



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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"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.



**Hospice Palliative Care Ontario Presentation,
2014**



**20th International Congress on Palliative Care
Montreal, Canada**



**LEAP Aboriginal Working Group
Manitoulin Island, Ontario**





The Importance of the Palliative Approach to Care





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



Palliative and End-of-Life Care - 2013 Economic Action Plan

*“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





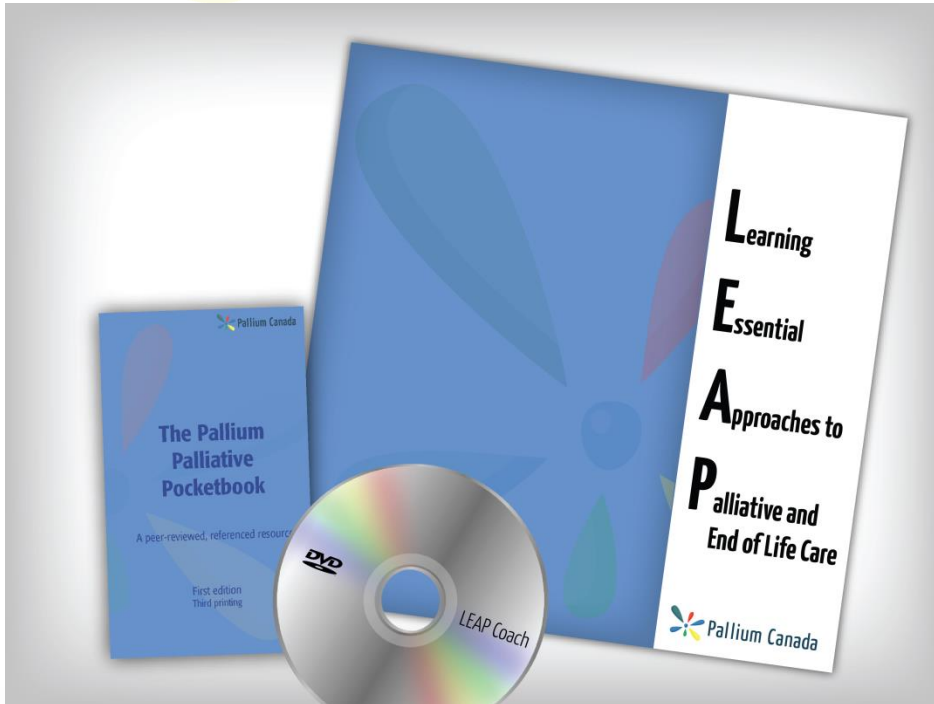
Learning Essential Approaches to Palliative Care (LEAP)

