



**Canadian Hospice Palliative Care Association**

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**Association canadienne de soins palliatifs**

# *Syllabus*

**Education  
and  
International Commons**

at the

**CHPCA National Hospice Palliative Care Conference  
Shaw Conference Centre  
Edmonton, Alberta  
September 25-28, 2005**

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# Education and International Commons at the CHPCA National Conference

## Background

Canadians are increasingly requiring hospice palliative care as the population ages and escalating numbers of patients are dying from a number of chronic illnesses. Health care professionals from across the health care spectrum are being called upon to care for dying patients and address the needs of both the patient and their family. There is a growing body of evidence that consistently indicates gaps in the knowledge and skills of these health professionals and the end-of-life care needs of patients. These gaps are not discipline specific and have been observed across many disciplines, including physicians, nurses, pharmacists and social workers. There exists an urgent need to educate new professionals entering the health professions and those already in practice to care for terminally ill patients. Education, as was highlighted in the 2000 Senate Report *Quality End-of-Life Care: The Right of Every Canadian*, is paramount and as important as the development of service delivery programs, if the needs of dying Canadians and their families are to be addressed.

To this end, several individuals and programs are working across Canada to develop hospice palliative care education programs both locally and regionally, while some have a national focus. These programs span across the learning trajectory from postgraduate to graduate education, and from continuing professional development to interprofessional collaboration. However, there are many other groups and institutions that wish to expand their education efforts in this area but either lack resources or expertise or are re-inventing what has already been done, thereby expending much energy and limited resources unnecessarily. In some cases this is occurring in part because of the lack of opportunities to meet and learn from one another.

As well, Canada is recognized by many international hospice palliative care and end-of-life care programs and services as a world leader in the development and implementation of hospice palliative care programs and services. The Canadian Hospice Palliative Care Association, as well as individual programs and services, are receiving an increasing number of requests from international partners for leadership and support. The requests are not for financial assistance, but rather requests for the transfer of skills and knowledge related to hospice palliative care. Canadian programs and services are answering this call. Mentoring, partnering, twinning and exchange programs are providing vital support to end-of-life care programs in developing countries.

## **Goals of the Education and International Commons**

- Provide a hub for dialogue and sharing for hospice palliative care educators from different disciplines and different universities and centres from across the country.
- Provide a hub for dialogue and sharing for hospice palliative care programs and services who have met the challenge of twinning with international partners.
- Showcase hospice palliative care educational programs, models and interventions across undergraduate, graduate, postgraduate and continuing professional development.
- Showcase international hospice palliative care programs, models and twinning opportunities.
- Use it as a catalyst for a national repository of hospice palliative care educational and international activities.
- Establish a community of practice of Canadian palliative care educators and international programs across professions and disciplines to share their experience and develop new knowledge in these areas.

The Education and International Commons provides a venue for poster presentations outlining the exciting educational and international initiatives being undertaken in Canada and creates opportunities for delegates with special interests in these areas to network. For those involved in international activities, the Commons is an excellent opportunity to identify possibilities for twinning, collaboration and resource support. The submissions received have been entered into a database creating a Canadian repository of Canadian Educational and International Initiatives. This database is on-site at the Education and International Learning Commons, and we invite you to take some time to review it while at the conference.

The Canadian Hospice Palliative Care Association (CHPCA) and the Education Working Group of Health Canada's Secretariat for Palliative and End of Life Care (Health Canada) are pleased to present this Education and International Commons at the CHPCA National Conference. For more information please visit the CHPCA web site at <http://www.chpca.net>.

**Poster Number: 053**

**Title:** **SUPPORTING PALLIATIVE CARE INITIATIVES IN NEPAL**

**Section:** **INTERNATIONAL**

**Principle Author(s):** Doug Ennals – Social Worker – INCTR and University of Victoria

**Other Authors:** Dr. Fraser Black – Palliative Care Physician – INCTR and Victoria Hospice Society

**Goal of the Project/Intervention:** A pilot project through the International Network for Cancer Treatment and Research (INCTR) to help support Palliative Care initiatives in Nepal.

**Targeted Country/International Group:** Nepal

**Background:** The International Network for Cancer Treatment and Research (INCTR) has since its inception in 1998 worked to promote international collaboration to build capacity for cancer treatment and research in countries with limited resources. One of the initiatives under the INCTR has been a pilot project to help support Palliative Care in Nepal.

Based on an interest and willingness in Nepal to help expand Palliative Care, a multilateral and interdisciplinary collaboration was undertaken involving Physicians, Nurses and a Social Worker already practicing Palliative Care in other areas of the world (including Canada) along with interested colleagues in Nepal.

**Project Description:** The project has focused on a number of areas including education and training, advocacy around opioid availability and encouraging changes in governmental and institutional policies that would help in promoting sustainable Palliative Care in Nepal. The pilot project also focused on supporting Palliative Care in four different centres in the Kathmandu Valley.

**Specific Resources Required:** Support from the INCTR and the National Cancer Institute.

**Accomplishments to Date:** Through this program, over 25 nurses, physicians and administrators have received advanced Palliative Care training through the already well established teaching centre in Calicut, India. Opioid availability has been expanded and Palliative Care is now currently practiced in **four** different centres in the Kathmandu Valley and is extending into the community through home-based care initiatives.

**Challenges:** Adequate opioid availability remains an issue in many countries around the world including Nepal.

**Current Status of Project:** Ongoing

**Poster Number: 054**

**Title:** **ENHANCING PROVISION OF PALLIATIVE CARE BY PHYSICIANS: A DEMONSTRATION PROJECT INTEGRATING PRIMARY CARE AND INTERDISCIPLINARY SPECIALIST PALLIATIVE CARE**

**Section:** **EDUCATION**

**Principal Author(s):** Denise I Marshall, MD, FCFP, ABHPM, Associate Clinical Professor, Director, Division of Palliative Care, Dept of Family Medicine, McMaster University  
Doris Howell, PHD, Assistant Professor, Faculty of Nursing, University of Toronto

**Other authors:** Kevin Brazil, PHD, Dept of Epidemiology and Biostatistics, McMaster University,  
Michelle Howard, PHD, Dept of Family Medicine, McMaster University,  
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Alan Taniguchi, MD, CCFP, ABHPM, Division of Palliative Care, Dept of Family Medicine, McMaster University

**Setting:** The setting for this project is three municipalities in the Niagara region of Ontario, currently being served by a local community based Palliative Care Team - The West Lincoln Palliative Care Team. Within these municipalities, three large Family Practice groups, each in a different town, volunteered to be the demonstration practices.

**Targeted Discipline(s):** The Demonstration project is specifically targeted to Primary care clinicians, in particular, the local Family Physicians and their interprofessional staff.

**Background:** The Ontario Ministry of Health is currently undertaking a process of Primary Health Care Renewal. Part of this intention is to enhance the capacity of Family Physicians to provide exemplary community based care, as part of interprofessional teams and effective use of specialty resources. Current Canadian information suggests that while patients would prefer to have end of life care delivered to them in their home and community setting, family physicians still often feel inadequately trained and supported to take on this care in a comprehensive, 24 hour fashion. The current community resources for Palliative Care, including homecare programs, and specialty supports are often insufficiently resourced or coordinated, to truly support ongoing end of life care in the community with family physicians as a central careprovider.

**Goal of the Project/Intervention:** The purpose of this project is to improve and enhance the ability of primary care physicians to deliver effective palliative care, through the development of an integrated community-based palliative care program encompassing 24/7 access to specialist palliative care consultants, interdisciplinary supportive care, practice-based education and Continuous Quality Improvement (CQI) processes, tools and resources.

**Design and methods:** An estimated 100 palliative care patients annually from 3 practices will be eligible for the program with an average monthly caseload of 16 patients and an average length of stay in the program of 120 days. The demonstration model will be deployed to those patients identified as Palliative using specific screening criteria in these three group practices. The evaluation uses a mixed methods study design combining quantitative physician pre and post survey information, administrative data, and validated tools including ESAS, and the Distress Thermometer, and qualitative perceptions of the participants on their experience of the quality of care, including semi structured interviews. A number of other validated instruments such as the Teno bereavement tool are also being used.

Interventions:

1. Case-finding in the family practice office to ensure timely patient/family access to the project intervention at the primary care point of contact.
2. Define the role of the Palliative Care Resource Nurse both in terms of hours of service delivery to the community and to include the role as community organizer, coordinator and navigator.
3. Provide shift care funding for community nurses to provide urgent respite care in the patient's place of residence (not in acute care)
4. Provide a psychosocial/spiritual/ bereavement care expert(s) to the team
5. Create a shared care clinical and educational model, based in the family physicians office and involving the primary care practice based providers, and the interdisciplinary team.
6. Provide the family physicians with 24/7 access to the resources of the Palliative Care Team:
7. Provide conjoint homecare visits – Family Physician and Palliative Care Team members'
8. Customize and develop office-based tools and computer-based resources that allow the primary care team to continue best practice initiatives after the model time period is completed

This project measures:

- Patient and family reduction in symptom severity and distress within 7 days of program entry maintained until death.
- Patient and family perception of how well the quality of end-of-life care addressed needs (satisfaction).
- Timeliness of referral and access to palliative care and interdisciplinary services.
- Family physician knowledge of /comfort with provision of palliative care including advanced care planning.
- Primary care providers and specialist team members' perception of collaboration, shared care planning/team integration and satisfaction.
- Reduction in emergency department visits and numbers of hospital deaths.
- Preferences for treatment at the end of life and location of death met.

**Conclusions:** The Demonstration project is now over half way through the project year. Initial data analysis shows marked increase in home deaths and low cost per patient outcomes with high physician and patient satisfaction. This data will be presented on the poster/paper.

**Poster Number: 055**

**Title:** EDZIMKULU – A SOCIETY FOR CHILDREN OF AIDS

**Section:** INTERNATIONAL

**Principle Author(s):** Jim and Chris Newton, Executive Directors, Edzimkulu

**Other authors:** Susan Green, Board of Directors, Edzimkulu  
Jacquie Béasse, Board of Directors, Edzimkulu

**Goal of the Project/Intervention:** Edzimkulu's goal is to nurture, care for and educate the generation of children affected by HIV/AIDS in Ndwana, South Africa, to produce healthy members of a cohesive community with a sustainable and diverse economy.

**Targeted country/international group:** Edzimkulu targets the 3,800 people of Ndwana, South Africa.

**Background:** Edmontonians Jim and Chris Newton, during a trip to South Africa in 2002, formed a plan to support AIDS orphans. In May 2003, they registered Edzimkulu as a Canadian charity and now live near Ndwana serving as volunteer directors.

**Project description:** Edzimkulu ("Edmonton" and "Umzimkulu," a major South African river in the region) connects impoverished people in Ndwana with Edmontonians through donations, volunteerism, and musical/cultural exchange. Edzimkulu's programs are: HIV/AIDS and health care; Education and literacy; Economic development and sustainability; Infrastructure and maintenance. Edzimkulu aims to provide *sustainable* training, education, economic support and medical care to support the orphans of Ndwana.

**Specific resources required:** In South Africa, a collaborative Canadian/South African team and Canadian volunteers who pay their own travel expenses to South Africa are required. In Edmonton, ongoing fundraising/awareness is required.

**Accomplishments to date:** In 2005, a census/documentation project was completed and a community centre was built. Partnerships have been formed with Rotary International, GE Power, GlaxoSmithKline and South African government departments, among others. In two years, more than 20 Canadians – mostly from Edmonton – have volunteered in South Africa.

**Challenges:** Ndawana experiences three to six deaths *per week*. Approximately 50 per cent of 18 – 40 year olds are HIV positive, and there are more than 100 orphans. Unemployment is 80 per cent.

Hospital access is two hours away, which reduces family support. Health care is provided by a mobile clinic that visits Ndawana a few times a year. A person dying at home receives little more than over-the-counter pain relief. There is almost no community acknowledgement of AIDS. Edzinkulu believes that helping people die with dignity, coupled with education and community understanding, will increase acceptance of HIV/AIDS and decrease stigma.

**Current status of project:** During construction, the community centre employed 400 locals. The centre will house a clinic, learning centre, industry/vocational training, community kitchen, day care facility and offices. A container being sent to South Africa in Fall 2005 will contain medical, carpentry and painting donations, beading materials and looms to help develop micro-industries and provide medical and education supplies.

