
- Her mom describes a difficult situation, describing caregiver burnout, and difficulty managing the new adult medical teams Anna has and the challenges of loss of support from her pediatric teams
- Next steps will be needing to discuss a feeding tube for nutrition, maximizing symptom support, and identifying resources for Anna and her parents



# Palliative Medicine & Hospice Care Workforce Needs

- History of PAs in the care of seriously-ill patients
- *Clinical Practice Guidelines for Quality Palliative Care, 4th edition*
- Developing the Skills



# Opportunity for Palliative Skills: For Palliative PAs & Specialty PAs

- Every PA from primary care to advanced specialties should have some basic palliative care skills
- For PAs in specialty areas, carving out a niche on your team to be the palliative specialist



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

## Key Principles of the CAQ Program

- The **PA-C** is the ***primary credential for all PAs*** and is required for PAs seeking to earn a CAQ.
- NCCPA has remained committed to developing a **voluntary** specialty program.
  - A CAQ is not required to maintain NCCPA certification, and we require licensure as a condition of earning a CAQ so that it can not become a requirement for licensure
- The program has been developed to be ***as inclusive as possible***, recognizing the individual differences within specialties.



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

## Which Specialties?

- Cardiovascular & Thoracic Surgery
- Emergency Medicine
- Hospital Medicine
- Nephrology
- Orthopaedic Surgery
- Pediatrics
- Psychiatry

Coming soon:

- Dermatology
- **Palliative Medicine and Hospice Care**



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

## CAQ Components

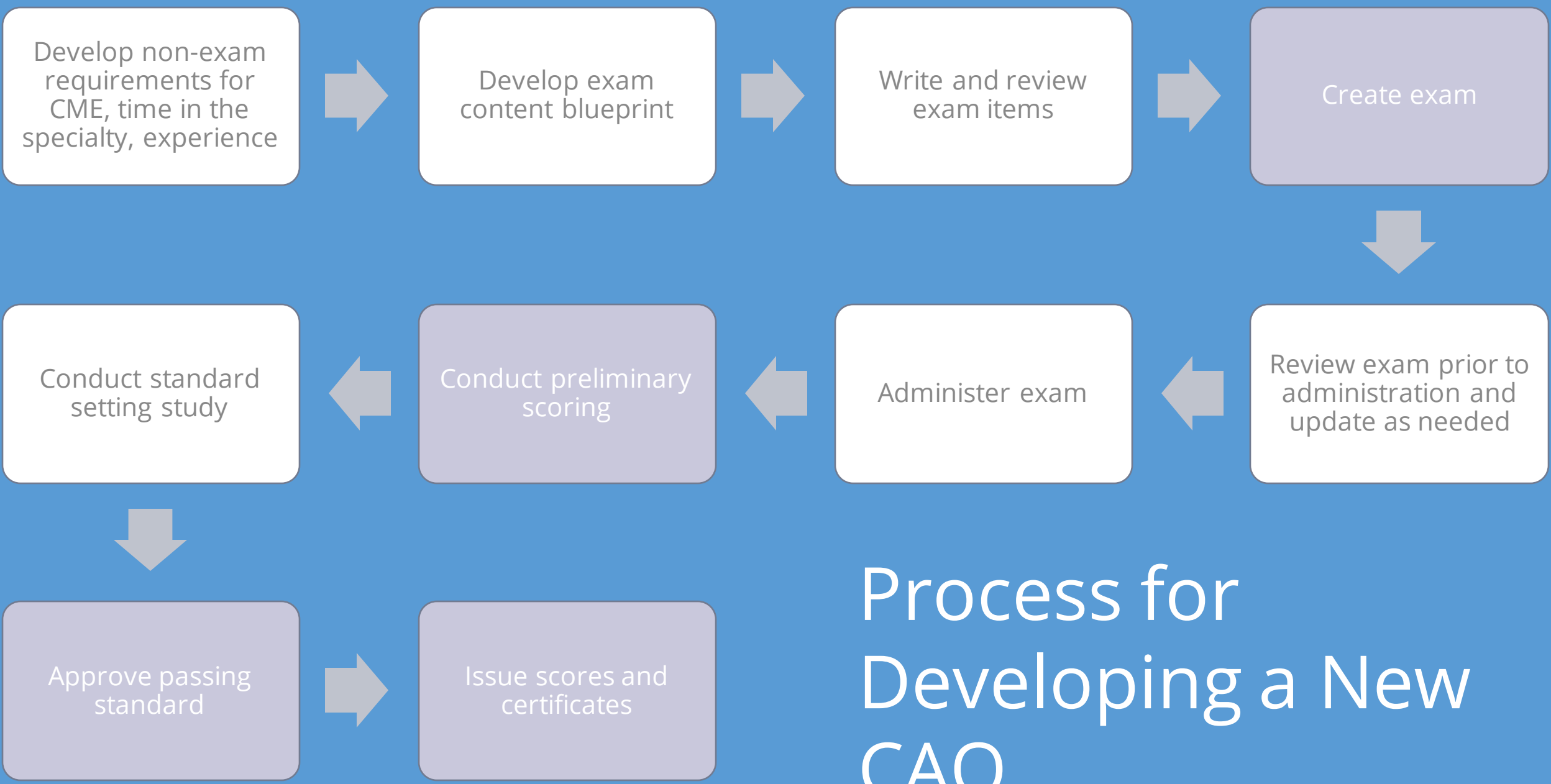
- Prerequisites
  - Unrestricted license from state(s) and/or unrestricted privileges to practice for a government agency
  - Current PA-C
- Specialty-related CME (not in addition to certification maintenance CME requirement)
- Experience
- Attestation of specific procedures and/or cases
- Specialty CAQ exam



