The Pallium Project
le projet Pallium

Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

The CHPCA Marketplace

HOW TO ORDER PALLIUM PROJECT-RELATED RESOURCES

The Pallium Project works in partnership with the Canadian Hospice Palliative Care Association (CHPCA) for national resource distribution.

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	RESOURCE INFORMATION
Resource Name	**LEARNING ESSENTIAL APPROACHES TO PALLIATIVE & END-OF-LIFE CARE (LEAP) COURSEWARE – 2 Disk Facilitator Kit** 2 Disk Set (1 CDR w/ Facilitator, Participant, Presentation and Administrative materials; 1 DVD)
CHPCA Item Order #	CHPCA Item # 619 ($49.95/unit license + CHPCA S&H fees); Currently only licensed for use in Canada
Intended/Potential/Actual Instructional Uses	LEAP courseware has been designed to support up to 13 hours of classroom or online-based instructional time in essential clinical management tasks of end-stage care in community-based settings of care, including community hospital, community hospice, home and long-term/continuing care. LEAP can be used for accredited Continuing Medical Education (CME)* and inter-professional staff development. LEAP courseware is currently being used to varying degrees in Canada's 17 medical schools through the Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) Project and for accredited CME in Ontario. As of March 31, 2006, LEAP courseware has been used, tested, evaluated and revised with 957 primary-care physicians, registered nurses and pharmacists in 42 courses in 5 Canadian provinces and territories as part of the Pallium Project's (Phase II) Regional Weekend Course (RWC), Outreach Education and Continuing Professional Development initiative. LEAP courseware has also been used to support customized outreach education for remote community registered nursing practice in Canada's Arctic communities (i.e., Nunavut, Department of Health and Social Services, Home Care program) and has been adapted to support customized community health continuing nursing education for Health Canada's, First Nations and Inuit Health Branch (FNIHB). LEAP courseware is being used by Cancer Care Ontario and select Ontario universities to support inter-professional practice development among Nurse Practitioners and Family Physicians in a demonstration project to improve collaborative care for integrated, supportive cancer care. LEAP courseware has been adapted with permission in British Columbia and Alberta to support end-of-life care clinical education components of provincial chronic disease management and long-term and continuing care staff on-demand and distance education initiatives.
Resource Format	CDR with 11 Module (243 pages inclusive), full-color Facilitator Kit in PDF format; companion Powerpoint presentations in slide show format; Participant Workbook; Participant materials by Module; Courseware edition DVD of *Clinical Communication in Hospice Palliative Care* reflective discussion videos.
Alternate/Other Formats	LEAP Courseware is also available in a full-color print-based Facilitator Kit which includes the CDR and the courseware edition DVD of *Clinical Communication in Hospice Palliative Care* reflective discussion videos.

Availability/License Information	LEAP courseware is currently available for use in Canada on an End User License Agreement (EULA) basis (which is presented below), for use by qualified instructors in accredited education, health service delivery organizations (including free-standing, independent board-governed community hospice organizations registered with the CHPCA Directory of Services) and professional associations/regulatory colleges. License terms for this resource include: • Blackline Master Permission statements certifying license privileges to reproduce copyright materials for participant workbooks/individual modules. • Written permissions included on the license package CDR to mount participant modules and Powerpoint slide show files within password protected Learning Management Systems (LMS) software or behind password protected organizational intranets (to support on-demand, just-in-time staff development and e-learning based “reminder” systems.
Resource Development History	See page G-9 of the Getting Started and Use Notice section of the LEAP courseware which is reproduced below.
Peer-review Status & Continuous Improvement	LEAP courseware has been subjected to a blind-peer review of respected and knowledgeable physicians, registered nurses and a pharmacist with extensive and current palliative care medicine academic and practice experience. Reviewers include fellowship-level trained palliative care physicians and registered nurses holding the Canadian Nurses Association (CNA) specialty designation in Hospice Palliative Care nursing. Post-peer reviewed LEAP courseware was also mock-tested and critically-reviewed by 40 senior Canadian clinical palliative care leaders in August 2004. Information gathered from this intervention was incorporated in a version 1.0 of LEAP courseware which was released in February 2005. Continuous improvement information was gathered from version 1.0 use in Regional Weekend Courses (RWC) between January 2005 and March 2006. LEAP courseware Version 1.1 was released in August 2006 and Version 1.1 is currently the license version made available through the CHPCA Marketplace.
Resource Features	• Color-coded text to differentiate Facilitator-specific notes and suggestions from Participant Workbook text; icon-based prompt reminder system for the occasional use stand-up instructor/facilitator. • Integrated Powerpoint slides within the facilitator notes/companion ready-to-use Powerpoint slide show slides on the companion CDR disk. • PDF format of complete Participant Workbook in 1 page per 8”x11” page portrait format or 2 page per 11”x 8” landscape format; PDFs of Participant materials by individual PDF for individual modules and Blackline Permission Statement with reproduction rights. • Optional pre- and post- validated knowledge test with test key; post-course evaluation instrument and Commitment to Change reflective exercise instrument. • Sample/template College of Family Physicians of Canada (CFPC) MAINPRO-C application to support local applications for CFPC MAINPRO accreditation. • DVD of *Clinical Communication in Hospice Palliative Care* reflective discussion videos. • Drug Lexicon Table (i.e., Generic Name; Brand Name; References to drugs in modules)