**Poster Number: 056**

**Title:** THE NAIROBI HOSPICE: “PUT LIFE INTO THEIR DAYS, NOT JUST DAYS INTO THEIR LIFE”

**Section:** INTERNATIONAL

**Principle Author(s):** Frances Legault, RN, PhD, Assistant Professor, School of Nursing, University of Ottawa

**Other authors:** Zipporah Merdin Ali MD, MPH, Senior Medical Officer, Nairobi Hospice, Kenya

**Goal of the Project/Intervention:** To alleviate the suffering of terminally-ill patients through the provision of palliative care, education of health workers, and advocacy.

**Targeted Country/International Group:** Kenya

**Background:** Established in 1990 as the first hospice in East Africa, the Nairobi Hospice is a non-profit registered organization that cares for and supports terminally-ill patients with full participation of families in clinic and home settings.

**Program Description:** The Nairobi Hospice provides medical care for patients, training for family caregivers and volunteers, counselling, spiritual care, and a day-care program on Thursdays. In addition, The Nairobi Hospice offers a Diploma in Higher Education in conjunction with Oxford Brookes University, UK.

**Specific Resources Required:** The New Building Campaign was launched in July 2003 and numerous events have been organized to raise 150 million Kenya Shillings (\$2.5 million CDN). Access to affordable drugs is also a tremendous need.

**Accomplishments to Date:** The program is well-established and has a high community profile. There is an expert interdisciplinary team to meet the daily challenges of providing essential palliative care. The education program was established in 2003 and is thriving. Annual grants are received from a number of major companies and an endowment fund has been established.

**Challenges:** The hospice is unable to serve all those in need and patients often present late in the disease process with distressing symptoms. Since 90% of the patients are the poorest of the poor and income from those who can pay is minimal, fund-raising is required to meet operating expenses. There is no core funding.

**Current Status of Project:** Although our needs are great, we also have much to offer those who are interested in an international hospice experience. We would welcome collaboration with international hospice organizations for twinning, resource support, and visit exchanges.

**Poster Number: 057**

**Title:** DEVELOPMENT OF THE FIRST ACADEMIC POST-GRADUATE PALLIATIVE MEDICINE PROGRAMME IN SAUDI ARABIA

**Section:** INTERNATIONAL

**Principle Author(s):** Alan John Nixon M.B., B.Ch., B.A.O., DABHPM Consultant, Tertiary Palliative Unit, Burnaby Hospital, Fraser Health Authority, Associate Clinical Professor, Division of Palliative Care, Dept. of Family Practice, University of British Columbia

**Goal of the Project/Intervention:** To set up a sustainable academic programme to train qualified Saudi and other Gulf nationals to be leaders in Palliative Medicine.

**Targeted country/international group:** Physicians from Saudi Arabia and Gulf countries

**Background:** A palliative care service had been established by ex-patriot physicians at King Faisal Specialist Hospital and Research Centre Riyadh. Far advanced cancer is common in the kingdom but outside Riyadh there was little palliation and none by trained Saudi physicians. The cultural and end-of-life issues of Saudis are best handled by Saudi physicians.

**Project description:** Support from the administration and Oncology Dept of KFSHRC was obtained.

A 2 day seminar was held at KFSHRC supported by the European Society for Oncology. Interested physicians and nurses from Gulf countries attended. Later seminars were held in other countries under various auspices.

A programme of didactic teaching, rounds and bedside mentoring was designed around the existing KFSHRC palliative service (in-patient unit, out-patient clinics, hospital consultation, and home-care).

Linkage was established with an academic centre in Canada (Edmonton), for the second year of a 2 year programme.

**Specific resources required:** Teachers, library, internet access, salaries

**Accomplishments to date:** 2 Saudi physicians have completed the programme (1 year each at KFSHRC and 1 year in Edmonton and Kingston). 3 other physicians from Egypt, Jordan and India have been trained at KFSHRC. All have passed the examination of the American Board of Hospice and Palliative Medicine.

**Challenges:** To attract good quality physicians who will continue the programme. We were very fortunate with the first candidates. Putting Palliative Care 'on the radar' is difficult as the medical culture, as elsewhere, favours cancer treatment, surgery, acute cardiac care etc.

**Current status of project:** Dr Stuart Brown, also a Canadian, is continuing the development and improvement of the programme as Section Head. Dr M Z Al Shahri, the first graduate, is now Head of Palliative Training and Education at KFSHRC and developing the National Programme.

**Poster Number: 058**

**Title:** POSTER – A SUMMARY OF THE CANADIAN BROADCASTING CORPORATION (CBC) SERIES "IDEAS" ON "HEALING"

**Section:** EDUCATION

**Principal Author(s):** Bonnie Barry, The Temmy Latner Centre for Palliative Care, Toronto

**Background:** This poster is a summary of the CBC Ideas series on "Healing" that has gone around the world 3 times by popular demand. It is a compilation of that series supplemented by world literature on healing and transformation. This poster was presented in June 2005 at the Multinational Association of Supportive Cancer Care (MASCC) in Geneva. It was very well received. It contains references to the most recent Mindfulness Meditation Research and its use in end-of-life care.

**Poster Number: 059**

**Title:** NATIONAL CERTIFICATION IN VOLUNTEER MANAGEMENT

**Section:** EDUCATION

**Principal Author(s):** Cindy Fairs, Manager/Manager, Volunteer Resources, Central Okanagan Hospice Association

**Goal Of The Project / Intervention:** To create public awareness to people who work with volunteers in palliative care settings as well as to educate those individuals about the national standards that will in effect create greater credibility in hospice programs and also potentially minimize risks. With expectations of more and more organizations



being required to undergo the accreditation process, there is a certain level of acknowledgement given to the fact that if the Administrator of the program follows the standards within his/her own program, the organization itself will receive greater points thus, could result in greater funding opportunities.

**Targeted Discipline(s):** Administrators, Managers or Coordinators of Volunteers, and Leadership Volunteers looking to enhance knowledge, skills and abilities

**Targeted Country:** Although, the main target group resides in Canada, we have received expression of interest from individuals and groups in Europe and the USA. There has also been a few who have thought so highly of this certification model that they have looked to us as a 'sister model' to potentially develop their own within their own country.

**Background:** The Canadian Administrator's of Volunteer Resources is the only nationally based organization that provides certification in the resources of Volunteer Management. CAVR is an accredited program that is known for its standards of practice in the delivery of volunteer programs. The poster presentation would reflect the purpose of certifying, criteria needed to achieve certification, the process, guidelines and support provided through mentorship.

**Project Description:** This project is on-going through certification of individuals in Volunteer Management Resources. Individuals meet the base criteria and then re-certify every three years to maintain and uphold a level of awareness and professionalism by always staying current within their field of expertise.

**Specific Resources Required:** Presentation Board

**Accomplishments to Date:** Since June 2004 workshops on Certification for Administrators of Volunteers has been held at two national conferences, one in Halifax and the other in Vancouver. Also, a workshop was held on Certification at the BC Provincial Hospice Palliative Care Conference in Vancouver in June 2005. In 1998, we had only one person certify where as each year since we have consistently had anywhere from 7 - 20. Volunteer Management is becoming increasingly popular as a profession of choice therefore increasing the numbers that are certifying. In palliative care alone, the organization has had a significant increase in membership from those who work specifically in hospice palliative care.

**Challenges:** Public Awareness and reaching the right target group of people. Being a nationally based organization has its benefits but also has its challenges in getting the information to where you want it to go.

**Status:** On-going. Deadline date for certification each year is February 28th and the re-certification deadline is December 31st. Certificates are presented at the national conference each June.

**Setting:** Certification can be achieved through educational programs in any setting including colleges, universities, on-line learning, correspondence or through informal settings of educational workshops at conferences.

**Design & Methods:** The design of the poster presentation will be done through templates of "Standards of Practice" posters as well as through a series of PowerPoint documents that have been used in National Conferences, along with photos to add some flavor to the poster presentation. Samples of volunteers at work in Hospice settings may also be acquired to be used for the presentation. There will also be professional pamphlets and handouts available along with some published materials on the Canadian Code, Ethics and Standards of Practice.

**Conclusion:** It would be an expectation that through the poster presentation, we could potentially reach many more people who work specifically with volunteers in hospice palliative care to help them understand the importance of certification. This national conference is a natural venue in which to reach this population of people.

**Poster Number:** 060

**Title:** **A SERIES OF BROCHURES DEALING WITH PREGNANCY AND INFANT LOSS**

**Section:** **EDUCATION**

**Principle Author(s):** Members of the Committee for Pregnancy and Infant Loss

**Other authors:** Gail Gordon RN, Palliative Care Consult Nurse, VRH  
Heather Embree, Co-ordinating Chaplain, VRH  
Karen Rideout RN, OBS nurse, VRH  
Joanne Morrison RN, OBS nurse, VRH  
Joy Waterbury RN, Public Health Nurse, Annapolis Valley Health District

**Setting:** Regional Hospital and District Public health Nursing Program

**Targeted Discipline(s):** Bereaved families materials are available through hospital staff, physicians, clergy and community nurses

**Background:** We recognized these losses for a number of years and were receiving printed materials from external sources. These became increasingly more expensive to purchase, so, as a committee, we decided to develop our own brochures.

**Goal of the Project/Intervention:** To provide information on a wide range of pregnancy and infant loss issues for bereaved families

**Design and methods:** Brochures on various aspects of pregnancy and infant loss. For the poster presentation, we will have a copy of each brochure on display with a one page handout stating subjects of each brochure and the web address and other contact information

**Conclusions:** Widely used in our health district. Sharable with acknowledgement to authors and health district. The brochures will be available on our web site by September 2005.

**Poster Number: 061**

**Title:** **TOGETHER IN DIVERSITY: A HOSPICE PALLIATIVE CARE INTERPROFESSIONAL COURSE**

**Section:** **EDUCATION**

**Principle Author(s):** Dr Jacqueline Fraser, MB, BCh, Palliative Consultant, Providence Health Care

**Other authors:** Susan Cadell, Assistant Professor, PhD, School of Social Work & Family Studies, University of British Columbia  
Pat Porterfield, RN, MSN, CHPCN (C), Clinical Nurse Specialist, Palliative Care Vancouver Acute, Vancouver Coastal Health, Clinical Adjunct Professor, UBC School of Nursing  
Jack da Silva, BSc Pharm, ACPR, Coordinator, Ambulatory Pharmacy, St Paul's Hospital  
Leah Cline, MB, BCh, Physician, Canuck Place Children's Hospice  
Bertie Glusman, Division of Palliative Care, Department of Family Practice, University of British Columbia

**Setting:** The one-month course includes two classroom days and two clinical days each week. The theoretical component uses a case-based format and is supplemented by presentations and small group work. Clinical practice experiences occur in both institutional and community settings.

**Targeted Discipline(s):** This hospice palliative care course was developed for senior undergraduates in the faculties/schools of Medicine, Nursing, Social Work, and Pharmacy at the University of British Columbia (UBC), sponsored by the College of Health Disciplines.

**Background:** Hospice palliative care is delivered by interdisciplinary teams, and interdisciplinary education programs are being developed for professionals already working in palliative care. But how do undergraduates learn to work in teams? Unique to this course, the course designers conducted a research project exploring health professionals' perceptions of what should be included in palliative care interprofessional education, providing an evidence-base for this course.

**Goal of the Project/Intervention:** As with other UBC interprofessional courses, the curriculum focuses on interprofessional teamwork as well as palliative care. Our goal is that students will learn the basics of palliative care while working in teams reflecting their different disciplines' perspectives, and will develop knowledge, attitudes and skills related to team-based health care delivery.

**Design and methods:** The course content was developed through reference to literature and consultation with health care professionals working in palliative care. Student interdisciplinary teams are formed on the first day of class. These teams work together on specific projects throughout the course.

**Conclusions:** The poster presentation will review the objectives and curriculum for this interprofessional palliative care course, and discuss outcomes, challenges encountered and proposed changes, based on three years of experience.

