A National Approach to Palliative Care Education: Developing a Harmonized Suite of Courses for Different Settings, Specialties and Disciplines

Dr. Kathryn Downer, National Director
Pallium Canada

Technology Evaluation in the Elderly Network
September 2015
Pallium Foundation of Canada

• Who we are
• What we do
• Why it is important
• How we approach design and construction
• Quality assurance
• Knowledge dissemination and Impact

Join the Pallium Canada Community!
Pallium Canada

A community of clinicians, carers, educators, academics, administrators, volunteers and citizen leaders working together throughout Canada to build palliative and end-of-life capacity as an integral part of a sustainable health system and caring communities.

Together we can make a Difference!
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- Dr. Romayne Gallagher
"Pallium Canada will contribute to the creation of a national approach to palliative and end-of-life care by helping standardize the care that patients and families can expect to receive."

Dr. Mary Lou Kelley, MSW, PhD
Professor, School of Social Work &
Northern Ontario School of Medicine,
Lakehead University
Chair – National LEAP Advisory Committee
Pallium Canada Partners

- Bayshore Home Health
- Brain Tumour Foundation of Canada
- Canadian Hospice Palliative Care Association
- Cancer Care Ontario - INTEGRATE Project
- Canadian Society of Palliative Care Physicians
- Emergency Health Services in Nova Scotia and Prince Edward Island - LEAP Paramedic
- Quality End-of-Life Care Coalition of Canada
- TVN - Improving Care for the Frail Elderly
Building Communities of Care

Since 2001, Pallium Canada has been the sole national organization supporting continuing interprofessional palliative care education.
The Importance of the Palliative Approach to Care
“Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life threatening illness through pain and symptom management including physical, psychosocial and spiritual.”

*The Way Forward, 2014*
Only **16 to 30%** of Canadians have access to palliative care and most of them only receive these services within the last days or weeks of life.

Canadian Hospice Palliative Care Assoc. (CHPCA) 2012
“The Government of Canada is committed to helping to ensure that Canadians receive the compassionate care they need” by providing $3 million over three years to the Pallium Foundation of Canada to support training in palliative care to front-line health care providers.
A National Approach to Palliative Care Education
Learning Essential Approaches to Palliative Care (LEAP)

Guiding Principles:

• Primary and generalist-level
• Interprofessional
• Competency based
• Practical & practice-based
• Active, constructivist learning approach
• Showcase local resources
• Knowledge Translation, Diffusion
  – Evidence-based & best practices
• Flexible delivery options
  – Modular, 2 days or 2x1days, etc.
Learning Essential Approaches to Palliative Care (LEAP)

- 2 day course
- Interprofessional
  - Family physicians, nurses, pharmacists, SWs,
- 11 modules
- English and French versions
Pallium Canada Doodles

Palliative Care Better Early than Late
Advance Care Planning
The Words We Use
Palliative Care’s got Myths
Delirium Screening Tools

Hypodermoclysis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Absent</th>
<th>Mild</th>
<th>Severe</th>
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<tbody>
<tr>
<td>1. Disorientation</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>2. Inappropriate Behaviour</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3. Inappropriate Communication</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>4. Illusions/Hallucinations</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>5. Psychomotor Retardation</td>
<td>0</td>
<td>1</td>
<td>2</td>
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- Introduced in 1913
- Safe and effective method of fluid delivery
- Short term hydration

Pallium Canada
Competency Based Education

- Used to build all curricula learning objectives

Palliative Care Competencies
For Family Medicine
(With CanMed Roles)

Preamble
These competencies were developed based on the growing evidence supporting an integrated palliative approach to providing care. They are based on this approach and on the World Health Organization’s definition of “Palliative Care” and the Canadian Hospice Palliative Care Association’s Model to Guide Hospice Palliative Care which all emphasize palliative care across the illness trajectory, from the time of diagnosis of a life-threatening, life limiting illness to the terminal phase (“end of life”) and beyond to grief and bereavement care. The competencies recognize and support the important role of primary-level palliative care, specifically the role of the family, physicians, supported by specialist-level palliative care clinicians and teams. The competencies support an interprofessional approach to patient care so that patients and families may benefit from the full scope of experiences and competencies of various disciplines. The competencies are based on a person- and family-centered approach to care where care is provided to people of all ages; with any life-limiting illness, cancer or non-cancer; and across all settings of care. The competencies were developed based on best evidence and practice, and have been peer reviewed. These competencies were developed within the framework of the CanMEDS-FM roles of family medicine expert, communicator, collaborator, manager, health advocate, scholar and professional.

