



Final Evaluation Report

Coming Full Circle in Hospice Palliative Care Telelearning: A Case Study Approach

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Executive Summary

Background

As a follow-up to initial training received by a new team of Palliative Care Resource Nurses in the David Thompson Health Region, the Alberta Cancer Board Hospice Palliative Care Network (HPCN) facilitated linkage via telehealth among participants from the Chinook Health Region, David Thompson Health Region, Cross Cancer Institute and Tom Baker Cancer Centre to engage in case-based workplace learning.

Ten telelearning sessions were conducted via videoconference and facilitated by the HPCN Coordinator. Using a template developed for the project, clinical case studies were presented by one participating site. A second site responded to questions raised in the case, which lead to general discussion by all participants. Three topics of interest arising from the cases were followed up with an in-depth lecture presentation. Additional resources referred to during each session were distributed to participants.

Evaluation Strategy

An Evaluation Proposal developed in consultation with the HPCN Coordinator and project participants determined outcome indicators, measures and data collection strategies to support the project objectives. Evaluation surveys assessed:

- Demographics, including professional practice;
- Meeting professional development goals for participation, including expectations for participation and goals for participating; and
- Use of the videoconferencing technology.

Each case study or lecture evaluation also included questions about:

- Effectiveness of the case study template or lecture;
- Value of that day's case study or lecture content and application to practice;
- The most effective aspect of that day's session.

Results

Seven case studies and 3 lectures were presented from May 20, 2005 to January 13, 2006. Attendance ranged from 18-28 per session, with an average of 23 participants. From 10-19 evaluations were completed per session, with an average completion rate of just over 50% (13).

The *Pre-Participation Survey* (n=16) completed following the first session identified participants in four professional practice areas, including nursing, medicine, social work and pharmacy. The majority of participants had 16 or more years experience and expected to meet professional development goals, with a potential impact on clinical practice.

Unlike e-learning sessions that concentrate primarily on content, individual goals for participation uniquely focused on the opportunities for networking, sharing learning among peers, increased multidisciplinary learning and better understanding of differences between urban and rural palliative care providers. Participants expected the videoconferencing technology would be effective for discussion and learning, as well as could support mentoring relationships.

A *Case Study Evaluation Survey* completed following each session (n=97) indicated the majority of responses were positive with respect to effectiveness of the case study template, value of the content and its application to practice. Four themes were prevalent in the comments:

- Differences in rural and urban settings;
- Clinical practice/new technology/treatment options;
- Value in learning from colleagues; and
- Effectiveness of the session itself.

Similarly in the *Lecture Evaluation Survey* (n=33), the majority of responses were positive with respect to effectiveness of the lecture format, value of the lecture topic and application to practice. The themes were similar to the case study evaluations.

The *Post-Participation Survey* (n=20) identified participants from five professional practice areas, including nursing, medicine, social work, pharmacy and clinical psychology. The majority had 16 or more years experience and the four participating sites were represented. Not surprisingly, participants felt their individual goals for participating in the telelearning project had been met.

Participants felt the videoconferencing technology effectively supported the case study format for learning as well as discussion and mentoring relationships. While participants felt the case study content was relevant to their practices, 2/5 suggested it would have been more valuable with “real-life” case studies.

In evaluating the overall program, 2/3 of participants felt the timing of the sessions met their expectations (adjusted from an original 17 sessions to 10). The most effective aspects of the program were in the 4 theme areas noted above.

Discussion and Recommendations

The participants’ suggested a number of considerations for future projects. Given their experience with the successful case study topics, they identified a number of additional topic areas that would be of interest, including spirituality, symptom control, and new procedures. They also identified a number of ways to improve the session itself including limiting the number of sessions, using the time allotted effectively (such as pre-testing equipment) and submitting questions post-presentation. Circulating Power Point® presentations prior to the session would support note taking as well as provide a backup in case there were technology difficulties. While the case study format was an effective learning strategy, a number of suggestions identified ways to refine the case objectives.

Suggestions also included providing more opportunities for interaction (also related to increased efficiency in obtaining feedback and input from site members), less “lecture” in answering questions and providing a verbal summary of the session as a closing.

General Recommendations for Future Telelearning Projects

With respect to the original goals, the project served its purpose to provide opportunities for continuing professional development, including networking and knowledge building. As additional regional palliative care teams are developed, this model and the tools developed will provide a valuable framework to proceed.

Recommendations for future projects reflect the evaluation plan, which considered three program levels: individual participant, organizational level and initiative level.

Individual Participant Level

The topics were selected based on interests of the presenters. Given most of the participants had many years clinical experience, the topics may or may not offer opportunities for advancing clinical knowledge. One strategy may be to poll potential participants and determine their topic areas of interest. This may provide an opportunity to develop themes as well as build complexity into the topics. Determining the schedule prior to beginning the project may also help participants prepare and plan to attend.

Organizational Level

Participants experienced few difficulties with the videoconferencing technology, which may be a reflection of the telehealth support available locally. Organizational support was provided informally for participants to attend. This may be formalized and Continuing Professional Development recognition be provided locally with respect to performance reviews.

It remained unclear to some participants why “real” cases could not be used as historically these have been presented at clinical rounds. The HPCN Coordinator consulted with the Privacy Officer and received a Privacy Audit conditional on the cases being developed for learning in this context. This issue is ongoing and will need to be re-visited as the technology evolves, bringing with it opportunities for rounds to include a geographically diverse audience.

Initiative Level

One of the success factors in this project was the leadership provided by the HPCN Coordinator. While this is necessary to initiate the project, strategies for sustainability are also required to distribute the responsibility for continued operations. *Lateral mentoring* may provide the framework for thinking about how the network among participants can be supported and grow.

The development of other similar projects should consider using web-based conferencing technology that supports presentations with Power Point and synchronous audio interaction. It is very inexpensive and allows interactivity among individual participants rather than sites.

The ***Project Overall*** provides a template to proceed in developing a telelearning project plan, evaluation strategies, data collection tools and recommendations for implementation. It will be very useful for initiating similar projects.

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I. Background

Introduction

The David Thompson Health Region established a Palliative Care Resource Nurse Team in the fall of 2004. Through funding for an *Interface Project*, the 4 newly hired Palliative Care Resource Nurses received specialized palliative care training. They attended a 10-day program developed and facilitated by the Capital Health Regional Palliative Care Program. This was implemented to support the Palliative Care Resource Nurses in their role assisting primary health care providers in the region (e.g., hospitals, care centres and home care). Their role focuses on education, information and consultation with professional staff in the region, including physicians, nurses, pharmacists, occupational therapists, physiotherapists and others.

The Palliative Care Resource Nurses greatly valued their training with the Capital Health Regional Palliative Care Program, but identified the need to link with palliative care colleagues for continued discussion of clinical situations. The Alberta Cancer Board Hospice Palliative Care Network (HPCN) offered to facilitate linkage via telehealth among the Chinook Health Region (CHR), the David Thompson Health Region (DTHR), the Cross Cancer Institute (CCI) and the Tom Baker Cancer Centre (TBCC) for case-based workplace learning¹.

The telelearning sessions were conducted via videoconference and facilitated by the HPCN Coordinator. In consultation with project partners, the Coordinator identified clinical case studies as an effective instructional strategy. A template was developed and tested to assist in creation of case studies. For each session one site volunteered to present a case study to the multidisciplinary health care professionals who participated. A second site prepared a response and all groups participated in the discussion. Specific topics of interest arising from the cases were followed up with an in-depth lecture presentation. Additional resources referred to during each session were distributed to participants.

Evaluation Assumptions and Scope

The evaluation proposal was based on a number of assumptions arising from the Telelearning Project Plan (**Appendix A**) and discussion with the HPCN Coordinator. Evaluation activities outlined in this proposal began as soon as funding was approved with the evaluation timeframe estimated from April 18, 2005 to February 28, 2006.

An evaluation framework was developed in collaboration with the HPCN Coordinator to ensure the proposed activities and components were related to measurable objectives. The evaluation goals were to:

- be comprehensive and include clear, measurable and specific performance indicators for each of the program's major objectives;
- use a combination of methods that best addressed the evaluation questions, and
- inform development of the e-learning project as early as possible as well as provide recommendations for future projects.

¹ Background Statement to the Proposed Project

II. Evaluation Strategy

An Evaluation Proposal² was developed in consultation with the HPCN Coordinator, with input from the project participants. Given the project objectives, outcome indicators, measures and data collection strategies were determined.

The evaluation plan considered three program levels:

- 1) Individual participant – expectations for participation in the program; skills, knowledge and attitudes entering the program and on completion; demonstrated changes;
- 2) Organizational level – expectations for providing individual participant support; understanding organizational changes needed to support knowledge transfer efforts; success of organizational changes implemented; and
- 3) Initiative level – expectations for longer term sustainability and generalizability.

Project participants, including Shelley Currie, Le Ann Popson Esau, Hellen Jung, Sandy Newans, Marie Josée Paquin and Dr. Sharon Watanabe developed a *Case Study Template (Appendix B)* for use in the project. It was distributed to all participants to assist in developing and responding to case studies.

Evaluation surveys included pre-participation and post-participation surveys (**Appendix C**) to assess:

- Demographics, including professional practice;
- Meeting professional development goals for participation, including expectations for participation and goals for participating; and
- Use of the videoconferencing technology.

Each case study or lecture evaluation also included questions about:

- Effectiveness of the case study template or lecture;
- Value of that day's case study or lecture content and application to practice;
- The most effective aspect of that day's session.

A number of data collection activities were carried out within the HPCN (e.g., distribution of evaluation surveys, recording attendance at each session and collection of completed surveys). The Evaluation Team from the Telehealth/e-Health Research and Training Program at the University of Calgary was responsible for designing the evaluation framework and data collection tools as well as analyzing the data and reporting the findings. Evaluation results were communicated to project participants and published jointly with the HPCN.

² "Evaluation Plan – Coming Full Circle in Hospice Palliative Care Telelearning: A Case Study Approach – June 8, 2005" is available from the HPCN Coordinator.

III. Results

1. Participation Summary

Seven case studies and 3 lectures were presented from May 20, 2005 to January 13, 2006. The case study topics (**Appendix D**) were selected by the presenting team and explored issues in palliative care. Participants identified topics of special interest arising out of the cases and the HPCN Coordinator arranged for the lectures to take place. The attendance for each session ranged from 18-28 with an average of 23 participants. (**Appendix E**). Participant sites included:

- Cross Cancer Institute
- David Thompson Health Region
 - CHC Red Deer
 - Olds
 - Rocky Mountain House
 - Rimbey
 - Stettler
- Tom Baker Cancer Centre
- Chinook Health Region
 - Lethbridge
 - Pincher Creek

From 10-19 evaluations were completed per session with an average completion rate of just over 50% (13).

2. Pre-Participation Survey

Sixteen participants completed the *Pre-Participation Survey* following the first session on May 20, 2005 (**Appendix F**). Four professional practice areas were represented, including nursing (10), medicine (4), social work (1) and pharmacy (1). The majority of participants (13/16) had 16 or more years experience and expected to meet professional development goals, with a potential impact on clinical practice.

Unlike e-learning generally, the focus was less on content and more on opportunity to learn from peers. In this respect, the majority also felt they would have access to the content from other sources outside of the case studies in the videoconferences. This unique aspect of learning from colleagues was revealed in individual goals for participation, which concentrated more on the opportunities for networking, sharing learning among peers, increased multidisciplinary learning, better understanding of differences between urban and rural palliative care providers.

Following the first session the majority of participants felt using the videoconferencing technology was effective for discussion and learning as well as could support mentoring relationships.

3. Evaluation of the Case Studies

A *Case Study Evaluation Survey* was completed (n=97) following each case study presentation and discussion (**Appendix G**). Responses to the closed ended questions were on a 5-point scale from *strongly disagree* to *strongly agree*. The majority of responses were positive with respect to statements about the effectiveness of the case study template, value of the case study content and its application to practice. As a general measure of satisfaction, the weighted average for each session was calculated³. The scores (out of a possible range of –12 to +12) were from **6.3 to 9.4, with an average of 7.5**, which suggested participants felt the case template was effective and the content valuable.

³ Responses were assigned a weighting of –2 (strongly disagree) to +2 (strongly agree) in order to calculate the weighted average.