**Poster Number: 062**

**Title:** **HARMONIZING CORE COMPETENCIES: WHAT OT, PT, NURSING AND MEDICINE SHARE**

**Section:** **EDUCATION**

**Principle Author(s):** Sarita Verma LLB, MD, CCFP, FCFP, Associate Dean, Postgraduate Medical Education, University of Toronto

**Other authors:** Jennifer Medves RN, PhD, Assistant Professor, School of Nursing, Queen's University  
Margo Paterson PhD, MSc, OT Reg (Ont), Associate Professor, School of Rehabilitation Therapy, Queen's University

**Background:** The QUIPPED project is a partnership between three schools and one Programme in the Faculty of Health Sciences at Queen's University. The three schools are: the School of Medicine, the School of Nursing, and the School of Rehabilitation Therapy (Occupational Therapy and Physical Therapy). The project leaders have recognized the critical role of collaborative team building to ensure patient care is timely, coordinated, patient centred and cost

efficient. The clinical partners are the member organizations of the Southeastern Health Sciences Centre (SEOHSC): Kingston General Hospital, Hotel Dieu Hospital, Providence Continuing Care, Kingston, Frontenac, and Lennox & Addington Health Unit and the Kingston, Frontenac, and Lennox & Addington Community Care Access Centre. In addition there are many other community agencies that provide learning opportunities within Kingston and the surrounding area.

The Goal of the QUIPPED project is to create an inter-professional educational environment at Queen's University that enhances the ability of learners and faculty to provide patient-centred care, which recognizes the contribution of the health care team within a respectful and collaborative framework. This educational environment plans to mirror the research environment already in existence at Queen's University. Both internal and external drivers played roles in the genesis of this project. Drs Verma, Medves and Paterson reviewed the curricula of the three schools of the Faculty of Health Sciences (Medicine, Nursing and Rehabilitation Therapy) in the context of key competencies and developed a model which conceptualizes their commonalities. The model developed by them illustrates the overlap in core competencies and formed a starting point on which to develop interdisciplinary learning opportunities for learners and those already in practice.

**Setting:** Queen's University

**Targeted Discipline(s):** Medicine, Nursing, Rehabilitation

**Background:** The Faculty of Health Sciences at Queen's University is comprised of three schools namely medicine, nursing and rehabilitation therapy. As part of the Queen's University Inter-Professional Patient-centred Education Direction (QUIPPED), leaders in inter-professional education began to identify the common standards for the core competencies expected of learners in all three schools at commensurate levels to facilitate the integration of educational curricula aimed at inter-professional education across the Faculty.

(2005 - QUIPPED (Queen's University Inter-professional Patient-centred Education Direction) Funded by Health Canada (\$1,195,000) Principal Investigators J Medves, M Paterson, & S Verma. Investigators T Krupa, M Lamb, C Schroder, D Docherty, K Spring, C King-VanVlack, D Munoz, W Racz, S Scott, L Tomalty, C Christmas, J McKeen, L Fisher-Goodchild, N Hutchinson, C Baillie, D Jalovicic, M Clarke, D Delva, L Flynn, D Holland, A Tan, S Taylor, C Baker, D Buchanan, C Perkin, C Pulling, M Jamieson, A O'Riordan, J McBride, E Culham, S Olney, E Tata, J Young, & L McKinven.)

**Goal of the Project/Intervention:** The Goal of the QUIPPED project is to create an inter-professional educational environment at Queen's University that enhances the ability of learners and faculty to provide patient-centred care, which recognizes the contribution of the health care team within a respectful and collaborative framework. As an initial step, the curricula of the three schools of the Faculty of Health Sciences (Medicine, Nursing and Rehabilitation Therapy) were reviewed in the context of key competencies and a model developed which conceptualizes their commonalities.

**Design and methods:** A number of databases were searched including MEDLINE, CINAHL, AMED, and the Cochrane Database of Systematic Reviews using multiple search terms (Education, Competency-Based; Education, Inter-disciplinary; Inter-professional Relations; Professional Competence; Delivery of Health Care, Integrated; Clinical Competence; Patient Care Team). The yield from the search was limited, leading the research group to compare the core competencies within the Faculty of Health Sciences through study of the development of the competencies in each of the four disciplines. Commonalities across all groups were identified. Using the core competencies of one discipline (medicine), the competencies of the other three disciplines were matched to form a harmonized framework.

**Conclusions:** The belief that health professional competencies exist as a series of independent silos in each discipline has lead to barriers for inter-professional education. Core competencies can, however, be harmonized into a framework that can be used as a template for inter-professional curriculum design, education of learners, and guidance for Faculty.

**Poster Number:** 063

**Title:** **LINKING AND LEARNING: NURSING PRACTICE IN HOSPICE PALLIATIVE CARE DISTANCE EDUCATION**

**Section:** **EDUCATION**

**Principle Author(s):** Deanna Hutchings, RN, MN, CHPCN (C), Sessional Instructor in Hospice Palliative Care Nursing, University of Victoria School of Nursing

**Other authors:** Lynn Cummings, RN, MN, Manager, Nursing, Victoria Hospice Society  
Deborah Northrup, RN, PHD, Associate Professor, University of Victoria School of Nursing  
Coby Tschanz, RN, MN (C), Sessional Instructor, University of Victoria School of Nursing

**Setting:** University of Victoria, School of Nursing

**Targeted Discipline(s):** Nurses: RN's and BSN students

**Background:** This course explores nursing practice in hospice palliative care through a review of historical, theoretical, personal and professional perspectives that are presented for ongoing examination, reflection and analysis in relation to their impact on and guidance for nursing practice. Central to this exploration is a growing understanding of the human experience of persons living their dying and how we as nurses choose to engage with and serve hospice palliative care patients and persons at end of life in diverse settings. Two major domains are present in this course; the lived experience of the person and family in transition from living through dying and into bereavement, and the contribution of the nurse as a person and as a professional in caring for palliative patients.

**Goal of the Project/Intervention:** Goals of this distance course set forth by the four course authors include enabling the student to:

- 1) develop a sense of discovery and passion for hospice palliative care;
- 2) critically examine the foundations, goals, and controversies that influence the evolution of hospice palliative care;
- 3) explicate the distinct contribution of nursing science to hospice palliative care;
- 4) demonstrate a synthesis of knowledge and skills drawn from a range of health care disciplines necessary to enact safe and competent nursing practice in hospice palliative care;
- 5) acknowledge and nurture a path for exploration of care of the dying that is personally meaningful.

**Design and methods:** This distance education course draws on print materials and telecommunications to supplement WebCT electronic delivery linking nursing students around Canada and beyond with the instructor and other nursing students in large and small electronic classroom discussions. Course activities include a menu of learning activities and assignments designed to expand students' awareness of hospice palliative services in their community and resources available on the Internet, augmented with case studies, and a final paper tailored to their chosen topic of interest and relevance to their practice.

**Conclusions:** This poster will feature and summarize the distance course on Nursing Practice in Hospice Palliative Care offered by the University of Victoria, School of Nursing. It will demonstrate the impact on nursing students and Registered Nurses on their practice and endeavour to highlight salient features of the course. It is the course authors' hope that through this course, nurses will be guided to practice with persons living their dying in ways that uphold human dignity and honour human uniqueness.

**Poster Number: 064**

**Title:** **AN UNDERGRADUATE STUDENT SERVICE LEARNING EXPERIENCE IN PALLIATIVE CARE**

**Section:** **EDUCATION**

**Principal Author(s):** Dan Leffelaar, 3<sup>rd</sup> year Undergraduate student, University of Calgary  
Meghan Doraty, 3<sup>rd</sup> year Undergraduate student, University of Calgary

**Setting:** Pallium Project Communities and the University of Calgary O'Brien Centre (BHSc)

**Targeted Discipline(s):** Academic Student Learning

**Background:** The Pallium Project and the O'Brien Centre for the Bachelor of Health Sciences (BHSc) partnered to provide a summer work experience in project evaluation research related to Palliative End-of-Life care for 2<sup>nd</sup> year undergraduate students in the Health and Society major. The BHSc is a research-intensive, inquiry based undergraduate program that encourages students to participate in research and work-related activities. The Pallium project's mandate strongly supports educational collaborations to provide learning opportunities for students.

**Goal of the Project/Intervention:** The goal of the learning/service collaboration is to extend the formal learning of the students in an applied learning environment, applying program evaluation research theory into practice and enabling the acquisition of new knowledge related to system-wide Palliative End-of-Life Care.

**Design and methods:** Students worked directly with the Pallium evaluator. The service learning experience was designed to include the following activities:

1. Support and mentoring from the Pallium Evaluator
  - Participating in an evaluation orientation workshop and weekly meetings
  - Conducting and transcribing semi-structured telephone interviews
  - Collaborating in qualitative data analysis and reporting
2. Learning opportunities through structured information sharing meetings/events provided by the experts involved in the Pallium Project:
  - Pallium Project Development History
  - Program Design, Knowledge Management and Evaluation
  - Action Learning
  - Clinical Palliative Care Shadowing

**Conclusions:** Through their involvement in Pallium, an innovative multi-jurisdictional, multi-stakeholder, community-based, capacity building initiative building a Community of Practice, the students gained a "systems" perspective of Palliative End-of-Life Care. Learning about the key elements of designing an evaluation framework and directly participating in evaluation activities has resulted in an enhanced understanding of the application of systems-based

evaluation research. Ultimately, the learning/service experience enhanced both individual and community capacity regarding Palliative End-of-Life Care and evaluation research.

**Poster Number: 065**

**Title:** INTERDISCIPLINARY PALLIATIVE CARE RESEARCH TRAINING PROGRAM

**Section:** EDUCATION

**Principal Author:** S. ROBIN COHEN, Departments of Oncology and Medicine, McGill University, Montreal, Canada

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**Background:** To increase the capacity to produce excellent Palliative Care Research in Canada, the CIHR Institute of Cancer Research and the National Cancer Institute of Canada have funded a Strategic Training Program in Palliative Care Research at McGill University, Université Laval and University of Ottawa. Trainees may be undertaking Master's, doctoral, or postdoctoral studies and are supervised by one of our 16 team members at the participating universities.

The Strategic Training Program is driven by four main objectives:

1. To develop an exemplary nationally and internationally recognized program to support and train people from a wide spectrum of relevant disciplines to produce excellent interdisciplinary, innovative, and relevant palliative care research.
2. To combine, develop and apply creative palliative care research methodologies from different fields, disciplines, and research programs.
3. To conduct and effectively disseminate research that will be used by health care providers and policymakers to optimize the quality of life of palliative care patients and their families.
4. To build a network among an interdisciplinary group of palliative care investigators that will foster collaboration, sound knowledge creation and exchange between and amongst mentors and trainees involved in the program and the broader Palliative Care Research community.

We target trainees from various disciplines such as nursing, psychology, medicine, epidemiology, social services, ethics, pharmacy and physical therapy. We address issues pertaining to quality of life, pain, stress, delirium, psychological well-being, existential well-being, ethical dilemmas, rehabilitation, personality characteristics, paediatrics, optimization of end of life care, continuity of care, decision support in end-of life, interdisciplinary palliative care education.

**Poster Number: 066**

**Title:** END-OF-LIFE CARE GRADUATE COURSE – A CRITICAL REFLECTION

**Section:** EDUCATION

**Principal Author(s):** Donna M. Wilson, RN, PhD, University of Alberta

**Other Authors:** Jaeyoung Choi, PhD Student, University of Alberta

**Setting:** University

**Targeted Discipline(s):** All health and social services disciplines

**Background:** One of the most important issues affecting end-of-life care in Canada is minimal educational preparation for the health and social service professionals who most often assist terminally-ill or dying persons and their families through the dying process. To counter this, and in response to learning that there are many palliative care courses in other countries, a graduate level end-of-life care course was developed. To date, this course has been held every spring or summer for the past four years at the University of Alberta.

Goal of the Project/Intervention: In this course, students explore end-of-life care in Canada. This exploration includes identifying demographic and other variables associated with mortality, the most common causes of death, and social and cultural influences on death and dying. The primary focus of this course, however, is gaining or improving the understanding of end-of-life care needs of persons and their families, and the health system and health professional responses to date in regard to recognizing and addressing these needs. Throughout this course, naturalist and health promotion perspectives on dying will be contrasted with the prevailing illness orientation toward death and dying.