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*The Alberta Cancer Board through it's Medical Affairs and Community Oncology (MACO) Division is the Administrative Hosting Authority for the Pallium Project – Phase II. The Pallium Project is an intersectoral community of academic, health services delivery, voluntary sector, government leaders and citizens working together to building hospice palliative care capacity as part of Primary Health Care Renewal in Canada. Major funding from Health Canada through the Primary Health Care Transition Fund (PHCTF).

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LEAP Development

How is LEAP designed to support Primary Health Care Renewal?

LEAP has been designed to achieve the following goals associated with Primary Health Care Renewal:

- Promote holistic, evidence-based palliative and end-of-life care based on a Canadian model.
- Provide health care professionals with exposure to essential knowledge, attitude and skills development to care for and communicate with patients and families, as a strategy to further enhance the responsiveness of and public confidence in, Canada's health delivery systems.
- Introduce an approach to palliative and end-of-life care education which is appropriately remedial and which addresses essential ethical and practical dimensions of hospice palliative care as increasingly expected in contemporary Canadian health delivery settings.
- Enhance collaboration between colleagues and among professions involved in various aspects of palliative and end-of-life care at the primary-, secondary- and tertiary-levels of service delivery in Canada.

Why was LEAP developed?

LEAP was developed:

- To address the many needs of patients and families with life-threatening and life-limiting illness.
- In recognition that Canada's population is growing older, that there is increased incidence of many life-threatening and life-limiting illnesses requiring compassionate, quality care, including community options.
- In recognition that there are currently many deficiencies in skills related to palliative care, including end-of-life care, of health care professionals from all disciplines.
- To support professionals who work within broadly defined team environments in the community.
- To create additional awareness for the scope and nature of comprehensive hospice palliative care.
- To address the need for a classroom-based, essential skills approach to palliative and end-of-life care which respects the unique challenges and pressures of effectively practicing in contemporary primary-care environments.

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Who is LEAP for?

- LEAP is designed specifically for the needs of busy primary health care professionals who have multiple clinical responsibilities and a broad, general scope of practice (e.g., family medicine, community health nursing, community-based pharmacy).
- LEAP is organized to introduce essential aspects of clinical case management in hospice palliative care and to introduce, in a practical way and in ways linked to practice, the holistic orientation of the CHPCA Model. Users will also find much of LEAP useful for other clinical education purposes, particularly for those circumstances where an essential foundation in hospice palliative care is sought, such as other areas of pre-professional education.
- The Pallium Project recognizes that there are a range of family, volunteer and paid providers who are essential to provide trans-disciplinary care for Quality End-of-Life Care. LEAP fits into, and is integrated with, a broader suite of resource-based learning materials in which the Pallium Project is involved.

What is LEAP's focus?

