

Palliative Care Education in Rural and Remote Areas in Canada: The Canadian Pallium Project

Jose Pereira¹, Michael Aherne²,
Srini Chary³, Paul Daeninck⁴

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1 University of Calgary, Division of Palliative Medicine/Calgary Health Region

2 University of Alberta, Institute for Professional Development

3 University of Saskatchewan, Palliative Medicine Program/St. Paul's Hospital, Saskatchewan Health District

4 University of Manitoba, Division of Palliative Medicine/Winnipeg Regional Health Authority, Palliative Care Sub-Program



Overview

- What is Pallium?
- Why Now?
- What is the process?
- What is the strategy?
- Major Innovations
- Major Outcomes
- Future Directions

Why Now?

- ↑ life limiting illness, consumers expect it
- Geographically expansive
- Poor supports in rural areas & great diversity
- Linkage & integration of 1^o, 2^o, & 3^o levels
- Staffing pressures & cost drives need to rethink how we get “best evidence” and new knowledge into rural/remote locales

Why Now?

- Limited resources (esp. educators, education delivery)
- Standard-based & standardized teaching-learning resources
- Nurture team-based practice through learning
- New learning products are more expensive to produce - share the costs and benefits

Education Capacity building

Collaboration Coordination

Evaluation Support

Northwest
Territories

Alberta

P A L L I U M



Sharing Across Disciplines

Integration Innovation

Saskatchewan Manitoba

Partnerships

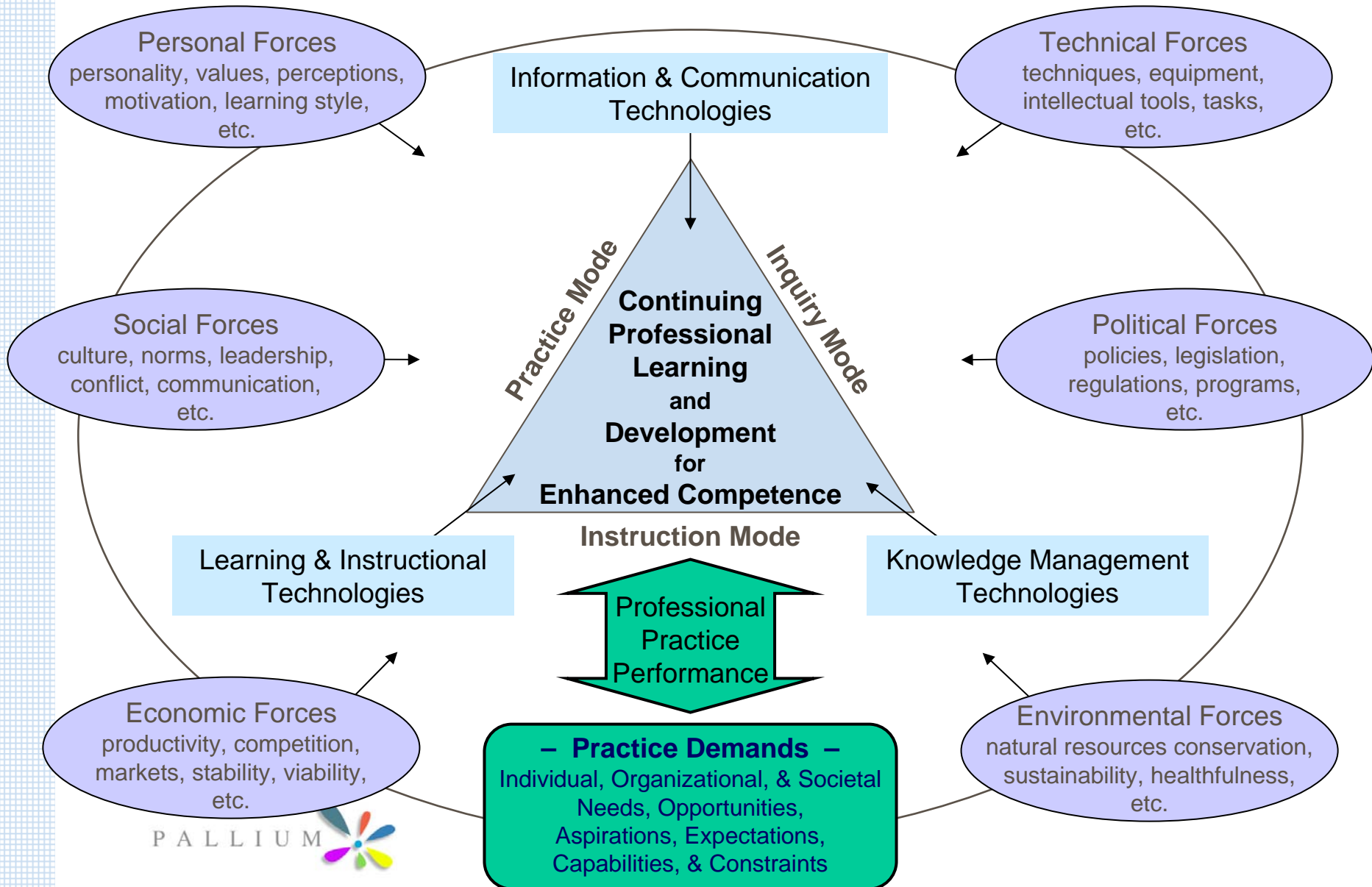


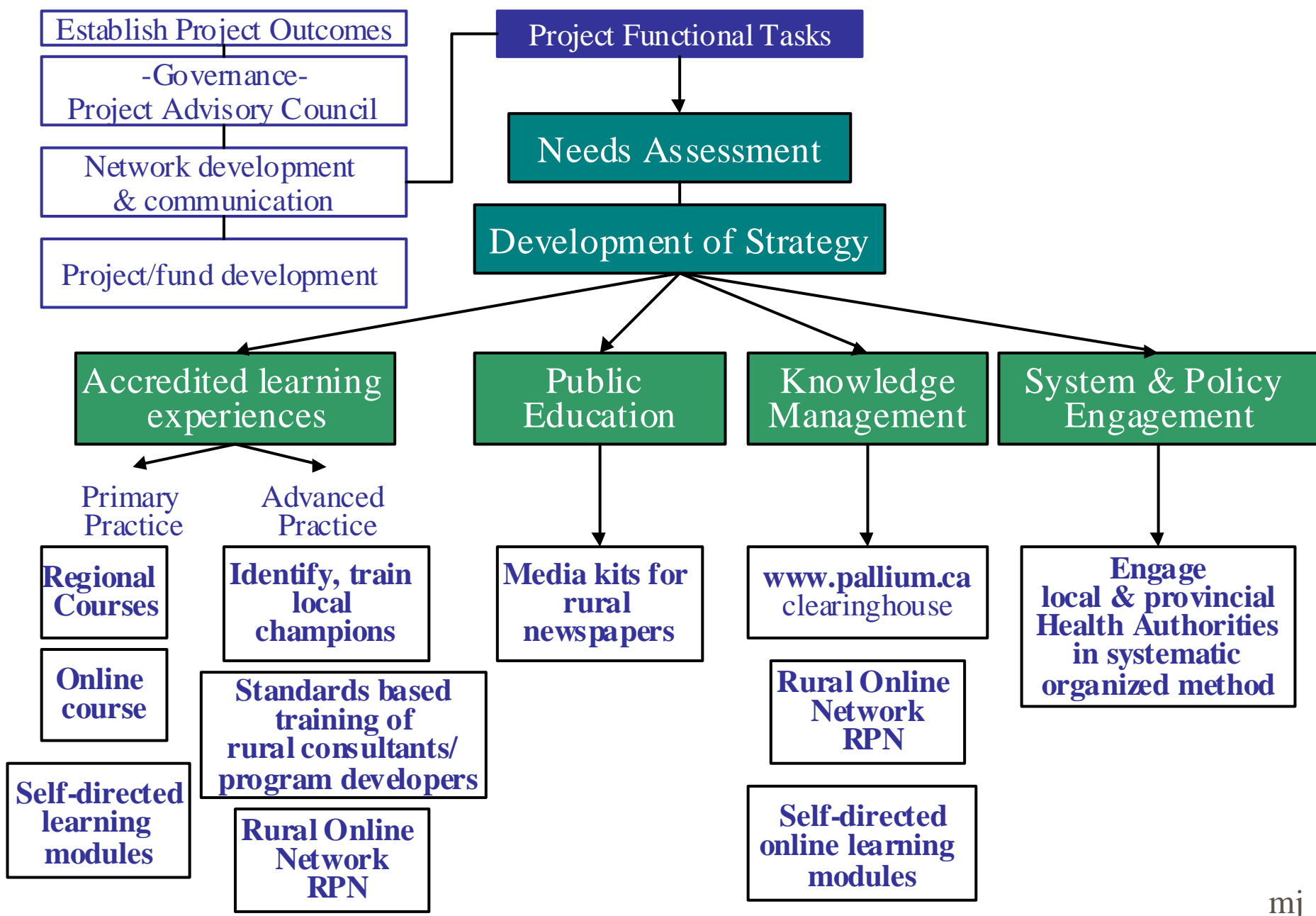
Funded by Health Canada

What is the Process?

- Needs Assessment Symposium
 - Calgary, April 2001
 - Collaborative development process
- Project Advisory Council (PAC)
 - Multi-disciplinary
 - Multi-jurisdictional

Early Thinking - An Advanced Learning System





Needs Assessment

- Symposium
- DACUM (primary, secondary)
- Con Ed & Palliative Medicine
 - Inter-Institutional collaboration
- Tele-Health Study
- Ongoing consultation with stakeholder
- Southern Manitoba Study (JPC 2002)

Needs Assessment

- Poor self-rated knowledge in:
 - bereavement
 - psychosocial aspects of dying
- Self-rated knowledge in pain & symptom issues adequate
- Preferred learning methods
 - case studies, lectures & self-directed learning
 - settings close to community, weekends on evenings