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



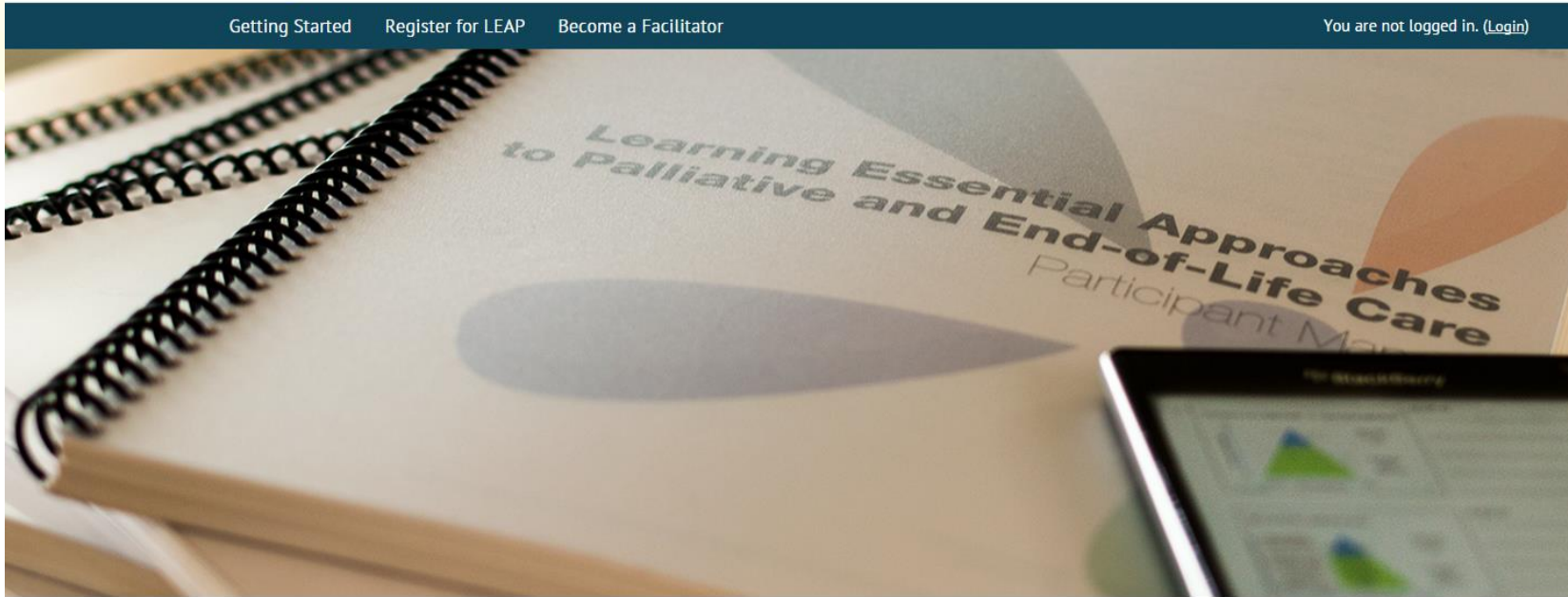
Pallium Canada Portal and Connecting the Links



1.888.555.1234

[Getting Started](#) [Register for LEAP](#) [Become a Facilitator](#)

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[I want to take a LEAP Course.](#)



[I want to become a Facilitator.](#)



[I need help.](#)





Pallium Canada Doodles

Palliative Care Better Early than Late

Advance Care Planning

The Words We Use

Palliative Care's got Myths



Pallium Canada Snippets

Delirium Screening Tools

Hypodermoclysis

- 1. DISORIENTATION
- 2. INAPPROPRIATE BEHAVIOUR
- 3. INAPPROPRIATE COMMUNICATION
- 4. ILLUSIONS/HALLUCINATIONS
- 5. PSYCHOMOTOR RETARDATION