- LEAP focuses on active, end-stage care within the broader CHPCA Model and deals principally with circumstances when a life-threatening illness has transitioned to life-limiting status.
- LEAP focuses on situations that are most likely to be encountered in a community care situation, often away from ready access to the specialized resources and equipment generally associated with tertiary-level, health sciences centres and referral hospitals.
- LEAP focuses on the CHPCA Model, incorporating values, principles and norms of the model. It supports a holistic and interdisciplinary approach to care of those experiencing a life-limiting illness.

How is LEAP designed to be delivered?

- LEAP provides opportunities for health professionals to reflect on their own perspectives, values and practice in providing care to patients with life-limiting illness, with special emphasis on end-stage clinical management in the community. It supports evidence- and theory-informed practice within an experiential and group-based learning environment.
- LEAP engages learners! Participants' experience is an essential resource for learning. Individual reflection, focused presentations called theory bursts, small and uni-disciplinary group work, multi-professional large group exchange, case studies and focused, ill-structured instructional videos are used to bring participants into LEAP as full and fully accountable contributors in learning.

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- LEAP supports a critically reflective and evidence-based approach to learning in group-based, multi-professional environments. LEAP is ideally delivered in groups of 30 or less. These delivery modes have been successfully used with retreat formats as well as in traditional facility-based, classroom settings.
- LEAP uses a peer-mentor, facilitator model. Peer-mentor facilitators are generally palliative care consultant-level colleagues from medicine, registered nursing and pharmacy, and have also included those who have considerable, applied experience providing palliative care in various primary-care settings.
- LEAP is also a valuable resource for busy palliative care academic consultants with regular clinical teaching responsibilities seeking a resource that has been developed based on current best practice, peer-review and alignment with the CHPCA Model.

How was LEAP developed?

- LEAP originated in 2001. LEAP began as an intensive retreat-based experience, under the leadership of Dr. José Pereira, working in collaboration with Dr. David Weissman (EPERC - End-of-Life/Palliative Education Resource Centre), Dr. Frank Ferris (San Diego Hospice/ EPEC - Education on Palliative and End-of-Life Care) and Dr. Neil MacDonald (McGill University). In 2002, courseware was first developed through a team led by Dr. Mare Mazuryk and reviewed and tested by the Pallium Project's first Facilitator Pool. This courseware received MAINPRO-C accreditation and has been used extensively throughout western Canada as *Clinical Introduction to Palliative and End-of-Life Care for Primary Care*.
- In March 2004, colleagues from medicine, registered nursing and pharmacy began a re-development process for LEAP under the guidance of Drs. Romayne Gallagher and José Pereira. This process involved a review of two years of course evaluation data and consultative input from practicing palliative-care consultants and primary-care clinicians. In August 2004, draft courseware was developed and further refined with the input from a facilitator pool of experienced palliative care consultant-level resources.
- Earlier versions of this Facilitator Kit have been used extensively throughout western and northern Canada. To date, more than 500 primary-care professionals have participated in using and evaluating LEAP courseware.

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What Quality and Continuing Education Accreditation Assurances have been employed?

- LEAP has been developed as an active, two-way collaboration of secondary-, tertiary-level, palliative care consultants and primary-care professionals from medicine, registered nursing, pharmacy and social work. Colleagues have had the opportunity to comment, critique and revise earlier drafts of this work at critical development points.
- A modified blind-peer review process has been used. This involved experienced palliative care physician consultants, Canadian Nurses Association (CNA) certified hospice palliative care nurses and a pharmacist. The reviewers and their comments, obtained through a structured review process and blind to the principal courseware developers, were acted upon for converging themes as well as individual comments.
- Finally, professional technical writers, instructional designers and a copy editor worked with the principal courseware developers to finalize the Facilitator Kit. In March 2005, the Facilitator Kit underwent a final, independent medication review. All reasonable efforts were made to identify and convert brand-name medications to generic names and to complete medication oversight review independent of the writing of the principal courseware developers. Finally a Drug Lexicon Table was developed, which appears at the end of this Getting Started and Use Notice section.
- LEAP has been developed as a flexible, multi-professional, national resource and several options for continuing education accreditation exist. The user is directed to the Office of the Chief Clinical Educator for more information on available continuing education accreditation options.