The comments provided in each evaluation were compiled, themes identified (**Appendix H**) and compared (**Appendix I**). They indicated participants' felt these sessions were very positive overall. Four themes were prevalent though the evaluation of each case as illustrated by the examples of comments below:

- **Differences in rural and urban settings:**
 - *Differences in available resources;*
 - *Rural setting often lacks psychological resources and pastoral care;*
 - *Gaining understanding of complexity of rural patients.*

- **Clinical practice/new technology/treatment options:**
 - *More common use of pleurex catheters elsewhere in the province suggests they may be a treatment option;*
 - *Availability of assessment tools; guidelines for palliative sedation;*
 - *Need to be equipped, or have the resources, to respond to spiritual issues;*
 - *Suggestions/resources for practice, e.g. grief support; use of illness beliefs model for family conference; do not assume anything on behalf of the patient and family beliefs;*
 - *Many complexities in palliative care; managing difficult ethical issues; involve palliative consultants earlier to avoid patient mismanagement;*
 - *Denial/false hope may be effective coping strategy;*
 - *Need for health care provider to journey where the patient and family are (which may be different places) in spite of our own feeling, knowledge.*

- **Value in learning from colleagues:**
 - *Opportunity to hear the perspective of colleagues in other settings;*
 - *Diversity of team members is a tremendous asset;*
 - *Wide base of knowledge and disciplines is beneficial;*
 - *Provincial collegial approach brings consistency to practice;*
 - *Need for more dialogue and debriefing among health care professionals when confronted with challenging cases.*

- **Effectiveness of the session itself:**
 - *Framework to address the case;*
 - *Power Point slides were helpful in enhancing and facilitating discussion;*
 - *Chairperson managed the session well;*
 - *Need a more efficient way to obtain feedback and input from site members during the videoconference;*
 - *Fewer number of sessions – perhaps 1 a month;*
 - *Need more opportunities to interact.*

4. Evaluation of the Lectures

Only 3 lectures were presented, which suggests caution should be exercised in generalizing too broadly from the evaluations (n=33). Responses to the closed ended questions were made on a 5-point scale from strongly disagree to strongly agree (**Appendix J**). The majority of responses were positive with respect to statements about the effectiveness of the lecture format, value of the lecture topic and application to practice. As above, a weighted average was calculated as a general measure of satisfaction. The scores (out of a possible range of -12 to +12) were 6.5, 8.5 and 10.7, with an average of 8.6. This suggests participants felt the lectures were effective and the content valuable.

The comments provided in each evaluation were compiled, themes identified (**Appendix K**) and compared (**Appendix L**). Themes similar to the case study evaluations were identified in the lecture comments.

5. Overall Program Survey

Twenty participants completed the Post-Participation Survey following the last session on January 13, 2006 (**Appendix M**). It described demographics and goals for participation. Five professional practice areas were represented, including nursing (12), medicine (3), social work (3), pharmacy (1) and clinical psychology (1). The majority (15/20) had 16 or more years experience and the four participating sites were represented.

Six questions around meeting professional development goals focused on common areas of palliative care, including improved medication use and increased attention to family care. As above, a weighted average was calculated and out of a possible range of -12 to +12, the average score was 6.3.

This is not surprising given the number of very experienced participants. Individual goals for participating in the telelearning project focused more on the opportunities for networking, sharing learning among peers, increase multidisciplinary learning and better understanding of the differences between urban and rural palliative care providers.

Participants agreed the videoconferencing technology effectively supported the case study format for learning as well as discussion and mentoring relationships. They felt the case study template and format were both effective. While participants felt the case study content was relevant to their practices, only 2/5 agreed it would have been more valuable with “real-life” case studies.

The majority of participants agreed preparing case studies and the discussion were useful experiences, although approximately ¼ were neutral. The follow-up resources distributed following the case study were also useful. Participants agreed the lecture format was effective, although the majority of responses were “agree” rather than “strongly agree”.

In evaluation of the overall program, 2/3 of participants agreed or strongly agreed the timing of the sessions met their expectations. The number of sessions met the majority of participants’ expectations, which is likely due to early adjustments in the original number of sessions made by the HPCN Coordinator.

The most effective aspects of the program were again in the 4 theme areas: learning about new technology and treatment options; value in learning from their colleagues; and effectiveness of the telelearning sessions.

The least effective aspects of the program that participants identified provide valuable feedback for future programs to consider, including:

Effectiveness of the session itself

- Challenges faced with scheduling a workable date for such a large group;
- Some topics not relevant to my practice;
- Making the case studies domain specific does not support effective integration of domains toward whole person care;
- Lecture format.

Technology

- Sometimes difficult to obtain telehealth equipment;
- Technology glitches. We spent an enormous amount of effort preparing power points that we could not present because of DTHR technology difficulties;
- A bit awkward to have discussions amongst multiple sites via videoconference.

IV. Discussion and Recommendations

The Project began with a template for case study development and discussion along with suggestions to ensure a successful videoconference, such as that assembled by The Alberta Mental Health Board (*Appendix N*).

Participants' Recommendations and Considerations for Future Projects

Having completed 10 telelearning sessions, participants made thoughtful suggestions and provided ideas around ways to improve similar future projects. Examples of each theme are provided below:

a. *Future Topics for Case Studies*

- More on spirituality/religiosity;
- Palliative sedation; Symptom control
- Infections in palliative care;
- Uses of radiation, palliative chemotherapy;
- Procedure protocols and treatment, e.g. introduction to pleurex catheters and their care was beneficial;
- Information about services and resources available: e.g. social workers available in Lethbridge and Red Deer to meet with families to determine their needs and provide support as they are at CCI and TBCC;
- Prognostication re: hospice vs. LTC admissions, etc.;
- Appropriate ways to rotate. The pitfalls of polypharmacy and how to deal with palliative patients who present with multiple meds;
- Lecture on treatment of lymphedema;
- Would love to learn more about mindfulness meditation.

b. *Effectiveness of the session itself*

Organization:

- Try to start on time to enable more discussion;
- Submit follow-up questions and comments post presentation;
- Fewer number of sessions – perhaps 1 a month;
- 30 minute pretest for telehealth essentials to ensure technical aspects are in order prior. During better to adapt the plan than disrupt the presentation with background movement and sound;
- Would be interesting to see some video clips from the actual “group process” to see the facilitation and dynamics of the group.

Power Point® presentation:

- Continue using this visual aid – is helpful in enhancing/facilitating discussion;
- Send ahead of time for ease in note taking during discussion;
- In future it would be helpful if we had slides ahead of time. This way we are not “slaves” to technology. It was quite distracting – all the comings and goings in the room; we were ready to listen and it would have been better to just let Dr. Ireland do the presentation. Dr. Ireland did a great job;
- Have a back-up plan.

c. *Case presentation*

- Develop more precise objectives to ensure presenters of the case and responders to the questions have same understanding of what is expected;
- Consider 1-hour timeframe in determining objectives and information presented; balance with request for more detail and too much information for objectives; strike a

balance between complex, interesting cases and satisfactory amount of information to present in one hour;

- Include input from experts where appropriate e.g. Medical Advisor & Ethics Consultant – invite to the discussion to contribute expert opinion.

Discussion:

- More opportunities for interaction;
- Less “lecture” in answering questions;
- When considering answers to questions, there are limits to what is available in the more remote regions, therefore it is important to acknowledge differences among sites;
- Need a more efficient way to obtain feedback and input from site members during the teleconference;
- Provide a verbal summary of the session as a closing;
- Have a few questions ready to kick-off the discussion – helps generate discussion when members don’t have own questions;
- Encourage more physician involvement in the palliative discussions.

Privacy and Confidentiality:

- Remains a concern about cases that are not “real”.

General Comments and Recommendations for Future Telelearning Projects

With respect to the original goals, the project served its purpose:

- It provided opportunities for continuing professional development, including networking and knowledge building;
- More time commitment was required than participants initially anticipated. The HPCN Coordinator responded to this feedback by reducing the originally planned sessions from 17 to 10;
- As additional regional palliative care teams are developed, this model and the tools developed will provide a framework.

Recommendations reflect the evaluation plan, which considered three program levels: individual participant, organizational level and initiative level.

Individual Participant Level

The topics were selected based on interests of the presenters. Given most of the participants had many years clinical experience, the topics may or may not offer opportunities for advancing clinical knowledge. One strategy may be to poll the potential participants and determine their topic areas of interest. Determining the schedule prior to beginning the project. This may also provide an opportunity to build complexity into the topics.

Organizational Level

Participants experienced few difficulties with the videoconferencing technology, which may be a reflection of the telehealth support available locally. Organizational support was provided informally for participants to attend. This may be formalized and Continuing Professional Development recognition be provided locally with respect to performance reviews.

It remained unclear to some participants why “real” cases could not be used as historically these have been presented at clinical rounds. The HPCN Coordinator consulted with the Privacy Officer and received a Privacy Audit conditional on the cases being developed for learning in this context. This issue is ongoing and will need to be re-visited as the technology evolves, bringing with it opportunities for rounds to include a geographically diverse audience.

Initiative Level

One of the success factors in this project was the leadership provided by the HPCN Coordinator. While this is necessary to initiate the project, strategies for sustainability are also required to distribute the responsibility for continued operations. *Lateral mentoring* may provide the framework for thinking about how the network among participants can be supported and grow.

The development of other similar projects should consider using web-based conferencing technology that supports presentations with Power Point and synchronous audio interaction. It is very inexpensive and allows interactivity among individual participants rather than sites.

The ***Project Overall*** provides a template to proceed in developing a telelearning project plan, evaluation strategies, data collection tools and recommendations for implementation. It will be very useful for initiating similar projects.

Dissemination of Results

Results have been, and will continue to be, disseminated through a number of posters and presentations at provincial and national conferences.

Evaluation results were presented via videoconference to the HPCN Telelearning Participants on January 27, 2006 (***Appendix P***). As well, paper copies of the final evaluation report are being widely distributed to project partners and others interested in engaging in a similar project.

The HPCN Coordinator and Evaluation Leader jointly will develop a manuscript for publication.

V. Acknowledgements

The HPCN gratefully acknowledges the financial contribution from Health Canada's Primary Health Transition Fund (PHCTF) through the *Pallium Integrated Capacity Building Initiative*, towards the evaluation of this project. The views expressed herein do not necessarily reflect the official policies of Health Canada or its agents.

The Evaluation Team would also like to acknowledge the excellent contributions to the evaluation process:

- Tammy Kalenchuk - assistance in distribution and collection of surveys
- Marie-Josée Paquin – project leadership
- Angela Ludwig – assistance in collating results and preparing the final report
- Project participants – contributions to the evaluation surveys.

It was a pleasure working on this evaluation. On behalf of the Telehealth/e-Health Research and Training Program, thank you for the opportunity.

Marilynne A. Hebert, PhD
Evaluation Team Leader

APPENDICES

Appendix A: Project Goals Document

Document developed by Marie-Josée Paquin, the HPCN Coordinator, for discussion at the first videoconference session. It outlines the foundation framework for conducting a successful project, including:

- Project Goals;
- Values and Guiding Principles;
- Use of Videoconferencing;
- Group Process and Group Facilitation;
- Case Studies;
- Privacy and Confidentiality; and
- Evaluation Framework.

Coming Full Circle in Hospice Palliative Care Telelearning A Case-Study Approach

Week 1- Getting Started

April 8, 2005

Prepared by Marie-Josée Paquin, RN, MSc

Dear Hospice Palliative Care Colleagues,

Welcome to *Coming Full Circle in Hospice Palliative Care Telelearning*! This document re-iterates the goals of the project. It also provides some basic information about the values and principles that will guide the project. Hopefully, this information will be a relevant reference tool throughout this 10-month project.

Project Goals

- To foster the development and advancement of the David Thompson Health Region (DTHR) Palliative Care Resource Professionals through the use of case studies.
- To enhance knowledge sharing between hospice palliative care health professionals in Alberta.
- To introduce to tertiary level oncology hospice palliative care professionals unique factors impacting rural palliative care service delivery.

Values and Guiding Principles

The project recognizes and supports the core values and guiding principles defined by the Canadian Hospice Palliative Care Association- CHPCA (Ferris et al., 2002). These values and guiding principles are listed below. While not all the values and principles will apply to the project, they will guide the development of the work.

Values

- V1.** The intrinsic value of each person as an autonomous and unique individual.
- V2.** The value of life, the natural process of death, and the fact that both provide opportunities for personal growth and self-actualization.
- V3.** The need to address patients' and families' suffering, expectations, needs, hopes and fears.
- V4.** Care is only provided when the patient and/or family is prepared to accept it.
- V5.** Care is guided by quality of life as defined by the individual.
- V6.** Caregivers enter in to a therapeutic relationship with patients and families based on dignity and integrity.
- V7.** A unified response to suffering strengthens communities.