ABSENT	MILD	SEVER
0	1	2
0	1	2
0	1	2
0	1	2
0	1	2

10

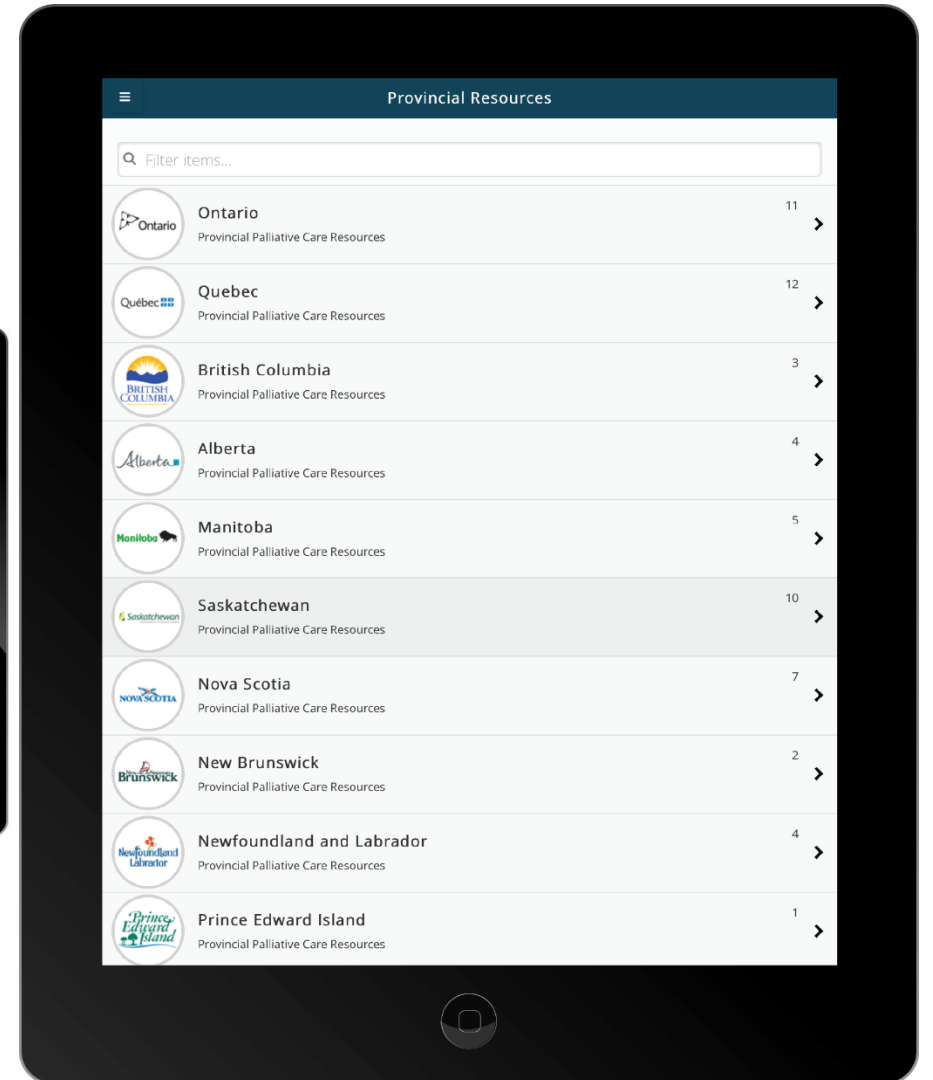


HYPODERMOCLYSIS (HDC)

