A Tie that Binds: Stakeholder Input and Proposed Directions for LEAP Renewal

Bruyère Foundation & Pallium Foundation of Canada Partnership

LEAP Renewal Subproject - Part One
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Background

In late 2010, the Bruyère Foundation and the Pallium Foundation of Canada entered into a partnership to use a philanthropic investment from the estate of the late Patrick Gillin. The intent has been to support a renewal of the Canadian Pallium Project, through focused investments in two areas of pan-Canadian capacity-building support.

The Patrick Gillin Memorial Gift enables two principal initiatives. One is re-establishing regularized, continuing professional development (CPD) outreach for community-level practitioners; those providing services to the complex chronically-ill, seriously-ill, gravely-ill, dying, and grieving. The other is curriculum renewal support of the Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) courseware.

The LEAP package was earlier commissioned in 2002 as the Clinical Introduction to Palliative and End of Life Care in Primary Care (CIPEoLCPC) curriculum, for use in rural and remote locales of provinces of the Canadian prairies. CIPEoLCPC and LEAP were only developed following careful consideration of existing North American resources. For the purposes of pan-Canadian transparency access to the original briefings as well as a narrative account of the development of LEAP is referenced in Appendix A.

This report details the tasks planned and executed through to November 2011 for the LEAP Renewal sub-project. The scope of work undertaken in 2011 has focused on seeking meaningful input from users of LEAP (V1.1) as a baseline for curriculum renewal activities. This has taken the form of three principal activities. The first step has been a Canadian open-call for courseware users to provide evaluative information. This first step was undertaken earlier in 2011. It was executed as a blinded review process through engagement of an intermediary who received and de-identified input. Twenty-two submissions were received, organized into a single roll-up reporting document entitled LEAP Courseware Renewal Project Roll-up of Feedback Instruments Received to April 14, 2011, and published to the Canadian Pallium Project open web on April 18, 2011.

An inter-provincial and inter-professional key informant review was conducted in Ottawa on April 18, 2011. Key informants comprised physician, registered nurse, and social work professionals whose provinces, programs, or services have been active in using LEAP (V1.1) over the last five years. A list of the key informants is presented in Appendix B. Permission was sought and received to audio record the all-day workshop. From some seven hours of digital audio recording, 146 pages of transcript and content analyses have been prepared. The written transcript is supported by notations taken on-site as well as a record of flip chart notations taken by a designated facilitator of the key informant workshop.
Discussion of the Open Call and Key Informant Planning Workshop

In 2011, the Project extended an Open Call to users of LEAP to provide input on three broad, open questions of feedback as well as module-by-module feedback:

- In your own words tell us about how you/your program/organization uses LEAP (past, present, future... you decide, you tell us...)?
- Overall, what do you find works well about LEAP?
- Overall, what would you like to see improved, changed or abandoned in LEAP?
- Please document things that work well with the module as well as specific areas/items that you would like to have taken under consideration for improvement/renewal (completed by LEAP Version 1.1 module).

All responses to the Open Call were received by an independently contracted agent who removed all references of the originators of feedback (i.e., a blinded process) and forwarded to the Project. An agent of the Project then assembled all feedback, without making editorial changes, into a consolidated preliminary reporting document that has been used, in part, to inform deliberations at a interprovincial key informant workshop.

In late April 2011, the Project also conducted an invitational key informant planning workshop in Ottawa. Key informant participants were invited, in part, based on their status as demonstrated and experienced users of LEAP within their province or professional discipline. Key informants were invited from community medicine, academic medicine, registered nursing, pharmacy, social work, and spiritual care. Participants who were able to commit the time for the in-person key informant planning workshop agreed to reflect the experiences of use in ten Canadian provinces and represented community medicine, academic medicine, registered nursing and social work. A list of key informant participants appears in Appendix B.

An experienced palliative care educational program developer and service quality assurance resource person familiar with LEAP, but not previously involved with LEAP program development or Pallium Project-related initiatives, served as an independent process facilitator. The process facilitator followed a parallel path of inquiry using the same aforementioned guiding questions. The three broad, open questions were posed and explored. The each existing module of LEAP V1.1 was discussed in detail. Where there were issues, concerns, or points of similarity between the Open Call findings and the discussion of the key informants, these were identified for the workshop participants throughout the workshop process. Permission was sought from key informants to obtain a digital audio recording of the workshop. A detailed written transcript and content analyses was prepared.
High-Level Discussion of Emerging Themes
Overarching key themes about how LEAP is being used, what’s working well, and what ought to be changed, improved or abandoned are briefly reviewed.