Guiding Principles

GP1. Patient/Family Focused. As patients are typically part of a family, when care is provided that patient and family are treated as a unit. All aspects of care are provided in a manner that is sensitive to the patient's and family's personal, cultural, and religious values, beliefs and practices, their developmental state and preparedness to deal with the dying process.

GP2. High Quality. All hospice palliative care activities are guided by:

- The ethical principles of autonomy, beneficence, nonmaleficence, justice, truth-telling and confidentiality
- Standards of practice that are based on nationally-accepted principles and norms of practice, and standards of professional conduct for each discipline
- Policies and procedures that are based on the best available evidence or opinion-based preferred practice guidelines
- Data collection/documentation guidelines that are based on validated measurement tools.

- GP3. Safe and Effective.** All hospice palliative care activities are conducted in a manner that:
- Is collaborative
 - Ensures confidentiality and privacy
 - Is without coercion, discrimination, harassment or prejudice
 - Ensures safety and security for all participants
 - Ensures continuity and accountability
 - Aims to minimize unnecessary duplication and repetition
- GP4. Accessible in Alberta Rural and Urban Communities.** All patients and families have equal access to hospice palliative care services in Alberta:
- Wherever they live
 - At home, or within a reasonable distance from their home
 - In a timely manner
- GP5. Resourced.** The financial, human, information, physical and community resources are sufficient to sustain the organization’s activities, and its strategic and business plan.
- GP6. Collaborative.** Each community’s needs for hospice palliative care are assessed and addressed through the collaborative efforts of available organizations and services in partnership.
- GP7. Knowledge-Based.** Ongoing education of all patients, families, caregivers, staff and stakeholders is integral to the provision and advancement of quality hospice palliative care.
- GP8. Responsive.** Interventions to increase awareness about, and develop, hospice palliative care are based on the Canadian Hospice Palliative Care Association’s model to guide hospice palliative care (Ferris et al., 2002).
- GP9. Research-Based.** The development, dissemination, and integration of new knowledge are critical to the advancement of quality hospice palliative care. Where possible, all activities are based on the best available evidence. All research protocols comply with legislation and regulations governing research and the involvement of human subjects in effect within the jurisdiction.

Videoconferencing

The use of videoconferencing in palliative care is not new. For example, in Alberta, the East Central Health Regional Palliative Care Program has been delivering monthly education sessions to its palliative care consultation and resource teams using videoconferencing. Similar examples can be cited for other health regions such as Calgary and Capital Health.

Regnard (2000) reports the following regarding videoconferencing in palliative care:

- Techniques are rapidly learnt by most users.
- Can become a useful organizational tool.
- Requires enthusiasm, support and organizational change to succeed, rather than information technology experience.
- Offers a unique means of regularly supporting palliative care teams.
- Eliminates traveling time and reduces stress for expert tutors, while considerably reducing the cost for the learners.
- Provides a means for regional or national groups to meet frequently or whenever needed.
- Can be established at a low cost.

The effectiveness of learning by videoconferencing is supported in other studies. In Japan, videoconferencing was shown to increase the clinical skills in a group of 32 rural nurses (Sawada et al, 2000 reported in van Boxel et al, 2003).

While videoconferencing appears to be well established as a workplace learning tool in palliative care, *Coming Full Circle in Hospice Palliative Care Telelearning* brings the novelty of using the case study approach. This project is also creative in expanding beyond health regions to include cancer agencies. Before tackling on the subject of case studies, it appears relevant to outline few ground rules related to group process and group facilitation.

Group Process and Group Facilitation

Why group process and videoconferencing? Videoconferencing is nothing less and nothing more than a telecommunication system. Beyond the technology, the way a group communicates is critical for creating a positive learning environment. In addition to acknowledging some of the basic principles of effective communication such as mutual respect and listening, it is envisioned that the following process and assumptions will apply throughout the project:

- A facilitator will be designated for each videoconference session.
- Ideally each site should have the opportunity to take the lead in facilitating a videoconference session.
- A clear objective will be defined for each videoconference session.
- At the beginning of each session, all participants/stakeholders/observers at each site will introduce themselves.
- The strengths, experiences, and expertise of individual group members will contribute to the learning of the group as a whole (Imel, 1999 in Pereira & Willment, 2002).
- The facilitator is an equal partner in the learning process. S/he is a co-learner (Imel, 1999 in Pereira & Willment, 2002).

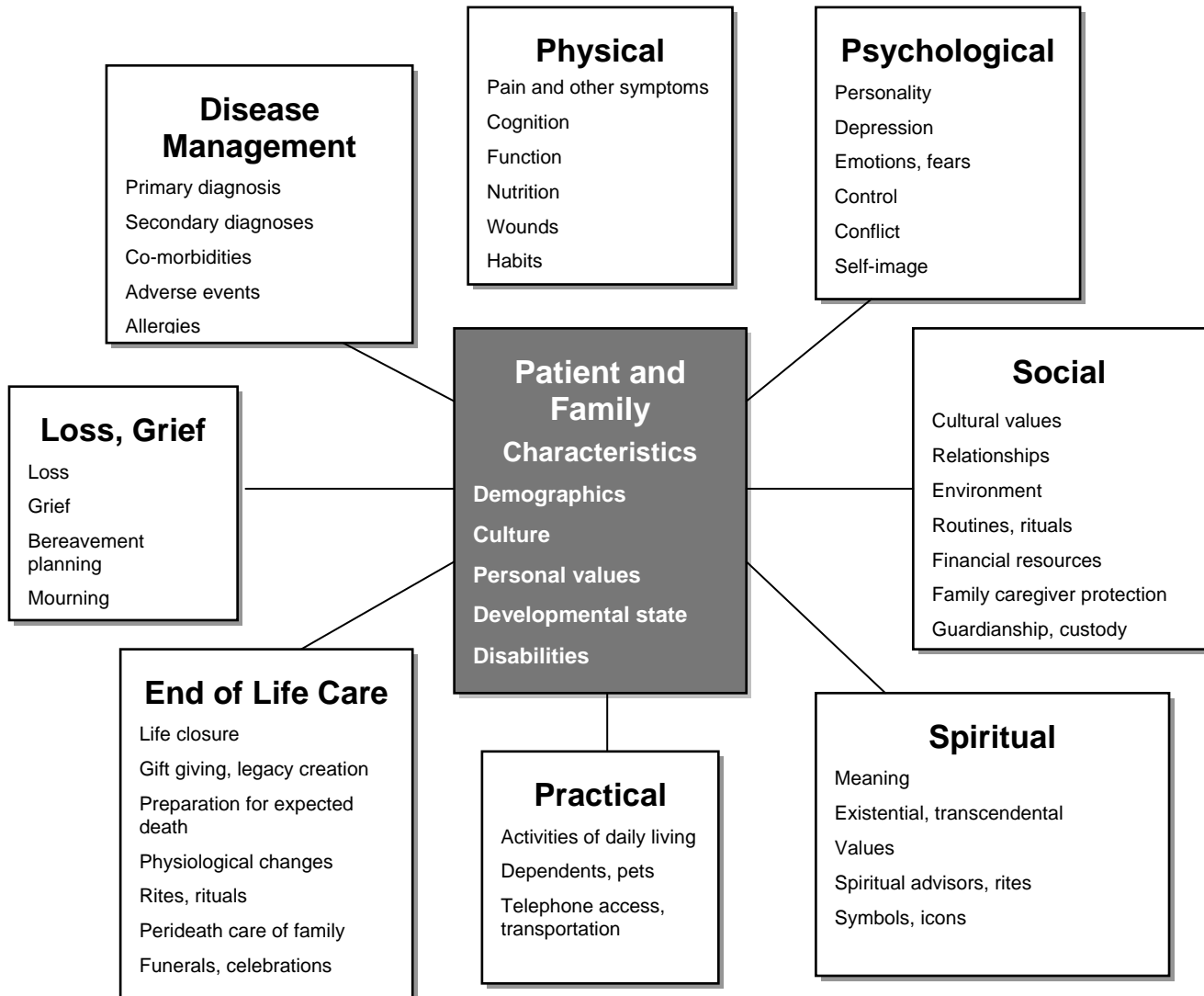
Case-Study

Case studies are effective instructional tools. They are stories with a message. They are stories to educate but there is no “case method”. The Chemist James Conant, Professor at Harvard, uses cases with the lecture method. Law school teachers use Socratic questioning. Business school instructors use discussion leading. Medical school tutors use small group cooperative learning called problem-based learning. Also, some cases are fact driven and deductive i.e., there is a correct answer. Other cases are context drive, i.e., multiple solutions are reasonable. The best answer depends upon the situation at the moment (Freeman Herreid, 1997). So where does this leave us for the project? It is expected that the hospice palliative care case studies will be either fact driven and deductive or context drive. The key is to have a framework for guiding the discussions as well as a template for presenting the cases.

The CHPCA has developed a model that includes 8 domains of care or issues encountered by palliative patients and their families. This model has been endorsed nationally and provincially. The purpose of the model is to create a shared vision for hospice palliative care in Canada and encourage a consistent approach to providing care and organizing services. It provides a common language that programs can use to guide their work.

Coming Full Circle in Hospice Palliative Care Telelearning will use the 8 domains of issues proposed by the model for writing the case studies and orienting the videoconferencing discussions. Within the timelines of the project, there is room for 16 sessions (one hour each) for case-study discussions. Therefore, it would be realistic to aim for developing 2 case studies for each of the domains illustrated below:

Illustration excerpted from: Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, & West P. (2002). *A model to guide hospice palliative care*. Ottawa, ON: Canadian Hospice Palliative Care Association. <http://www.chpca.net>



Template for Case-Studies

An ad hoc Clinical Working Group will be formed for developing the template for the case studies. It will be composed of a representative from each site. In addition to the CHPCA domains of care, the documents *How to write a case study for online education* (Jeffries, 2005) will provide guidance to the Working Group. General categories for demographics will be defined in a way that allows protection of patients and families' privacy. The Provincial Coordinator for the Alberta Cancer Board Psychosocial Oncology Network will provide feedback to the draft template in regard to privacy and confidentiality. The Group shall present its final draft template at the April 22 videoconference session.

Writing the Case Studies

The Palliative Care Resource Nurses from the David Thompson Health Region will write the case-studies that will be the most relevant to their learning experience. In addition to the CHPCA domains of care, the *Guidelines for Case Writing* (Schreyer Institute for Teaching Excellence, 2004) will be used as a reference. A Clinical Tutor from the Chinook Health Region will be available to the Nurses should they need assistance or suggestions for writing the case-studies and for their presentation to other sites through videoconferencing. Each case-study will include learning objectives and clinical questions. The Clinical Tutors will also help findings or gathering references from the literature or the World Wide Web. Again the aspect of privacy and confidentiality will be highly scrutinized. This aspect is elicited in the next paragraph.

Privacy and Confidentiality⁴

An extremely important issue in clinical case study groups is the confidentiality of the patients and families being discussed. The group members must take specific precautions to protect the anonymity of their patients and families.

Suler (2001) proposes to follow the ethical standards of the American Psychological Association regarding the use of confidential information for didactic purposes:

- Do not disclose confidential, personally identifiable information regarding patients, individuals or organizations obtained during the course of one's work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.
- In professional presentations, disguise confidential information concerning patients, individuals, or organizations so that they are not identifiable to others and so that discussions do not cause harm to people who might identify themselves.

Therefore, it must be clear for all participants that the group has a responsibility when writing the case-study, presenting it or discussing it to never use names or initials or other identifying information such as the health care facility or town, among others (Kossman, 2004).

Providing Feedback to the Case-Studies

Clinical discussion of each case-study is the essence of the project. It is important to note that the discussion will not be related to a case review. Neither the purpose will be to provide clinical consultations. Therefore, this model provides the flexibility to present case-studies that will be fictive and anonymous and far removed from real case presentations. For each videoconferencing session, each site will respond to all questions related to the case study. Sites will take turn in answering the questions first.

Evaluation Framework

An evaluation framework and evaluation tools will be developed for measuring the outcomes of the project. It is planned to present this topic at the April 22 session.

I would like to take this opportunity to thank everyone for their enthusiasm, collaboration and participation.

⁴ This section was developed and researched by Shelley Currie, Provincial Coordinator, Alberta Cancer Board Psychosocial Oncology Network.

References

Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, & West P. (2002). *A model to guide hospice palliative care*. Ottawa, ON: Canadian Hospice Palliative Care Association. <http://www.chpca.net>

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van Boxel P, Anderson K, & Regnard C. (2003). The effectiveness of palliative care education delivered by videoconferencing compared with face-to-face delivery. *Palliative Medicine*, 17, 344-358.

