

The Pallium Project
le projet Pallium



THE PURSUIT OF POSSIBILITY

A Report Back To Stakeholders

on

The Pallium Project - Phase II (2004-2006)

Running time 44:30

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The Pursuit of Possibility
 A Report Back to Stakeholders
 on
 Pallium Project – Phase II
 (2004-2006)

INTRODUCTION

The Pallium Project (Phase II) has been a complex, multi-faceted capacity-building project with programming streams of Outreach Education and Continuing Professional Development (CPD), Knowledge Development and Service Development and System Engagement (change). In order that stakeholders could more fully and completely understand the design elements and the manifestation of the Project design ideas and ideals, a video report back has been prepared for stakeholders from a wide-variety of Primary Health Care and Hospice Palliative Care audiences in Canada. It is designed to be accessible and responsive to a wide range of stakeholders.

The Pursuit of Possibility was developed based on semi-structured, one-on-one interviews conducted between key informants and the Phase II external evaluation consultant in Fall 2005. Prospective key informants were invited to participate based on their early and substantive involvement in Project activities. Activities profiled in this video were chosen in large part because they represented substantial Project programming activity which was also substantially developed and complete by the $\frac{3}{4}$ completion mark in the Phase II project timeline. In two instances prospective key informants who were approached declined to be interviewed and these wishes were respected. This has precluded including the perspectives of Health Canada senior officials directly within body of the video as well as an additional perspective from Atlantic Canada.

The key informant interview schedule was conducted using the following protocol which was adopted from Health Canada's, Population Health Participatory Evaluation framework. The following questions were asked to key informants based on their specific participation in the Project:

- How were you involved in the Pallium Project and within that context did you (the Project) do what you said you would do?
- Based on that involvement what has worked and what has not worked?
- What difference have the activities made? Pallium Project as a whole?
- What difference will the activities make? Pallium Project as a whole?
- What are you going to do differently as a result of being engaged in the Project?
- Anything else that you would like to discuss in the context of this interview?

From these interviews approximately 8 hours of interview footage was gathered. Following official completion of Phase II Project operations on June 30, 2006, a content analysis of the Fall 2005 evaluation interviews was undertaken using a Grounded Theory approach. From the Grounded Theory approach, content was clustered, analyzed, organized and themes identified. A strong overarching theme of working together to pursue the possibility of improved quality end-of-life care in Canada emerged as the overarching theme from the content analysis. From the content analysis the interview clips have been edited into manageable "chunks" to achieve a reasonable running time of approximately 45 minutes. This facilitates use within staff meetings and other local viewing opportunities (e.g., over lunch/pre- and post-shift). Still photographs and rolling stock collected for other purposes in Phase II have been mixed. The production is presented in the following thematic order:

SEEDING AN ENDURING CONTRIBUTION FOR HPC AS PART OF PHC RENEWAL
 SERVICE DEVELOPMENT
 HPC TELENURSING PROTOCOLS
 ABORIGINAL RELATIONS
 SPIRITUAL CARE DEVELOPMENT
 REGIONAL WEEKEND COURSE OUTREACH EDUCATION
 TEACHING-LEARNING RESOURCES
 WORKING TOGETHER (GENERATIVITY)
 AN ENDURING LEGACY

FIRST SCREEN UP

The commentaries and opinions presented herein are unscripted responses from key informant evaluation interviews conducted with principals involved in Pallium Project activities. These interviews were conducted in late 2005 and followed Health Canada's suggested framework for participatory evaluation data collection. They do not necessarily reflect the official policies of Health Canada, nor the employing organizations of members of the Pallium Project's, Community of Practice.

SCREEN UP

Imagine the possibility...
... of a time when people
Throughout our country can
live well until death as free
of undue pain and suffering
as possible surrounded by
loved ones in a setting of their choice

TITLE SCREEN UP

The Pursuit of Possibility

A Report Back to Stakeholders
on
Pallium Project - Phase II
(2004 – 2006)

SCREEN UP

From 2004 through 2006, more than 200 women and men reflecting the diversity of more than 40 academic, health service delivery, voluntary sector and government organizations implemented 71 Hospice Palliative Care (HPC) capacity building initiatives throughout Canada in support of Primary Health Care (PHC) renewal.

SCREEN UP

This work was enabled by a one-time, \$4.3 million dollar contribution from the National Envelope of Health Canada's, Primary Health Care Renewal Fund (PHCTF) and significant in-kind contributions of time, resources and ideas. We extend our deepest gratitude to Health Canada and the hundreds of collaborators who have joined together in this pursuit of possibility.

INTRODUCTORY NARRATION & FOOTAGE

The Pallium Project has evolved into one of Canada's most robust examples of a Community of Practice. CoPs are collaborations of people who share specific interests and practices and work together to advance their specific area of practice.

A CoP reflects a long-tradition of working together in Canada among neighbors and within communities to share resources, energy, and efforts in mutual inter-dependence of common goals.

It reflects a great paradox of our times. The simple idea of diligently working together to reframe the complicated question of how can we afford to provide services to an aging population - into one which enables us to navigate the complexity of ensuring that systems of care are available when patients and families need them.

In this report back to stakeholders, several collaborators in Project activities share insights about the Project's work, results-to-date and the difference it is making.