1. Apply the principles of a palliative care approach across the illness trajectory, from diagnosis of a life-limiting illness to late in the illness and through bereavement.

Emergency Health Services Competencies

Family Medicine and Core Competencies

Surgical Competencies

Pallium Canada
<table>
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<tr>
<th>Breakouts for MDs, RNs, Pharmacists</th>
<th>LTC - All disciplines together</th>
<th>Breakouts for Personal Support Workers</th>
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<tbody>
<tr>
<td><strong>Being Aware: Reflective Palliative Care Practice in LTC</strong></td>
<td><strong>Taking Ownership of Palliative Care: We can make a Difference</strong></td>
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<td>Gastrointestinal Symptoms, Hydration and Nutrition in Palliative Care</td>
<td>PSW Empowerment</td>
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<td>Delirium, Dementia and Depression</td>
<td>PSW Competencies for LTC</td>
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<td>TTT - Comfort Measures, Reporting (2 hours)</td>
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<td><strong>Psychosocial Support and Spiritual Care in LTC</strong></td>
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<td><strong>Decision-Making</strong></td>
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<td>A Palliative Approach to Pain Management in LTC</td>
<td>Leadership Development for Organizational Change</td>
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<td>Respiratory Symptoms</td>
<td>Quality Palliative Care in Long Term Care Alliance (2014) Toolkit: (3.5 hours)</td>
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<td>Last Days and Hours: Working with Families</td>
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<td>Grief and Suffering: What to Say and Do</td>
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<td>The Challenge: Organizational Readiness</td>
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**Vignette A**

Mrs Mary T
66 year-old woman with advanced pancreatic cancer; liver metastases and cachexia; Disease progression despite chemotherapy

**LEAP Mini Onco**

Vignette B
- 72 year old man with advanced COPD
- Severe lung function impairment (FEV₁ 30%)
- Shortness of breath at rest (moderate 4/10) and with exertion (severe 8/10)
- PPS 50%
- Shortness of breath got worse in last 2 days
- Increased coughing
- What do we do?

**Long Case, Scene 1: 2AM. Tuesday. Jim**

- Jim, 81-year-old patient complaining of severe pain in his lower back
- Registered by home care as a “Palliative care patient”
- Lung cancer with metastases to the vertebrae
- Has called 911 because cannot reach homecare team
- You are met at the door by his son.
- He tells you that Jim was diagnosed with lung cancer 2 years ago. He underwent radiotherapy to his chest and chemotherapy. Cancer has now spread despite treatments. Metastases were found in his chest, vertebrae (lower T spine and L spine) and pelvic bones 4 months ago.

**LEAP LTC**

Vignette A
- 98 year old male
- Advanced Dementia; COPD, Urinary retention d/t prostatic hypertrophy.
- Indwelling catheter,
- PPS 20%
- Total care with ADL’s.
- No longer eating or drinking.
- Wife died 2 months ago.
- 3 sons promised mother they would do everything for their father. Family want father to be sent to hospital for treatment. No advance directive. No DNR.

How would you manage this situation?