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Module Organization

Modules are organized into eleven self-contained units with the following suggested delivery times:

Module	Suggested Time for Delivery
Module 1: Creating Context – Review of objectives – Sharing our stories – Self-awareness – Defining palliative care – *Orienting ourselves for the work*	1 hour
Module 2: Gastro-Intestinal Problems – Review of objectives – Theory burst - Nausea/vomiting/constipation/bowel obstruction – Case discussions – Ethical grid – Theory burst – Anorexia/cachexia/artificial feeding and hydration – Instructional video and large group discussion – *Goals of care with an incapacitated patient*	2 hours, 25 minutes
Module 3: Palliative Pain Management – Review of objectives – Exercise – Deciding on a prescription – Theory burst – Principles of Palliative Pain Management – Case discussion – Scenes 1 to 9 – Edmonton Symptom Assessment System (ESAS)	2 hours, 35 minutes
Module 4: Respiratory Problems - Review of objectives - Theory burst - Case discussion – Scenes 1 to 4	1 hour
Module 5: Communication – Review of objectives – Part 1 (Section 1) – Participant-driven issue identification – Part 2 (Section 2) – Reflective exercise on Death of Ivan Illych – Part 3 (Section 3 -10) – Socio-drama based video discussions – Section 3 - *Discussing Bad News* – Section 4 - *Talking About End-of-Life Care* – Section 5 – *Engaging Culture* – Section 6 – *Discussing Care with a Conflicted Family* – Section 7 – *Maintaining Hope in Advanced Illness* – Section 8 – *Goals of Care for an Incapacitated Patient* – Section 9 – *A Request to Hasten Death* – Section 10 – *Compassion in Less than a Minute* – Part 4 (Section 11) – Additional issues arising from participants	2 hours

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Module 6: Depression, Anxiety and Suffering – Review of objectives – Theory burst – Instructional video and large group discussion – *Maintaining Hope in Advanced Illness; A Request to Hasten Death*	1 hour
Module 7: Grief and Bereavement – Review of objectives – Theory burst	30 minutes
Module 8: Delirium – Review of objectives – Theory burst – Case discussions (uni-disciplinary) – Scenes 1 to 5	1 hour, 10 minutes
Module 9: Palliative Sedation – Review of objectives – Introduction to the case study – Theory burst – Large group discussion	30 minutes
Module 10: Last Days and Hours – Review of objectives – Instructional video and large group discussion – *Family Suffering in the Last Hours* – Theory burst	30 minutes
Module 11: Working As A Team – Review of objectives – Theory burst	30 minutes

LEAP Courseware, Version 1.1.
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Module 1

Creating Context

Total time suggested: 1 hour

Objectives

Upon completion of Module 1, participants will be able to:

In the context of hospice palliative care as a core primary health care service and philosophy:

- Define hospice palliative care and its basic elements.
- Explain why hospice palliative care and treatments directed at controlling the disease (e.g. chemotherapy, radiotherapy, hormonal therapy, surgery, etc) are not mutually exclusive entities.
- Distinguish between administrative and clinical definitions of when a patient is deemed to be palliative and identify the potential tension between the two definitions.
- Describe the needs of dying people and what they want from their health professionals.

In the context of self-awareness and the response to suffering:

- Analyze how past experiences with suffering, dying, and death may influence how they care for terminally-ill patients and their families.
- Describe the importance of self-awareness in caring for terminally-ill patients.

An appendix entitled "Disease-Specific Markers Indicating End-of-Life is Near" has been included in version 1.1 of the LEAP courseware.

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Module 2

GI Problems in Palliative Care

Total time suggested: 2 hours, 25 minutes

Objectives

Upon completion of Module 2, participants will be able to:

In the context of managing nausea, vomiting, and malignant bowel obstruction:

- List five common causes of nausea and vomiting in palliative patients.
- Develop an initial management plan for a palliative patient with chronic nausea and vomiting and/or constipation.
- Select an anti-emetic on the basis of the inferred underlying mechanisms for the nausea or vomiting.
- Develop an initial management plan for a patient with malignant bowel obstruction

In the context of managing cachexia, anorexia, and artificial hydration and nutrition in terminally-ill patients:

- Describe the roles of artificial hydration and nutrition (enteral or parenteral) in palliative patients.
- Describe the clinical implications of the pathophysiological mechanisms of cachexia and anorexia in patients with advanced cancer and AIDS.
- Identify situations in palliative patients where artificial hydration may be useful.
- List three pharmacological agents that could improve appetite in patients with advanced cancer or AIDS.

