THE PALLIUM PROJECT
A professional community of clinicians, educators, and academics engaged in building Canada’s palliative care capacity together.

Palliative Care Leaders

PROFILE OF MAJOR AREAS OF RESPONSIBILITY AND RELATED TASKS
MARCH 2002 (REVIEWED BY PARTICIPANTS)

Facilitated by:
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PALLIUM is a health human resource project focused on significantly improving access to system-linked education and professional development in palliative and end-of-life care for Canadian health care professionals and citizen-consumers, particularly in Alberta, Saskatchewan, Manitoba and North West Territories. The PALLIUM Project has received catalytic funding by Health Canada, under Budget '99 provisions creating the Rural and Remote Health Innovations Initiative (RRHII).

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**Project Hosting Authority**
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**Founding Academic Partners**
University of Alberta
- Division of Palliative Medicine, Department of Oncology
- Academic Technologies for Learning, Faculty of Extension
- Institute for Professional Development, Faculty of Extension
- Division of Continuing Medical Education
- Division of Outreach Pharmacy Education, Faculty of Pharmacy and Pharmaceutical Sciences

University of Calgary
- Division of Palliative Medicine, Department of Oncology
  - Office of Continuing Medical Education and Professional Development

University of Manitoba
- Section of Palliative Care, Department of Family Medicine

University of Saskatchewan
- Palliative Medicine Program, Department of Family Medicine and Department of Oncology

**Founding Health Service Partners**
Alberta Cancer Board, Research Administration
Calgary Regional Health Authority (CRHA)
Capital Health Authority, Edmonton
Caritas Health Group, Edmonton
Chinook Health Authority (Alberta)
East Central Health (Alberta)
Inuvik Regional Health and Social Service Board
Lakeland Regional Health Authority (Alberta)
Regina Health District
Saskatoon Health District
Stanton Regional Health Board, Yellowknife
Winnipeg Regional Health Authority

**Other Founding Partners**
Rural Physician Action Plan (RPAP), Alberta
Alberta Palliative Care Association
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Michael Aherne, PALLIUM Project Consultant
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February, 2002
A Note on the Application of Occupational Analysis Methods
to Health Professions’ Education and Professional Development

The DACUM approach to educational program development has become widely known in Canada and the United States over the last 30 years as an effective means to involve front-line staff and leaders in the design of learning. It is based on the assumption that the people who actually perform a role or oversee it being done are the people who can best describe the role functions. The purpose of this modified DACUM workshop was to identify Major Areas of Responsibility and Major Tasks for health care professionals providing primary-level palliative and end-of-life care.

The DACUM approach is a systematic, analytic and descriptive process of gathering, documenting and analyzing information about actions that people in a particular role or job take in performing the tasks incumbent in that role. In this sense it is both explanatory and predictive as a needs assessment protocol. It also has the potential to lend itself well to the goal of designing education and professional development that is clearly linked to better patient care and quality and compassionate care outcomes.

This profile chart lists the major areas of responsibility and related tasks performed in this occupation.

The major areas of responsibility are listed vertically along the left-hand margin, in bolded boxes. These bolded boxes contain the title and alphabetical designation for each major area of responsibility (such as A, B, C, etc.).

The tasks that are performed within each major area of responsibility are listed in boxes and placed in horizontal bands beside the relevant major area of responsibility. Each task box contains the task description and an alphabetical and numerical designation (such as A1, A2, A3, etc.).

Professionals in this field provided the information in this profile chart. This analysis is a living document, which should be revisited, refined, and updated in future years.
DEFINITION

Recognizing the uniqueness of the rural and remote communities they serve, palliative care leaders enhance palliative care, including end-of-life care, and bereavement support for individuals and their families/support systems by working collaboratively with primary palliative care professionals.