SECTION: SEEDING AN ENDURING CONTRIBUTION FOR HPC AS PART OF PRIMARY HEALTH CARE RENEWAL

TRANSITION SCREEN

The Possibility
... seed an enduring contribution to
Primary Health Care (PHC) renewal in Canada
by using public investment accountably and by
demonstrating innovation to support access
and quality across settings of care and geography

TRANSITION SCREEN

The Pursuit
... engage a range of resources from various
care and geographical settings to collectively
respond to a growing demand for HPC
"in the right place, at the right time,
by the right providers"

TRANSITION SCREEN

The Result
... demonstrable improvements in capacity to
support access to primary-care providers
with knowledge, skills and tools to work
collaboratively and make constructive change
for patients, families and local communities

Dr. Albert Einsiedel, Jr.
**Professor Emeritus/
Executive Director (1998-2004)**
**Institute for Professional Development,
University of Alberta**

You don't just plant seeds in a medium and expect it to grow. You have to fertilize it. You have to nurture it. And without Health Canada I do not think that we would have had a chance to develop the kinds of ideas into implementable projects.

Ms. Brenda Hearson
Education Coordinator (1998-2005)
Hospice & Palliative Care Manitoba (HPCM)

What I have witnessed and appreciated about Pallium is the fact that it came and it was something that was new and everyone was wondering "what is this project and what is it going to do?" What I have been privileged to witness is the fact that yes it came with an injection of money to do things that we needed to have done, but it also along with that money it came with the expertise and leadership of how to make the maximum or optimal use of that money.

Dr. Paul Daeninck
Oncologist & Palliative Care Physician
CancerCare Manitoba
WRHA Palliative Care Program
University of Manitoba, Div of Palliative Care Medicine
It's almost like the time was ripe. There was certain individuals that were making a difference in their own organization. There was a push from a variety of places. Money always helps...

Ms. Sharon Baxter
Executive Director
Canadian Hospice Palliative Care Association
I think it's had a wider scope than I thought it would at the start which is really exciting. Certainly it's a project that's thought outside the box from the start.

Ms. Jan Marie Graham
Program Director
Seniors Health & Palliative Care
Regional Health Authority – Central Manitoba Inc.
 For us to undertake something like this ourselves - it would never happen. We don't have the expertise, we don't have the time, we don't have the resources. So we need these projects to move it, and to move it forward. And it is!

Ms. Stella Swertz
Regional Palliative Care Coordinator
Sun Country Health Region &
Chair, Saskatchewan Palliative Care
Coordinators Networking Group
 Rurally we were really struggling and continued to struggle because of distance, lack of formally educated staff, lack of developed teams and even our social workers don't have a lot of palliative knowledge/bereavement knowledge.

Ms. Sharon Baxter - We're trying to push Primary Health Care reform across the country we're trying to talk about education of professionals, we try to talk about the interdisciplinary model. Pallium has used our model of Norms of Practice really well within what they do.

Dr. Paul Daeninck - When we started the idea of inter-professional education was still an idea. It wasn't really a process yet. Whereas now I think there is a process. It is surprising how quickly things have moved forward and I really do thing Pallium was helpful in getting that going.

Ms. Sharon Baxter - I think Pallium's made a huge contribution to advancing hospice palliative care in this country. One of the issues that we've had is one of attention to the issue...we've done a good job of starting to talk about hospice palliative care in various settings. We've pushed the envelope so to speak outside of those just working in hospice palliative care.

Ms. Stella Swertz - They have been a wonderful resource to rural areas for sure and wonderful for the networking coordinators as well because it certainly has given us tools to go out into our rural areas.

Dr. Mike Harlos
Medical Director, Palliative Care Program
Winnipeg Regional Health Authority &
Director, Division of Palliative Care Medicine
University of Manitoba
 I think one of the biggest differences that Pallium has made is to provide a mechanism by which the knowledge and expertise that is often quite tightly held in the big centres can be spread to the rural areas or the peripheral areas in the province where people are still dying, people still have right to expertise in end-of-life care – but there have been challenges and barriers to get that expertise.

Dr. Albert Einsiedel, Jr. - Pallium has taken off very quickly. And do you know why? I think it's because it is not a concept that grew out of one person's head. I think its a concept that might have started in Dr. Pereira's head, in Michael Aherne's head and several others. But once it was shared and once it was facilitated by resources made available by the Federal government and a lot of hands made the work light indeed, it no longer belonged to a small group of people. Pallium now belongs to everybody! And I think that is the reason for why its ascendancy, its diffusion, its acceptance has been just spectacular!

SECTION: SERVICE DEVELOPMENT

TRANSITION SCREEN

The Possibility
 ... enable systems designed for acute, short-term, emergency-oriented reaction to better support chronic progressive illness and imminent life-limiting illness across settings

TRANSITION SCREEN

The Pursuit
 ... conceive improvements in access, quality and capacity as a journey in jointly uncovering deeply-rooted assumptions embedded in existing systems and seek pathways to transform care

TRANSITION SCREEN

The Result
 ... 233 front-line coordinators/mid & senior-level managers complete 8 provincial/territorial HPC service development workshops
 ... 68 participants from 4 western provinces and 3 northern territories complete an intensive 3 day Service Development Institute
 ... Canadian HPC opinion leaders contribute to the Dying For Care communication video
 ... Shared-funding for multiple cost-shared provincial and territorial service development initiatives

Ms. Sandy Johnson
Executive Director
Hospice Greater Saint-John (New Brunswick)
 I think it's significant that Pallium - the second phase of Pallium moved beyond education. Moved into service sector development - moved into system change. This is huge and so needed because we work in a system that is a medical model of care – it is the system, the resources, the education – everything around it delivers the medical model of care which is about cure and hospice palliative care is healing. It is a fundamentally very different model of care. It requires different resources and different service delivery mechanisms.

Ms. Marie-Josée Paquin
Provincial Coordinator (2002-2006)
Alberta Cancer Board
Hospice Palliative Care Network
 We want to make sure our cancer patients and families will receive the right care at the right time by the right people.

Ms. Stella Swertz - The one thing that I think that is very important to our patients is continuity of care. And it's a huge component of care right now that I think is missing.