- INTRODUCED IN 1913
- SAFE AND EFFECTIVE METHOD OF FLUID DELIVERY
- SHORT TERM HYDRATION

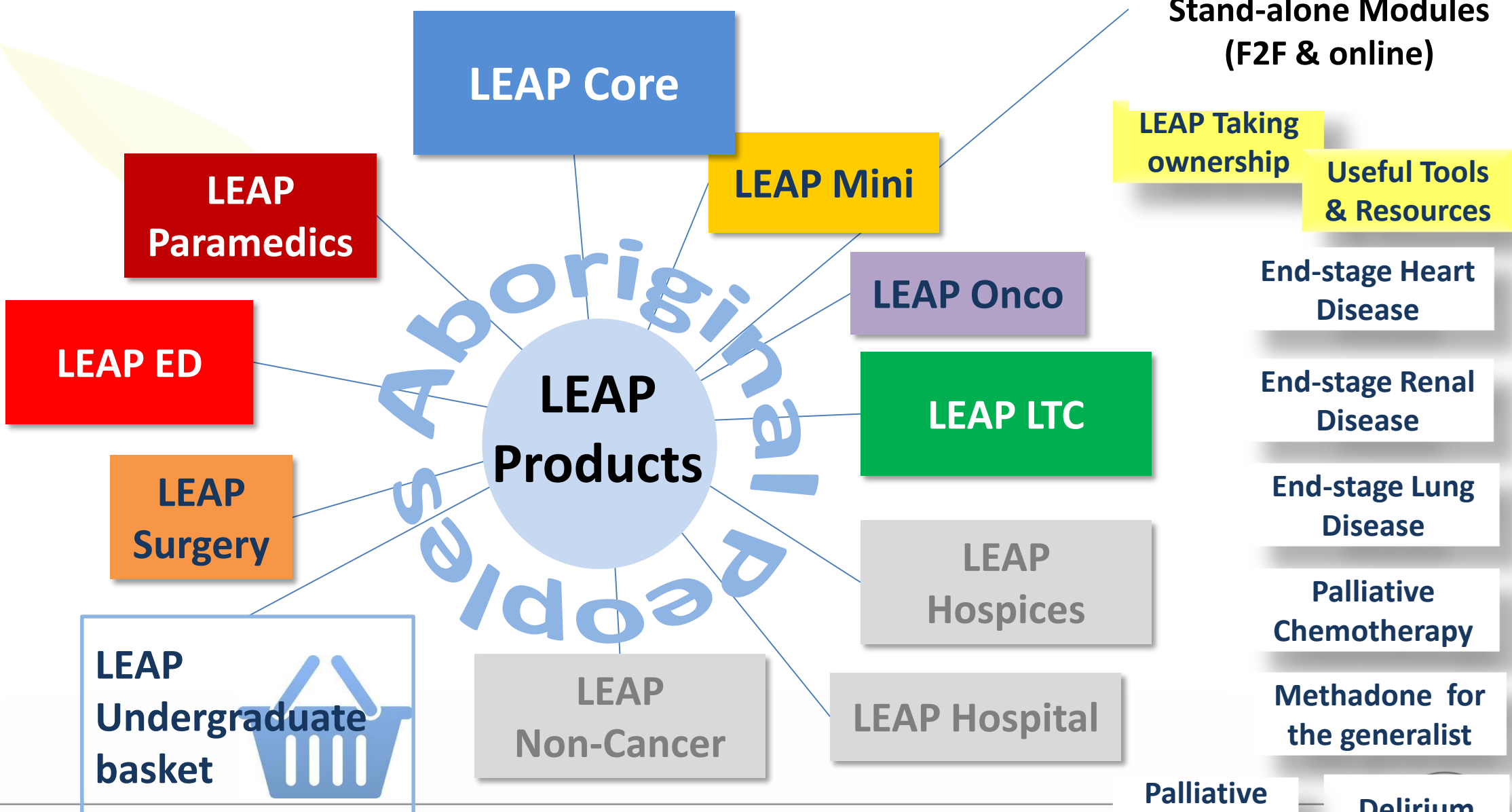


Pallium Canada Resource App



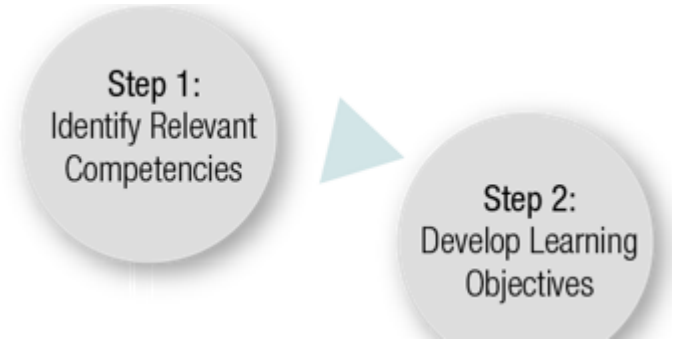
LEAP Products Development Process



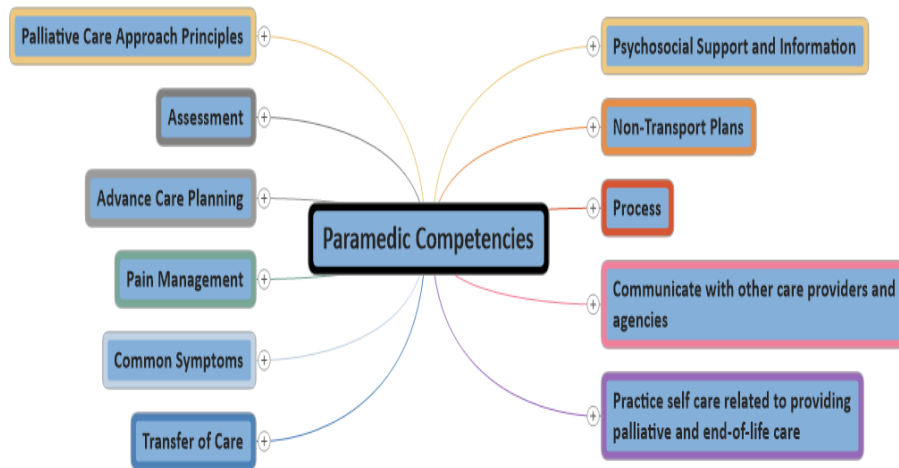


Competency Based Education

- 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 physician, 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-centred 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.