This may include:
- clinical consultation
- education
- advocacy
- program development/management
- collegial support
- caregiver support
- promotion and integration of evidence-based practice
- research
### PROVIDE CLINICAL EXPERTISE

| A1 | Perform clinical multi-dimensional assessment of individual e.g. address cultural, spiritual, physical and psychosocial needs |
| A2 | Perform clinical multi-dimensional assessment of family and support system e.g. address cultural, spiritual, physical and psychosocial needs |
| A3 | Recognize and manage total suffering and chemical coping |
| A4 | Develop integrated plan of care based on best evidence |
| A5 | Manage complex pain |
| A6 | Manage complex symptoms and problems |
| A7 | Manage non-cancer palliative conditions |
| A8 | Manage pediatric palliative care |
| A9 | Address ethical dilemmas |
| A10 | Engage in advance planning with individual, family/support system (e.g. nausea, bleeding, etc.) |
| A11 | Conduct formative and summative evaluations of plan of care |
| A12 | Engage in innovative and creative problem-solving (out-of-box-thinking) |

### FACILITATE EFFECTIVE COMMUNICATION

| B1 | Identify and verify perceived and real needs of individual, family/support system |
| B2 | Engage in therapeutic conversation e.g. truth telling, listening, aligning, breaking bad news |
| B3 | Encourage end-of-life decision making e.g. affairs in order, directives, living wills |
| B4 | Engage in family and team conferences |
| B5 | Facilitate conflict resolution among family/support system and professionals |
| B6 | Negotiate plan of care with involved persons |
| B7 | Encourage use of a common language |

### PROVIDE GRIEF AND Bereavement SUPPORT

<p>| C1 | Raise awareness regarding the grief continuum |
| C2 | Recognize and support normal grief |
| C3 | Recognize and treat complicated grief |
| C4 | Identify resources to support the grieving individual (children and adults) |
| C5 | Encourage ritual |</p>
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<tr>
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### PALLIUM PROJECT

#### PALLIATIVE CARE LEADERS

<table>
<thead>
<tr>
<th><strong>FULFILL ROLE OF CLINICAL CONSULTANT</strong></th>
<th><strong>PROMOTE CARE FOR THE CAREGIVER (FORMAL AND INFORMAL)</strong></th>
<th><strong>DEVELOP AND PROVIDE EDUCATION</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>D</strong> Build strong relationships e.g. to primary palliative care professionals - families/support systems</td>
<td><strong>E</strong> Foster self awareness</td>
<td><strong>F</strong> Develop/obtain learning materials for individual, family/support system e.g. pamphlets, videos, computer-based learning literature, audio tapes</td>
</tr>
<tr>
<td><strong>D1</strong> Consider/choose the appropriate consultancy model e.g. situational</td>
<td><strong>E1</strong> Reflect on own capabilities</td>
<td><strong>F1</strong> Organize and participate in public education</td>
</tr>
<tr>
<td><strong>D2</strong> Identify and use communication strategies to engage primary professional, individual, family/support system</td>
<td><strong>E2</strong> Identify coping and self care strategies for formal/informal caregivers</td>
<td><strong>F2</strong> Act as a preceptor for trainees in professional program</td>
</tr>
<tr>
<td><strong>D3</strong> Participate as a member of the team</td>
<td><strong>E3</strong> Ground activities within broader perspective/philosophy</td>
<td><strong>F3</strong> Develop and/or deliver training for caregivers</td>
</tr>
<tr>
<td><strong>D4</strong> Clarify roles and responsibilities - palliative care leaders and palliative care professionals - individual and family/support system</td>
<td></td>
<td><strong>F4</strong> Develop and/or deliver education and/or professional development for palliative care professionals</td>
</tr>
<tr>
<td><strong>D5</strong></td>
<td></td>
<td><strong>F5</strong></td>
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</tbody>
</table>
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PALLIATIVE CARE LEADERS

DEVELOP AND MAINTAIN PROGRAMS/ SERVICES

Advocate for individuals and family/support systems
Perform “needs” assessment
Develop Business Plan
Engage regional administrators and government
Identify and access local and external resources