Ms. Carolyn Tayler
Director, Planning & Development
Fraser Health, End-of-Life Care Program &
President, British Columbia Hospice Palliative Care Assn
 I think that Pallium did allow us to actually at quite a high-level send out an invitation to CEOs and ask for representatives to come together in Vancouver and have a meeting and probably for the first time, say "where should we be going in this province?" And that was important to do.

Ms. Sharon Baxter - For someone who works in national health policy it was thrilling to get those people in the same room.

Ms. Carolyn Tayler - In all my other hats I don't think that I could have called that meeting because I really didn't have the jurisdiction to call it you might say in the positions that I was in. But I think through Pallium that had national funding to improve capacity in palliative care that it allowed us to come together and say to all the health authorities – how could we do this and what are the gaps in our province?

Ms. Sandy Johnson - It was significant that Pallium went in that direction to try to provide leadership and tools and strategies to help those of us who are on the ground either working at our local regional health authority-level or working with our provincial governments to help to inform them and to help to educate them and work with them to make the system changes that need to be made.

Ms. Sharon Baxter - They are at different spots but I think one of the values of having them come together is that they can compare and exchange stories and strategies and frameworks and mentoring.

Ms. Brenda Hearson - One of the things that I have really witnessed through the Pallium Project is how it has made our country feel so much smaller in the world of palliative care.

SECTION: HPC TELENURSING PROTOCOLS

TRANSITION SCREEN

The Possibility

... leverage the early leadership of one jurisdiction as a strategy for longer-term 24/7 access and after-hours support by researching the service potential of HPC tele-nursing protocols for primary-care health lines

TRANSITION SCREEN

The Pursuit

... an Action Learning project by senior nursing HPC program leaders in western Canada to establish a framework for application/transferability to other Canadian health regions/authorities and provinces/territories

TRANSITION SCREEN

The Result

... a comprehensive “road map” or Framework for Hospice Palliative Care (HPC) Enhancements within an Existing Health Call Centre Program

... multi-media briefing materials and a case study of lessons learned from development, testing and implementation in one of Canada's largest integrated health delivery systems

Ms. Brenda Hearson - one of the biggest challenges in providing palliative care in the rural regions is the lack of 24 hour coverage. And one of the ways that I see this as being possible or to enhance the 24 coverage in the rural regions is the telehealth nursing project.

Ms. Marie-Josée Paquin - We were able through Pallium to leverage some ideas, dreams that both - the Alberta Cancer Board and BC Cancer Agency had and move them forward. The telenursing protocols project – that was something that initially was a dream of this ABC – we call it ABC - Alberta British Columbia – and Pallium gave us the opportunity to leverage this original idea that was shared with other nursing leaders.

Ms. Velda Clark

**Director, Palliative Care Services
Regina Qu'Appelle Health Region**

A group in Vancouver we discovered had started a small pilot project doing exactly this. And they had outcomes that were remarkable. So we built on what existed rather than reinventing.

Ms. Carolyn Tayler - The surprise was maybe how much agreement there really was about what was needed. Always what you find I think when you start talking to people is that your problems are probably more similar than you think and in some ways the solutions are too.

Ms. Velda Clark - To be able to in the middle of the night if someone is dying at home and it's 43 below and there's a blizzard and you live 243 kilometers from your nearest tertiary centre you can call and have a nurse on the end of the line, who will very calm and with confidence, competence, compassion and she will have a slate of palliative care specific information to guide you through.

Ms. Carolyn Tayler - And it will practically mean that especially patients in rural areas where there is no after hours and night service – it's going to mean that they have a number to call. A place to get reassurance. It doesn't mean that we can always handle everything over the phone. But our experience in Fraser Health is that 50% of the calls can be handled just by a telephone call.

Ms. Velda Clark - We believe in it, we know there is a need, and we know that most people in our country have phones. Now it's to talk to the health lines about how they are going to take these protocols and build them into their system. And it is doable!

Ms. Carolyn Tayler - When we can go with a product to ministries of health and call centres and say, “hey we have a workbook, we have a tool, we've done this work somewhere else. Let's explore taking it up.” Number one - that really gives them a challenge to take it up.

Ms. Velda Clark - I am grateful to this initiative that we have had the opportunity to even have the opportunity to even think about this kind of cutting-edge, front-line, easy-access medicine.

Ms. Carolyn Tayler - I think there is potential for it to be Canada-wide. The principles and the developmental work that we have done could be adopted anywhere. I've kind of used the analogy of a car. We built the prototype of the car, but obviously the model and the paint color and whether you need a block heater or not is going to depend on where you buy the car and where you are going to run the car. So we know that other provinces and other jurisdictions might need to it somewhat differently and that's okay.

Ms. Marie-Josée Paquin - If Pallium would have not been there – this tele-nursing protocols which is so crucial for 24/7 access for patients would have never been implemented.

Ms. Carolyn Tayler - I think it will also ask other jurisdictions and regions to say “what services are you providing for patients overnight?” And it will force them to answer that question. And if the answer is no then I hope they will do something about it.

SECTION: ABORIGINAL RELATIONS

TRANSITION SCREEN

The Possibility

... help transform how Aboriginal clients and families are engaged locally at times of life-threatening and life-limiting illness

TRANSITION SCREEN

The Pursuit

... a multi-faceted Action Learning response of learning resource development and community-based education which bridges and brokers

TRANSITION SCREEN

The Result

...a pan-Canadian multi-media courseware kit

...a national Aboriginal-led peer-facilitator network

... 310 participants in 7 *Creating Communities of Caring with Aboriginal Clients and Families* workshops in collaboration with Hospice & Palliative Care Manitoba/Manitoba RHAs

... model adapted for B.C., Saskatchewan, Ontario

Ms. Jan Marie Graham - We know that we have some crises around Aboriginal needs and Diabetes is their terminal illness and that's not right.

