Theme	Learning Objective
Nature and Goals of Post-Acute Care	1. Describe differences between types of pediatric post-acute care facilities (e.g., long term acute care, inpatient rehabilitation facility, skilled nursing facility), and identify possible goals of care for patients who are transitioning from acute hospitalization to post-acute care.
Referring and Transitioning to/from Post-Acute Care	1. Identify indications for referral/transition to post-acute care and recognize patients who are medically appropriate candidates for post-acute care. 2. Use verbal and written communication to safely transition the care of a child with medical complexity from an inpatient to a post-acute care setting. 3. Coordinate care across specialists and identify who is responsible for specific tasks (e.g., prescribing equipment, supplies, and medications).
Communication and Setting Expectations	1. Guide discussions with families regarding goals of transitioning to post-acute care; ensuring a shared understanding of the goals of post-acute care and what to expect (including possibility of returning to a higher level of care). 2. Discuss the expectation of patients' return to baseline state of health and the expected timeline, or discuss expectations for a new baseline if applicable.
Family and Community Supports and Services	1. Anticipate which durable medical equipment and supplies (DMES) may be indicated for a patient and learn about resources for prescribing DMES. Anticipate need for letters of medical necessity and prior authorizations.
Patient- and Family-Centered Care	1. Adopt a holistic approach to care for children with medical complexity and how patient/family values shape their goals of care. 2. Initiate conversations with families that explore their understanding of their child's health, their specific goals for care after discharge, and values in relation to post-acute care. 3. Articulate the need for services in post-acute care using patient- and family-centered approach/language. 4. Demonstrate curiosity, compassion, and active listening when caring for children with medical complexity in post-acute care and their families. 5. Recognize the expansive knowledge of family caregivers regarding their child's baseline and appreciate concerns when raised. 6. Adopt a strengths-based approach when communicating with families about the transition to post-acute care. 7. Recognize the extent of care that families provide and empower/support/partner with families to provide that care beyond post-acute care hospitalizations. 8. Recognize the role of medical trauma in patients'/families' experience and engage in trauma-informed care (including recognizing that younger children can also experience trauma). 9. Appreciate the nature/extent of care/coordination that families will manage for their child after transition from post-acute care to the home and community. 10. Anticipate and support family caregivers' training needs for this complex role; identify alternative care coordination services, if needed. 11. Elicit and triage family concerns and questions to allow them to prepare for the transition to post-acute care and eventually, home-based care.
Medical Technology	1. Identify components of medical equipment/medical technology (e.g. gastrostomy button, tracheostomy tube), and demonstrate basic skills in their routine care (e.g. checking water in the balloon of a gastrostomy tube). 2. Educate family caregivers regarding caring for medical technology (e.g. gastrostomy, tracheostomy), including routine management, navigating common complications, when to seek help, indications and end points for their use.

Table 1: Consensus statements on the essential knowledge, skills and attitudes of pediatricians in post-acute care of children with medical complexity.