How is LEAP being used?
Since April 2005, the Pallium Project has produced and released approximately 525 documented LEAP Facilitator Kits in the form of either the integrated print Facilitator Kit (i.e., 11 full-color print modules, CDR with Powerpoint slideshows, participant materials, administrative and evaluative materials, and DVD(s) of a) Clinical Communication in Hospice Palliative Care b) Dying for Care and/or more recently c) The LEAP Coach. The Project has become anecdotally aware there are many other unauthorized editions of the LEAP kits that have been reproduced and that are being used in at least some Canadian provinces.

There is remarkable breadth and range of LEAP use extending well beyond the original intended design assumptions of supporting practical, collaborative end-stage, palliative clinical care in a range of Canadian community settings. LEAP Facilitator Kits are being used for the original intention of supporting primary-care essential knowledge transfer and preliminary skill development. The kits continue to be used in the Retreat Weekend Course (RWC) format as well as other variations. These group uses include assignment of several periodic one day sessions over weeks or months. They are reported to include two days per work week or one day per work week and one day per weekend delivery formats. In these local capacity development delivery contexts, a broad range of providers and stakeholders are being invited to complete LEAP education, including licensed practical nurses (LPNs), volunteers, spiritual care/clergy, social work, and allied health professionals (e.g., rehabilitation medicine, dieticians).

Stakeholders of ten provinces cite ongoing, substantial use of LEAP to support community capacity-building and education over the last five years. Several health authorities in British Columbia self-report continued use of LEAP, with the most notable active ongoing users as Vancouver Island Health Authority (VIHA) and Interior Health. Alberta has used LEAP as a foundational educational resource for the Alberta HOPE (Helping Operational Palliative Expertise) Project, a $500,000, two-year provincial capacity-building project completed in March 20111. The Alberta HOPE Project leaders have self-initiated several improvements to local LEAP course delivery supports as well as engaged in development of additional facilitator supports/evaluative tools.

1 Alberta HOPE Project principals have made their full final project accessible to the Canadian Pallium Project for the purposes of sharing processes, lessons learned, etc., for the purposes of informing other other Canadian stakeholders. Access the report at http://www.pallium.ca/infoware/2011_Alberta-HOPE-Project_FinalReport_30June2011.pdf
Stakeholders from Saskatchewan report continued use of LEAP, largely in a form of “as needed, as available, as possible.” It has also been self-reported that formalized palliative care education at the local community-level has largely ceded since the completion of the Pallium Integrated Care Capacity Building Initiative concluded regional retreat weekend courses in 2006. Several sponsored weekend courses were conducted in Saskatchewan (as they also were as a package of 41 weekend courses in Yukon, BC, Alberta, Saskatchewan and Manitoba between 2004 – 2006).

Use of LEAP in Manitoba continues in varying degrees throughout the province based on the informal sharing of facilitators and other palliative care resource people through the Manitoba Provincial Palliative Care Network (PPCN). Manitoba PPCN and Hospice Palliative Care Manitoba collaborated with CHCPA in May 2009 in a sponsored two-day provincial LEAP Facilitator Orientation workshop.

LEAP is now used across parts of Ontario, first as part of Ontario Ministry of Health and Long-Term Care Initiative continuing education support in the Niagara region, in northwestern Ontario and the Ottawa/south east region, with increasing uptake in other parts of Ontario over the last few years. LEAP was also used by Cancer Care Ontario in a special Health Workforce Ontario sponsored project and has since been recently re-adopted to support and extend Cancer Care Ontario mentoring initiatives.

An updated French-language version of LEAP was released in a Version 1.2 format early in 2010 as part of a adaptation and development partnership championed by the four Quebec medical schools and the provincial association and brokered by the Canadian Hospice Palliative Care Association (CHPCA). The French language version has been supported by clinical champions from Bruyere Continuing Care in Ottawa and other fellowship-level trained Francophone palliative care clinicians. The version 1.2 edition of the LEAP French language package has also been adopted at varying levels in the province of New Brunswick, with the facilitation support of Francophone colleagues based in Ontario and Prince Edward Island.