The objectives of this course are to explore:

1. The concepts and incidence of expected and unexpected death in Canada.
2. Cause-of-death trends in Canada.
3. Social and cultural influences on death and dying in Canada.
4. End-of-life care needs of terminally ill and dying persons, and their families.
5. Currently available and needed health services for terminally ill and dying persons.
6. What constitutes a “good” death.
7. Issues and other topics related to death and dying that are of interest to students (i.e. ethical, legal, psychological, physical, social, political, and spiritual).

**Design and methods:** To date, this course has been held in a three-week spring or summer session format, to enable a concentrated focus of study by students, and to ensure this course is available to students who wish to pursue graduate studies in the spring/summer months. It follows a seminar format, where students are asked to contribute to each class either through presenting prepared information or by contributing through active discussion. The course is largely based on the textbook - Northcott, H. C., & Wilson, D. M. (2001). Dying and death in Canada. Aurora, ON: Garamond. Students are to review each of the six chapters, and to provide an update on new developments and research since 2001. In addition, students are asked to study a specific topic of interest to themselves, and write a paper on this topic.

**Conclusions:** The course has been very well received by all past students. Course enrolment has been low however, despite advertisements and the use of teleconferencing one year. With low ongoing enrolment, the future of this course is as yet undetermined. This issue would be a relevant focus of discussion by participants at this annual CHPCA conference.

**Poster Number: 067**

**Title:** **PROGRAMME DE FORMATION DESTINÉ À DES BÉNÉVOLES EN SOINS PALLIATIFS  
(TRAINING PROGRAM FOR PALLIATIVE CARE VOLUNTEERS)**

**Section:** **EDUCATION**

**Principal Author(s):** Manon Champagne, Master's Degree, Studies on Death, MA (Ed), Doctoral Student in Education, Université du Québec à Montréal

**Other Authors:** Members of the Comité de formation, Réseau de soins palliatifs du Québec:  
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Suzanne Mongeau, Ph.D., Professor, École de travail social, Université du Québec à Montréal  
Michèle Viau-Chagnon, M.Ed., General Director, The Lighthouse, Children and Families

**Background:** The development of a training program for palliative care volunteers was made possible through the work of the Comité de formation of the Réseau de soins palliatifs du Québec, with financial assistance from the Fondation Palli-Ami associated with the palliative care unit at Hôpital Notre-Dame of the Centre hospitalier de l'Université de Montréal.

**Targeted Discipline(s):** Volunteer training

**Objective of Project or Intervention:** The distribution of this twelve-hour (suggested) training program is designed to support Francophone palliative care organizations in providing training for their volunteers. Although it was conceived for the palliative care unit of Hôpital Notre-Dame, this program proposes a basic theoretical content along with training strategies that can be of considerable benefit to any organization.

**Design and Methodology:** The first stage of the training committee's work consisted of establishing a bank of learning objectives for palliative care volunteers. Among the 51 objectives selected, the Committee then sought to determine those that would be of interest for the initial training of volunteers. The Committee consulted 42 volunteers and seven co-ordinators (by questionnaire) from 11 teams of palliative care volunteers from various sectors in Quebec. The consultation resulted in the establishment of 36 priority objectives for the initial training of volunteers. These objectives were used to create the structure of the training program. The general program objectives were formulated and training strategies proposed on the basis of this structure. The detailed program, including several content elements, was subsequently written by the project co-ordinator and submitted to the Committee members for verification and improvement.

**Conclusions:** The results of this collaboration can be found in the *Manuel des formatrices* as well as the accompanying *Manuel des bénévoles*.

**Poster Number: 068**

**Title:** UN PROGRAMME DE FORMATION POUR DES BÉNÉVOLES OFFRANT DU RÉPIT À DOMICILE À DES FAMILLES D'ENFANTS ATTEINTS D'UNE MALADIE À ISSUE FATALE (A TRAINING PROGRAM FOR VOLUNTEERS PROVIDING HOME RESPITE FOR FAMILIES OF CHILDREN WITH A TERMINAL ILLNESS)

**Section:** EDUCATION

**Principal Author(s) :** Manon Champagne, Master's Degree, Studies on Death, MA (Ed), Doctoral Student in Education, Université du Québec à Montréal

**Other Authors:** Members of the Comité de recherche-action affiliated with The Lighthouse, Children and Families: Gabriel Baril (Volunteer), Maryse Latendresse (Volunteer), Carole Tétreault (Volunteer), Karine Landerman (Trainer), Emma Comeau (Co-ordinator, Volunteer Resources), Stéphanie Dumont and Annick Gervais (Program Co-ordinators, Home Respite), Valérie de Varennes (Communications Officer)

**Setting:** The Lighthouse, Children and Families is a non-profit agency whose mission is to provide support to the parents of children with degenerative and terminal illnesses who require complex care.

**Discipline(s):** Training for pediatric palliative care volunteers

**Background:** Among other services, The Lighthouse offers the Home Respite program which is designed to provide respite for parents and recreational activities for gravely ill children. This program is provided by selected, trained, supported volunteers, and is in the form of activities carried out with the child during weekly visits lasting approximately three hours.

**Goal of Project/Intervention:** The Lighthouse undertook action research in collaboration with a doctoral student in Education. The aim of this research was to improve knowledge about the training needs of the Home Respite program volunteers and identify the main components of an initial training program for these volunteers.

**Design and Methods:** The initial cycle of this action research resulted in the clarification of general and specific training objectives for volunteers according to the parents, volunteers and trainers. It also helped identify the most appropriate training methods according to the volunteers and trainers. This information was collected during a group session, one-on-one sessions and a nominal group session. In addition, an analysis of training programs in related fields contributed to the clarification of training objectives.

**Conclusions:** The training program for volunteers providing home respite has been greatly improved through the information collected. This new 24-hour program, including a trainers' manual, a manual for volunteers and videos, will be implemented for the first time in the fall of 2005. Implementation of the program will be evaluated as part of this action research.

**Poster Number: 069**

**Title:** ENHANCING PSYCHOSOCIAL ONCOLOGY / PALLIATIVE CARE IN NEWFOUNDLAND AND LABRADOR: A COMMUNITY-BASED SUPPORTIVE CARE PROFESSIONAL DEVELOPMENT PROGRAM

**Section:** EDUCATION

**Principal Author(s):** Valerie Barrington, MSW, RSW, Coordinator of Social Work – NCTRF  
Bill Haynes, MSW, RSW, Social Worker - NCTRF  
Christine Power, RN, Director of Nursing (acting) - NCTRF

**Setting:** Ambulatory Oncology Treatment Centre

**Targeted Discipline(s):** All health care professionals:

- 1) Providing care to individuals diagnosed with cancer
- 2) Providing palliative care to patients and families
- 3) Other professionals such as teachers and guidance counsellors may also access and benefit from this project.

**Background:** Developed as a result of frequent requests from health care professionals throughout the province for enhanced continuing education regarding psychosocial oncology and palliative care. Community based health care professionals throughout the province cover a wide geographical area and are often the sole source of intervention to

address a diverse range of local health needs. Necessity demands they have expertise in many areas, but they often operate in relative isolation, with limited opportunities to specialize in their professional practice, or access advanced knowledge and skills to support their role in providing psychosocial support and palliative care. This project aims to support the work of community-based health care professionals by reducing their sense of isolation, providing advanced knowledge and skills as well as becoming an accessible resource for case consultation.

**Goal of the Project/Intervention:**

- Cultivate long term, sustainable relationships with health care providers
- Strengthen knowledge, skills and competencies in psychosocial oncology and palliative care
- Enhance the quality of supportive oncology care to patients and families in Newfoundland and Labrador.

**Design and methods:** Three Phase Project:

Phase 1: Networking and Needs Assessment (12 months)

Methods: Focus groups: professionals, patients and family meetings, summary report, teleconference, individual meetings, summary report

Phase 2: Development, Test Piloting and Delivery of Education Services (18 months)

Methods: Integrate needs assessment. Research and develop core content. Conduct test pilot and deliver education series.

Phase 3: Project Evaluation and Dissemination (6 months)

Methods: Course evaluation surveys. Teleconference focus groups. Summary report. Formal presentations.

**Conclusions:** Phase 1 is almost complete. Focus groups with health care professionals and patient/families throughout the province completed. Summary report being written.

**Poster Number: 070**

**Title:** HEALING THE DYING

**Section:** EDUCATION

**Principal Author(s):** Dr Michele Chaban, MSW, PhD, RSW

**Background:** This poster is a summary of many lectures I have given. It includes the CBC IDEAS series on "Healing", a three part series directed by Sarah Wolch, which has gone around the world 3 times by popular demand. This poster was recently presented at MASCC (Multinational Association of Supportive Cancer Care) in Geneva and was well received. The poster brings together poetry, theology, and science in an attempt to convey the concept of "healing". It distinguishes between healing and curing, aspects of healing, and reflections of how healing is transformative. The posture includes two scientist's thoughts on healing methodologies: Dr Ester Sternberg (NIMH) and Dr Richard Davidson (Keck Institute). I speak to how I have used these in my practice in palliative and end of life care.

**Setting:** University

**Targeted Discipline(s):** Inter-professional including volunteers

**Goal of the Project/Intervention:** Changing our conceptual framework from pathology/disease/grief and bereavement based thinking to one that is family model/ life cycle orientated, centered on next generation, views dying as active agent in healing process. Healing/positivism

**Design and methods:** Humanities based thinking with the addition of two science based thinkers and reference to their works and studies

**Conclusions:** Healing can be used as a concept with the person who is dying and the family throughout the continuum of treatment both active and palliative without compromising treatment or existential goals. It allows decision making to take place that both supports life and end of life.

**Poster Number: 071**

**Title:** INTERPROFESSIONAL CONTINUING EDUCATION AS A CATALYST FOR DEVELOPING RURAL PALLIATIVE CARE COMMUNITIES: A TEN YEAR REFLECTION

**Section:** EDUCATION

**Principal Author(s):** Pippa Hall, MD, CCFP, MEd, FCFP; Director Palliative Medicine Residency Program, SCO Health Service

**Other Authors:** Maryse Bouvette, RN, MEd, CON(c), CHP(c)  
Lynda Weaver, MHA, MEd; SCO Health Service



**Setting:** Eastern Ontario

**Targeted Discipline(s):** Agencies, institutions, service providers of palliative care

**Background:** Since 1993, an interprofessional team of educators at the SCO Health has carried out the MOH mandate to provide palliative care CE to the area in and around Ottawa, Ontario. Ongoing program evaluations and consultations with the communities have led to the development of a progressively decentralized approach to palliative care education across the region, especially in the rural communities

**Goal of the Project/Intervention:** Initially (1994 to 1997), we offered palliative care education for family physicians as a 2-week locum at the Palliative Care Unit at SCO Health Service. Evaluations clearly identified a need to break out of this centralized format. From 1998 to 1999, we began a decentralized, interprofessional approach in which we provided education in three separate regions (2 rural, 1 urban) in the catchment area. This could not be sustained in the rural areas and, following subsequent evaluation results in 2000, we further decentralized the approach and began to guide interprofessional teams in eight rural communities to plan, develop, implement and evaluate their own widely varying educational projects. The poster will demonstrate the evolutionary cycle of meeting each community's needs and the catalysts that moved the education forward.

**Design and methods:** Project management education was provided to the rural areas. Each of the projects provided annual reports to us.

**Conclusions:** The significant common outcomes for the CEPs are:

1. Strong, interprofessional palliative care teams now exist in each community
2. CEP teams have learned from each other's successes and challenges, have adapted other CEPs for their own communities, and shared resources
3. Community awareness (professional and public) of palliative care services in each community has improved

Our challenge now is to continue supporting the CEP teams to maintain their enthusiasm and teamwork, to ensure local educational needs continue to be met, and to envision future educational projects.