*Curriculum Objectives: Palliative Care for Surgeons:

CanMEDS-Surgical Competencies

Medical Expert:

As Medical Experts, Surgeons possess medical knowledge, clinical skills and professional attitudes needed to provide exemplary care of patients "who are living with or dying from advanced illness or are bereaved". They understand and appreciate the effect of chronic disease and life-threatening illness on the individual and family. They promote the development of supportive, respectful, caring relationships.

1.36 Integrate a palliative approach early in the illness trajectory.

1.36.1 Identify various phases of palliative care, from the early ambulatory phase to the EOL (terminal) phase.

1.36.2 Identify patients who would benefit from a palliative approach early in their illness trajectories (by asking the "surprise question" and general & disease specific indicators of increasing risk, morbidity and mortality).

1.1 Assess pain, symptoms, and suffering effectively.

1.1.1 Perform pain and symptom history and appropriate physical exam

1.1.2 Use evidence supported instruments (e.g. ESAS and ECOG functional status) to screen and assess symptoms in daily practice.

1.1.3 Select appropriate investigations consistent with reasonable goals of care and illness trajectory

1.2 Implement treatment plans that are consistent with reasonable goals of care, informed patient preferences and the illness trajectory

1.2.1 Periodically review treatments, including medications, to ensure congruency with goals of care and illness trajectory.

1.2.2 Periodically review the goals of care when there is a change in the illness trajectory or change in effect of treatment

1.2.3 Practice shared decision making with the patient, substitute decision makers and the team

1.2.4 Document and share the treatment plans with the team

Emergency Health Services Competencies

Family Medicine and Core Competencies

Surgical Competencies

Being Aware: Reflective Palliative Care Practice in LTC

Taking Ownership of Palliative Care: We can make a Difference

**Gastrointestinal Symptoms, Hydration and Nutrition
in Palliative Care**

PSW Empowerment

PSW Competencies for LTC

Delirium, Dementia and Depression

TTT - Comfort Measures, Reporting (2 hours)

Psychosocial Support and Spiritual Care in LTC

Essential Conversations

Decision-Making

A Palliative Approach to Pain Management in LTC

Leadership Development for Organizational Change
Quality Palliative Care in Long Term Care Alliance (2014)
Toolkit: (3.5 hours)

Respiratory Symptoms

Last Days and Hours: Working with Families

Grief and Suffering: What to Say and Do

The Challenge: Organizational Readiness

Cases, Vignettes and Language Specific to Settings

LEAP Mini

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?

LEAP Mini Onco

Vignette A

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

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

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.

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

DAY 1 (Full Day)			DAY 2 (Full Day)		
Time	Module	Duration	Time	Module	Duration
Pre-course	Pre-Course Reflection	20 min	0800 - 0900	Dedication	1 hr
0900 - 0920	Introduction & Course Overview	20 min	0900 - 1000	Respiratory Symptoms	1 hr
0920 - 0940	Being Aware	20 min	1000 - 1015	BREAK	15 min
0940 - 1000	Taking Ownership	1 hr	1015 - 1035	Psychosocial & Spiritual Care	20 min
1000 - 1015	BREAK	15 min	1035 - 1045	Advance Care Planning	10 min
1015 - 1030	Pain I	1 hr 15 min	1045 - 1045	LUNCH	30 min
1030 - 1040	LUNCH	30 min	1045 - 1045	Essential Conversations I	1 hr
1040 - 1045	Pain II	45 min	1045 - 1045	Essential Conversations II	30 min
1045 - 1050	Decision Making in Palliative Care	45 min	1045 - 1045	BREAK	15 min
1050 - 1055	Break		1045 - 1045	Last Days & Hours	45 min
1045 - 1045	GI Symptoms, Hydration and Nutrition	1 hr 15 min	1045 - 1045	Palliative Sedation	30 min
1045 - 1045	Grav	30 min	1045 - 1045	Moving Forward and Shifting Change	30 min

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

Palliative Care Knowledge Quiz

(DD/MM/YY)

Participant Number: _____

Post Course

For the following questions, please circle the letter that best describes your response. Circle the appropriate/best response for each of the questions.