Very Rev. Stan McKay

Elder/Educator &

**Moderator (Former), United Church of Canada
Fish River Cree Nation, Manitoba**

I think the potential is there to highlight that as Aboriginal persons we have something to offer to the total vision in the society around palliative care. I think we have been recipients of clinical models of care and of western medicine and in this particular project, I think we will now move to another level of participation and make some contribution to the Pallium Project.

Ms. P. Gaye Hanson

**Aboriginal Relations Consultant, Pallium Project &
President, Aboriginal Nurses Association of Canada
(2005-**

There have been people that have identified new learnings. We had one woman stand in one of the communities in Northern Manitoba and say “I have worked with Aboriginal people my whole life and this is the first that I have heard of the impacts of colonization and residential school.” There was profound shifts for people.

Ms. Cheryl Smith

Regional Palliative Care Coordinator

North Eastman Health Association (Manitoba)

I think the whole concept about the schooling and history. I think we have preconceived ideas about what it was like but to have it actually explained through the eyes of somebody who has been there and done that and then who has moved through our system, the more western system has been very insightful for many people.

Darby Johanson

Regional Palliative Care Coordinator

NOR-MAN Regional Health Authority (Manitoba)

We have a huge Aboriginal population up north. And it was a shock! More than a surprise, it was a shock at the number of people who attended for the day who were really naïve and truly did not understand.

Jan Marie Graham - They had never thought of residential care having an impact on a health care system and the care that was expected and the trust or mistrust that they put in white caregivers.

Cheryl Smith - Were really hoping that it brings us together because there has been divisions, just cultural divisions, lack of understanding and there has been several attempts to bridge those gaps.

Darby Johanson - I think what it did that day was really develop the respect for some of the challenges that our Aboriginal population have faced in the past and how those challenges are influencing, extremely influencing their lives today.

Jan Marie Graham - We burst some myths for some people. So they have to reexamine some of their philosophies and some of their beliefs around Aboriginal needs. And I think that people are now saying to us as a region, what are you going to do. We need the support, we need this help. What sort of programs are available to us.

Darby Johanson - This workshop has really spurred on the cultural learning curve in our region, both in terms of culture for the Aboriginals and also for palliative care.

Jan Marie Graham - This was a bit of a first taste for people and it just made them aware of how much they don't know in terms of working with the Aboriginals. So that's huge! I mean if we can do that the rest will be easy.

SECTION: SPIRITUAL CARE DEVELOPMENT

TRANSITION SCREEN

The Possibility

... leverage local interest/expertise to fast track pan-Canadian competency identification and baseline curricula for HPC spiritual care provision

TRANSITION SCREEN

The Pursuit

... a coast-to-coast peer/colleague based Action Learning project and a community-based educational “learning laboratory”

TRANSITION SCREEN

The Result

... Canada's first descriptive competency map for the professional HPC spiritual care provider

... Canada's first comprehensive integration of spiritual care curricula in HPC

... Canada's first CAPPE accredited Clinical Pastoral Education (CPE) specifically in Hospice Palliative Care

Rev. Dan Cooper

Chaplain, Palliative Care Services

Regina Qu'Appelle Health Region &

Spiritual Care Development Consultant, Pallium Project

It began with I suppose a personal passion and some shared vision in my own program in palliative care with some other colleagues who felt this was something that we could do. That there would be the potential for the development of a competency-based education in spiritual care for hospice palliative care. It's never been done before and we wanted to do it. So this was the opportunity to do it and I have to say there was lovely synergy of people, time and opportunity.

Ms. Velda Clark - We had the mechanism and the opportunity to do this. We needed dollars to support Dan to do it. But Dan had the wisdom, experience and ability. And from this very quickly launched a curriculum. People came to Regina and had this experience, a 12 week experience with us.

Ms. Sandy Johnson - Just like health care professionals, all religious professionals do not necessarily have enough training or skills in their original training with death and dying and grieving and what are the spiritual issues related to that and opportunities for support. So, there is a need for continuing education in that field and so it was wonderful to be able to send our professional away to get that education.

Ms. Velda Clark - It surpassed my expectation from where we actually got it to go to in the time we had. It surpassed my expectation with the people who came to us for training. Just how alive they became and the joy that they left with – knowledge, ability, skill.

Rev. Dan Cooper - I think the degree of enthusiasm that the students have shown, the learners in the summer intensive training units, the "learning laboratories" that we undertook to test out this curriculum. Their excitement in the whole process has been quite a rewarding experience. And there is a lot of interest in learning about hospice palliative care.

Ms. Velda Clark - We immersed them in every piece of palliative medicine looking at spiritual suffering throughout a continuum of care. So, they saw people in the cancer centre, at home, in acute care, in the hospice and even people who were bereaved. And how did spiritual suffering affect every aspect of that continuum.

Ms. Sandy Johnson - I think that whole program is significant to help to elevate spiritual care to the point that it needs to be in end-of-life care. I work for a community hospice. We're the psychosocial, spiritual component of care. We know were equally as important to the medical piece of care and our medical colleagues acknowledge that. But often the medical piece takes priority. The resources, they take priority on resources and things like that. This I think is significant in starting to reposition and position appropriately where spiritual care belongs.

Dr. Paul Daeninck - They're just as important if not more important because in that last – let's pick a time – that last three months of life often there's an awful lot work that the patient and family need to do and spiritual or pastoral care are so important for that.

Rev. Dan Cooper - This is part of a national process which is slowly becoming more knit together as people become acquainted with one another. And it's leading probably to a more collaborative and interdisciplinary approach.