**Poster Number:** 072

**Title:** **ENHANCING RURAL INTERPROFESSIONAL PALLIATIVE CARE TEAMS: AN INNOVATIVE LEADERSHIP DEVELOPMENT PROGRAM**

**Section:** **EDUCATION**

**Principal Author(s):** Pippa Hall, MD, CCFP, MEd, FCFP; Director Palliative Medicine Residency Program, SCO Health Service

**Other Authors:** Lynda Weaver MHA, MEd, Coordinator of Education & Quality Management, SCO Health Service  
Maryse Bouvette BScN, MEd, Coordinator, Regional Pain & Symptom Management Team, SCO Health Service  
Richard Handfield-Jones, MD, Director, CME Office, University of Ottawa

**Setting:** Two rural areas in Eastern Ontario

**Targeted Discipline(s):** Agencies, institutions, service providers of palliative care

**Background:** The SCO Health Service Palliative Care Program, associated with the University of Ottawa, has developed an interprofessional continuing professional development program that fosters the development of interprofessional teams in eight rural communities. Each team, which must include at least one physician, has developed, implemented and evaluated one or more local community educational project over the past four years.

**Goal of the Project/Intervention:** In order to maintain an effective and vibrant interprofessional team, leadership skills are important. This project explores the leadership experiences of these teams as they have evolved. The results of the data analyses will be presented.

**Design and methods:** Seven focus groups were held to identify best practices, challenges, the need for leadership skill development and possible educational interventions that can further support the teams.

**Conclusions:** Four areas of leadership education were formulated from the data:

1. *Interpersonal skills:* Areas identified as important include conflict resolution, facilitation of group discussions and developing strategies to communicate in difficult situations ("...how to communicate with people who don't want to be communicated with...").
2. *Academic-type skills:* This includes public speaking skills, presentation skills, improving understanding and the use of educational skills, coaching skills, writing proposals and abstracts.
3. *Organizational/Administrative Skills:* Specific skills identified include keeping statistics, organizing and running meetings, keeping minutes, writing reports, writing and managing a budget, improving computer skills.
4. *Other:* Other needs included improving time management skills and understanding Change Theory, which would cover setting goals, finding a vision and implementing change.

**Poster Number: 073**

**Title:** MOVING PALLIATIVE CARE EDUCATION FORWARD IN RURAL COMMUNITIES

**Section:** EDUCATION

**Principal Author(s):** Pippa Hall, MD, CCFP, MEd, FCFP; Director Palliative Medicine Residency Program, SCO Health Service

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Maryse Bouvette BScN, MEd, Coordinator, Regional Pain & Symptom Management Team, SCO Health Service

**Setting:** Two rural areas in Eastern Ontario

**Targeted Discipline(s):** Agencies, institutions, service providers

**Background:** After 10 years of working together and planning palliative care education for their communities, several towns in rural Ontario have successfully enriched the palliative care services in their community through education, information and enhanced services.

**Goal of the Project/Intervention:** This poster illustrates the continuing evolution of Community Education Projects (CEPs) in two rural areas surrounding Ottawa. The 8 CEP teams have evolved to the point where they are conducting their own projects, based on the needs of their community.

**Conclusions:** This poster depicts the evolution of the CEPs with 3-dimensional graphics.

**Poster Number: 074**

**Title:** CANADA'S MODEL FOR VOLUNTEER PRACTICE IN HOSPICE PALLIATIVE CARE

**Section:** EDUCATION

**Principal Author(s):** Jerold M Rothstein, MA, MMLJ, Chair, Task Group on Best Practices and Quality Care in the Hospice Palliative Care Volunteer Component

**Setting:** The Task Group is a national body drawing on colleagues in all the contexts in which hospice palliative care is offered.

**Targeted Discipline(s):** The task Group works with all disciplines in hospice palliative care to illuminate the nature of collaborative patient-centred practice involving paid and volunteer team members. At the heart of the process volunteers and those who manage, educate and support them provide input based on their practice. Consultations with other disciplines help to assure that the emerging resources are consistent with the collaborative, interdisciplinary model of hospice palliative care.

The Task Group is continuing its collaborative process to develop normative guidance for the Volunteer Component in education, clinical practice and organizational structure. The resulting resources will draw on the CHPCA's "Model to Guide Hospice Palliative Care" and the emerging accreditation standards being piloted by the Canadian Council on Health Services Accreditation (CCHSA) in partnership with the Secretariat on Palliative and End-of-Life Care.

**Background:** The Task Group was formed in 2002 by the Best Practice Working Group, Secretariat on Palliative and End-of-Life Care, Health Canada and has begun to build a national network of participants.

**Goal of the Project/Intervention:** Following the CHPCA's "Model to Guide Hospice Palliative Care", the Task Group was charged with creating national guidance for the Volunteer Component and reaching consensus on a Model for Volunteer Services.

**Design and Methods:** In the next phase of its work the Task Group will widen participation and consensus-building through the use of Knowledge Forum™, a powerful method of creating knowledge through many interactions.

**Conclusions:** In its work to date, the Task Group has built a framework for achieving normative guiding principles of practice for hospice palliative care volunteers and volunteer services. As we move on, we will complete the core work on principles and values and move further into domains of practice, competencies and the educational processes and resources needed. This presentation will allow the Task Group to demonstrate its model, work plan and deliverables and to recruit involvement from our colleagues.

**Poster Number: 075**

**Title:** **THE DEVELOPMENT OF A CANADIAN SPIRITUAL CARE COMPETENCY PROFILE AND CORE CURRICULUM**

**Section:** **EDUCATION**

**Principal Author(s):** The Rev. Dan Cooper, BA, MDiv (Honors). CAPPE/ACPEP Certified Specialist and Clinical Pastoral Education Teaching Supervisor. Chaplain, Palliative Care Services and Pallium Project Consultant for Spiritual Care Development, Regina, SK. Affiliated Faculty, Canadian Theological Seminary (Calgary).

**Background:** This poster will explore the conceptual challenges and practical issues involved in achieving a national consensus on norms for professional education in the theoretical, practical and attitudinal competencies required of Spiritual Care practitioners in Hospice Palliative Care (HPC). We will chart the early to mid-phase development of the utilization of a nationally accredited program of Clinical Pastoral Education in Palliative Care and Oncology, in Regina, Saskatchewan as a developmental platform for this endeavour. We will consider components of a strategic plan designed to achieve a national consensus on the part of stakeholder organizations and practitioners on the content of a core competency-based curriculum for Spiritual Care.

Central to this poster will be the presentation of Canada's first national, content-validated, peer reviewed competency profile for HPC Spiritual Care practitioners, developed utilizing a formally facilitated DACUM (Developing a Curriculum) process earlier this year. This effort has occurred within a wider Canadian and international discussion about standards of practice, competency models and core-competency-based education in Spiritual Care and HPC. The relationship between this new profile and certain other relevant documents will be discussed: the CHPCA Model to Guide Hospice Palliative Care (2002), the National Strategy for Palliative and End-of-Life Care – Working Group on Education for Formal Caregivers Professional Competencies Consensus Survey (2004), CAPPE/ACPEP national Standards of Practice (2004), the NHPCO Guidelines for Spiritual Care in Hospice (2001), and the new Common Standards (2004), produced by a consortium of American-Canadian Chaplaincy organizations.

**Poster Number: 076**

**Title:** **THE DEVELOPMENT AND IMPLEMENTATION OF A PAIN MANAGEMENT CURRICULUM FOR ALL STAFF OF A LARGE HOSPICE & PALLIATIVE CARE ORGANIZATION**

**Section:** **EDUCATION**

**Principal Author(s):** Gary Buckholz, MD, Palliative Medicine Fellow, San Diego Hospice & Palliative Care, San Diego, CA, USA

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Frank D. Ferris, MD, Medical Director Palliative Care Standards, San Diego Hospice & Palliative Care, San Diego, CA, USA

**Background:** With over 600 employees and a census of over 800 patients per day, we found that pain management practices and outcomes varied considerably at San Diego Hospice & Palliative Care. We also discovered that 8% of our medications, including many analgesics, were responsible for 80% of our pharmacy costs in 2004.

To create a more consistent approach to pain management, we embarked on an agency-wide educational strategy aimed at improving knowledge and skills, and changing behaviours. The monthly orientation for newly-hired staff provided an opportunity to revise the eight-hour EPEC and ELNEC-based curriculum to ensure that it was meeting the identified needs. After substantial positive feedback and final modifications, we embarked on a process to present the full curriculum to existing medical and nursing staff. All clinical staff participated in the first two-hour session to improve their assessment skills and understanding of pain management. Ongoing education was provided by preceptors integrated into our clinical teams who used a number of tools to repeatedly review pain assessment and management strategies with all staff.

To guide our educational interventions, we monitored a pre and post competency questionnaire and evaluations of each of the educational sessions. To assess changes in knowledge, we repeatedly administered a post-test to all staff. To monitor changes in skills and behaviour, we monitored subjective and objective reports from the staff and preceptors and opioid prescribing habits and costs through our pharmacy. Already this agency-wide educational initiative has changed the experience of patients and families, staff, and the organization.

**Poster Number: 077**

**Title:** JORDAN PAIN RELIEF AND PALLIATIVE CARE INITIATIVE

**Section:** INTERNATIONAL

**Principal Author(s):** Frank D. Ferris, MD, Medical Director Palliative Care Standards, San Diego Hospice & Palliative Care, San Diego, CA, USA

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**Background:** Each year some 15,000 (0.3%) of the 5.3 million people in the Hashimite Kingdom of Jordan die (approximately 2,100 (14%) are from cancer), and ≈ 70% of the 3,300 or more new cancer cases present as stage IV disease.

Since 2001, the Jordan Pain Relief and Palliative Care Initiative, a collaborate educational effort of the Jordan Ministry of Health, WHO Jordan, the King Hussein Cancer Center, Hikma Pharmaceuticals, San Diego Hospice & Palliative Care, Capital Hospice of Virginia, the EPEC and ELNEC Projects, and a visionary philanthropist, has been making a difference nationally.

After an initial policy workshop in August 2003, the efforts of a National Committee working with the Jordan Ministry of Health have led to changes in national policy and opioid prescribing and dispensing regulations. To ensure adequate opioid availability, opioid importation has increased and local production and distribution of oral immediate-release morphine tablets has begun. In March 2004 and again in March 2005, an international faculty presented 3-week introductory and advanced courses in palliative care to over 70 physicians, nurses and pharmacists. After each course, participants demonstrated significant changes in their attitudes, knowledge and skills. Since April 2004, a palliative care service established at King Hussein Cancer Center has seen more than 200 patients and increased morphine consumption by more than 10 times. A similar service at Al Basheer hospital has seen more than 500 patients. Other palliative care services are anticipated during 2005. Already, multiple patients and families have benefited from this model initiative.

**Poster Number: 078**

**Title:** INTEGRATING PALLIATIVE CARE INTO THE WORLD'S EXISTING HEALTH CARE SYSTEMS: ESTIMATION OF OPIOID REQUIREMENTS

**Section:** INTERNATIONAL

**Principal Author(s):** Kimberly A. Bower, MD, Palliative Medicine Fellow, San Diego Hospice & Palliative Care, San Diego, CA, USA

**Other Authors:** Rosene Pirrello, R.Ph, Director of Pharmacy, San Diego Hospice & Palliative Care, San Diego, CA, USA  
Frank D. Ferris, MD, Medical Director Palliative Care Standards, San Diego Hospice & Palliative Care, San Diego, CA, USA

**Background:** Assuring availability of morphine is an essential component of a comprehensive program to integrate palliative care into an existing health care system. In the early 1980s, WHO identified pain as the priority symptom for palliation among patients with chronic illnesses. They recommended immediate release morphine as the most cost effective treatment for moderate to severe pain. Despite these recommendations, in 1993 the top ten industrialized countries, representing 7% of the world's population accounted for 77% of the morphine consumed, while approximately 120 countries, representing 80% of the world's population, consumed only 23%. There are still about 50 countries without morphine available.

Under the Single Convention (an international treaty regulating opioid availability) to import or manufacture opioids countries must submit an estimate of opioid use for the following year. This estimation is difficult especially in countries where palliative medicine is expanding rapidly. To help countries estimate the quantity needed, we conducted a retrospective review of opioid use among the 4,436 patients (45% cancer diagnoses) representing 199,631 patient days at San Diego Hospice & Palliative Care last year. All opioids consumed were converted to oral morphine equivalents. Morphine equivalent use was calculated per patient day for all patients and per patient day for opioid consuming patients (44% of total). This data can then be applied considering a country's health care statistics (deaths per year and cancer related deaths per year) resulting in a practical estimate of morphine requirement. As an example, the opioid need for the country of Jordan has been estimated.