Barnabe C, Kirk P. Needs assessment for southern Manitoba physicians for palliative care education. *J Palliative Care*. 2002; 18: 175-184

Accredited learning experiences

Primary Practice

Regional Courses

Online course

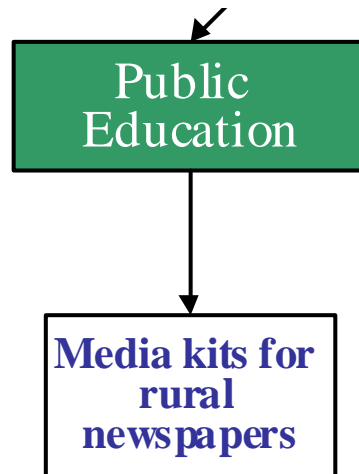
Self-directed learning modules

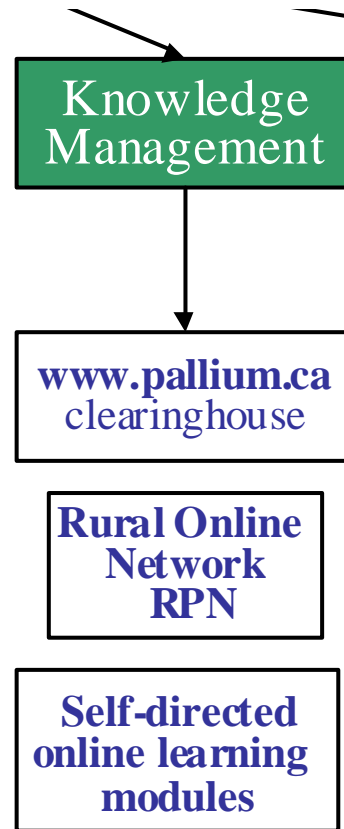
Advanced Practice

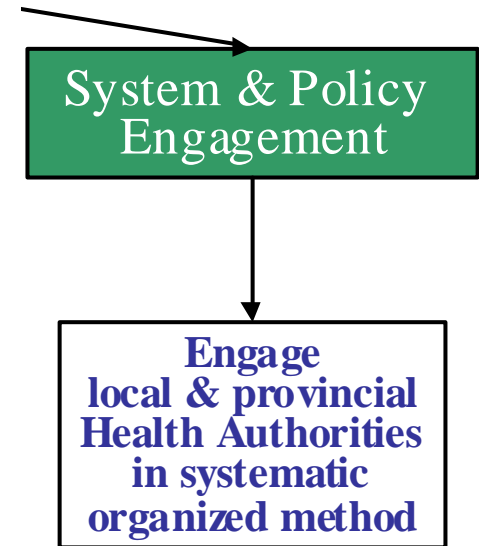
Identify, train local champions

Standards based training of rural consultants/ program developers

Rural Online Network RPN







Major Barriers

- System-level awareness and attitudes
- Public perceptions of palliative care (i.e., mom/dad not palliative yet!)
- Professional perceptions of palliative care (i.e., soft, “giving up”, etc.)
- Pool of qualified staff and educators to help build capacity

Major Outcomes

- Functional, collaborative relationships across western Canada at all levels of care.
- A unique Community of Practice emerging
- Focus evolving from solely CPD to “what are the enablers for local P.C. capacity?”
- Development of a CPD curricula sensitive to, and sensible about, primary-level, palliative and EoL care (especially rural)

Major Innovations

- The Community of Practice (CoP) model
- Use of DACUM competency analysis
- First rural Online Journal Club in Canada
- First Canadian online clearinghouse for palliative-care teaching-learning resources
- Regional Weekend Course (RWC) concept
- Rural Palliative Network (RPN) - Fall 2002
- Web-based Course - Winter 2003

Key Lessons on Learning

Key Lessons on Learning

- Develop resources that align with how HCP experience problems in practice.
- Distance learning is not a panacea
- Learning is a process, not an event!
- Palliative & EoL care learning is often transformative (cultures of cure & caring)
- Multi-methods may be best approach for low-volume patient care environments

Vision - Next 10 years

Every region has a meaningful presence



Standards-based, basic level of care



Multiple professions/providers integrated



Palliative care available to all Canadians

Early Thinking - Next Phase

- One-time RRHII Contribution Agreement terminates in November 2002
- Proposed 3yr Collaborative Project under National Envelope of PHCTF, including: B.C., Alberta, Saskatchewan, Manitoba, NWT, Yukon, possibly Nunavut.
- Overarching focus on local capacity building

Early Thinking - Key Elements

- Formalized linkages between primary-care and tertiary programs in each province
- Workplace learning model - Infrastructure to support immersion into common body of knowledge and “just-in-time” learning.
- Education supports for certification
- Build system support through awareness

PALLIUM Contact Info

PALLIUM Project Leader

Dr. Jose Pereira

Phone 403 944-2307, Fax 403 270-9652

Email pereiraj@ucalgary.ca

PALLIUM Project Management & Development

Michael Aherne

Phone 1-888-475-4933, Fax 1-888-553-8219

Email maherne@ualberta.ca