1. A patient with lung cancer with pain is taking morphine 10 mg orally every 4 hours (total 40 mg per day). The patient has a breakthrough pain of 15 minutes duration and is having trouble sleeping and nightmares. What would be the best response for each of the questions.

a. Tell her to stop the hydromorphone and immediately apply the fentanyl patch

Attitudes to Palliative and End of Life Care Survey

(DD/MM/YY)

Participant Number: _____

Discomfort at the death of a person: Yes No

or someone who was dying: Yes No

Post Course

For the following statements, please circle the number on the scale that best describes your level of agreement or disagreement (1=strongly agree and 7=strongly disagree).

	Strongly agree	Neutral	Strongly disagree				
I feel uneasy	1	2	3	4	5	6	7
I am uncomfortable when caring for dying persons	1	2	3	4	5	6	7
I am uncomfortable when patients discuss death	1	2	3	4	5	6	7
End-of-life care is emotionally draining for me	1	2	3	4	5	6	7

Learning Essential Approaches to Palliative and End-of-Life Care (LEAP)

Commitment to Change Contract (Post-Course)

i. Date: _____ (DD/MM/YY)

ii. Participant Identification Number: _____

iii. Site: _____

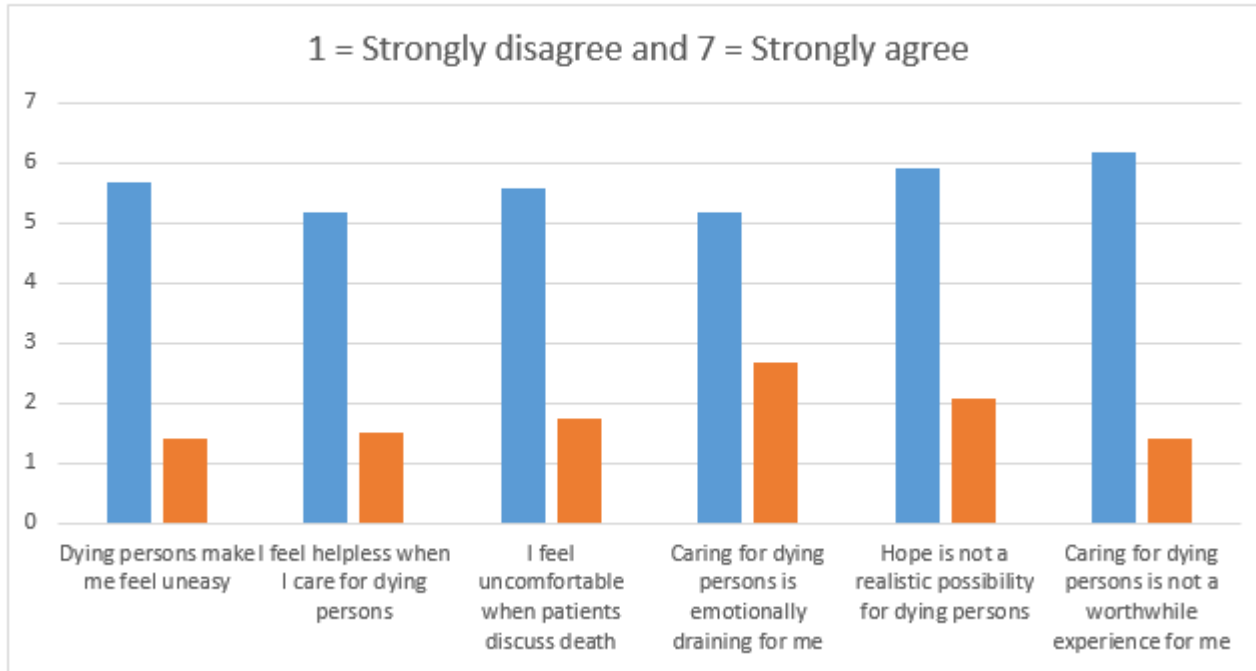
Instructions: Identify 4 concrete, measurable changes you will make to your practice as a result of this course. They can relate to symptom control (e.g. appropriate use of controlled release opioid formulations) or other clinical decision making (i.e. improved screening for patients who could benefit from palliative care and/or regular use of a symptom screening instrument such as the ESAS in your practice). They need to be changes that will be meaningful and improve the palliative care you provide. Please write them down (each in one sentence). This contract represents a personal commitment on your part to implement change. This is a compulsory exercise for those requesting MainPro C credits. A copy of the commitments will be sent to you in about 4 months and you will be asked to reflect on them and the extent to which you have been able to implement them.