Appendix B: Case Study Template

A team of participants developed a Case Study Template for use by the partners in Telelearning Project. An additional resource, “How to Write a Case Study for Online Education” was also circulated with the template.

**Coming Full Circle in Oncology Hospice Palliative Care Telelearning
A Case-Study Approach**

Case - Study Template and Tips

Final Approved April 22, 2005

*Developed by Shelley Currie, Le Ann Popson Esau, Hellen Jung, Sandy Newans,
Marie-Josée Paquin and Dr. Sharon Watanabe*

1. Socio-Demographic Information

Gender

- Male (John)
- Female (Mary)

Note: All case studies that involve a woman will refer to Mary. When the situation of a man is discussed participants will use the name John

Age

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

Location

- Urban/city
- Rural

Resides

- Alone
- With family
- With friends
- In care facility or group home

Primary Diagnosis (Primary Cancer Site)

- Breast cancer
- Colorectal cancer
- Lung cancer
- Prostate cancer
- Unknown primary
- Other - Please specify _____

Note: In light of the involvement of the 2 tertiary cancer centres in Alberta, it is suggested that participants write and discuss oncology hospice palliative care case-studies.

This category integrates the CHPCA (Canadian Hospice Palliative Care Association) disease management issue. If there is a learning need that would be specific to other disease management components (e.g., psychiatric diagnoses), it will then be assessed on an individual basis for case presentation.

2. Process for Writing Case Studies

The project allows time for 16 case presentations or clinical discussions using videoconferencing (one hour each). Each site involved in the project will be invited to write the following numbers of case-studies or clinical questions on CHPCA domains of issues. Dates for case presentations will be self- assigned using the calendar for videoconference sessions:

- Chinook Health Region: 4
- Cross Cancer Institute: 2
- David Thompson Health Region: 4
- Tom Baker Cancer Centre: 2

The following domains of issues associated with illness and bereavement defined by the CHPCA will provide the framework for presenting the case-studies (please refer to the illustration in the *Getting Started* document):

- Physical
- Psychological
- Social
- Spiritual
- End of life care / Death management
- Loss, grief

Note: It is envisioned that the project will include a minimum of 2 case-studies for each domain of issues. This adds up to 12 case-studies. The remainder 4 case-studies can relate to any domains. The domain entitled “practical issues” is not included in the above list. Participants are encouraged to incorporate the components of this domain in their introduction as often as possible

3. Writing the Case-Studies

The following suggestions made by Jeffries (2005) will provide guidance for writing the case studies. Additional suggestions related to privacy and confidentiality made by Suzanne Vorvis (Manager, Alberta Cancer Board Information Security and Privacy Office) are also included:

- The case study is fictitious. It does not include any type of potentially identifiable information.
- The case-study includes 2 - 3 paragraphs
- The case-study presents the situation of a patient or a family member⁵
- Within the introduction the symptoms or related circumstances of the situation are described
- The case-study may also present the history of the patient / family leading up to the events to be addressed in the scenario
- Additional background information may be included to add richness (e.g., assessment findings, medication, fears, religion, etc.)
- The principles of privacy and confidentiality are continuously followed

Note: Case studies will be emailed to telelearning participants 5 working days prior to the next videoconference session (Example: if the videoconference is scheduled for a Wednesday, the case study shall be emailed the Thursday prior to the session. If the videoconference is planned on a Friday, the case-study will be emailed the Monday prior to the session).

4. Writing the Learning Objectives

The team writing the case-study and presenting it will also define 1 or 2 learning objectives. The objectives will be developed using the acronym SMART. Each objective will be:

- Specific
- Measurable
- Achievable
- Realistic
- Time limited

Learning objective- Example:

At the end of the videoconference, the team presenting the case study will be aware of the overall rural hospice palliative care resources available to the patient and family.

5. Developing questions

In addition to defining learning objectives, the team writing the case-study will develop 3-6 questions to be addressed to the other teams for the purpose of discussions. These questions will be aligned with the learning objectives. They will help keeping the discussion focused.

Question – Example:

What rural hospice palliative care resources and expertise are available to provide grief and counseling for Mary's two young children?

⁵ The Canadian Hospice Palliative Care Association (Ferris et al., 2002) defines family as follows: Those closest to the patient in knowledge, care and affection. May include: the biological family, the family of acquisition (related by marriage / contract) or the family of choice and friends (including pets).

6. Answering Questions / Providing Feedback

The following suggestions made by Jeffries (2005) will provide guidance for providing the feedback:

- The feedbacks are informational and reinforcing.
- Feedbacks are provided verbally during each videoconference session by the lead team.
- The lead team also writes responses to the questions and suggests references, reading materials, web sites, etc.
- The answers sheet will be circulated via email by the Hospice Palliative Care network to all telelearning participants post videoconference discussions.

Note: The sites will be alternating in answering questions with one group taking the lead each session and other sites complementing the information. Each site /team will determine when they will take the lead in providing feedback using the calendar for videoconference sessions.

It is suggested that the tertiary cancer centres who have less case studies to develop will be leading more often than the 2 other sites.

7. References

Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, & West P. (2002). *A model to guide hospice palliative care*. Ottawa, ON: Canadian Hospice Palliative Care Association. <http://www.chpca.net>

Jeffries P. *How to write a case study for online education*. Retrieved from the World Wide Web April 3, 2005: http://www.nursingsociety.org/education/online_howto.pdf

Appendix C: Evaluation Surveys

Pre-participation Evaluation Survey

Case Study/Lecture Evaluation Survey

Post participation Evaluation Survey

**Coming Full Circle in Hospice Palliative Care Telelearning:
A Case Study Approach**

Pre-Program Evaluation Survey

Section I: Demographic Information

Instructions: Please circle the letter that best reflects your response

1. Type of professional practice:

- a) Physician
- b) Nurse
- c) Social Worker
- d) Pastoral
- e) Dietician
- f) Other (Please Specify) _____

2. Years in professional practice:

- a) 0-5 years
- b) 6-10 years
- c) 11-15 years
- d) 16-20 years
- e) more than 20years

Section II: Telelearning Evaluation (5-Point Likert scale)

Instructions: For each statement below, please select the category that best describes to what degree you agree or disagree with the statement. Each section is followed by space for additional comments.

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<i>A. Meeting Professional Development Goals for Project Participation</i>					
1. I expect participation in this telelearning project will:					
1a. Influence my confidence in caring for individuals with cancer					
1b. Influence my attitudes toward care of the dying					
1c. Improve medication use					
1d. Increase attention to family care					
1e. Increase discussion of spiritual care					
1f. Increase consultation related to symptom management					

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1g. Other (please specify)					
2. My goals for participating in the telelearning project include:					
3. I would not have access to the information provided in the case studies if they were not offered through videoconferencing					
4. A wide range of professional interests was represented by the topics chosen for discussion.					
<i>B. Use of the Videoconferencing Technology</i>					
5. I experienced minor or no technical difficulties.					
6. Videoconferencing was an effective technology for this discussion					
7. The videoconferencing technology was effective for my learning.					
8. The videoconferencing technology could support mentoring relationships.					
<i>C. Effectiveness of the Case Study Template</i>					
9. The template included all the necessary information.					
10. The case study objectives were met.					
11. The case study was well organized.					
12. The discussion questions stimulated interesting reflection and discussion.					
<i>D. Value of Today's Case Study Content and Application to Practice</i>					
13. The most valuable thing I learned from this case study was:					
14. The case study content was relevant to my practice.					
15. The case study format provided a good learning experience.					
<i>E. Overall, today's session...</i>					

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
17. The most effective aspect of today's session was:					
18. For future presentations I would suggest:					

**Coming Full Circle in Hospice Palliative Care Telelearning:
A Case Study Approach**

Post-Program Evaluation Survey – Please complete by January 13, 2006

We appreciate your contributions to the evaluation during the course of the project. Please reflect on the program overall as you respond to the following survey. A *Summary Page* following the survey lists session dates and titles for your reference.

Section I: Demographic Information

Instructions: Please circle the letter that best reflects your response.

1. Type of professional practice:

- a) Physician
- b) Nurse
- c) Social Worker
- d) Pastoral
- e) Dietician
- f) Other (Please Specify) _____

2. Years in professional practice:

- a) 0-5 years
- b) 6-10 years
- c) 11-15 years
- d) 16-20 years
- e) more than 20 years

3. Participating Site Location:

- a) Chinook
- b) DTHR
- c) CCI
- d) TBCC
- e) Holy Cross
- f) Other (please specify) _____

Section II: Telelearning Evaluation

Instructions: For each statement below, please select the category that best describes to what degree you agree or disagree with the statement. Each section is followed by space for additional comments.

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
A. Meeting Professional Development Goals for Project Participation					
1. Participation in this telelearning project:					
1a. Influenced my confidence in caring for individuals with cancer					
1b. Influenced my attitudes toward care of the dying					
1c. Improved medication use					
1d. Increased attention to family care					
1e. Increased discussion of spiritual care					
1f. Increased consultation related to symptom management					
1g. Other (please specify)					
2. My goals for participating in the telelearning project included:					
3. I would not have access to the information provided in the case studies/lectures if they were not offered through videoconferencing.					
4. A wide range of professional interests was represented by the topics chosen for discussion.					
B. Use of the Videoconferencing Technology					
5. I experienced minor or no technical					

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
difficulties.					
6a. Videoconferencing was an effective technology for this discussion.					
6b. Videoconferencing was suitable to discuss confidential patient information.					
7. The videoconferencing technology was effective for my learning.					
8a. The videoconferencing technology supported mentoring relationships.					
8b. The videoconferencing technology supported meaningful dialogue.					
C. Effectiveness of the Case Study Template					
9. The template included all the necessary information.					
10. The objectives of the case studies were met.					
11. The case studies were well organized.					
12. The discussion questions stimulated interesting reflection and discussion.					
D. Value of Case Study Content and Application to Practice					
13. The most valuable things I learned from the case studies were:					
14a. The content of the case studies was relevant to my practice.					
14b. I would have found it more valuable with “real-life” case studies.					
15. The format of the case studies provided a good learning experience.					
16. Preparing case studies was a useful experience.					
17. Preparing a discussion for the case studies was a useful experience.					
18. The follow up information and					

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
resources sent after the case study discussions were useful.					
<i>E. Effectiveness of the Lecture Format</i>					
19. The presentations included all relevant information.					
20. The presentation's objectives were met.					
21. The presentations were well organized.					
22. The presentations stimulated interesting reflection and discussion.					
<i>F. Value of Lecture Topics and Application to Practice</i>					
13. The most valuable things I learned from the presentations were:					
14. The topics were relevant to my practice.					
15. The lecture format provided a good learning experience.					
<i>G. The Program Overall</i>					
19. The timing of the sessions met my expectations.					
20. The number of sessions met my expectations.					
21. The most effective aspect of the program was:					
22. The least effective aspect of the program was:					

Appendix D: Case Study and Lecture Topics

- 1. May 20/05** Case: Chinook Discussion: CCI
Case #1: What, If Any, Clinical Test Would Be Of Benefit in Making the Patient More Comfortable?
CHPCA Domain - Physical
- 2. June 3/05** Case: TBCC Discussion: DTHR
Case #2: Understandings of Loss and Grief Related to Cancer in the Elderly
CHPCA Domain - Loss, Grief
- 3. June 15/05** Case: DTHR Discussion: TBCC
Case #3: Understanding Ethical Decision Making in End of Life Care
CHPCA Domain - Psychological
- 4. June 29/05** Case: TBCC Discussion: Chinook
Case #4: Assessment and Management; Active Treatment; Differences in Expectations for Outcomes in Treatment (Patient vs. Palliative Care Providers)
CHPCA Domain - Disease Management
- 5. July 15/05**
Lecture #1: Outpatient Management of Malignant Pleural Effusion
Presenter: Dr. Alain Tremblay, TBCC
- 6. August 26/05** Case: DTHR Discussion: Chinook
Case #5: Team Dynamics (When the Palliative Care Team Does Not Agree On Diagnostic Treatment Options)
CHPCA Domain - Social
- 7. October 5/05**
Lecture #2: Palliative Potpourri
Presenters: LeAnn Popson Esau & Dr. Brenda Ireland, Chinook
- 8. November 18/05** Case: DTHR Discussion: Chinook
Case #6: Palliative/Terminal Sedation
CHPCA Domain – End of Life Care / Death Management
- 9. December 2/05** Case: CCI Discussion: DTHR
Case #7: Constipation: Challenges and Approaches
CHPCA Domain - Physical
- 10. January 13/05**
Lecture #3: Auspicious Moment: Lessons from Mindfulness Based Stress Reduction and Supportive-Expressive Therapy and their Relevance to Life Threatened Cancer Patients and their Care Providers
Presenter: Dr. Michael Speca, TBCC