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

- Criteria for NCCPA Board Consideration
  - Need for a credential
  - Support from PAs and PA organizations
  - Potential size of candidate pool
- Collaboration with PAs and PAHPM
  - PAs and leaders of PAHPM have been involved from the beginning and throughout the process to serve as subject matter experts on the experience, knowledge and skills that are important for PAs working in palliative medicine and hospice care.





# Process for Developing a New CAQ



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

## Specifics for the PM/HC CAQ

**Required CME:** 75 credits of specialty-focused Category 1 CME, with a CME activity related to the safe and effective prescribing of opioids

**Recommended CME:**

- Experiential training in advanced communication skills to include motivational interviewing
- Complex symptom management in patients with and without substance use disorder
- CME sessions offered by palliative medicine and hospice care organizations
- Certificate courses, graduate-level courses, fellowship programs, etc.

**Experience:** 2000 hours (the equivalent of one year of full-time practice) providing palliative medicine and/or hospice care to patients with serious and life-threatening illnesses and advanced/serious chronic health

**Specialty Procedures:** List is available on the website, developed with input from PAs working in the specialty



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

## Blueprint for the PM/HC CAQ

Content blueprint was developed based on input from PAs working in the specialty and covers the content PAs deemed to be important.

### Task Categories

- Managing Suffering and Distress
- Whole Patient Assessment
- Prognostication and Natural History of Serious and Complex Illness
- Managing Medical Interventions
- Ethical and Legal Aspects of Care
- Safety and Risk Management
- Grief, Loss, and Bereavement
- Impending Death and the Death Event
- Interdisciplinary Teamwork, Quality, and Professionalism
- Managing Palliative Care Emergencies and Refractory Symptoms
- Communication Skills

### Medical Content Categories

- Cardiovascular System
- Dermatologic System
- Eyes, Ears, Nose, and Throat
- Gastrointestinal System/Nutrition
- Genitourinary/Reproductive System (Male and Female)
- Hematologic System
- Infectious Diseases
- Musculoskeletal System
- Neurologic System
- Psychiatry/Behavioral Science
- Pulmonary System
- Renal System
- Traumatic Injuries



# Recognizing the Skills of PAs: Development of a CAQ in Palliative Medicine & Hospice Care

## Important Dates

- July 2022
  - PAs may begin the CAQ process by completing the non-exam requirements
- 2023
  - PAs may apply for the inaugural Spring or Fall administrations of the PM/HC CAQ Exam to be in the first group to earn a CAQ



# Resources

## Physician Assistants in Hospice & Palliative Medicine (PAHPM)

- [PAHPM.org/Education](https://www.paahpm.org/education)

## NCCPA : Palliative Medicine and Hospice Care (PMHC) CAQ

- [NCCPA.net/specialty-certificates/#palliative-medicine-hospice](https://www.nccpa.net/specialty-certificates/#palliative-medicine-hospice)





# Questions?

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Contact us at:

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