Clinical champions in Atlantic Canada have adapted LEAP in a three-day version that is delivered in the English language version throughout Nova Scotia and New Brunswick. LEAP is also being increasingly used in Newfoundland and Labrador to support community-level palliative care skills building and is being used extensively with the Pallium Palliative Pocketbook as a post-course workplace decision-support. Additional detail about specific instances of LEAP use is presented in the Open Call Roll Up document which is published at the LEAP Renewal web.
What’s Working Well
Self-reports from the Open Call and the key informants illustrate that LEAP has been surprisingly enduring since the introduction of its most recent iteration in western Canada some five years ago (August 2006). The ‘off the shelf’ design for busy working palliative care professionals to serve as ‘as needed, as available’ educators has been well-received. The adoption of LEAP by clinical champions, opinion leaders, and others across provinces and territories prompted a reflection by a senior and well-respected Ontario-based academic program leader that LEAP has evolved as ‘a tie that binds our common practice of palliative care across Canada.’

Users report the material and the organization of the materials among the modules has been consistently engaging. They also report LEAP being used in a variety of flexible ways in small and large groups, with demonstrated changes about how practitioners approach working with the seriously-ill and dying across several settings of care (i.e., home, hospital, long-term/continuing care, acute emergency, other community settings).

Users report they appreciate having an integrated resource that has tools to support participant ‘take away’ (i.e., participant manual, slide sets), and local planning of courses. The current format lends itself to consistent delivery by a range of guest resource faculty and several respondents note that they regularly use LEAP to support interprofessional education, including use of interprofessional faculty, such as psychosocial professionals. Other design aspects that are reported as working well include the use of case-based learning, variety when thoughtful use of the reflective videos are well-incorporated, and careful integration of evidence-based approaches.

Users report they appreciate efforts that have been made to shift the focus of palliative care from solely being focused on end-stage cancer care as well as the attention that has gone into exploring the philosophy of palliative care rather than a strict emphasis on clinical pain and symptom management. Users also report an appreciation of the material to shift conversations and action about palliative care as a team-based activity that aspires towards attention to suffering and care of the whole person.

Unintended Developments in Use of LEAP over the Last Five Years
There are several reported uses of LEAP for what is akin to ‘off label’ use of LEAP. That is, uses of LEAP not consistent with the original design intent of LEAP Version 1.1. Most notably individual LEAP modules are being widely-used in pre-service medical and other health sciences education at several Canadian health science educational institutions. It is in these ‘partial use’ or ‘disintegrated’ uses of LEAP where use-related issues have been reported, including issues associated with the constructivist,
experiential learning design. Some users report a considerable degree of facilitation skill and comfort with palliative care content is required for the safe and effective use of the Creating Context module. It's been reported that the poorly-supported use of the experiential and self-reflective exercises may have some risk attached, including the risk of contributing to secondary or re-emergent trauma among some learners.

For those users who are selectively choosing particular modules from LEAP 1.1 as “one off” delivery modules, there have also been reported continuity issues, as the modules were designed to be delivered in an integrated, sequential manner, with progressive disclosure across several of the cases presented within and across the modules. As LEAP is now widely used across Canada, suggestions have been made about making some of the social history in the cases more generic, so as to not unduly bias representation of any one region (i.e., “we don’t have wheat farmers on the east coast”).

An original vision for palliative care education development articulated in the 2003 Pallium Integrated Care Capacity Building Initiative design and preliminarily reflected in 2004/05 LEAP design was predicated on outcomes of the 2002 National Action Planning Workshop on End-of-Life Care. A strategic direction emerging out of the March 2002 national stakeholder work articulated a vision for professional education and continuing professional development that could be integrated across settings of care and levels of care. That is, a strategy for enabling a more common language in support of continuity of care across settings and levels of care (i.e., primary care, secondary/regional programs, and tertiary) and quality service delivery (i.e., mitigate misuse, underuse, and overuse of health service delivery resources).

In the intervening years there have been a variety of challenges to realizing a vision of integration across a) primary-care, b) referral/consultative support at the secondary/regional level, and c) tertiary-levels of palliative care unit (PCU) inpatient support. Future development of LEAP and related resources will be challenged to be sensible to a more ‘open source’ and integrative model to facilitate a ‘plug and play’ approach with different palliative care education resources now used in Canada while retaining the fundamental integrity of the 13 contact hour retreat-based course that many stakeholders indicate is still valued and necessary for local capacity. This is specifically addressed in greater detail in the suggested LEAP 2.0 development pathway further in this report.