**Poster Number: 079**

**Title:** ACTIVE/INQUIRY BASED LEARNING IN AN INTERDISCIPLINARY PALLIATIVE CARE COURSE

**Section:** EDUCATION

**Principal Author(s):** Shelley Raffin Bouchal, RN, PhD, Assistant Professor, Faculty of Nursing, University of Calgary  
Patricia Roseneau, RN, MN, Instructor, Faculty of Nursing, University of Calgary

**Background:** Many inroads have been made to palliative care education in the last decade. This presentation will share the experiences of 2 course professors engaged in active/inquiry based learning in a palliative care course. Discussion of the pedagogical processes of active/inquiry based learning and the potential benefits for palliative care practice will be highlighted.

At the University of Calgary, Faculty of Nursing, an interdisciplinary course entitled *Philosophy and Practice in Palliative Care* is offered to both undergraduate and graduate learners. The course is designed primarily as a theory course with activities and discussion intended to engage students in a constant process of reflection. Students explore their own beliefs, values and attitudes about life, illness, death, and dying in conversation with professors, class peers and in writing. The pedagogical process of active, intentional and collaborative knowledge building is foundational to the course. Students gain understanding of the course knowledge through questioning, debating, and confirming their personal meanings.

Course assignments include varied strategies focused on active learning by both students and professors. Students may choose to do reflections of chosen class presentations where impressions, reactions, questions, judgements and feelings related to specific presentations are explored in writing. These critical reflections also include application to palliative care practice, identification of other related knowledge, and of individual learning goals. Professors actively facilitate group discussion through sharing of clinical cases, and questioning to clarify difficult concepts presented in class. The authors of this abstract offer that active/inquiry based learning strategies foster reflection, and the development of problem solving, critical thinking and communication integral to quality palliative care practice.

**Poster Number: 080**

**Title:** PALLIATIVE CARE TRAINING FOR HEALTH ATTENDANTS IN RURAL SETTINGS

**Section:** EDUCATION

**Principal Author(s):** Shari Young RN CGN(C) CHPCN(C) East Central Health Palliative Care Program, Lamont, AB Canada  
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Hazel Heikamp, Palliative Program Assistant East Central Health Palliative Care Program, Camrose, AB Canada

**Background:** Health care attendants are integral to the delivery of flexible, quality and cost-effective palliative care in rural settings. These valuable members of the palliative team provide the bulk of personal care to the terminally ill and frequently develop close relations with patients and/or their families. Unfortunately many of the attendants in rural settings have never received any palliative care training or very limited. The combination of limited education, increasing palliative workloads, and the increasingly complex needs of the dying has created a substantial amount of stress on these untrained staff. As a result, our palliative team implemented a three tiered interactive palliative training program which was made available to staff and family caregivers. The first level of the program included an introduction to the principles of palliative care, an exploration of personal feelings, and the importance of good communication skills in palliative care. The second level addressed the physical needs of the dying, the role of caregivers, self-care and ways to improve patient comfort in the last days and hours of life. The third level covered grief and bereavement of families and formal and informal caregivers. In addition to the course evaluation, a pre-course survey was completed by each registrant in order to customize these sessions according to their learning needs. The pooled results of the survey and evaluations showed that these interactive tailored sessions not only improved the confidence to the attendees to care for the dying but helped them to feel valued as members of the palliative team.

**Poster Number: 081**

**Title:** TEACHING PSYCHOSOCIAL CARE OF THE DYING TO NEW STAFF AND VOLUNTEERS

**Section:** EDUCATION

**Principal Author(s):** Susan Breiddal, MTP, Victoria Hospice Society

**Background:** In orienting new paid and unpaid staff to hospice palliative care we have found that there is an overwhelming amount of information to learn. Each organization must teach new members the procedures of their particular organization. But what do all new staff need to know about the psychosocial issues in palliative care? The poster will identify the areas of importance and give suggestions as to how these might be taught. The poster will also present psychosocial issues in relation to the Palliative Performance Scale v2, a functional tool used in many hospice palliative care settings. Drawing from literature, guided imagery and creative writing, we will utilize an experiential model to assist trainers to help new staff integrate the knowledge gained.

This poster will appeal to new paid and unpaid staff, all health care professionals who train volunteers and anyone interested in learning approaches to teaching the Palliative Performance Scale v2.

**Poster Number: 082**

**Title:** HOSPICE AFRICA PROJECT

**Section:** INTERNATIONAL

**Principal Author(s):** Peta Collings, Volunteer Resources Manager, The Salvation Army, Agapé Hospice  
Dr. David Falk, Medical Director, The Salvation Army Agapé Hospice

**Background:** We began as a group of volunteers and interested staff from Agapé Hospice who came together to further a spark ignited February, 2004. The Hospice Medical Director, Dr. David Falk, conducted a volunteer continuing education workshop about AIDS in Africa. Through Dr. Falk's speaking, we were moved to a new understanding of the word "compassion": that which tears the gut to the point you need to do something about it. We also learned that Agape Hospice Volunteer Michael Kirui was returning to Letein, Kenya in May to be with his family and further his dream to build a hospice program in his country. Michael's presence made us act swiftly – he became a face and a bridge to the African community.

A committee was formed. Our Mission Statement: We have joined together to explore opportunities to create awareness, community and financial support for hospice work and education in Africa and here, in our own city, at Agape Hospice.

Kenya and Swaziland had extended an invitation for a team to visit and dialogue together about support and development of Hospice programs. We put a proposal forward to the Mary Tidlund Charitable foundation, raised funds and sent an assessment team to Africa. The Hospice Africa Project plans to continue support for Letein Hospital/hopefully Hospice. A new commitment to send a hospice community development team to work with the community in Letein, Kenya had been made.

**Poster Number: 083**

**Title:** COMING FULL CIRCLE IN ONCOLOGY HOSPICE PALLIATIVE CARE TELELEARNING: A CASE-STUDY APPROACH

**Section:** EDUCATION

**Principal Author(s):** Marie-Josée Paquin, RN, MSc, Alberta Cancer Board, Alberta  
Marilynne A. Hebert, PhD, University of Calgary, Alberta

**Other Authors:** This project is presented on behalf of over 40 oncology hospice palliative care colleagues committed to this project.

**Background:** The establishment of regional health authorities (RHAs) in Alberta has offered the opportunity to have multidisciplinary team based palliative care delivery for rural areas. Many members of such teams have expressed an interest to have a program of learning that would allow them to stay in their home community and yet obtain higher level of hospice palliative care knowledge. Therefore, two RHAs and two tertiary cancer centres in Alberta developed together a videoconference based community of learners. Colleagues from the University of Calgary provide guidance and expertise to conduct the literature search and project evaluation. The case studies are written using a clinical template that reflects the Canadian Hospice Palliative Care Association domains of issues associated with illness and bereavement.

**Goal:** To facilitate oncology hospice palliative care telelearning in Alberta within a collaborative framework

**Objectives:**

1) To develop a telelearning framework for oncology hospice palliative care in Alberta

- 2) To foster professional development of hospice palliative health care professionals through multi-site videoconferencing
- 3) To develop a case study/content delivery format that is effective for telelearning via videoconference
- 4) To enhance knowledge sharing among project partners
- 5) To investigate potential telementoring opportunities and processes
- 6) To develop a process to capture and re-use the learning opportunities, e.g. record sessions; printed booklet of case studies

This initiative is breaking new ground in Canada, as a means of developing collaborative models to share knowledge around hospice palliative care. This poster will detail the structure and development of this initiative as well as present some of its early gains. Telelearning and collaboration principles will be outlined in the hope that this model might be replicated in delegates' own jurisdictions.

**Poster Number: 084**

**Title:** RURAL PALLIATIVE CARE EDUCATION: RESULTS OF A HYBRID DISTANCE COURSE FOR RURAL FAMILY MEDICINE RESIDENTS

**Section:** EDUCATION

**Principal Author(s):** Dr. José Pereira, Foothills Medical Centre, Calgary, Alberta

**Other Authors:** Rob Wedel, Alison Murray, Lyle Galloway, Mone Palacios, Jaci Lyndon, Terri Collin. Centre for Distance Education and Research in Palliative Care, Calgary

**Background:** Providing palliative care (PC) education from a distance can be challenging. Web-based technologies provide some delivery options. In palliative care (PC) these technologies are often met with scepticism. We delivered a compulsory 10-week PC course to a rural family medicine program (16 residents) using a combination of methods; including 3 days of face-to-face instruction, 8 weeks of online learning (problem-and theme-based asynchronous small-group discussions using BlackBoard), use of the arts and 4 objective structured clinical examinations (OSCEs).

**Methods:** Pre- and post-course knowledge tests, surveys, pre-and post course OSCEs and focus groups were used to assess changes in knowledge, attitudes and skills.

**Results:** There was a significant improvement in knowledge ( $t = 4.44$ ,  $p < 0.001$ ); (Cronbach's-alpha = 0.50). Residents' overall attitudes related to caring for PC patients were influenced by participation in the course. E.g. On a scale from 1-5 (1=strongly disagree and 5=strongly agree) the mean rating scored by all residents regarding the importance of identifying and exploring spiritual concerns with TIP was 4.6. As well, residents rated they felt more comfortable in caring for PC patients (mean= 4.5 on a 5-point Likert Scale) after the course. The OSCEs demonstrated significant improvements in communication and decision-making skills (Inter-rater reliability was 0.75). Overall the course was well received. Students generally preferred the face-to-face instruction, followed by OSCEs and the online discussions.

**Conclusions:** A course using multiple instructional strategies and technologies met the PC learning needs of rural residents. Lessons learned are applicable to other disciplines and Web-based distance learning programs.

**Poster Number: 085**

**Title:** PREPARING PALLIATIVE CARE (PC) EDUCATORS FOR ONLINE FACILITATION: RESULTS OF AN INTERNATIONAL COURSE

**Section:** EDUCATION

**Principal Author(s):** Dr. Mone Palacios, Centre for Distance Education and Research in Palliative Care, Calgary

**Other Authors:** Dr. Jose Pereira, Jaci Lyndon. Centre for Distance Education and Research in Palliative Care, Calgary

**Background:** There is growing interest in providing online health-related education. However, e-learning presents new challenges for instructors and learners alike. This 7-week long international course, delivered entirely online, aims to equip palliative care educators with the skills required to effectively facilitate online group-based learning. Readings, asynchronous online discussions and simulated scenarios are used. Online facilitating skills are practiced through mini-courses. The results of the first international iteration of this course are reviewed.

**Methods:** Pre and post course surveys.

**Results:** 15 PC educators from Canada, Wales, Argentina, South Africa and Portugal registered. 11 participants were active throughout the course. Learners found the course empowering and the workload acceptable. The course gave them first-hand experience of the transitioning journey from face-to-face to online learning environments.

Content analysis (using Transcript Analysis Tool) revealed the discussions to be reflective and enlightening and demonstrated that learners achieved good facilitations skills through the mini-courses.

**Conclusions:** PC educators considering teaching online should acquire the skills required for effective online facilitation. A Web-based course such as this introduces the necessary skills to faculty around the world interested in this area.

**Poster Number: 086**

**Title:** PSYCHOSPIRITUAL LEARNING: RESULTS FROM A DISTANCE COURSE FOR RURAL FAMILY MEDICINE RESIDENTS

**Section:** EDUCATION

**Principal Author(s):** Jose Pereira, Centre for Distance Education and Research in Palliative Care, Calgary

**Other Authors:** Alison Murray, Rob Wedel, Jaci Lyndon, Mone Palacios. Centre for Distance Education and Research in Palliative Care, Calgary

**Background:** Spirituality is important to many terminally ill patients. However, it is seldom included in formal medical curricula. Using asynchronous small-group discussions online (residents were distributed geographically across Alberta) and objective standardized clinical encounters (OSCEs), we introduced the topics of “Dignity & Narrative”, “Suffering & Self-awareness”, “Spirituality” and “Hope” to 16 rural family medicine residents as part of their 12-week palliative care distance course.