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

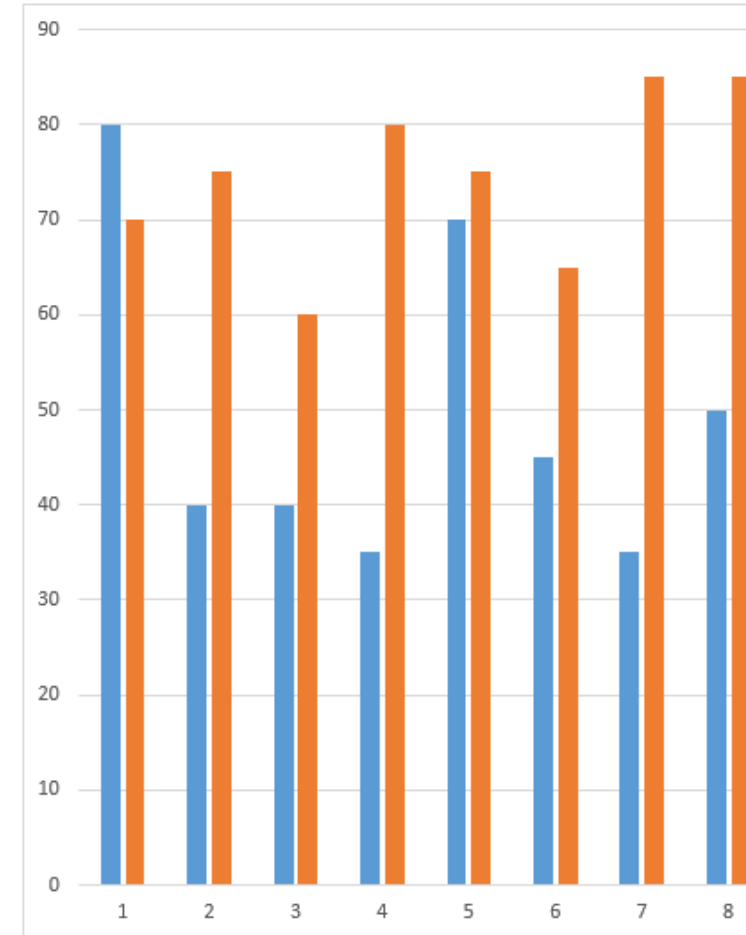
Current Ongoing Evaluation Measures of LEAP