In the context of ethical decision-making:

- Describe a framework for making ethically-sound decisions at the end of life.

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Module 3

Pain Management

Total time suggested: 2 hours, 35 minutes

Objectives

Upon completion of Module 3, participants will be able to:

- Categorize pain according to the inferred underlying mechanism and explain the clinical utility of this classification system.
- Explain the concept of "total pain".
- Undertake an assessment (history and examination) of a patient with pain, with the aim of devising an effective management plan.
- Use a standardized tool to assess pain and other symptoms.
- Describe the factors that may predict difficulty in controlling pain.
- Apply the WHO Ladder in selecting an appropriate analgesic regimen for a patient with pain.
- List the types, formulations, and routes of administration of opioids available to you for pain management.
- List two indications for switching from one opioid to another.
- Initiate an opioid (codeine, morphine, hydromorphone, oxycodone, and fentanyl) at an appropriate starting dose.
- Address fears and concerns that the patient or family may have about opioids.
- Effectively prevent and treat common opioid-induced side effects.
- Demonstrate appropriate opioid dose titration.
- Explain when one would initiate treatment with a short-acting versus a long-acting opioid.
- Demonstrate basic management of "breakthrough pain".

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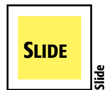
- Demonstrate appropriate conversion to long-acting formulations from short-acting formulations, and *vice versa*, when using the following opioids:
  - Fentanyl
  - Morphine
  - Hydromorphone
  - Oxycodone
- Describe the clinical presentation of opioid neurotoxicity and three strategies to manage the problem.
- Using an opioid dose conversion table, correctly determine the dose of a new opioid when switching between morphine, hydromorphone, oxycodone, and fentanyl.
- List three adjuvant analgesics for the management of neuropathic pain and describe their respective roles (i.e. first line adjuvant versus second or third line).
- List three adjuvant therapies for the management of malignant bone pain and describe their respective roles.
- Describe one adjuvant analgesic for managing visceral pain from metastatic liver involvement.

Supplementary pain theory slides have been added as an Appendix in Version 1.1. These are presented as a separate PowerPoint slide show.

Present Slides 1 and 2.



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Module 3
PALLIATIVE PAIN MANAGEMENT

"Pain is a more terrible lord of mankind than death itself."

Albert Schweitzer. *Physician*

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Module 3 Outline

Section 1 Deciding on a Prescription
Section 2 Theory Burst
Section 3 Case Discussion

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Module 4

Respiratory Problems

Total time suggested: 1 hour

Objectives

Upon completion of Module 4, participants will be able to:

- Categorize and list the causes of dyspnea in palliative patients.
- Explain the clinical implications of dyspnea being a subjective symptom.
- Describe the role of oxygen and opioids in the management of dyspnea in palliative patients with:
  - cancer
  - end-stage heart failure
  - neurological illnesses (e.g. motor neuron diseases/ALS)
  - end-stage chronic lung diseases
- Utilize a management plan that includes:
  - selecting appropriate pharmacological agents
  - selecting non-pharmacological approaches
  - addressing the underlying causes
  - communicating with families and caregivers to effectively control shortness of breath in palliative patients, including those with:
    - cancer
    - end-stage heart and lung diseases
    - motor neuron disease/ALS
- Describe the limited role of nebulized opioids for managing dyspnea in hospice palliative care.
- List two pharmacological treatments for the management of intractable coughing in patients with cancer-induced intractable coughing.