Many local users are invested in LEAP as a ‘education resource of choice’ but are seeking options for more flexibility to tailor education to local policies, procedures, protocols and province-specific context (e.g., drug availability, province-specific advance care planning requirements, regional or local medico-legal responses including
palliative sedation guidelines). Many users are also requesting more detailed and tailored materials for specific settings of care and most notably during the review, long-term and continuing care settings. There is also an expressed interest for more evidence-based solutions to support longer trajectories of decline in functional status within complex chronic care, including provincial Chronic Disease Prevention and Management (CDPM) policy and programming frameworks.

**Emerging Program Development Directions Informed by Participatory Inputs**

This section outlines the minimum issue set for stakeholders to consider in Part Two of the LEAP Renewal process, which is the actual redevelopment of content as well as program quality-related considerations.

**Redesign principles**

A statement and affirmation of the key design principles that have emerged during redevelopment engagement include, but is not necessarily limited to:

- **Evidence-informed** – material ought to be redeveloped according to ‘best available evidence,’ although it is unclear what ‘best available evidence’ means in the context of palliative care services as a ‘whole-systems’ paradigm.

- **Practice- and service-delivery aligned** – a continued emphasis on supporting practice change management, with emphasis on assisting learners to aid the seriously-ill and dying in the place of practice, including a pragmatic vision of ‘team’ and team-based care; continued integration of adult learning approaches that incorporate constructivist, experiential designs to assure authenticity, meaningful learner engagement, and transfer of learning to the place of practice.

- **Competency-aligned** – continue with an explicit presentation of various competencies as well as more explicit integration of multiple competency profiles as they have emerged over the past five years (e.g., EFFPEC common competencies, national collaborative practice competencies, discipline specific competencies in medicine, registered nursing, social work, spiritual care, etc.).

- **Transparent, accountable, and inclusive development** – continue with a high degree of transparency and accountability to stakeholders about how LEAP is redeveloped, who can be involved in development, testing, and validation (e.g., ‘crowdsourcing’ where possible), how processes are undertaken, how results are reported, how results are incorporated into redesign, etc.
- **Quality-assured** – continue to employ the processes of broad participatory involvement, fact-checking against source, blind review, and prototyping/testing about ‘fitness for a particular use’ in application. Extend quality-assurance beyond content to include quality-assurance processes in who, how, and where LEAP is delivered in future (i.e., more attention to quality control in distribution, facilitators/instructors, additional supports for ongoing faculty development and improvement).

- **Consistent pan-Canadian approach** – continue to assure that redevelopment strives for consistency in how LEAP and/or its derivative materials can be employed and deployed across Canada (e.g., consistency and transparency in assigning of continuing education credits, pricing guidance for cost-recovery course offerings, etc.), ideally guided by Accreditation Canada hospice palliative care and associated accreditation and professional responsibility indicators. Continue to develop LEAP in a facilitative way that assures it helps to be ‘a tie that binds’ common practice and consistent service delivery throughout Canada.

- **Responsive to local context** – assure that redevelopment supports integration with local policies, practices, protocols and guidelines, while mitigating the risk of LEAP being co-opted by individuals to justify or legitimize personal preferences, experiences or practices (i.e., free lancing, co-mingling LEAP with personal practices that may or may not be grounded in best available evidence).

- **Whole-person, dignity-enabling, and amelioration of suffering oriented** – assure redesign continues and extends, and makes more explicit and practical, the ways and means that collaborative practice can seek to embrace the whole person, enable individual dignity across settings of care, and consistently assure community health and local health delivery systems and priorities are sensitized to the amelioration of suffering during serious-illness and dying.