SECTION: REGIONAL WEEKEND COURSE

TRANSITION SCREEN

The Possibility

... redefine professional development experiences for primary-care professionals to support constructive practice change by aligning the ways they learn with the ways they need to work, while making it accessible/responsive

TRANSITION SCREEN

The Pursuit

... an intensive, small-group multi-professional learning experience delivered within a local health region to support adoption of essential knowledge, skills and attributes for responsive end-stage, clinical care in community settings

TRANSITION SCREEN

The Result

... over a 24 month period some 957 primary care physicians, RNs, pharmacists and others in 40 courses held within 5 provinces/territories completed a 13 hour intensive immersion in palliative & end-of-life care essentials

... a pool/network of clinicians with HPC expertise available "as needed, as available" as experienced facilitators

... observable changes in how providers are approaching HPC locally and engaging each other as professionals

Dr. Paul Daeninck - It was the rural areas that needed the most focus right off the bat. How are we going to engage these people? What are some of the unique ways to have education delivered to them or to get them involved in education? Bringing them out from their place and plunking them into a large centre isn't always the best thing to do nor is it the easiest to do.

Ms. Marie-Josée Paquin - You want to build a specialized palliative care consultation team? If you want to build that your number one baseline training should be a rural weekend course.

Ms. Brenda Hearson - Those weekends have been very successful I think in re-confirming a passion or a compassion within people for palliative care. They've really sparked the interest and enthusiasm that is needed to continue that learning and affecting change of practice in their local communities.

Ms. Joan Rooke
Coordinator, Outreach Education (2004-2006)
The Pallium Project, Phase II

People don't know each other and who are the keys in their region sometimes. I guess it's that isolation. I am surprised at how bringing things together and having this regional weekend course just opens up so many more doors...

Ms. Merle Teetaert
Regional Palliative Care Coordinator
Assiniboine Regional Health Authority (Manitoba)

I know from people who have attended it has made a change in how they looked at palliative care.

Ms. Jan Marie Graham - Just bringing all those disciplines together into a room. Its amazing how people learn from each other and how much appreciation there was for different viewpoints. And people were tolerant of each other. And people challenged each other but there was respect in the room.

Ms. Joan Rooke - The nurses maybe are seeing physicians that they thought were just grumpy physicians or whatever – they don't think their interested in palliative care and they start seeing them in the course and they start seeing the questions they are asking – they're like wow "this person knows something, I am going to call them up, they're really interested" where maybe this physician is just really busy in his multiple patient practice and palliative care may slip to the side.

Dr. Paul Daeninck - Physicians at one time would be able to say "I don't need to worry about that, that's somebody else's problem." Or "my job is to cure, my job is not to care about the patient." When something is happening in your own backyard and everybody else is buying on, it becomes very difficult for you to become ignorant or to pass it off as something different. And I do think that Pallium has brought that focus up.

Ms. Jan Marie Graham - Who can deny dignity-conserving work is bad? It just kind of levels the ground for us all I think and gives people a sense that this is kind of hallowed ground we are walking on here you know... It's a bit of a philosophical shift and that may not seem big to some people but for some of our staff that's been a huge thing...

Ms. Cheryl Smith - They are all speaking the same language now and that's an incredible gift that we have been given.

Ms. Brenda Hearson - The caregivers that have attended those, whether they be the physicians, the nurses, the pharmacists have recognized perhaps what they didn't know or perhaps more importantly what their colleagues don't know. And they have gained knowledge that they put into their practice for themselves and share with others.

Ms. Stella Swertz - The nurses rurally function much better now on their own. We get way less phone calls than we used to get. The phone calls were getting now are certainly now more complex.

Ms. Joan Rooke - I think most people are very pleased to have that group of people together. To see the skills that everyone can bring.

Ms. Stella Swertz - The weekend course through vignettes and case studies gave them the advantage of going in and saying – if you look at bereavement issues for example, here's what we can do to help you – here's what we know, here's what we can proceed with. And they were more comfortable with their own responses because they had been through the weekend course.

Ms. Darby Johanson - The one outcome that we never really thought about until we did reflection following the event was the team building that occurred during the weekend.

Ms. Jan Marie Graham - We're teaching them the value of the work and were also teaching them the value of teamwork. And we haven't had a lot of that.

Ms. Joan Rooke - I think I have heard a lot of that type of comment. "Wow, you know it's really nice to work with someone who has been to the course and who has now the same knowledge that I do and we can work on that together and see where we need to build" a future for palliative care in their area.

Ms. Cheryl Smith - The enthusiasm that people have after they have taken the course is remarkable. To me that is one of the unintended outcomes.

Ms. Joan Rooke - Every region or health authority will get out of it what they want to get out of it, but the opportunities are great. Because if you take a champion who comes to that course and thinks "I can do this – I can spread this out to the greater population of health care workers" they will – because that is how the course is set up.

Ms. Stella Swertz - Rurally we really, really need education. We need people who are willing to come to us because we aren't offered a lot of dollars...so if your expected to go out and enhance other people you need to be able to access things like Pallium. And it's wonderful that they have come to us...

Dr. Albert Einsiedel, Jr. - Pallium has helped to bridge "town and gown." It has also helped to bridge the people who are in search of learning experiences and those who are able to facilitate those experiences.

Ms. Brenda Hearson - I see that's its been that kind of spark or the seeds that are being planted across the regions and are there now there to germinate and grow.

SECTION: TEACHING – LEARNING RESOURCES

TRANSITION SCREEN

The Possibility

... build robust HPC professional development and decision support materials by integrating the diversity, experience, insights and wisdom of recognized authority sources and skilled practitioners throughout Canada

TRANSITION SCREEN

The Pursuit

... use "concurrent engineering" principles to fast-track new HPC resources, embed pan-Canadian peer-review into HPC resource development, introduce licensing models to support local adoption, and partner with others to repurpose existing resources

TRANSITION SCREEN

The Result

... 14 new major professional development resources to support primary-care professionals with a range of common clinical issues across various settings of care and the HPC continuum of care

Dr. Albert Einsiedel, Jr. - Pallium has helped organize not just two or three persons ideas, but ideas from many sectors, many professions, many regions – urban, rural, many disciplines. People in the community with people in the academic community.