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Module 5

Communication

Total time suggested: 2 hours

Objectives

Upon completion of Module 5, participants will be able to:

- Demonstrate effective communication skills in a way that is sensitive, honest, compassionate, and attentive when engaging terminally ill patients and their families; this includes communicating in the following situations:
  - delivering bad news
  - transitioning from curative to palliative
  - responding to the question, "How long do I have to live?"
  - discussing advanced directives
  - establishing goals of care and code status
  - exploring a patient's fears
  - conducting a family conference
  - facilitating the "difficult" family conference
- Describe the considerations and current controversies surrounding establishing code status.
- Differentiate between
  - enduring power of attorney
  - personal directives
  - guardianship
  - trusteeship

  as components of advanced planning.

Note: Please remind participants that there is an Appendix of Suggested Responses to Module Questions in the Participants' Workbook.

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Module 6

Depression, Anxiety and Suffering

Total time suggested: 1 hour

Objectives

Upon completion of Module 6, participants will be able to:

- Describe the challenges of diagnosing major depression.
- Summarize the frequency of a major depression in patients with advanced incurable illnesses.
- Explain the role of psychostimulants (e.g. methylphenidate) versus more traditional antidepressants such as selective serotonin reuptake inhibitors (SSRIs) in the management of major depression.
- Describe a framework to understand suffering.
- Discuss the role of hope when facing death and strategies that allow physicians to nurture and maintain hope in a realistic yet compassionate way in the palliative setting.
- Identify local resources that could be helpful in providing psychospiritual care for terminally ill patients.
- Describe the key questions that physicians may ask of patients in the course of providing dignity-conserving/spiritual work in hospice palliative care (as postulated by Dr Harvey Chochinov).

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Module 7

Grief and Bereavement

Total time suggested: 30 minutes

Objectives

Upon completion of Module 7, participants will be able to:

- Differentiate between a "normal" grief reaction and an abnormal or complicated grief reaction.
- Identify patients at risk for developing complicated grief.
- Describe the principles of grief counselling and management, particularly from a primary health care perspective.

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Module 8

Delirium

Total time suggested: 1 hour, 10 minutes

Objectives

Upon completion of Module 8, participants will be able to:

- Describe the impact of delirium on patient comfort, family distress, and caregiver burden.
- Explain the importance of systematically screening for delirium.
- Describe the clinical presentations of delirium.
- List the common causes of delirium.
- Describe how it is possible to reverse delirium in palliative patients and when it is appropriate to attempt to reverse the delirium.
- Utilize a management plan that includes:
  - Selecting appropriate neuroleptic agents and doses
  - Addressing the underlying causes
  - Communicating with families and caregivers

  to effectively manage delirium in palliative patients.

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Module 9

Palliative Sedation

Total time suggested: 30 minutes

Objectives

Upon completion of Module 9, participants will be able to:

- Define palliative sedation (terminal sedation) and categorize the various levels of palliative sedation.
- Describe the indications for palliative sedation.
- Describe the incidence of the need for palliative sedation.
- Identify and explain the ethical and legal issues surrounding palliative sedation.
- Describe the steps for implementing palliative sedation.
- Describe how to use midazolam for providing palliative sedation for a hospice palliative care patient.

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Module 10

Last Days and Hours

Total time suggested: 30 minutes

Objectives

Upon completion of Module 10, participants will be able to:

- Describe the physical changes that would indicate that a patient is in the final hours of life.
- Prepare loved ones and caregivers for the death of a patient, including what to expect just prior to death, and what to do when a patient dies.
- Describe how one would pronounce the death of a patient.
- Describe local regulations related to pronouncing death, referring to a medical examiner, and transferring patients to funeral homes.

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Module 11

Working as a Team

Total time suggested: 30 minutes

Objectives

Upon completion of Module 11, participants will be able to:

- Describe the respective roles and challenges of various disciplines or professions (including nurses, pharmacists, physicians, social workers, volunteers, chaplains, local ministers, etc.) when caring for palliative patients.
- Define an effective team and describe how teams may be used in the community setting, in the context of caring for palliative patients and their families.
- Effectively involve, in a collaborative way, other disciplines when caring for palliative patients and their families in various settings.
- Describe the challenges and barriers to providing primary hospice palliative care in different settings, including those generated by:
  - Health professionals
  - Patients and their families
  - Administration/bureaucracy (i.e., the system).