**Methods:** Post-course focus groups, open-ended surveys and content analyses of the online discussions.

**Results:** These domains had previously not been covered in the residents’ undergraduate education. The inclusion of these themes were met with ambivalence; 1/3 of residents did not find them useful or relevant, while another 1/3 felt they were relevant and appreciated the opportunity to explore them. 47% and 73% of residents respectively indicated that the course had resulted in them becoming more aware of self-awareness and spirituality as important elements of care. Residents wanted practical tips and approaches to addressing the spiritual needs of patients but seemed less interested in exploring their own spirituality and self-awareness as a starting point. Several learners pointed out that the medium had prompted them to reflect much deeper and articulate their thoughts more succinctly than they would have in a traditional face-to-face classroom.

**Conclusions:** Family Medicine Residents in this course met the inclusion of “spirituality” with ambivalence. They generally prefer practical guidelines on including spirituality as part of the care they offer. Self-awareness and one’s own spirituality as a caregiver appear undervalued areas in providing spiritual care.

**Poster Number: 087**

**Title:** PROGRAM EXCHANGES: DESIGNING EMPOWERING WORKSHOPS FOR HEALTH CARE PROFESSIONALS FROM NATIONAL AND INTERNATIONAL PALLIATIVE CARE PROGRAMS

**Section:** INTERNATIONAL

**Principal Author(s):** Y. Tarumi, MD, D. Slade, MD CCFP, Division of Palliative Care Medicine, Department of Oncology, University of Alberta, Edmonton, Alberta Canada

**Background:** Increasingly, established Palliative Care programs are receiving requests for the opportunity to visit from multiprofessional Palliative Care teams from across the nation and around the world. The purpose of these exchanges is to share experiences and perspectives and gain new insights into advanced practices and the provision of consultation services. The purpose of this poster is to discuss elements necessary for the design of workshops relevant for team members from a variety of different disciplines. Issues covered will include guidelines for meeting requirements of local health authorities, cost considerations, pre-course preparatory materials, curriculum development, involvement of interpreters, social activities, pre- and post- course evaluations, and supporting post-course networking. The impact of cultural factors on workshop design and delivery will also be explored.

**Poster Number 088**

**Title:** THE PATIENT AS TEACHER: PALLIATIVE CARE PATIENT VISITS

**Section:** EDUCATION

**Primary Author(s):** Cori Schroder, Debora Dudgeon and W. Ford Connell, Queen’s University

**Background:** In medicine, we learn by listening to and reflecting on patients’ stories. Patient encounters can have significant impact on our perceptions and attitudes as health care professionals. For a number of years, first year medical students at Queen’s University have had the opportunity to reflect on the experience of living with a terminal



illness from the patient and family perspectives through home visits to palliative care patients. Student feedback of the Palliative Care Patient Visits was positive, but scheduling was a challenge with the result that groups visiting an individual patient were large and not all students chose to participate. The experience was redesigned for the 2004-2005 academic year. Small groups of students (2 – 4) accompanied by a Preceptor visit a patient and family at home. Preceptors are members of the inter-professional Palliative Care Medicine Program and Integrated Cancer Program, including physicians, nurses, and social workers. They help to facilitate the interaction with the patient and family members during the visit and also model inter-professional collaboration in the post-visit discussion. Pre-reading material on communication and a post-reflective exercise are other components of the experience. Students, preceptors, patients and family members evaluate the experience using standardized forms.

This poster outlines the objectives and components of the Palliative Care Patient Visits, provides examples of student reflections, and a summary of evaluations to date.

#### **Poster Number 089**

**Title:** UNDERGRADUATE PALLIATIVE CARE CURRICULUM DEVELOPMENT AT UBC

**Section:** EDUCATION

**Primary Author(s):** Pippa Hawley, University of British Columbia

**Background:** For the last 5 years the amount of mandatory Palliative Care instruction which the medical undergraduate students receive at UBC has increased dramatically. The students now have 19 hours of classroom teaching by Palliative Care clinicians, including a 9-hour course in the final year, followed by a multiple-choice examination. There are also 11 hours of teaching closely related to Palliative Care taught by other divisions/faculties throughout the curriculum, and a one-week mandatory course in 2nd year one chronic pain management.

In addition there are elective rotations offered throughout the clinical years, and a one month interdisciplinary course in Palliative Care is available. Palliative Care is also taught in the Family Practise rotations in a less structured way.

I will present the course content, student feedback on the effectiveness of the teaching provided, and the students' performance in the examination.

#### **Poster Number 090**

**Title:** THE PALLIUM L.E.A.P. COURSE: A PACKAGE OF EDUCATIONAL MATERIALS FOR PALLIATIVE CARE EDUCATION

**Section:** EDUCATION

**Primary Author(s):** Romayne Gallagher, University of British Columbia;  
José Pereira, University of Calgary;  
Michael Aherne, Pallium Project

**Objectives:** Educators providing palliative care (PC) and end of life education frequently have to develop learning materials. Some face the task of developing new courses from scratch. With this in mind, the Pallium Project (funded by Health Canada's Primary Health Transition Fund) has developed a package of modules on a variety of PC topics to be used as an introduction to basic principles in PC, with the flexibility of being deliverable in a variety of ways and settings. If needed, they support interprofessional learning. The ten modules collectively make up the Learning Essential Approaches to Palliative Care (LEAP) course

**Methods:** The modules use a variety of learning methods, including short presentations ("Theory bursts" that provide overviews of the topics), small-group case-based learning, reflective exercises and trigger videos. The latter use an "ill-structured" approach; videos represent neither very poor nor very good approaches but prompt reflection and discussion. The content has been reviewed and received input from an interdisciplinary team of 12 palliative care experts. Facilitator's manuals with instructions and slide and case notes, and participants' workbooks are provided. The modules range from 45 minutes to 120 minutes. When delivered back to back the modules provide a two-day long course.

**Results:** The poster will describe the design process, the elements of the course, the evaluation strategy and the preliminary results to date.

**Conclusions:** The LEAP modules are flexible Palliative Care education tools that can be used across a variety of settings.

**Poster Number 091****Title:** **EFPPEC AT THE UNIVERSITY OF OTTAWA: FIRST STEPS****Section:** **EDUCATION****Primary Author(s):** Pippa Hall, Susan Braitman, and Frances Fothergill-Bourbonnais, University of Ottawa  
Frances Legault, School of Nursing, University of Ottawa  
Dr. Mary Egan, School of Rehabilitation Sciences, University of Ottawa  
Dr. Peter Barnes, The Ottawa Hospital  
Lynda Weaver, SCO Health Service  
Maryse Bouvette, National Palliative Care Educational Initiative  
Dr. Alyson Brodeur, Resident, Palliative Medicine Residency Program, University of Ottawa

**Background:** This poster will illustrate the multifaceted approach being taken by the team at the University of Ottawa to improve palliative/end-of-life care education in the undergraduate medical curriculum at the University of Ottawa. Brief summaries of each component will be given. The components include the following:

1. Collaboration with all the Ontario Faculties of Medicine to develop common competencies based on CanMEDS and evaluation strategies through the Ontario Palliative University Nucleus (OPUN), which can serve potentially as a model nationally.
2. Assessing the perceived and observed learning needs of 4th year medical students at the University of Ottawa.
3. Developing a short palliative/end-of-life care knowledge quiz for 4th year medical students.
4. Development of a four dimensional interprofessional learning module on the concept of Total Pain.
5. Promoting and exploring the possibility of expanding, the elective, interprofessional seminar course already offered to 1st and 2nd year medical students, 4th year nursing students and spiritual care students HSS4100 Death Made Visible: An Interdisciplinary Exploration of Death and Dying in Literature.

**Poster Number 092****Title:** **WEAVING THE NARRATIVE INTO AN UNDERGRADUATE PALLIATIVE CARE CURRICULUM****Section:** **EDUCATION****Primary Author(s):** Alan Taniguchi, Hamilton Health Science  
James Beecroft, Medical Student- Year 2, McMaster University  
Janet Noble, Hamilton Palliative Care Network;  
Anne Boyle, St. Josephs Hospital, Hamilton

**Background:** There is currently renewed interest in medical education, in the value of the narrative as perhaps one of the most powerful and effective of all teaching tools. Following the lead of this burgeoning literature and based on the longstanding knowledge in palliative care of the importance of the story, McMaster university has undertaken a process of incorporating the narrative into its undergraduate curriculum in palliative care.

Starting in January 2005, as part of the McMaster EFPPEC focus, students participating in the palliative care curriculum in the family medicine clerkship were required to provide a written narrative of their experience caring for dying patients. This narrative experience forms part of the dialogue of the subsequent teaching session. The process is being driven by the palliative care tutors and the students themselves, who are evaluating and evolving the experience with each clerkship group receiving this curriculum through 2005.

This poster will outline the historical development of the narrative experience; describe changes that are currently underway and the goals for this part of the curriculum for the clerks of 2006 and beyond.

**Poster Number: 093****Title:** **CREATING AN INTERPROFESSIONAL PALLIATIVE CARE TEAM PLACEMENT IN A REGIONAL CHRONIC CARE HOSPITAL****Section:** **EDUCATION****Principal Author(s):** Denise Marshall, McMaster University  
Kathleen Willison, St Joseph's Hospital Hamilton  
Edward Mantle, St Peters Hospital Hamilton  
Elaine Principi, St Peters Hospital Hamilton

**Background:** The Faculty of Health Sciences at McMaster University has embarked on an ambitious plan for interprofessional education (IPE) with the goal of effecting a profound culture shift over the next 3 to 5 years. As part of this larger initiative, and as a result of our current EFPPEC focus, the McMaster EFPPEC group, in conjunction

with the IPE implementation group, has chosen undergraduate palliative care to be one of 4 main FOCI for development of IPE for the faculty of health sciences.

During 2005, an interprofessional clinical experience will be developed at one of our key teaching centres, St Peters Hospital, where a 68 bed palliative care unit exists. This site placement for medical, nursing, physiotherapy, occupational therapy, therapeutic recreation and chaplaincy students will begin in March 2005 with an environmental scan of the units' interprofessional team. They will then work with the palliative care team to design a site specific, interprofessional palliative care rotation which will be offered in the fall of 2005.

This poster will provide an overview of our IPE task force, including the current implementation working group, as well as outline the steps taken to collaborate with our community partner, St Peters, to pilot and evaluate this project at a strategic site.

**Poster Number: 094**

**Title:** REVITALIZING A MANDATORY CLERKSHIP EXPERIENCE IN PALLIATIVE CARE

**Section:** EDUCATION

**Principal Author(s):** Denise Marshall, McMaster University  
Anne Boyle, St Josephs Hospital Hamilton  
Alan Taniguchi, Hamilton Health Sciences

**Background:** In 2002, the department of family medicine at McMaster launched a mandatory Palliative Care Curriculum as part of the Family Medicine clerkship rotation. It was based on the existing Canadian palliative care curriculum and the Canadian text "Palliative Medicine; a Case-Based Manual". It remains one of only a few mandatory clerkship experiences in palliative care in a Canadian medical school.

However, as a result of both the opportunities presented in the Educating Future Physicians in End-of-Life Care (EFPPEC) project, and the current full MD program curriculum renewal slated to be launched in August 2005 at McMaster, the palliative care clerkship experience is undergoing a renaissance. It is our intention that this curriculum become formative in sequencing curriculum as part of a larger 'menu' of palliative care offerings for multiple level of learners at McMaster.

This poster will outline our curriculum as it has existed for the past 3 years as well as plans that are underway for curriculum revision. This will include adherence to core competencies, literature that the students will use, integration of E-learning modalities, and new evaluation tools.

**Poster Number: 095**

**Title:** MAPPING AND INTEGRATION: THE APPROACH TO IMPROVING PALLIATIVE CARE (PC) CONTENT IN THE UNIVERSITY OF CALGARY'S (U OF C) UNDERGRADUATE CURRICULUM

**Section:** EDUCATION

**Principal Author(s):** José Pereira, Terri Collin and Avis Boyar, University of Calgary

**Objectives:** A team at the U of C is assessing the status of PC education in the faculty's undergraduate curriculum with the aim of identifying strengths, shortcomings and opportunities for integrating PC education across the curriculum.