Ms. P. Gaye Hanson - I started off as a broker of other people's information and have become a repository of a rich sense of knowledge and wisdom... I believe it allowed the one elder advisor that has now passed on an opportunity to give meaning to her life. That her ability through the end stages of her life to contribute to this initiative became a very important priority and her leaving a personal legacy behind.

Rev. Stan McKay - It really has been a fluid process and I think the resource has been tested adequately to know that it is relevant, necessary in non-Aboriginal and Aboriginal community.

Dr. Paul Daeninck - The LEAP is really nice. Again inter-professional can be used in number of different ways and that's an excellent legacy piece. I don't think anyone was well-organized enough and far enough along to put this together and say look what we've got.

Ms. Merle Teetaert - The LEAP courseware as it stands now is an incredible piece of work that totally illustrates the complete care of body, mind and soul of a person in the palliative care phase.

Ms. Cheryl Smith - The LEAP courseware has made a difference in that it has really brought credibility to palliative care in general and also has given credibility to the people who have facilitated the courses.

Ms. Stella Swertz - The handbook I have resourced to absolutely every facility. I mean they use it all the time. You know you'll go into a little community and it's all stickered off and they'll have it out right out with their physician saying "yes, but this is what the Pallium workbook tells us to use and they'll try it."

Ms. Merle Teetaert - It is an incredible package now the way it is set up. It shows the hard work of individuals sorting out what needs to be in. I think it is a tribute to many people who have been involved since the beginning.

Dr. Paul Daeninck - They actually showed the final bit of LEAP at the last EFPPEC symposium. And every school brought home one. It's really a good thing. It's an excellent tool to use for education.

Ms. Cheryl Smith - It's an incredibly concise, well-documented version of what we initially talked about five years ago.

Ms. Merle Teetaert - It's the tool that we have been waiting for bring in palliative care to take teaching forward.

Ms. Velda Clark - If I could look at one project that made a huge difference probably the Spiritual Care initiative was one of the greatest because the outcome is demonstrated and there is a complete curriculum now that we can share.

Ms. Sandy Johnson - We are translating that education as much as we can through workshops. It has certainly impacted the training of our volunteers and any of the professional training that we're doing.

Dr. Mike Harlos - At this point of it's lifespan there is a lot of drive towards sustaining momentum of what it's done – that's insightful and generous – because it does involve sharing resources that Pallium has developed through their project and sharing them in sometimes even relinquishing profile and control to other bodies of palliative care service delivery.

Dr. Robin Fainsinger
Clinical Director, Regional Palliative Care Program
Capital Health &
Director, Division of Palliative Medicine
University of Alberta

Pallium has been successful in creating some wonderful core curricula that are extremely useful now and they will continue to be useful in the future. But one of the things that they are going to require to continue to be useful is an infrastructure and support that allows an ongoing evaluation so they continue to stay current.

SECTION: WORKING TOGETHER – GENERATIVITY

TRANSITION SCREEN

The Possibility

... find practical, meaningful ways to work together to build HPC capacity with reciprocal benefits for personal learning, growth and change and reinvestment in one's own local capacity

TRANSITION SCREEN

The Pursuit

... create opportunities for service/system improvement, teaching-learning and resource development which respects effective use of busy professionals' time, supports community and enables access to the results of the collective effort

TRANSITION SCREEN

The Result

... a vibrant, pan-Canadian Community of Practice

Dr. Albert Einsiedel, Jr. - It is the people who work with these initiatives who are at ground zero so to speak who will perhaps tell you if they haven't yet, how it has touched them, how it has enhanced their opportunities for career development, how it has stimulated their minds, sharpened their competencies, enabled them to provide better service.

Dr. Robin Fainsinger - With the resources that Pallium brought it started to bring together people more frequently and often to discuss issues around education and innovation in palliative care that we never had the opportunity to do nearly as frequently before.

Ms. Merle Teetaert - We've gotten to know people across all western Canada. It has been a huge link. I think its probably helped to join the palliative care world and for us to realize what a small world that really is but how similar we all are.

Ms. Sandy Johnson - Pallium is a key leadership piece and a key support piece to helping us do the work that we need to do and I can tell you we are desperate for it!

Dr. Paul Daeninck - I am also excited because I learn out of all of this. Medicine doesn't prepare you for anything other than clinical care of a patient. That's the formal way that Medicine has been structured in the past. But when you get out into the real world there is a heck more to it than that and I think Pallium was really important in kind of opening my eyes to that.

Ms. Stella Swertz - I've spent 22 years as a maternity nurse and I can tell you that we were never given this advantage in a maternity rural setting, so to move into a palliative setting and be given these tools and these opportunities is amazing!

Ms. Sandy Johnson - While we got involved in that because we were just passionate and believe so strongly in it and want to make that happen has just had tremendous benefits to the organization that I work for in terms of it's terms of its profile and recognition and leadership responsibility. So that's been a wonderful outcome.

Dr. Mike Harlos - I think it was quite visionary – because to be honest - before Michael and Jose kind of got this going I didn't really appreciate A) the degree of the gap and B) the mechanisms by which that can be addressed.

Ms. Carolyn Tayler - For a number of us who are in leadership roles in palliative care in B.C., I think it's probably caused us to look at how we are organized and how we move ahead more synergistically for change.