Downloadable Pre and Post Comparison available by individual

Attitudes Survey

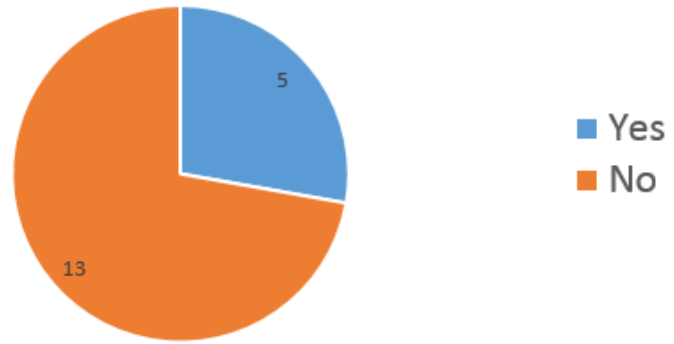


Knowledge Quiz

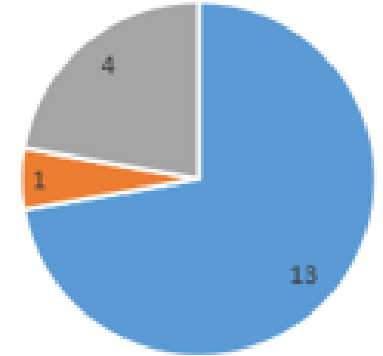


Measuring Impact

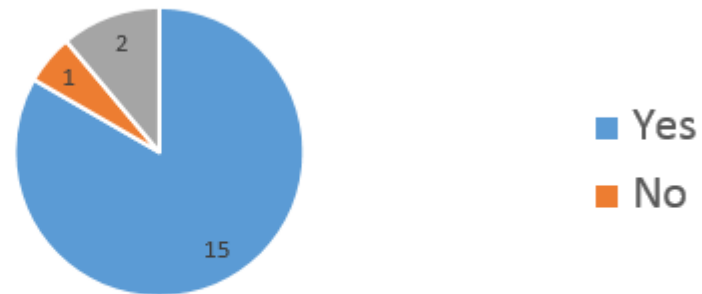
I currently refer to a specialist-level palliative care team



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

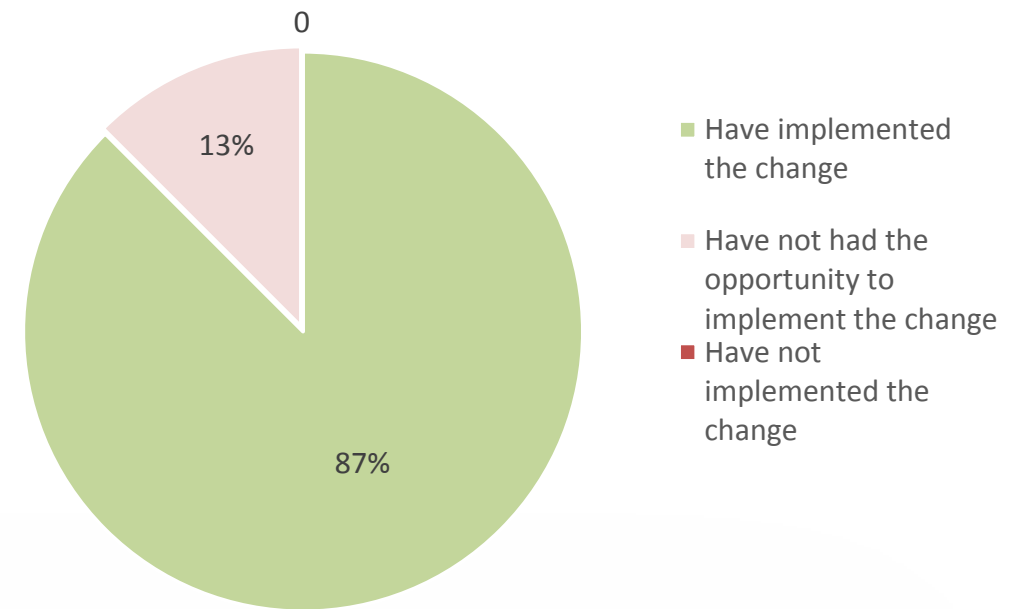


As a result of this course, I will look after more palliative care patients as the most responsible physician or nurse or be more involved in the care as a pharmacist or allied health professional



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



About Us Contact Us English (en)

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LEAP Facilitator Training

Pallium Canada has developed a blended curriculum for facilitators of LEAP.

[Read More](#)



★ Doodles

Doodles are short 1 to 3 minute-long videos designed to change misconceptions surrounding palliative care. You can find all of our Doodles on our YouTube channel here.

[Learn More](#)

★ Snippets

Snippets are short 3 to 5 minute-long educational videos or interactive presentations designed to educate professionals on a specific subject, with the goal of delivering one objective.

[Learn More](#)

★ Courselets

Courselets are 20-30 minute-long interactive modules designed to achieve several learning objectives, with the goal of achieving an in-depth understanding of the subject.

[Learn More](#)

LEAP Facilitator Training

- Online Course for existing facilitators
- In-class course for new facilitators

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 levels

- (Collaborator)
- Facilitator
- Master Facilitator



Building Community capacity

LEAP Courses



Master Facilitators



Facilitators



Facilitators



LEAP Courses



Facilitator Training Program



“How to Train Facilitators” Program



Facilitator Training Program

LEAP Courses



LEAP Courses



Facilitators



Facilitators



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 inter-professional 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

edutopia.org

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