Appendix E: Participation and Completed Evaluation Surveys

Participating Sites	May 20, 2005 Case Study #1		June 3, 2005 Case Study #2		June 15, 2005 Case Study #3		June 29, 2005 Case Study #4		July 15, 2005 Lecture #1	
	Participants*	Completed Evaluations	Participants*	Completed Evaluations	Participants*	Completed Evaluations	Participants*	Completed Evaluations	Participants*	Completed Evaluations
Chinook	9	?	6	4	3	2	5	0	4	1
CCI	6	?	6	3	6	2	4	4	3	2
TBCC	5	?	8	1	5	2	9	4	11	3
DTHR	7	?	4	7	10	5	6	3	7	4
Holy Cross	--	--	--	--	--	--	--	--	--	--
Other	--	--	--	--	--	--	--	--	2	--
Total	27	17	24	15	24	11	24	11	27	10

Participating Sites	August 26, 2005 Case Study #5		October 5, 2005 Lecture #2		November 18, 2005 Case Study #6		December 2, 2005 Case Study #7		January 13, 2006 Lecture #3	
	Participants*	Completed Evaluations	Participants*	Completed Evaluations	Participants*	Completed Evaluations	Participants*	Completed Evaluations	Participants*	Completed Evaluations
Chinook	4	3	7	1	6	0	0	0	3	1
CCI	9	7	4	0	3	4	6	4	4	5
TBCC	4	2	6	4	2	0	2	2	5	0
DTHR	7	7	11	6	7	6	7	7	7	6
Holy Cross	--	--	--	--	2	1	3	1	--	--
Other	--	--	--	--	--	--	--	--	--	-
Total	23	19	28	11	20	11	18	14	19	11

*The number of participants includes members of the Project Evaluation Team, although they did not complete evaluation surveys.

Appendix F: Pre-Participation Survey Results - May 20, 2005

Section I: Demographic Information (n = 16)

1. Type of professional practice:

- g) Physician – 4
- h) Nurse – 10
- i) Social Worker – 1
- j) Pastoral
- k) Dietician
- l) Other (Please Specify) 1 - Pharmacist

2. Years in professional practice:

- f) 0-5 years
- g) 6-10 years – 1
- h) 11-15 years – 2
- i) 16-20 years – 6
- j) more than 20 years – 7

Section II: Telelearning Evaluation (n=16)

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
A. Meeting Professional Development Goals for Project Participation					
1. I expect participation in this telelearning project will:					
1a. Influence my confidence in caring for individuals with cancer				9	7
1b. Influence my attitudes toward care of the dying			4	9	3
1c. Improve medication use			2	8	6
1d. Increase attention to family care			3	9	4
1e. Increase discussion of spiritual care		1	2	10	3
1f. Increase consultation related to symptom management			3	6	6
1g. Other (please specify)					
<ul style="list-style-type: none"> • learn about resources & how situations are handled in the rural settings • this session provided a framework by which to address this case 					

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<p>2. My goals for participating in the telelearning project include:</p> <p><i>Differences in rural and urban settings</i></p> <ul style="list-style-type: none"> • be aware of how other programs work in province – as we often see clients from these areas; keep updated • becoming more aware of palliative care issues particular to the rural setting • increase understanding b/t urban & rural PC providers <p><i>Clinical Practice/New Technology/treatment options</i></p> <ul style="list-style-type: none"> • increase competence as a secondary caregiver • to increase my skill in working with palliative clients and their family • observation & learning <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • sharing learning with other similar health regions • networking; education • hearing other ideas • fostering relationships with colleagues across the province • improving my basic knowledge re: assessing problems • learning along with peers in various settings • increase my multi-disciplinary learning • facilitate learning in all aspects of palliative care 					
3. I would not have access to the information provided in the case studies if they were not offered through videoconferencing	1	4	4	4	2
4. A wide range of professional interests was represented by the topics chosen for discussion.			2	9	4
<i>B. Use of the Videoconferencing Technology</i>					
5. I experienced minor or no technical difficulties.			1	11	3
6. Videoconferencing was an effective technology for this discussion				11	4
7. The videoconferencing technology was effective for my learning.				11	4
8. The videoconferencing technology could support mentoring relationships.				8	7

Appendix G: Evaluation of the Case Studies – Likert Scale

Case Study #1 May 20/05 (n=16)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information		3	1	9	2
10. met objective				12	3
11. well organized			1	10	4
12. discussion				10	5
<i>Value of today's case study content and application to practice</i>					
14. relevance				11	4
15. learning experience				10	5
Weighted average = 6.6					

Case Study #2 June 3/05 survey (n=15)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information		1	2	9	3
10. met objective			1	9	5
11. well organized			1	9	5
12. discussion			1	8	6
<i>Value of today's case study content and application to practice</i>					
14. relevance			1	9	5
15. learning experience				11	4
Weighted average = 7.3					

Case Study #3 June 15/05 survey (n=11)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information		1	1	6	3
10. met objective			1	8	2
11. well organized			1	6	4
12. discussion				3	8
<i>Value of today's case study content and application to practice</i>					
14. relevance				4	7
15. learning experience				4	7
Weighted average = 8.4					

Case Study #4 June 29/05 survey (n=11)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information	*			6	4
10. met objective		*		6	4
11. well organized		*		3	7
12. discussion	*				10
<i>Value of today's case study content and application to practice</i>					
14. relevance	*		2	2	6
15. learning experience		*	1	1	8
Weighted average= 7.9					
* Data removed –query data entry error					

Case Study #5 August 26/05 survey (n=19)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information		1	3	14	1
10. met objective			3	13	3
11. well organized			2	13	4
12. discussion			4	9	5
<i>Value of today's case study content and application to practice</i>					
14. relevance			2	9	8
15. learning experience			2	13	4
Weighted average= 6.3					

Case Study #6 November 18/05 survey (n=11)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information		2		5	4
10. met objective			1	5	5
11. well organized		1	2	3	5
12. discussion		1		3	7
<i>Value of today's case study content and application to practice</i>					
14. relevance			1	5	5
15. learning experience			3	3	5
Weighted average= 8.5					

Case Study #7 December 2/05 survey (n=14)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information		1		4	8
10. met objective				6	8
11. well organized				6	8
12. discussion				4	9
<i>Value of today's case study content and application to practice</i>					
14. relevance			1	2	11
15. learning experience			1	3	10
Weighted average= 9.4					

TOTAL: Case Study #1-7 survey (n= 97)	SD	D	neither	A	SA
<i>Effectiveness of case study template</i>					
9. inclusion of information	1	9	7	53	25
10. met objective		1	6	59	30
11. well organized		1	7	50	37
12. discussion	1	1	5	37	50
<i>Value of today's case study content and application to practice</i>					
14. relevance	1		7	42	46
15. learning experience		1	7	45	43
Weighted average= 7.5					

Appendix H: Evaluation of the Case Studies - Comments

Case #1: CHPCA Domain - Physical (May 20/05)

Case #2: CHPCA Domain - Loss, Grief (June 3/05)

Case #3: CHPCA Domain - Psychological (June 15/05)

Case #4: CHPCA Domain - Disease Management (June 29/05)

Case #5: CHPCA Domain - Disease Management: Adverse Events (August 26/05)

Case #6: CHPCA Domain - Disease Management: Adverse Events (Nov. 18/05)

Case #7: CHPCA Domain – Physical (December 2/05)

Case #1: CHPCA Domain – Physical (May 20/05)

What, if any, clinical test would be of benefit in making the patient more comfortable?

D. Value of Today's Case Study Content and Application to Practice
<p>13. The most valuable thing I learned from this case study was:</p> <p>Differences in rural and urban settings</p> <ul style="list-style-type: none"> • the difference b/t available resources within urban & rural settings • understanding rural patient needs and access to 24-hour care <p>New Technology/treatment options</p> <ul style="list-style-type: none"> • pleurex catheters are in common use elsewhere in the province and appear to work well • discussion regarding treatment options for pleural effusions • a reminder to truly consider benefit vs. burden approach <p>Value in learning from colleagues</p> <ul style="list-style-type: none"> • diversity of team membership is a tremendous asset (ideas) • the wide base of knowledge/disciplines <p>Effectiveness of the session itself</p> <ul style="list-style-type: none"> • framework to address the case

E. Overall, today's session...
<p>17. The most effective aspect of today's session was:</p> <p>Differences in rural and urban settings</p> <ul style="list-style-type: none"> • the opportunity to hear the perspective of colleagues in other settings across the province <p>Clinical Practice/New Technology/Treatment Options</p> <ul style="list-style-type: none"> • pleurex catheter • mention of resources <p>Value in learning from colleagues</p> <ul style="list-style-type: none"> • collegial approach provincially is excellent; brings consistency to our practice • exchange of ideas between various sites – some with lots of experience with one method of treating a symptom such as pleural effusions with indwelling catheter • interaction among professionals; variety of ideas • opportunity for discussion • discussion about the questions; freedom to ask questions / make comments • group questions / discussion across regions <p>Effectiveness of the session itself</p> <ul style="list-style-type: none"> • the powerpoint presentation was well done • visual aids (i.e., powerpoint) slides were helpful in enhancing/facilitating discussion • this was a well-managed session; great job by the chair

18. For future presentations I would suggest:

Differences in rural and urban settings

- when considering answers to questions, there are limits to what is available in the more remote regions

Clinical Practice/New Technology/treatment options

- pleurex catheter
- care of pleurex
- continue same – include procedure protocols and treatment
- infections in palliative care
- uses of radiation, palliative chemo
- tertiary services available to us
- prognostication re: hospice vs. LTC admissions, etc.

Effectiveness of the session itself

- Try to start on time to enable more discussion.
- a little more detail – the case study
- same as above: visual aids (i.e., powerpoint) slides were helpful in enhancing/facilitating discussion
- It may be helpful to send PPP (powerpoint presentation) ahead of time for ease in note taking of discussion
- more precise objectives for the case presentation. I felt that the presenters of the case and the responders to the question had different understandings of what was expected.

Case #2: CHPCA Domain - Loss, Grief (June 3/05)

Understandings of Loss and Grief Related to Cancer in the Elderly

D. Value of Today's Case Study Content and Application to Practice
<p>13. The most valuable thing I learned from this case study was:</p> <p><i>Differences in rural and urban settings</i></p> <ul style="list-style-type: none">• Rural setting lack psychosocial resources and pastoral care, which are often left to be assessed by RN and volunteers.• There still needs to be significant work in determining what resources are available in rural settings so that appropriate training can be done. <p><i>Clinical Practice/New Technology/Treatment Options</i></p> <ul style="list-style-type: none">• Availability of various assessment tools• Resources available for grief support• There is a definite need to be equipped or have the resources to respond to spiritual issues• I have not thought about using victim services in palliative care. A great idea.• Other resources for grief issues <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none">• The indicated references
E. Overall, today's session...
<p>17. The most effective aspect of today's session was:</p> <p><i>Clinical Practice/New Technology/Treatment Options</i></p> <ul style="list-style-type: none">• Good resources reported <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none">• Good discussion among participants• Good discussion of spiritual assessment, spirituality• Post-discussion with our group was also very productive
<p>18. For future presentations I would suggest:</p> <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none">• Submit follow-up questions and comments post presentation• More on spirituality as discussed• Religiosity/spirituality

Case #3: CHPCA Domain - Psychological (June 15/05)

Understanding Ethical Decision Making in End of Life Care

D. Value of Today's Case Study Content and Application to Practice
<p>13. The most valuable thing I learned from this case study was:</p> <p><i>Clinical Practice/New Technology/treatment options</i></p> <ul style="list-style-type: none"> • treating the family conference as an interaction • the PC clinical nurse specialists method of conducting family conference • Info re: hydration, feeding tube • Various tips, i.e., use of illness beliefs model for family conference • Not to assume anything on <u>behalf of the patient</u> and the family beliefs <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • Dr. Speca's comments
E. Overall, today's session...
<p>17. The most effective aspect of today's session was:</p> <p><i>Clinical Practice/ New Technology/treatment options</i></p> <ul style="list-style-type: none"> • great resources uncovered, e.g., algorithms • receiving identified resources, i.e., illness beliefs module <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • interactive discussion • question and answer • sharing of resources, i.e., articles, books, and sending them to each other at later date • networking with other sites • effectiveness of the session itself • would like a copy of Dr. Speca's e-mail comments • great response from TBCC to questions "what's the patients' goal?"
<p>18. For future presentations I would suggest:</p> <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • more interaction; less "lecture" in answering questions