Ms. Brenda Hearson - The Project has challenged us to think about how can we be more effective in doing the work we're doing and how can we more effectively help to change the practice of those around us. So rather than being frustrated and feel that were not making a difference I think it's challenged us to think about how we can do that more effectively.

Rev. Dan Cooper - It's generated quite a bit of discussion in my own profession to begin with and quite a bit of interest in some of the others.

Ms. Merle Teetaert - All of the facilitators who I have worked with have also told the group that they're with "we all learn." Every weekend we teach, we learn. And so that I think it reinforces that it is a never ending learning piece.

Ms. Stella Swertz - They have been a wonderful resource to rural areas for sure and wonderful for the networking coordinators as well because it certainly has given us tools to go out into our rural areas.

Ms. Merle Teetaert - We feel more confident in our ability to teach about palliative care.

Ms. P. Gaye Hanson - There was just an amazing coming together of energies where this project showed up at a time where the people needed to hear the information... We had just so many different grieving processes and loss processes that were being supported in community while learning at the same time.

Sandy Johnson - Just bringing people and leaders in the field together to create that kind of synergy and energy and commitment to working together is just significant.

Dr. Paul Daeninck - There is a lot of good energy here - when you talk to people. There's a lot of things that other people are doing and you're wanting to kind of work with them. You don't want to work in silos...

Ms. Brenda Hearson - It takes perhaps one or two key people within a region feeling like they are alone in promoting this palliative care effort to a much more wider group of people that are out there.

Ms. Sandy Johnson - We can learn so much more from each other, we can borrow from each other, we can share with each other, we can learn from each other, we can support one another.

Ms. Jan Marie Graham - Pallium has done great for us. I think it is one of the best things that has happened to palliative care – ever!

SECTION: AN ENDURING LEGACY

TRANSITION SCREEN

The Possibility

... contribute where it makes sense to make unique and enduring contributions which support, nourish and amplify good work going on locally

TRANSITION SCREEN

The Pursuit

... do what you say you will do, check in frequently to ensure efforts are continuously relevant, support community processes and share ownership

TRANSITION SCREEN

The Result

... contribute to an enduring legacy of tools, resources, ideas, relationships and capacity to support people in Canada during a time of great change

Dr. Paul Daeninck - I remember that is one of the key things when we started Pallium in the first iteration. It was "we need to build capacity." Well guess what! The capacity is being built! It's there, you see it – you see it across the country and you see the support that Pallium has lent to various projects across the country.

Ms. Cheryl Smith - In the big picture Pallium has really opened a lot of eyes across Canada, especially western Canada where this basically started but now has expanded into eastern Canada into the Maritime provinces. And that's incredible and we're still getting people calling. I am getting people calling from Ontario saying when is it coming to us? It's just snowballed.

Dr. Albert Einsiedel, Jr. - I think there are probably more unintended consequences of this initiative. But the one that surprised me and pleasantly so is the rapidity with which the idea of Pallium has been embraced by many different sectors.

Rev. Dan Cooper - I believe it is part of a national process that it taking place, a ferment that is building in a number of the disciplines to have a more coherent, accountable program of education and qualification for this kind of work, so we can bring good quality of care to the bedside.

Dr. Robin Fainsinger - One of the legacies is the experience of the people who have been involved. And that experience will continue in the areas that people work in the different cities and rural areas... They will then be the teachers and educators for the next generation of people who will do clinical work and education and research in palliative care.

Ms. Jan Marie Graham - People are saying to us now, what next? Okay, that was level one, now were looking for level two.

Ms. Velda Clark - I think three years gave us a start, a great head start now where can we go from here. And what are the next steps so that it just doesn't fall off the radar screen.

Ms. P. Gaye Hanson - There is much work to be done and we have just a wonderful start. That there's committed minds and hearts across the country beginning to work together on this.

Rev. Stan McKay - We are remembering how to be palliative caregivers in Aboriginal community... I believe we are really remembering what we used to be able to do in our communities and we may find enough health and strength to do it effectively again.

Dr. Robin Fainsinger - Pallium clearly has great potential to help us continue with innovation education, both locally in our large urban areas or rural areas and in distance education but it will only be able to do that if the resources continue to exist to allow us to do that...

Ms. Sharon Baxter - I think that Pallium needs to have a national legacy. Hoping it goes into another phase, but depending on what that phase looks like I still think there needs to be a national legacy.

Dr. Paul Daeninck - It's important for people to know that Pallium came out of just a few ideas but when you look at the legacy of the Project thus far – were not at the end yet. We certainly see tangible benefits all over the place.

Ms. Velda Clark - You have to always remember that is what our work is about. It's about making change for patients and families. How do we do this work more, how do we do this work better.

Ms. P. Gaye Hanson - I truly believe that the work at end-of-life in palliative care can begin a ripple effect that will move through the health care system. And it's a ripple effect of heart-based, spiritual care that is truly more compassionate, more responsive to diversity and to the needs of individuals and families. So I am very hopeful that it is going to start something very big in the health system.

CREDITS

FIRST CREDIT SCREEN

The Project extends its deep gratitude to the patients and families of the Palliative Care Services program of Regina Qu'Appelle Health Region who graciously opened their homes, hospital and hospice rooms to us to share their commitment to live well until death in the hope that it will help others

SECOND CREDIT SCREEN

Key Informant Interviewees

THIRD CREDIT SCREEN

Jan Marie Graham, RN, MN, CHPCN(c)
Regional Program Leader
Seniors' Health and Palliative Care Services
Regional Health Authority – Central Manitoba Inc.
Portage La Prairie, Manitoba

FOURTH CREDIT SCREEN

Darby Johanson, RN, CHPCN(c)
Regional Palliative Care Coordinator
NOR-MAN Regional Health Authority
The Pas, Manitoba

P. Gaye Hanson, RN, BScN, MPA
President, Hanson & Associates Management Consulting
Aboriginal Relations Advisor, Pallium Project
President, Aboriginal Nurses Association of Canada (ANAC)
Whitehorse, Yukon

Dr. Albert Einsiedel, Jr. - What is sustainable here like many great institutions are the foundational ideas. Innovation, the idea of participation, the idea of collaboration, the meeting of the minds, the willing to work in an interdisciplinary and multidisciplinary context, the willingness to suspend disbelief and keep the mind open and to explore. And these I believe are not unique to Pallium, but they are embraced by Pallium. And for as long as these foundational principles are alive, Pallium will evolve just like any other institution. And that is the legacy.