**Methods:** An interdisciplinary team has been established to meet this objective. A literature review has been conducted and various stakeholders interviewed. Several considerations have shaped the process. Foremost is the reality of an already full, intensive 3-year clinical presentation-based curriculum, requiring integration across the curriculum rather than making space for a new course. Furthermore, offers opportunities to learn about interprofessional collaboration, suffering, self-awareness, spiritual care, empathy, patient-centered care, ethics and communication. Moreover, it provides educators opportunities to introduce the humanities. Lastly, the team feels that PC education should occur across the curriculum, from first year to clerkship and that, on the basis of emerging research, students' emotions and attitudes towards death and caring for the dying should be engaged early. Using EFPPEC-based competencies, opportunities across courses, from neurology to cardiac and respiratory care, are being identified. A 4-hour introduction to palliative care workshop, using the movie "Wit" as platform to prompt reflection on the needs of terminally ill patients, followed by case-based small group discussions, has been trialed.

**Results:** The preliminary mapping exercise has identified a serious dearth in palliative care education- a total of 6 hours in the 3 year program. The final results of the mapping exercise and the implementation plan will be described.

**Conclusions:** Integration of palliative care competencies into an undergraduate curriculum requires a coordinated, well thought through strategy that takes into account local realities, needs and strengths.

**Poster Number: 096**

**Title:** **OBJECTIVES STRUCTURED CLINICAL EXAMINATION STATIONS (OSCE) FOR TESTING AND LEARNING PALLIATIVE CARE COMPETENCIES: LOGISTICS AND PSYCHOMETRICS**

**Section:** **EDUCATION**

**Principal Author(s):** Terri Collin; José Pereira, Rob Wedel, Maria Palacios Mackay, Jaci Lyndon, Lyle Galloway, Alison Murray, University of Calgary

**Objectives:** To design, test and establish the psychometric properties of four PC OSCEs with the purpose of using them both as evaluation and teaching tools in undergraduate and residency education.

**Methods:** Four 15-20-minute OSCEs, taken from real life were developed using a competency blueprint. 4 palliative care experts provided input and consensus on the score sheet items. Scales with pass/borderline/fail anchors in 3 domain areas (communication, clinical decision-making and exploration of psychosocial issues) and a global rating were developed for each OSCE station. Trained actors served as standardized patients. The OSCEs include the following scenarios: a) a patient with breast cancer experiencing pain; b) a 35-year old woman with malignant gastric-outlet obstruction who is distressed by cachexia, nausea and fear; c) an elderly man ALS-related dyspnea; and d) a home care nurse requesting advice on a palliative home care patient experiencing severe confusion. OSCEs were videotaped. Focus groups explored residents' receptivity to OSCEs. Inter-and intra-rater reliability was established using 4 raters scoring the 3 residents across the 4 OSCE stations. The poster will describe the logistics involved in implementing OSCEs, the psychometric considerations, statistics used in comparing pre-versus post course scores and standard setting methods.

**Results:** 16 rural family medicine residents participated. The inter-rater reliability and intra-rater reliability varied from 0.79 to 0.88 and from 0.84 to 0.91 respectively across the 4 OSCEs. Scoring and analysis of pre-versus post-course scores is ongoing.

**Conclusions:** The OSCEs have excellent inter-and intra-rater reliability and appear to have applications in undergraduate and postgraduate curricula. .

**Poster Number: 097**

**Title:** **PRESERVING OUR HUMANITY – TEACHING THE ‘HEALER’S ART’**

**Section:** **EDUCATION**

**Principal Author(s):** Pauline Abrahams, Temmy Latner Centre for Palliative Care  
Monica Branigan, University of Toronto

**Background:** The cultivation of compassion, communication and intuitive knowing are core elements in the "Healer's Art", a curriculum developed by Dr Rachel Remen at the University of California, San Francisco. Through the exploration of topics such as grief and mystery, this course allows students to discover their own innate abilities in these areas and to strengthen them throughout the program. These elements are part of the non-intellectual skill set necessary for appropriate end of life care where the emphasis is not on curing or fixing.

At the University of Toronto, the Healer' Art was offered to interested first year medical students in the winter of 2003 and again in 2004. A typical 3-hour session begins with a brief group discussion and reflective exercise drawing on each individual's experience, followed by a small group session with 1 faculty for 4-6 students.

Evaluation reveals that the students found this curriculum to be uniquely helpful. In particular, they were able to value themselves as individuals with specific contributions to offer to medicine. They came to realize that a healing relationship requires more than just intellectual knowledge.

The Healer's Art explores the role of physician beyond that of medical expert. The curriculum has the possibility of encouraging students to make an active commitment to be compassionate, altruistic and respectful physicians who will be able to use their technical expertise with wisdom while recognizing the importance of their own humanity. This is especially relevant to end of life care.

**Poster Number: 098**

**Title:** **BRINGING THE EXPERIENCE TO THE CLASSROOM**

**Section:** **EDUCATION**

**Principal Author(s):** Susan MacDonald, University of Newfoundland

**Background:** Providing the practical experience of patient care is integral to productive and enjoyable teaching in the person centered field of Palliative Care. However, limitations of program size and numbers of both patients and clinical teachers can restrict or prevent this important interaction from taking place. At Memorial University, the limited number of clinicians (2 full time MDs), prior obligation to residency teaching (restricting the number of learners on the

Palliative Care Unit), and large number of undergraduate students (60 per year) has prevented including a clinical component to the courses taught in all four years.

Consequently, we have elected to "Bring the Experience to the Classroom". This is facilitated through the creative use of patient and/or family members live interviews in the classroom, video tape interviews (to highlight specific teaching points), demonstrations of team meetings, multiple case studies, role playing exercises and even the experience of filming a movie about Palliative Care, directly into the classroom. Student feedback has been very enthusiastic, with many students citing the "actual experience" as the most meaningful aspect to the courses, and as an impetus to further learning and interest in this area. The course evaluations have been very positive.

We continually revise the courses, and have embarked on the process of filming a documentary about the process of student learning and clinical experience in Palliative Care.

**Poster Number: 099**

**Title:** TRAINING SPECIALIST PALLIATIVE MEDICINE PHYSICIANS: A COMPARISON OF STANDARDS IN FOUR MAJOR ENGLISH-SPEAKING JURISDICTIONS

**Section:** EDUCATION

**Principal Author(s):** Joshua Shadd and Paul Daeninck, University of Manitoba

**Background:** A key objective of EFPPEC is the identification of core competencies in end-of-life care to be addressed in the education of Canadian physicians. Awareness of educational standards and practices in other jurisdictions may be of value to those hoping to shape Canadian medical educational practice. Specifically, comparing curriculum standards for specialist training in palliative medicine in other countries may help identify educational objectives relevant to the EFPPEC dialogue.

National standards for both the structure (accreditation of programs) and content (curriculum) of palliative medicine training programs are recent developments in some of the major English speaking countries, including those with a long history of palliative care provision. This poster will compare curriculum standards for palliative medicine specialty training programs in Australasia (Australia, New Zealand), Canada, the UK, and the US, highlighting key areas of similarity as well as important distinctions. In addition, we will compare the accreditation standards for specialty training programs for palliative medicine training in each of these jurisdictions.

**Poster Number: 100**

**Title:** PROPOSAL FOR A PREDOCTORAL CURRICULUM IN PALLIATIVE/END-OF-LIFE CARE BY QUEBEC FACULTIES OF MEDICINE

**Section:** EDUCATION

**Principal Author(s):** Hubert Marcoux, Université Laval  
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Yvon Beauchamp, Université de Montréal – Réseau Universitaire Québécois en Soins Palliatifs (RUQSP)

**Context:** In 2003, the Réseau Universitaire Québécois en Soins Palliatifs (RUQSP) and the Canadian Society of Palliative Care Physicians organized workshops for delegates from 14 of Canada's 16 Faculties of Medicine. These delegates formulated four recommendations aimed at facilitating the development of palliative care training. In the spring of 2004, the EFPPEC project concretized these recommendations.

**Objective:** To present the broad lines of a curriculum for undergraduate training in palliative/end-of-life care developed by the RUQSP as part of the EFPPEC project.

**Methods:** An RUQSP working group analysed all objectives contained in the second edition of the *Manual of Palliative Care* and classified them under 18 themes drawn from the care block of the Canadian Hospice and Palliative Care Association and the report of the above-mentioned workshops. Of these objectives, those most specifically related to predoctoral training were targeted. They were grouped under seven CanMEDs roles (medical expert, communicator, collaborator, manager, health advocate, scholar, professional).

**Results:** The series of objectives were reformulated in terms of capabilities that can be evaluated, and according to a typology adapted to CanMEDs roles. Pedagogical strategies were proposed to facilitate learning.

**Conclusion:** This process enabled the researchers to develop a vision and a corpus of common skills, and to offer a practical, user-friendly tool as a basis for each of our Faculties. This proposal will also be improved by the Canadian consensus developed under the aegis of the EFPPEC.

**Poster Number: 101**

**Title:** **EDUCATING FUTURE PHYSICIANS IN PALLIATIVE AND END OF LIFE CARE (EFPPEC): DEVELOPING NATIONAL CONSENSUS ON UNDERGRADUATE MEDICAL EDUCATION COMPETENCIES**

**Section:** **EDUCATION**

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**Setting:** The Association of Canadian Faculties of Medicine and the Canadian Hospice Palliative Care Association have undertaken on a four-year Health Canada funded project in palliative and end-of-life care medical education – Educating Future Physicians in Palliative and End-of-Life Care. The Project Secretariat is at the CHPCA Office, but the Project takes place at the seventeen faculties of medicine in Canadian universities.

**Targeted Discipline(s):** Undergraduate medical students and clinical residents

**Background:** The breadth of the project and the methods used make this project a unique experiment in trying to produce sustainable change in the area of end of life care where deficiencies of knowledge, attitudes and skills deficits have been documented. The project achieves its objectives by identifying and achieving national consensus among educators about end of life care competencies to be achieved, by facilitating the development of local teams at each of the Canadian medical schools who will provide local leadership in curriculum development, by establishing an annual symposium on end of life care education, by linking with similar projects in other health disciplines, by fostering interprofessional learning methods as appropriate and by developing an on-line resource package of articles, books, effective educational models, curricula and other resources.

**Goal of the Project/Intervention:** The overall goal of the project is that every medical student and every clinical resident will graduate with competencies in palliative/end of life care.

**Design and methods:** The first step in achieving the goal was to develop national consensus among educators about end of life care competencies in undergraduate medical education. An on-line survey of medical educators was conducted using a Delphi-process to develop the consensus. Two hundred and ten respondents participated in the survey, from a participant list of 327 – a response rate of 64.2%.

**Conclusions:** Consensus was reached for all six competencies and their associated learning objectives. The competencies are being used to develop curriculum.

**Poster Number: 102**

**Title:** **CAPCE – MAKING A DIFFERENCE: A LEARNING AND DEVELOPMENT STRATEGY FOR INTEGRATING THE CHPCA MODEL INTO DAY TO DAY PRACTICE**

**Section:** **EDUCATION**

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**Background:** The Comprehensive Advanced Palliative Care Education (CAPCE) program is a new education program for regulated health care professionals in Southwestern Ontario. Sponsored by the Provincial Government through the Palliative Care Initiatives of Ontario, the goal is to enhance local expertise by developing Hospice Palliative Care Resource Persons in facilities, agencies and communities. CAPCE builds on results of previous education initiatives and stakeholder feedback.

Applicants are selected based on their passion for hospice palliative care, peer leadership abilities and self-directedness. Learner responsibility includes pre-reading material, active participation in classes and assignments that encourage the immediate application of new skills and knowledge.

Firmly rooted in the principles of the CHPCA Model to Guide Hospice Palliative Care and adult learning and performance improvement principles, CAPCE is a practical yet innovative approach to enhancing the knowledge and skills of the learner. The 106- hour program stretches over 6 months and includes one regional and five local sessions; it combines case-based education with on-the-job application.

Mentors from the Pain and Symptom Management program work with the learner and senior management to facilitate practice change and further their goals for delivering Hospice Palliative Care by bridging performance gaps in a meaningful and cost effective manner. Learners have web-based support including learning resources and on-line assessments and evaluations.

Preliminary evaluation of the 2003-04 CAPCE program indicates CAPCE has met learner needs for new information, skills, and resources. There is evidence that learners were able to improve their palliative care practice and to act as palliative care resources within their work settings. Workplace supports needed to facilitate knowledge transfer were identified and highlighted the importance of administrative involvement and support.