Case #4: CHPCA Domain - Disease Management (June 29/05)

Assessment and Management; Active Treatment; Differences in Expectations for Outcomes in Treatment (Patient vs. Palliative Care Providers)

<p>D. Value of Today’s Case Study Content and Application to Practice</p>
<p>13. The most valuable thing I learned from this case study was:</p> <p><i>Clinical Practice/New Technology/treatment options</i></p> <ul style="list-style-type: none"> • Further information on radiation options • These cases are not rare. There are many complexities in palliative care. • Integration of bio-psychosocial model in case presentation. • Multiple provider perspectives on “false hope” as an effective coping strategy VS pathological • Reaffirming that denial can sometimes be a good coping mechanism • Confirms teaching about possible adverse situations that could occur is appropriate even if they may be disturbing • The importance of not imposing personal beliefs or ideas as a caregiver to the ill. Respect for the wishes of others and acknowledge differences in given situations • We need to journey where the patient and family are (which may be different places) in spite of our own feeling, knowledge... <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • The need for more dialogue and debriefing amongst health care professionals when confronted with cases like this one
<p>E. Overall, today’s session...</p>
<p>17. The most effective aspect of today’s session was:</p> <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • Excellent discussion. Thorough review by Lethbridge site members. Well done! • The discussions/perspectives on hope • Discussion especially around denial, hope, healthcare worker transference (I agree with the use of different perspectives as coping mechanisms) do not like the word denial • Case discussion • Interaction among learners; group discussion - perspectives from various disciplines • The discussion around honoring the patient’s choice/control over their own death – even if it conflicts with the team’s wishes • Great job Chinook, TBCC • Good team work
<p>18. For future presentations I would suggest:</p> <p><i>Clinical Practice/New Technology/treatment options</i></p> <ul style="list-style-type: none"> • More of the same complex cases but definitely symptom control <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • A more efficient way to obtain feedback and input from site members during the teleconference • Fewer number of sessions – perhaps 1 a month • That there be opportunities to interact

Case #5: CHPCA Domain - Disease Management: Adverse Events (August 26/05)

Team Dynamics (When the Palliative Care Team Does Not Agree On Diagnostic Treatment Options)

D. Value of Today's Case Study Content and Application to Practice

13. The most valuable thing I learned from this case study was:

Differences in rural and urban settings

- Need for accessible ethics committee at every tertiary care center; Rural communities do have very solid palliative care network in place
- Other regions' systems

Clinical Practice/New Technology/Treatment Options

- The importance of including the patient family's perspective
- Alternative process

Value in learning from colleagues

- Importance of education and collaboration of team members. Need to form relationships with medical members involved in patient care, Education of family members.
- The clarification of the medical advisors role and chain of command to advocate for clients
- Awareness of roles of Medical Director in assisting with team difficulties as well as referral to Ethics Committee
- Support staff who are experiencing interprofessional conflict
- Stimulation to begin to explore ways to prevent future cases like this – physician education, protocol to deal with this

E. Overall, today's session...

17. The most effective aspect of today's session was:

Value in learning from colleagues

- Nature of GP relationship to pt. and disagreements in opinion of Health Professionals, it is important to empower the family members, educate the family
- Identifying the urgency with which DTHR needs to identify and educate more palliative physicians and finalize on-call roster
- Openness to discuss moral distress and difficulties faced by team
- How to manage difficult ethical issues
- Excellent discussion – esp. discussion regarding Ethics Committees
- Team discussion and collaboration; Communication between teams

18. For future presentations I would suggest:

Value in learning from colleagues

- Social workers are available in Lethbridge and Red Deer to meet with these families to determine needs and provide support as they are at CCI and TBCC- we are always willing to assist. Thanks
- More physician involvement – especially this session
- For a case like this, would have appreciated input from Medical Advisor & Ethics Consultant

Effectiveness of the session itself

- More time
- I am still not clear as to why the “fictitious” case approach is necessary. How is this format any different to respecting confidentiality in Tumor Group discussion or case presentation discussions at Grand Rounds. For example the “fictitious” approach detracts from the quality of discussion.
- More discussion, a summary

Case #6: CHPCA Domain - Disease Management: Adverse Events (November 18/05)

Palliative Sedation/Terminal Sedation

D. Value of Today’s Case Study Content and Application to Practice
<p>13. The most valuable thing I learned from this case study was:</p> <p><i>Differences in rural and urban settings</i></p> <ul style="list-style-type: none"> • Gaining a beginning understanding of complexity of rural patients <p><i>Clinical Practice/New Technology/Treatment Options</i></p> <ul style="list-style-type: none"> • Details re med alternatives • Input regarding guidelines for palliative sedation • Various issues around palliative care • Clear discussion of decision making re: palliative sedation • I was very concerned that this patients ‘care was mismanaged • The palliative consultants need to be involved earlier to avoid patient mismanagement such as this case • We are doing the right things
E. Overall, today’s session...
<p>17. The most effective aspect of today’s session was:</p> <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • Dr. L’s responses and recommendations for proper management considerations in this case were informative, valuable • Comments by Dr. Li. It is important to assess properly and ensure the symptoms are indeed refractory and not mismanaged or missed • Discussion re palliative sedation (“process” leading up to implementation) • Good open discussion <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • The study was very comprehensive and timely as we are dealing directly with these issues!! Thank you! • Excellent response to study • The response was very well done and very helpful and confirming. Great session!
<p>18. For future presentations I would suggest:</p> <p><i>Clinical Practice/New Technology/Treatment Options</i></p> <ul style="list-style-type: none"> • Appropriate ways to rotate. The pitfalls of polypharmacy and how to deal with palliative patients who present with multiple meds. <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • Continued sessions on palliative sedation will be helpful/ethical • Too much information for the objectives

Case #7: CHPCA Domain - Physical (December 2/05)

Constipation: Challenges and Approaches

D. Value of Today’s Case Study Content and Application to Practice
<p>13. The most valuable thing I learned from this case study was:</p> <p><i>Clinical Practice/New Technology/Treatment Options</i></p> <ul style="list-style-type: none"> • How effective PEG is for constipation and the evidence that supports this. • The controversies around usual bowel routine. • New medication – Tegaserod • There is no grand consensus on Rx!! • Lack of evidence based recommendations • Discussion on tools • The multitude of contributing factors of treatments for Constipation • How important specific information is e.g. high fibre diet – what does that mean to lay person
E. Overall, today’s session...
<p>17. The most effective aspect of today’s session was:</p> <p><i>New Technology/treatment options</i></p> <ul style="list-style-type: none"> • Refractory treatment...for constipation... • Discussion regarding different drugs for constipation <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • The discussion by the team on the topic was fantastic and brought out a lot of information forward to help rural nurses and people throughout the region to learn about this topic. • Comprehensive discussion following the session. • The team discussion! Excellent Format • Interactive discussion from various sites • The “learning” by all sites was captured – DTHR contributed an excellent response to case study - certainly was evidence to support their leaning • The sharing of information and resources <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • Having the case study to read. • DTHR response was well organized. It’s unfortunate their power point presentation was inaccessible because of technical difficulties
<p>18. For future presentations I would suggest:</p> <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • JC’s suggestion to have rural physicians linked for palliative discussion

Appendix I: Comparison of Themes - Case Study Presentations

Case Study	Differences in rural and urban settings	Clinical Practice/New technology/ treatment options	Value in learning from colleagues	Effectiveness of the session itself
1. May 20/05	<ul style="list-style-type: none"> • Differences in available resources between settings • Rural patient needs and access to 24-hour care • Opportunity to hear perspectives of colleagues in other settings 	<ul style="list-style-type: none"> • Use of pleurex catheters common in some areas • Consider benefit vs. burden approach • Resources available 	<ul style="list-style-type: none"> • Diversity of team membership an asset • Wide base of knowledge and disciplines • Discussion/interaction/ provincial collegial approach brings consistency to practice 	<ul style="list-style-type: none"> • Framework to address the case • Well managed session • Powerpoint helpful in enhancing, facilitating discussion
2. June 3/05	<ul style="list-style-type: none"> • Rural setting lack psychosocial resources – RN and volunteers often left to assess pastoral care. 	<ul style="list-style-type: none"> • Resources available • Need to be equipped or have the resources to respond to spiritual issues 	<ul style="list-style-type: none"> • Interactive discussion • Good discussion regarding spirituality 	<ul style="list-style-type: none"> • For future presentations - submit follow-up questions and comments post presentation
3. June 15/05	No Comments	<ul style="list-style-type: none"> • Info re: hydration, feeding tube • The PC clinical nurse specialists method of conducting family conference 	<ul style="list-style-type: none"> • Sharing of resources, i.e., articles, books, and sending them to each other at later date • Networking with other sites • Interactive discussion 	<ul style="list-style-type: none"> • For future presentations - more interaction; less “lecture” in answering questions
4. June 29/05	No Comments	<ul style="list-style-type: none"> • Radiation options • Integration of bio-psychosocial model in case presentation. • Multiple provider perspectives on “false hope” as an effective coping strategy VS pathological 	<ul style="list-style-type: none"> • Need for more dialogue and debriefing amongst health care professionals when confronted with cases like this one • Excellent discussion 	<ul style="list-style-type: none"> • For future presentations - fewer number of sessions – perhaps 1 a month
5. Aug 26/05	<ul style="list-style-type: none"> • Need for accessible ethics committee at every tertiary care center • Rural communities do have very solid palliative care network in place; Other region’s systems 	<ul style="list-style-type: none"> • The importance of including the patient family’s perspective 	<ul style="list-style-type: none"> • Involvement of Medical Director and referral to Ethics Committee • Good discussion – esp. re: Ethics Committees and managing difficult ethical issues 	<ul style="list-style-type: none"> • For future presentations -the “fictitious” approach detracts from the quality of discussion
6. Nov 18/05	<ul style="list-style-type: none"> • An understanding of complexity of rural patients 	<ul style="list-style-type: none"> • Details re med alternatives • Palliative sedation 	<ul style="list-style-type: none"> • Feedback provided by case consultant was very valuable 	<ul style="list-style-type: none"> • Too much information for the objectives
7. Dec 3/05	No Comments	<ul style="list-style-type: none"> • New medication – Tegaserod • Refractory treatment for constipation; Factors contributing to treatments for constipation 	<ul style="list-style-type: none"> • Comprehensive discussion regarding drugs for constipation • The “learning” by all sites 	<ul style="list-style-type: none"> • Having the case study to read.

Appendix J: Evaluation of the Lecture Presentations – Likert Scale

Lecture #1 July 15/05 (n=10)	SD	D	neither	A	SA
<i>Effectiveness of the lecture format</i>					
9. inclusion of information					10
10. met objective				1	9
11. well organized				1	9
12. discussion				1	8
<i>Value of today's topic and application to practice</i>					
14. relevance	1			3	6
15. learning experience				1	9
Weighted average= 10.7					

Lecture #2 October 5/05 (n=11)	SD	D	neither	A	SA
<i>Effectiveness of the lecture format</i>					
9. inclusion of information				7	4
10. met objective			1	7	3
11. well organized			2	7	1
12. discussion			1	9	
<i>Value of today's topic and application to practice</i>					
14. relevance				6	4
15. learning experience			1	8	2
Weighted average= 6.5					

Lecture #3 January 13/06 (n=12)	SD	D	neither	A	SA
<i>Effectiveness of the lecture format</i>					
9. inclusion of information			1	5	6
10. met objective			1	6	5
11. well organized			1	6	5
12. discussion				5	8
<i>Value of today's topic and application to practice</i>					
14. relevance				7	5
15. learning experience			1	7	4
Weighted average= 8.5					

TOTAL: Lecture #1-3 (n=33)	SD	D	neither	A	SA
<i>Effectiveness of the lecture format</i>					
9. inclusion of information			1	12	20
10. met objective			2	14	17
11. well organized			3	14	15
12. discussion			1	15	16
<i>Value of today's topic and application to practice</i>					
14. relevance	1			16	15
15. learning experience			2	16	15
Weighted average= 8.6					

Appendix K: Evaluation of the Lecture Presentations - Comments

Lecture #1: Outpatient Management of Malignant Pleural Effusion (July 15/05)

Lecture #2: Palliative Potpourri (October 5/05)

Lecture #3: Present Moment Auspicious Moment (January 13/06)

Lecture #1: Outpatient Management of Malignant Pleural Effusion (July 15/05)