EXTRO SCREEN ONE

Client participant from Regina moves to peaceful rest

The future belongs to those who
believe in the beauty of their dreams
Eleanor Roosevelt

EXTRO SCREEN TWO

In September 2006, by unanimous vote of it's Board of Directors, the Canadian Hospice Palliative Care Association awarded the Pallium Project the Canadian Hospice Palliative Care Leadership Award in recognition of it's efforts in positively impacting the Hospice Palliative Care movement in Canada.

EXTRO SCREEN THREE

It is respectfully received recognition by the women, men and teams throughout the country who have enthusiastically worked together to improve the quality of living and dying in Canada.

Stakeholders interested in future directions of The Pallium Project should periodically check www.pallium.ca

RUN TIME TO THIS POINT: **44 MIN, 29 SECONDS**

FIFTH CREDIT SCREEN

Cheryl Smith, RN, BN, CHPCN(c)
Regional Palliative Care Coordinator
North Eastman Health Association (RHA)
Pinawa, Manitoba

Very Rev. Stan McKay
Educator, Dr. Jessie Saulteaux Resource Centre
Elder, Aboriginal Leadership in the Circle
Moderator (Former), United Church of Canada
Fish River Cree Nation, Manitoba

SIXTH CREDIT SCREEN

Rev. Dan Cooper, BA, MDiv
Chaplain, Palliative Care Services,
Regina Qu'Appelle Health Region
Former Chair, Spiritual Care Interest Group
Canadian Hospice Palliative Care Association (CHPCA)
Regina, Saskatchewan

Velda Clark, RN
Director, Palliative Care Services
Regina Qu'Appelle Health Region
Regina, Saskatchewan

Sandy Johnson
Executive Director
Hospice Greater Saint-John
New Brunswick

SEVENTH CREDIT SCREEN

Dr. Paul Daeninck, MD, MSc, FRCPC
 Chair, Symptom Management Group,
 CancerCare Manitoba
 Assistant Professor, Faculty of Medicine,
 University of Manitoba
 (Acting) Medical Director
 Palliative Care Program,
 Winnipeg Regional Health Authority
 President
 Canadian Society of Palliative Care Physicians (CSPCP)
 Winnipeg, Manitoba

EIGHTH CREDIT SCREEN

Brenda Hearson, RN, BN, CHPCN(c)
 Education Coordinator (1998-2005)
 Hospice & Palliative Care Manitoba (HPCM)
 Graduate Student, Evidence-Based Nursing
 Practice in Cancer Care, Palliative Care and
 Cancer Prevention Program,
 University of Manitoba
 Winnipeg, Manitoba

NINTH CREDIT SCREEN

Marie-Josée Paquin, RN, MSc
 Provincial Coordinator (2002-2006)
 Hospice Palliative Care Network (HPCN) &
 Project Manager,
 Medical Affairs & Community Oncology
 Alberta Cancer Board
 Calgary, Alberta

TENTH CREDIT SCREEN

Carolyn Tayler, RN, BN, MSA, CON(c)
 Director, Planning & Development,
 End-of-Life Care Program, Fraser Health Region
 President, BC Hospice Palliative Care Association
 Chair, BC Learning Centre Team
 Surrey, British Columbia

ELEVETH CREDIT SCREEN

Joan Rooke, RN, BN
 Outreach Education Coordinator
 Pallium Project (Phase II)
 Edmonton, Alberta

Merle Teetaert, RN, CHPCN(c)
 Regional Palliative Care Coordinator
 Assiniboine Regional Health Authority
 Deloraine, Manitoba

TWELTH CREDIT SCREEN

Stella Swertz, RN
 Palliative Care Coordinator
 Sun Country Health Region
 President,
 Saskatchewan Hospice Palliative Care Association
 Weyburn, Saskatchewan

Dr. Albert Einsiedel, Jr., PhD
 Professor Emeritus, University of Alberta
 Executive Director (1998-2004)
 Institute for Professional Development,
 University of Alberta
 Calgary, Alberta

THIRTEENTH CREDIT SCREEN

Sharon Baxter, MSW
 Executive Director
 Canadian Hospice Palliative Care Association (CHPCA)
 Ottawa, Ontario

Dr. Mike Harlos, MD, CCFP, FCFP
 Professor, Faculty of Medicine, University of Manitoba
 Medical Director, Palliative Care Program
 Winnipeg, Manitoba

FOURTEENTH CREDIT SCREEN

Robin Fainsinger, MBChB, CCFP
 Clinical Director
 Regional Palliative Care Program
 Capital Health
 Director, Division of Palliative Medicine,
 Faculty of Medicine, University of AIDr. Alberta
 Edmonton, Alberta

FIFTEENTH CREDIT SCREEN

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Dorian Frère
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SIXTEENTH CREDIT SCREEN

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SEVENTEETH CREDIT SCREEN

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 Medical Media Group, Regina Qu'Appelle Health Region

EIGHTEENTH CREDIT SCREEN

Additional Still Photography
 Photo OB173 appears courtesy of the
 Missionary Oblates, Grandin Collection
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NINETEENTH SCREEN

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