- **Population-health oriented, Family Health sensible** – assure redesign extends the population health orientation of LEAP and related Pallium Project resources, with additional emphasis on the impact of serious-illness and dying as having impacts that extend beyond the person who is seriously-ill and dying, including but not limited to family members, family caregivers, and the team involved. This includes a sensibility and sensitivity to multiple transitions, losses, and associated impacts on the health status of the multiple persons impacted by a single person’s decline and death.
Content Considerations
Informed by what has been detailed in the Open Call as well as the issues, aspirations, and preferences detailed during the key informant planning workshop, its suggested that a ‘dual pathway’ approach be taken to LEAP redevelopment. This ‘dual pathway’ approach kept repeating thematically during the 2011 stakeholder consultations. It would have a benefit of retaining the integrity of the retreat-based, experiential course and create the flexibility requested about ‘unbundling’ LEAP modules for continued use in a variety of local applications. It will also more effectively address the ‘off label’ use of LEAP modules, including the ‘one off’ use of LEAP modules that were never designed to be completely ‘disintegrated’ from the overall courseware package.

As outlined in Table One, in the proposed approach content would be ‘broken out’ into two distinct and separately branded approaches. One pathway would be the Learning Essential Approaches to Palliative and End of Life Care (LEAP V 2.0) course. The other would be a new, parallel but properly designed discrete resource module set tentatively titled the Pallium Palliative Care Instruction Set (PPCIS). LEAP as a course would retain its branding and integrity as an integrated and coherent collaborative practice, community-based course. The PPCIS would support a learning object approach. Clinical content would be similar, but the horizontal or longitudinal learning objectives which are woven across LEAP modules would be adjusted in a way that PPCIS could be used as stand-alone educational modules. The PPCIS would also provide alternative options for some of the experiential designs used for working professionals as realized in the present continuing professional development (CPD) primary LEAP intended use.

The PPCIS would provide the Core and Enhanced module content about which stakeholders aspire. PPCIS modules could be used as a post-LEAP course enhanced materials and/or stand alone modules for staff orientation, staff development (i.e., ‘we need additional work on delirium right now’), or local health science education (i.e., support of health science student education, residency training, preceptor support, etc.).

The PPCIS modules could be potentially and additionally developed for flexible, distributed learning through a new Pallium Palliative Passport Program of individual, on-line distance education modules. Self-learning modules could be taken with the possibility of additional in-person professional development opportunities (i.e., accredited and non-accredited). PPCIS modules could also be adapted to address some of the suggested requirements for high-quality palliative care instruction that could be programmed for teleconferences, webinars, provincial video conferencing (as has been done with LEAP in Saskatchewan) and to limited degrees in other jurisdictions. It was further suggested that Canadian Pallium Project look to existing models of supporting rural family practice with flexible options.
The MoreOB model (http://moreob.com) (Managing Obstetrical Risk Efficiently) was specifically cited as one option by which family physicians and other primary-care providers could complete palliative care self-learning modules vis-à-vis PPCIS modules used in an on-line self-study format and then, should they wish, participate in ‘master class’ style in-person workshops for CPD accreditation at times and at locales well-advertised in advance (e.g., such as pre- or post-courses to the Society of Rural Physicians of Canada annual conference, provincial hospice palliative care conferences, etc.).