Presenter: Dr. Alain Tremblay

D. Value of Today's Topic and Application to Practice

13. The most valuable thing I learned from this presentation was:

Clinical Practice/New Technology/treatment options

- Long term pleural catheters decrease hospital stays, improve patient quality of life, empower patient. Although costly supply wise, with decreased hospital stays, the cost of long term caths may actually be a cheaper solution VS traditional methods
- Indications and effectiveness of Pleurex catheters
- Pleurex catheter is an effective and safe option for management of malignant pleural effusion
- Interesting to see comparison of effectiveness catheter VS talc etc.
- Learning about the pleurex in detail
- It was all very interesting - I knew about the catheter and now have the details
- Value of pleural catheters VS , surgical
- About the tunneled pleural catheters and how effective they would be for my practice
- Clinical update

E. Overall, today's session...

17. The most effective aspect of today's session was:

Clinical Practice/New Technology/Treatment Options

- Discussion in regards to cost of supplies, patient eligibility and referral system
- Availability to access clinic – we need to address cost issues amongst regions

Value in learning from colleagues

- “Face to face” lecture/discussion with Dr. T
- Discussion at end of presentation

Effectiveness of the session itself

- Well presented overview
- Covered the topic thoroughly
- Clear, forthright honest good research
- Great, all good sessions

18. For future presentations I would suggest:

New Technology/treatment options

- Lecture on treatment of lymphedema

Lecture #2: Palliative Potpourri (October 5/05)

Presenters: LeAnn Popson Esau & Dr. Brenda Ireland

D. Value of Today's Topic and Application to Practice
<p>13. The most valuable thing I learned from this presentation was:</p> <p>Clinical Practice/New Technology/treatment options</p> <ul style="list-style-type: none"> • Review of medication challenges patients and acute care staff face in managing palliative care in general acute settings <p>Value in learning from colleagues</p> <ul style="list-style-type: none"> • A good reminder of amount of education (even basic palliative info) needs by care providers in other settings • How to get information systems moving quickly <p>Effectiveness of the session itself</p> <ul style="list-style-type: none"> • Good overview of palliative care issue • Good Review – slides will be great for education
E. Overall, today's session...
<p>17. The most effective aspect of today's session was:</p> <p>Value in learning from colleagues</p> <ul style="list-style-type: none"> • Sharing of teaching tools – demand for teaching very high but time to develop presentations is difficult <p>Effectiveness of the session itself</p> <ul style="list-style-type: none"> • Actually I am quite appreciative of just a verbal presentation • Good resource for us – thank you Chinook • Wonderful review of palliative care • Physicians summary of presentation and examples/illustrations • I enjoyed the presentation better without the slides • The speakers ability to adapt despite lack of powerpoint slides
<p>18. For future presentations I would suggest:</p> <p>Effectiveness of the session itself</p> <ul style="list-style-type: none"> • In future it would be helpful if we had slides ahead of time. This way we are not “slaves” to technology. It was quite distracting – all the comings and goings in the room we were ready to listen and it would have been better to just let Dr. Ireland do the presentation. Dr. Ireland did a great job. • Perhaps more detailed information for each symptom • Have a few questions for discussion – seeking input – helps generate discussion when members don't have own questions • 30 minute pretest for telehealth essentials to ensure technical aspects are in order prior. During better to adapt the plan than disrupt the presentation with background movement and sound

Lecture #3: Present Moment Auspicious Moment (January 13/06)

Lessons from Mindfulness Based Stress Reduction and Supportive-Expressive Therapy and their Relevance to Life Threatened Cancer Patients and their Care Providers

Presenter: Dr. Michael Specca

D. Value of Today's Topic and Application to Practice

13. The most valuable thing I learned from this presentation was:

Clinical Practice/New Technology/Treatment Options

- Use of guide imagery in support groups.
- Slow down be more aware of living in the moment as health professional – encourage patient to do same “walk the talk” so to speak.
- The value of mindfulness-personally and professionally.
- Reminder of being truly “present” in caring for our patients.
- To be reminded how important it is to be present “in the moment”, in our culture of “multi-tasking”.
- Concept of beginners mind.
- Importance of mindfulness for both patient and health care provider.
- Intended benefits explained to patients as patients often have different ideas of the benefits.
- References for caregivers

E. Overall, today's session...

17. The most effective aspect of today's session was:

Clinical Practice/New Technology/treatment options

- Tips for practicing and sharing with clients.
- Greater awareness of outcomes i.e. less denial/avoidance

Value in learning from colleagues

- Appreciated Dr. S's “voice of experience”
- Dr. S's exceptional knowledge base in this area.
- Presenter was knowledgeable and presented clearly.
- Speakers experience in these groups was evident.
- Learn about this approach with cancer patients – recommend this approach to psychologist colleagues.

Effectiveness of the session itself

- Appreciated brief summary of reference and content of information.
- Perhaps shorten presentation and leave more time for discussion.
- It stimulates discussion for our site.
- Readily available access.

18. For future presentations I would suggest:

Clinical Practice/New Technology/Treatment Options

- Would love to learn more about mindfulness meditation.

Effectiveness of the session itself

- Would be interesting to see some video clips from the actual “group process” to see the facilitation and dynamics of the group.

Appendix L: Comparison of Themes - Lecture Presentations

Case Study	Clinical Practice/New technology/ treatment options	Value in learning from colleagues	Effectiveness of the session itself
1. July 15/05	<ul style="list-style-type: none"> • Pleurex catheter is an effective and safe option for management of malignant pleural effusion • Discussion in regards to cost of supplies, patient eligibility and referral system • Availability to access clinic – we need to address cost issues amongst regions 	<ul style="list-style-type: none"> • “Face to face” lecture/discussion with presenter 	<ul style="list-style-type: none"> • Well presented overview
2. Oct 5/05	<ul style="list-style-type: none"> • Review of medication challenges patients and acute care staff face in managing palliative care in general acute settings 	<ul style="list-style-type: none"> • A good reminder of amount of education (even basic palliative info) needs by care providers in other settings • How to get information systems moving quickly 	<ul style="list-style-type: none"> • Good overview of palliative care issue • Good Review – slides will be great for education • For future presentations - it would be helpful if we had slides ahead of time
3. Jan 13/06	<ul style="list-style-type: none"> • To be reminded how important it is to be present “in the moment”, in our culture of “multi-tasking” • Tips for practicing and sharing with clients 	<ul style="list-style-type: none"> • Appreciated the presenter’s “voice of experience” 	<ul style="list-style-type: none"> • Appreciated brief summary of reference and content of information

Appendix M: Post-Participation Survey Results-January 13, 2006

Section I: Demographic Information (n=20)

Instructions: Please circle the letter that best reflects your response.

1. Type of professional practice:

- a) Physician -3
- b) Nurse -12
- c) Social Worker -3
- d) Pastoral
- e) Dietician
- f) Other: Pharmacist (1), Clinical Psychologist (1)

2. Years in professional practice:

- a) 0-5 years -1
- b) 6-10 years -1
- c) 11-15 years -3
- d) 16-20 years -8
- e) more than 20 years – 7

3. Participating Site Location:

- a) Chinook - 4
- b) DTHR - 6
- c) CCI - 6
- d) TBCC - 3
- e) Holy Cross - 1

4. Other (Please Specify) _____

Section II: Telelearning Evaluation

Instructions: For each statement below, please select the category that best describes to what degree you agree or disagree with the statement. Each section is followed by space for additional comments.

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
A. Meeting Professional Development Goals for Project Participation					
1. Participation in this telelearning project:					
1a. Influenced my confidence in caring for individuals with cancer			6	11	3
1b. Influenced my attitudes toward care of the dying		2	7	8	3
1c. Improved medication use		1	9	7	2
1d. Increased attention to family care			7	11	2
1e. Increased discussion of spiritual care	1		8	11	
1f. Increased consultation related to symptom management			9	8	2
1g. Other (please specify) <ul style="list-style-type: none"> • Speakers were excellent – can apply this information to my work • Missed last session – sorry • Increased awareness of interdisciplinary and multidisciplinary perspectives 					

2. My goals for participating in the telelearning project included:

Differences in rural and urban settings

- Sharing of rural perspectives
- Learn about palliative care support in rural areas
- Developing familiarity with rural health care providers, resources and issues
- Understand needs of rural areas
- Provide support and teaching to rural sites

Clinical Practice/New Technology/treatment options

- Confirm current practice (or need to change)
- Increasing knowledge and skills
- Increase knowledge base of palliative care
- Improve knowledge base

Value in learning from colleagues

- Sharing and Learning
- Chance to 'network' with other sites
- Networking with other regions
- To network with "experts"/ resources in Edmonton, Calgary and Lethbridge
- Sharing of information
- Meeting/networking with other palliative care members.
- Continue to learn and network with others that work in area
- Learning about other sites and how they manage patient care
- Learning how we can support each other
- Provide support/ teaching to new consult sites
- Increased communication and tertiary level professionals
- Increase awareness across regions re: approach to palliative care and successes and challenges and patient cases
- Ensuring a multidisciplinary model
- Discovering needs of palliative community as a whole

Effectiveness of the session itself

- Supporting the project to successful completion
- Being part of a pilot project
- Seeing how it worked

Other

- Insuring psychosocial care was promoted and supported
- Insuring psychosocial perspective is well represented
- Not having any idea what to expect: was invited to attend – then thought there might be more input from social work – but not as much requested from social work for most situations

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
3. I would not have access to the information provided in the case studies/lectures if they were not offered through videoconferencing.		10	3	5	2
4. A wide range of professional interests was represented by the topics chosen for discussion.		1	1	13	5
<i>B. Use of the Videoconferencing Technology</i>					
5. I experienced minor or no technical difficulties.	1	3	2	13	1
6a. Videoconferencing was an effective technology for this discussion.			1	14	5
6b. Videoconferencing was suitable to discuss confidential patient information.	1		2	15	2
7. The videoconferencing technology was effective for my learning.			1	15	3
8a. The videoconferencing technology supported mentoring relationships.			7	10	3
8b. The videoconferencing technology supported meaningful dialogue.		1	2	14	3
<i>C. Effectiveness of the Case Study Template</i>					
9. The template included all the necessary information.		2		14	3
10. The objectives of the case studies were met.				17	2
11. The case studies were well organized.				13	6
12. The discussion questions stimulated interesting reflection and discussion.				15	4

D. Value of Case Study Content and Application to Practice

13. The most valuable things I learned from the case studies were:

Differences in rural and urban settings

- How urban and rural areas can work together to provide improved care
- Complete challenges faced in addressing palliative care in some rural settings
- Difficulty rural sites have in a consult role
- What complex cases the outlying areas are being consulted on

Clinical Practice/New Technology/Treatment Options

- New medications and opened doors to new thought pathways
- New information
- Pleurovac in-service was most valuable – Dr. T.
- Relational to clients in my case load – thus providing relevant info to support my clients
- Each circumstance is unique and requires specific care planning, ethics discussion very valuable
- That no one can have a perfect care plan. There is always something that could have been improved upon hindsight.