**LEAP Paramedic**
Videos and Language Specific to Settings

LEAP Community

LEAP LTC

LEAP Paramedic
Learning Reflections used in LEAP

Pre-Course Reflection:
- Pallium Knowledge Quiz
- Pallium Attitudes Scale
- Pallium Comfort Scale

LEAP Course

Post-Course Reflection:
- Pallium Knowledge Quiz
- Pallium Attitudes Scale
- Pallium Comfort Post versus Pre Scale
- Commitment to Change
- Course evaluation

4-mth Reflection:
Commitment to Change
Findings from the Evaluation of LEAP

- Focus of PhD candidate’s thesis (Dr. Mone Palacios)
- 508 health professionals participated in a total of 18 offerings of the LEAP course during the years 2005 and 2006.
- Ongoing evaluation occurring on all updated and NEW LEAP products

Significant improvements in knowledge, comfort levels and attitudes related to palliative care and end-of-life care, fostering of interprofessional practices at a community level.
Current Ongoing Evaluation Measures of LEAP

Downloadable Pre and Post Comparison available by individual

Attitudes Survey

1 = Strongly disagree and 7 = Strongly agree

Knowledge Quiz
Measuring Impact

I currently refer to a specialist-level palliative care team

- Yes: 5
- No: 13

As a result of this course, I will refer more to a palliative care team

- Yes: 13
- No: 4

As a result of this course, I will look after more palliative care patients as the most responsible physician or nurse or be more involved in the care as a pharmacist or allied health professional

- Yes: 15
- No: 2
Measuring the Impact of Change to Practice

• All LEAP participants complete a commitment to change following the education. 4-6 months following the course, participants are asked to reflect on their original commitments and to reflect on if change has occurred and if not why.
Impacts and Commitments following the course include:

• Better use of prognostic tools
• Better communication with patients and families
• Better communication with team members
• Better tracking in patient changes
• Advance Care planning and Goals of Care Discussion with patients
• Becoming a better advocate
• Remaining the primary care provider to my palliative patients
• Better Symptom control
Quality Assurance

• Licensing Agreements
  – Shareware approach
  – Register all events
  – Obtain permission for any alterations & changes
  – Quality assurance and improvement audits

• Central CME accreditation process
• Facilitator training, credentialing & support program
• Robust evaluation tools & processes
LEAP Facilitator Training Program

Criteria to qualify as LEAP Facilitator
- Professional credentials: RN with CHPCN(c) or equivalent; CCFP/FRCPC; BSW; BPharm
- Two years’ experience providing frontline hospice palliative care
- Completed/Participated/Observed LEAP Core
- Professional Education facilitation experience
- 2 reference letters re local champion role

Maintaining LEAP Facilitator credentials
- Facilitate at least 2 courses a year
- Good to excellent learner evaluations
- Be mentored by Master facilitator x 2 before going solo
- Maintain log

LEAP Facilitator Training
- Online Course for existing facilitators
- In-class course for new facilitators

LEAP Facilitator levels
- (Collaborator)
- Facilitator
- Master Facilitator
Building Community capacity

Master Facilitators

"How to Train Facilitators" Program

Facilitator Training Program

Creating Regional Hubs
“I have observed that Pallium Canada is already having an impact far beyond the palliative care educational content it produces and disseminates.

The impact is in the growing acceptance in the Canadian interprofessional healthcare community of Pallium's underlying message that all healthcare providers have a responsibility to provide palliative care.”

Sandy Buchman MD CCFP FCFP
Assistant Professor Department of Family and Community Medicine, University of Toronto
Clinical Lead QI & Primary Care Engagement Palliative Care, Cancer Care Ontario
Education Lead & Family Physician Practising in Palliative Care
The Temmy Latner Centre for Palliative Care
National LEAP Advisory Committee
Creating Compassionate Communities: LEAP as an agent of change
Join Pallium Canada to
Mobilize YOUR Compassionate Community

October 28th, Westin, Ottawa, Canada

Come and learn from Champions in public health and palliative care!

Of special interest to those committed to community engagement, social transformation and a Compassionate Canada.

Click this link (http://conference.chpca.net/2015-canadian-hospice-palliative-care-conference/)
Together We Can
Make a Difference!

Thank you.

“Education is the most powerful weapon which you can use to change the world.”
- Nelson Mandela

du.topio.org

Lighting your way to a better future: Speech delivered at launch of Mindset Network 2003