**TABLE ONE**  
Proposed Redevelopment Alignment under a ‘Dual Pathways’ Approach

<table>
<thead>
<tr>
<th>LEAP 2.0 (‘the course’)</th>
<th>Pallium Palliative Care Instruction Set (PPCIS – modular instruction set)</th>
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</thead>
<tbody>
<tr>
<td>Advanced Illness and Dying in Context</td>
<td>Serious Illness and Dying in Context (Core and Enhanced versions)</td>
</tr>
<tr>
<td>Engaging Pain in Advanced Illness</td>
<td>Understanding Pain in Advanced and Terminal Palliation (Core &amp; Enhanced)</td>
</tr>
<tr>
<td>Engaging GI Symptoms I (focus on upper GI including nausea &amp; vomiting, nutrition, mouth care, etc.)</td>
<td>GI Issues &amp; Symptoms I (Core &amp; Enhanced)</td>
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<tr>
<td>Engaging GI Symptoms II (focus on lower GI including constipation, malignant bowel obstruction, etc.)</td>
<td>GI Issues &amp; Symptoms II (Core &amp; Enhanced)</td>
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<tr>
<td>Engaging Respiratory Issues</td>
<td>Respiratory Issues in Advanced Illness (Core &amp; Enhanced)</td>
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<tr>
<td>Practicing Essential Conversations</td>
<td>Essential Conversations in Advanced Illness (Core &amp; Enhanced)</td>
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<tr>
<td>Engaging Suffering and Threats to Integrity of the Person</td>
<td>Suffering in Advanced and Terminal Illness (Core &amp; Enhanced)</td>
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<tr>
<td>Responding to Transitions and Loss</td>
<td>Transitions and Loss in Advanced Illness (Core &amp; Enhanced)</td>
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<tr>
<td>Managing Common Challenges and Palliative Emergencies</td>
<td>Common Challenges and Palliative Emergencies (Core &amp; Enhanced)</td>
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<tr>
<td>Recognizing Issues in Last Days/Hours and Survivor Transition</td>
<td>Last Days and Hours of the Dying (Core &amp; Enhanced)</td>
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<td>Bringing it All Together, Making it Happen</td>
<td>n/a</td>
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<td>n/a</td>
<td>A Palliative Approach in LTC</td>
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<td>n/a</td>
<td>Congestive Heart Failure and Palliation</td>
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<td>n/a</td>
<td>Advanced COPD and Palliation</td>
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<td>n/a</td>
<td>Advanced Renal Disease and Palliation</td>
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<tr>
<td>n/a</td>
<td>EoL Issues in Dementia &amp; Alzheimer Disease</td>
</tr>
<tr>
<td>n/a</td>
<td>Neurological Illness and Palliation</td>
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<tr>
<td>n/a</td>
<td>Other topics in negotiated priority</td>
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</table>
The redevelopment of LEAP as an integrated course with an ‘integrity’ of a coherent course which is maintained using a modularized approach, requires a continued ‘weaving’ or integration of several horizontal or longitudinal learning objectives. Based on the input from stakeholders to-date, this includes but is not necessarily limited to:

- Applied ethics in clinical practice (introduced in Context, integrated in all LEAP)
- Applied team concepts (introduced in Context, integrated in all LEAP)
- Prognostication (introduced in Context, integrated across LEAP modules)
- Suffering, palliation, transitions and loss as integrated themes (introduced in Context, integrated across all LEAP modules)
- Sustaining integrity of the person (e.g., resilience) (introduced in Context, integrated across all LEAP modules)
- Sustaining health of the family and team (introduced in Context, integrated across modules LEAP)

It has been proposed that these themes be incorporated as learning objectives introduced in a renewed Advanced Illness and Dying in Context first module and carefully integrated throughout LEAP 2.0 course modules. Consideration would have to be given for how these themes would be addressed throughout the Core modules of the PPCIS, so as to ensure that PPCIS modules could continue to be used on an ‘as needed’ and stand alone manner. It has been further suggested the existing Working as a Team module in LEAP V1.1 be deleted from the Facilitator Kit and carefully and explicitly incorporated into the first module, with a statement about common and discipline specific competencies.

Common and specific discipline competencies would form part of a new ‘take away’ toolkit called the LEAP Place of Practice/Workplace Toolkit. This toolkit would be included in the Participant Workbook and as a standalone PDF file that could be used on smart/superphones, tablet devices, and personal/unit/home care computing devices.

Incorporating feedback from stakeholders, the renewed context module would have an explicit ‘setting the stage’ role, indicate the aforementioned themes will be covered throughout the course and progressively and specifically build on said themes while incorporating any associated clinical management content. The emphasis of LEAP 2.0 remains principally instrumental, competence-based service of the seriously-ill and dying during the advanced palliative phase and terminal palliative phase (reference Pallium Palliative Pocketbook, page 1-5). The Core and Enhanced content design of parallel modules in the PPCIS allow for additional time to explore specific topics or issues at the local level with additional breadth, depth and scope within the broader concept of Hospice Palliative Care.
Content updates to each module will also require evidence and medication updates and many of these points have been identified by stakeholders. A proper and thorough literature search will be an antecedent activity to assure the redevelopment principles are attended to diligently. Specific items from key informants appear in Appendix C.

Coordination Considerations
It has been noted during the review that there are emerging issues about linking with the Canadian College of Family Physicians (CCFP), in particular, about the awarding of Mainpro credits (Maintenance of Proficiency). It is suggested that Canadian Pallium Project principals coordinate more closely with the leadership of the Canadian College of Family Physicians (CCFP), Palliative Care Committee and the Canadian Society of Palliative Care Physicians (CSPCP) on a more coordinated approach to developing a suite of transparent and coherent accredited continuing professional development solutions.