Value in learning from colleagues

- Input from interdisciplinary teams very helpful.
- Value of all staff – medical, psychosocial etc. working together
- Common themes throughout palliative care community
- How we can support each other
- The other disciplines think about clinical problems

Other

- That we weren't doing too bad a job!
- Unfortunately I missed many of the case studies and therefore cannot comment

Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
14a. The content of the case studies was relevant to my practice.			2	13	5
14b. I would have found it more valuable with "real-life" case studies.		5	7	4	4
15. The format of the case studies provided a good learning experience.			2	13	5
16. Preparing case studies was a useful experience.			4	10	3
17. Preparing a discussion for the case studies was a useful experience.			3	11	3
18. The follow up information and resources sent after the case study discussions were useful.			1	10	9

E. Effectiveness of the Lecture Format					
Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
19. The presentations included all relevant information.		1		15	3
20. The presentation's objectives were met.				16	3
21. The presentations were well organized.			1	14	4
22. The presentations stimulated interesting reflection and discussion.			1	12	5
F. Value of Lecture Topics and Application to Practice					
<p>13. The most valuable things I learned from the presentations were:</p> <p><i>New Technology/treatment options</i></p> <ul style="list-style-type: none"> • Various outpatient management of malignant pleural effusions. Fact that with proper support/resources that a variety of interventions are manageable in the community setting • Increasing knowledge to apply to clients in my caseload <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • Other team member roles • New information on specific medical procedures and protocols • Role of pleural catheter for management of effusions • Knowing how to access resources at CCI and other areas – TBCC, Psychosocial Resources etc. <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • It was good to hear a few presentations • Resources available to us from other areas (including the presentations now available to us for use in out daily work) • The lecture topics were exceptional – would like to continue with sessions such as these 					
Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
14. The topics were relevant to my practice.			2	8	7
15. The lecture format provided a good learning experience.		1		11	5

G. The Program Overall					
Statements	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
19. The timing of the sessions met my expectations.	1	1	3	10	4
20. The number of sessions met my expectations.			2	13	3
<p>21. The most effective aspect of the program was:</p> <p><i>New Technology/treatment options</i></p> <ul style="list-style-type: none"> • Making valuable information available to areas where info not usually available • My awareness of the type of support and sometimes lack of community resources available to patient and family when they leave our center. • Increasing awareness of local practice environments <p><i>Value in learning from colleagues</i></p> <ul style="list-style-type: none"> • Promoting discussion between sites • Broader view of practice and networking • Bring together professionals from primary, regional and tertiary settings to learn together • The team approach – sharing of knowledge • Being able to connect with other colleagues • A step towards bring us all together – rural and urban. I felt very honoured that the tertiary centers had time to spend with us! • Support given and support receives: Working as a Team!! • Exchange of practice ideas • Getting together with the team to discuss information before and after presentation • Meeting colleagues in other areas <p><i>Effectiveness of the session itself</i></p> <ul style="list-style-type: none"> • Telelearning as a forum • The combination of using case studies and lecture format • Interesting topics for discussion • I liked more presentations – at first there were too many sessions – but one a month is enough • Broad range of topics, settings and participants 					

22. The least effective aspect of the program was:

Effectiveness of the session itself

- Challenges faced with scheduling a workable date for such a large group
- Some topics not relevant to my practice
- Making the case studies domain specific does not support effective integration of domains toward whole person care.
- Lecture format

Technology

- Sometimes difficult to obtain telehealth equipment
- Technology glitches. We spent an enormous amount of effort preparing power points that we could not present because of DTHR technology difficulties.
- A bit awkward to have discussions amongst multiple sites via videoconference

23. For similar projects in the future I would suggest:

Value in learning from colleagues

- Ideally, increase physician input in discussions.

Effectiveness of the session itself

- Frequency of once per month would be adequate
- Although the project was extremely valuable – it was time consuming, would be difficult to manage in the long term.
- This format would be excellent to provide in servicing, discuss clients, share knowledge with front-line care providers – Thank You!
- I think some sort of regular format they might be given for people to put in topics that come up in practice so that they can be discussed with a wider group

Lecture and Case Study

- Continue case study format interspersed with lectures
- Actually I prefer the lecture format more so than the case-studies!
- A combination of case-study, lecture format, perhaps just once monthly.
- Perhaps alternating case studies with lectures to allow more time for case study preparation and response.
- Case studies, if not real – as close as possible and at least some should be across domains i.e. multidimensional case studies
- Real cases- more discussion

Future Topics

- Ideas for bereavement follow up what are other areas doing

Other

- If there is a future need for leaning in any other pall groups this project could be utilized by others as a guide for specific learning needs
- Very worthwhile project – I enjoyed participating.
- Offering participation to other palliative care programs in the province.

Appendix N: AMHB Successful Telelearning Tips

SUCCESSFUL TELELEARNING

Presenting and instructional guidelines for videoconference sessions

Prepare for the Session:

- Additional preparation is needed for a videoconference session than for a traditional presentation. Following these tips will contribute to session success and help remote learners participate and feel included
- We have many years of experience watching video, rather than interacting with it therefore presenters need to make an extra effort to engage learners as motivation is a very important element in any distance learning situation.
- Engage learners by:
 - Identifying session objectives
 - Capturing interest and attention and stimulating information seeking behavior (i.e., posing questions or problem solving)
 - Emphasizing relevance through the use of concrete language, case studies and examples
- Encourage questions and feedback at the end of the session (min. 10 – 15 minutes for a one hour session)
- Use a template to prepare the PowerPoint presentation. In preparing slides:
 - Limit the slides to reflect length of session (i.e., 1 slide for every two minutes of the presentation)
 - Choose text color that contrasts with the background color
 - Simple backgrounds work best
 - Use large, bold text with a simple font such as (Arial or Verdana) with a 28+ point font or larger
 - Use short titles with concise bulleted information
 - Use 5 – 6 lines per slide and little subtext
 - Use charts, pictures or other images to illustrate key concepts, present models or examples
 - Avoid the use of scanned pictures, figures, etc.
- Wear solid colored clothing rather than bold, complex patterns. Stripes or busy patterns can destroy picture quality

Provide Support Materials for Learners:

- The Telemental Health Service will help with:
 - The development of a session flyer outlining learning objectives and target audience; and
 - The distribution of a handout version of the presentation and any other resource material
- This ensures learners have all the material they need if technical problems arise with the transfer of slides
- Include a list of cited references or useful resources (books, websites)



A M H B

ALBERTA MENTAL HEALTH BOARD

... Advancing Mental Health

Beginning the Session:

- At the start, the local facilitator or site coordinator will welcome participants/sites and orient participants to the protocol for a multi-site videoconference
- Review learning objectives and provide an outline. This helps learners clarify their own objectives and helps guide the session
- Sites will be reminded to mute their microphones until the Q & A period
- Site Coordinator or Video Conference Support Specialist will review etiquette required for multi-point videoconference
- Regular breaks will be scheduled for sessions lasting longer than one hour

During the Presentation:

- Demonstrate enthusiasm toward the subject matter
- Show interest in all participants by looking periodically into the camera – think of it as another member of your audience
- Speak in a strong, clear voice and avoid leaning over microphone
- Move and gesture normally
- Expand on key concepts through the use of examples - AVOID simply reading points from slides
- Use different methods to deliver content: i.e., case studies, pose questions or problems
- Alternate between new information and review
- Allow participants time to view graphics. Each PowerPoint slide can take 5 - 10 seconds to be transmitted to remote sites

Question and Answer Period:

- The local facilitator or site coordinator will ask each site by name if they have questions/comments. This avoids sites interrupting each other or monopolizing the question period
- Take as many questions from distant sites as time allows. To answer questions:
 - Repeat the question before answering to be sure everyone heard the question;
 - Look at the camera and answer the person who asked the question;
 - Keep response concise and as brief as possible;
 - Be aware that there is a slight audio delay in two-way video.
- Allow sufficient time for all sites to ask questions and provide comments

Additional Resources:

(Tips and template example)

<http://telemedicine.mc.duke.edu/presenters/index.html>

Appendix O: Evaluation Results Presentation – January 27, 2006

Slide 1

Coming Full Circle in Hospice Palliative Care Telelearning: A Case Study Approach

Final Evaluation Report

January 27, 2006

Dr. Marilynne A. Hebert

Outline

1. Introduction
2. Evaluation Results
3. Recommendations

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Slide 2

Slide 3

1. Introduction

- Project Background
- 10 Sessions provided
 - 7 Case Studies
 - 3 Lectures
- Pre/Post Program Participant Description
- Participating Sites
- Participation/Completed Surveys

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Background Statement to Proposed Project

- Fall 2004 – DTHR established a Palliative Care Resource Nurse Team
- 4 newly hired nurses received specialized training (Capital Health)
- Identified a continuing need to link with palliative care colleagues
- ACB – HPCN offered to facilitate linkages via telehealth for case-based workplace learning

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Slide 4

Slide 5

Pre/Post Program Participant Description

- Pre Program Participants (n=16)
 - Nurse-10; Physician-4; Social Worker-1; Pharmacist-1
 - 13/16 with 16+ years experience
- Post Program Participants (n=19)
 - Nurse-11; Physician-3; Social Worker-3; Pharmacist-1; Clinical Psychologist-1
 - 15/19 with 16+ years experience

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Participating Sites

- Cross Cancer Institute
- David Thompson Health Region
- TBCC and Holy Cross
- Chinook Health Region

Alberta Region Health Authorities.

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Slide 6

Slide 7

Participants and Completed Evaluation Surveys per Session

Session	# of participants	# of completed evaluations
1	25	15
2	22	15
3	22	12
4	22	12
5	25	12
6	22	18
7	25	12
8	20	12
9	18	12
10	18	12

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2. Evaluation Results

- Content – application to clinical practice
- Context – opportunity to share, mentor
- Technology support for e-learning

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Slide 8

Slide 9

Results: Content

- Closed-ended questions (5-point scale)

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Results: Content

- Closed-ended questions (5-point scale)
 - Effectiveness of the case study template
 - Inclusion of information
 - Met objectives
 - Well organized
 - Discussion

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Slide 11

Results: Content

- Closed-ended questions (5-point scale)
 - Effectiveness of the case study template
 - Inclusion of information
 - Met objectives
 - Well organized
 - Discussion
 - Value of today's case study content and application to practice
 - Relevance
 - Learning experience

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Case Studies – Trends?

Category	Weighted Avg
1	6.5
3	8.5
5	6.5
7	9.5

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Slide 13

Results: Context

- Open-ended questions

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Results: Context

- Open-ended questions
- Value of today's case study content and application to practice:
 - The most valuable thing I learned from this case study

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Slide 14

Slide 15

Results: Context

- Open-ended questions
- Value of today's case study content and application to practice:
 - Most valuable thing I learned from this case study
- Overall, today's session:
 - Most effective aspect of today's session...
 - For future presentations I would suggest...

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Themes in Context

- Differences in rural and urban settings
- New Technology/Treatment Options/ Clinical Practice
- Value in learning from colleagues – networking, discussion, mentoring
- Effectiveness of session itself


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Slide 16

Slide 17

Themes in Context


- Differences in rural and urban settings
 - Differences in available resources
 - Opportunity to hear perspective of colleagues in other settings
 - When considering answers to questions, there are limits to what is available in the more remote regions



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Themes in Context

- New Technology/Treatment Options/ Clinical Practice
 - Pleurex catheters are in common use elsewhere in the province and appear to work well
 - Resources available for grief support
 - I have not thought about using victim services in palliative care. A great idea.




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Slide 19

Themes in Context


- Value in learning from colleagues – networking, discussion, mentoring
 - Diversity of team membership is a tremendous asset; sharing ideas
 - Collegial approach provincially is excellent; brings consistency to our practice
 - Exchange of ideas between various sites
 - Post-discussion with our group was all productive
 - Good discussion



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Themes in Context

- Effectiveness of session itself
 - Framework to address the case
 - Freedom to ask questions, make comments
 - Powerpoint presentation was well done
 - Slides helpful in enhancing/facilitating discussion (also slides get in the way of presentation!)
 - Well managed session
 - Try to start on time to enable more discussion



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Slide 21

Results: Technology Support in e-Learning

- Very few technical difficulties with the video-conferencing equipment reported
- A few presenters had difficulties with their powerpoint presentations
 - Helpful to have the slides ahead of time; this way not “slaves” to technology; distracting all the comings and goings in the room
 - 30 minute pre-test important
- A bit awkward to have discussions among multiple sites

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Pre- vs Post-Participation Survey

- Pre-Participation Survey n=16
 - Meeting Professional Development Goals (6.8); 2-3 participants neutral
 - Goals – to increase awareness of how other programs worked; palliative care issues specific to rural settings
 - Expected value in learning from colleagues
 - Multidisciplinary learning
 - Technology not expected to be an issue

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Slide 23

Pre- vs Post-Participation Survey

- Post-Participation Survey n=19
 - Meeting Professional Development Goals (3.6); 7-8 participants neutral
 - Increased knowledge base; chance to network; felt strongly that videoconference was not only source for information
 - Videoconference technology and case study template – effective
 - Overall sessions effective – case + lecture

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Recommendations: Content

- Balance of case studies and lectures
 - Scheduled topics or determined by presenter
 - “real cases” preferred; not sure why “fictitious” case is required (how is this different from Tumor Group discussion or Grand Rounds?)
 - More of the same complex cases
- Would appreciate input from an “expert” on the topic, eg. Ethics Consultant

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Slide 25

Summarize a case study visually if possible

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Recommendations: Context

- Timing
 - Fewer sessions, perhaps monthly
- Interaction among colleagues valued
 - More interaction; less "lecture" in answering questions
 - More physician involvement

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Slide 27

Recommendations: Technology

- Send PowerPoint ahead of time
- ?Try Web conferencing - "Elluminate"
- Adjust camera to include group ½ screen; lighting
- Adjust PowerPoint for videoconference monitor (not computer or large projection screen)

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Recommendations: Technology

- You are always "on" - much like a face-to-face meeting!

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Slide 35


Video – "You are always ON"



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