Mobilize and support community
Develop community partnerships e.g. Health Authorities, Service Clubs
Engage in community fund raising projects
Participate in the creation, selection and providing support to the professional community
Integrate national standards

Manage funds and budgets
Evaluate effectiveness of program/service
Enhance program through continuous quality improvement and innovation
Support continuum of care throughout the illness trajectory
Integrate/interface and develop linkages with other resources/programs e.g. geriatric, psychiatric, social work

ADVANCE PALLIATIVE CARE PRACTICE AND INFRASTRUCTURE

Promote professional integrity
Eliminate professional isolation
Integrate standards of practice e.g. Apply and disseminate Canadian Hospice Palliative Care Norms of Practice and Canadian Nursing Association’s Hospice Palliative Care Nursing Standards of Practice
Support continuum of care throughout the illness trajectory
Integrate/interface and develop linkages with other resources/programs e.g. geriatric, psychiatric, social work

Participate in and promote research
Commit to continuous learning and professional development

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KNOWLEDGE

- Various models of consultation - pros and cons
- Principles of group dynamics
- Conflict resolution strategies
- Understanding family dynamics
- Principles of adult learning
- Knowledge of local resources
- Bereavement
- Overview of non-cancer palliative conditions
- Pediatric palliative care
- Cultural issues surrounding end of life
- Spiritual care within palliative care
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QUALIFICATIONS/LICENSES

• Methadone license
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CHARACTERISTICS

- Leadership abilities
- Mentor/role model
- Skilled clinicians
- Accountability
- Encourager
- Risk taker
- Effective communicator
- Ability to multi task
- Humor, diplomacy and tact
- Aware of vulnerabilities of being an advocate (able to say no)
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CHARACTERISTICS

• Good relational/interpersonal skills
• Team builder
• Responsiveness, creativity, and flexibility
• Ability to delegate
• Time management
• Empathy
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AREA OR QUESTIONS REQUIRING FURTHER CONSIDERATION

- Reviewing the definition for primary palliative care professional, is there adequate emphasis on the role of individual and family? Does it sound as though the professional is at the centre?
- We need human support systems
- Focus group of citizen-consumers. Have we got it? If not, what and what priority.
- Role of PALLIUM/C.V.H. in supporting
  1. Compilation of knowledge-linked resources
  2. Stuff for patients/family/community
PALLIATIVE CARE LEADERS

COMMENTS FROM THE PARTICIPANT REVIEW AND VALIDATION PROCESS (February 2002)

Introduction

All participants who were involved in identifying the Major Areas of Responsibility, the Major Tasks, and the Knowledge, Skills, and Characteristics for a Palliative Care Leader were also asked to review and comment on the output. All participants (see page i) were invited to respond to these three questions:

1) Are the findings presented in the attached document consistent with your personal and professional insights as shared during the DACUM process? _______ Consistent _______ Not consistent

2) If you answered “not consistent,” what clarifying/explanatory notes would you add that might contribute to a final refinement of this document (please be concise and make reference to the question/questions/points you are addressing)?

3) Do you have any other suggestions or insights that you would like to share since you participated in the initial interview?

Results

The results were reported by respondents as consistent with what they developed during the modified DACUM workshop process. There was one minor editorial change requested to Box H3, to accurately reflect the correct name and connection to the Canadian Nurses’ Association’s, Hospice Palliative Care Nursing Standards of Practice.

Future Development of this Document

This DACUM report is intended as a “living document,” representing a snap shot in time of expert opinion leaders and their informed opinions about what constitutes Major Areas of Responsibility, Major Tasks, and Knowledge, Skills, and Characteristics for rural Palliative Care Leaders. Comments and suggestions about the Major Areas of Responsibilities, Major Tasks, and Knowledge, Skills, and Characteristics of rural Palliative Care Leaders can be sent by email to: Michael Aherne, PALLIUM Project Consultant, at maherne@ualberta.ca and/or Jose Pereira, PALLIUM Project Leader, at pereiraj@ucalgary.ca.