Such a circumstance may apply to other disciplines. None has emerged over the last five years as an issue. Family Medicine CPD accreditation has been, and continues to recur, as a set of issues demanding Project principal attention, clarification, and issue engagement. It is suggested that Canadian Pallium Project renewal also make a provision for a centralized Academic Outreach Office to promote enhanced transparency and consistency. This will be especially important as the national project development office in Edmonton is wound-down following the final business items of Pallium Project Transition (i.e., see www.pallium.ca/transition.html).

Distribution of Pallium Project materials through the CHPCA Marketplace over the last five years has resulted in an incomplete inventory of information about LEAP licensed material. License Registration is currently by self-initiation of the person or agency purchasing a licensed LEAP Facilitator Kit from CHPCA Marketplace. The Canadian Pallium Project has a largely incomplete record of who is using its licensed materials. This includes in what contexts and with little capacity to inform end-users about replacements, etc. Principals of the Canadian Pallium Project will be challenged to enhance the provisions of information sharing about licensed materials with Canadian Hospice Palliative Care Association and/or possibly reclaim distribution within a new Academic Outreach Office model.

Capacity Considerations
Stakeholders, including those participating in the 2011 key informant workshop, have expressed concern about the post Pallium Integrated Care Capacity Building Initiative distribution and use model supporting LEAP facilitation and instruction. There have been specific concerns tabled about the ability of anyone in Canada to purchase a licensed version of LEAP through the CHPCA Marketplace, without any assurance
about their palliative care experience or ‘fitness to facilitate’ or instruct as informed by the current LEAP Version 1.1 design, which presupposes an ‘as needed, as available’ instructional delivery by facilitators who are competent, skilled, and experienced palliative care practitioners.

It was discussed and recommended that much more effort and attention go into a robust pan-Canadian LEAP Facilitator/Faculty Development Program. It was further suggested that while *The LEAP Coach* and periodic provincial facilitator orientation workshops have been reasonable interim solutions, it was clear that provincial opinion leaders feel much more attention, effort and resources be placed on instructional and facilitation capacity-development. One model approach cited is informed by the recent experiences and methods of those employed by the Alberta HOPE Project (discussed in greater detail in the Alberta HOPE Project final report) as well as the model approach demonstrated by McMaster University in quality control of LEAP facilitation and LEAP deployment. It was noted there is an understandable tension about the need for more facilitators to offer LEAP in more locales on a more frequent basis and the need for robust quality controls on who can call themselves a duly-qualified ‘LEAP Facilitator.’

When the topic of frequency of courseware renewal was raised, it was suggested that there ought to be eighteen month Formulary updates as well as a provincial/territorial Policy and Program Watch that is focused on service changes, with a suggested target of LEAP being reviewed with the ideal target of a three year rolling program renewal cycle. It was further suggested that LEAP update materials be available on some type of subscription model, with access granted to a common password protected web-site where materials could be downloaded as required/needed.

Stakeholders from several provinces have also expressed interest in a series of bilateral arrangements with the Canadian Pallium Project, possibly assigning rights to a provincial hospice palliative care association or institution(s) as coordinating agencies within a province for use of LEAP. The experience to-date is that there is a range of provincial and territorial capacities, models, contexts and levels of interest. It is thought a pan-Canadian Academic Outreach Office could provide a range of timely information and inquiry servicing and other supports based on the unique context of each Canadian province and territory, should stakeholders from a province continue to use LEAP.

**Anticipated Next Steps**

Some of the specific implementation directions outlined in this report back to stakeholders provide new options and some variation to what has been discerned as the suggested module development direction arising from the 2011 key informant planning workshop. Said directions about ‘dual pathway’ model of LEAP 2.0 and a parallel
Pallium Palliative Care Instruction Set (PPCIS) of flexible-use Core and Enhanced modules is a proposed solution to address the ‘brand’ confusion issues of using the LEAP courseware modules in the various ‘off label’ use (i.e., variation from intended design use) to which they have now been subject.

Next steps include

1) A time period for stakeholders to comment on any specific concerns emerging from the refined directions outlined in this report back document
2) Completion of the medication update and literature search which can commence in parallel to the stakeholder consultation about specific development directions.
3) Additional consultation with key national and provincial stakeholder organizations that may be impacted and/or benefit from renewal directions outlined herein.
4) Discussion with stakeholders about the Coordination and Capacity support infrastructures that will be required to complete and extend LEAP Renewal.

Please use the MS Word document at


per the instructions detailed on the stakeholder feedback document.
Appendix A – Key Informant Briefings Informing Early LEAP Development

Canadian Pallium Project was initiated at the University of Alberta in early 2000 among palliative medicine and university extension scholars as a conceptual design for continuing professional development (CPD) innovation. In early 2001, founding collaborators of the Pallium Project from Alberta, Saskatchewan, Manitoba, and NWT were awarded $250,000 from Health Canada’s, Rural and Remote Innovations Initiative (RRHII) to undertake eight priority development activities\(^2\). Activity #5 of the RRHII project was the prototype development of a common outreach education course for use at the primary-care level in the Canadian prairie provinces and northern Canada.

The original course was further refined, tested, reworked in consultation with colleagues in western and northern Canada and tested extensively over 41 Retreat Weekend Courses as well as in several custom applications between October 2004 and March 2006 as part of the $4.3 million Palliative Integrated Care Capacity Building Initiative funded under the National Initiatives envelopment of the Government of Canada’s, Primary Health Care Transition Fund (PHCTF).

The development of the original course, later called Clinical Introduction to Palliative and End-of-Life Care for Primary Care Settings was commissioned and developed only following a careful vetting of existing palliative care courses and materials, both in Canada and the United States. Further development of LEAP was based on learning from early offerings of the original course that took place between October 2002 and early 2004.

In late 2011, the Canadian Pallium Project undertook a process of archiving and making widely-accessible and transparent for all stakeholders throughout Canada, videos of the original briefings that served to inform development of Clinical Introduction to Palliative and End-of-Life Care for Primary Care Settings and Learning Essential Approaches to Palliative and End-of-Life Care (LEAP). They are accessible on YouTube as follows:

**Dr. David Weissman** (EPERC project co-founder, April 2001, 17 min, 38 sec)
Continuing Professional Development models (USA scene, lessons learned & EPERC)
[http://www.youtube.com/watch?v=q_LHXvNKDI0](http://www.youtube.com/watch?v=q_LHXvNKDI0)

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Dr. Frank Ferris (EPEC project co-founder, April 2001, 18 min, 22 sec)
Continuing Professional Development models (EPEC & ELNEC, USA to 2001)
http://www.youtube.com/watch?v=nMsK335c5VM

Dr. Pippa Hall (Ottawa, Ontario, April 2001, 10 min, 46 sec)
Continuing Professional Development models (rural southeastern Ontario, mid/late 1990s)
http://www.youtube.com/watch?v=qpFHfdjou6o

Dr. S. Lawrence Librach (Toronto, Ontario, April 2001, 14 min)
Continuing Professional Development models (MoHLTC Initiatives; Ian Anderson, 1990s)
http://www.youtube.com/watch?v=F0ArhGN4V1g

Dr. Deborah Dudgeon (Kingston, Ontario, April 2001, 17 min, 14 sec)
Continuing Professional Development models (multidisciplinary local team outreach model, rural HIV, Manitoba late 1990s)
http://www.youtube.com/watch?v=GAd3Z94NNks

Canadian Prairie (palliative care) Leaders Panel (18 min, 32 sec)
http://www.youtube.com/watch?v=pwVSi-kGwxQ

Rural Perspectives Panel (practical needs in a rural western context) (29 min, 38 sec)
http://www.youtube.com/watch?v=inzuCW0Vkl3

Rural Palliative Home Care Project (Nova Scotia & Prince Edward Island, late 1990s)
Pallium Project principals consulted the project reports, including the Education sub-report
http://www.pallium.ca/infoware/HTF_FactSheet_RuralPalliativeHomeCare_NS&PEI_late1990s.pdf

Dr. Jose Pereira (Alberta HOPE Project Facilitator Orientation, Oct 2008)
LEAP Courseware Evolution (6 min, 49 sec)
http://www.youtube.com/watch?v=YmnUS9zdSLw

Dr. Jose Pereira (Alberta HOPE Project Facilitator Orientation, Oct 2008)
LEAP Courseware Goals & Objectives (3 min, 34 sec)
http://www.youtube.com/watch?v=2P8pcw_fDJQ

Dr. Jose Pereira (Alberta HOPE Project Facilitator Orientation, 2008)
LEAP Courseware Design (18 minutes, 59 seconds)
http://www.youtube.com/watch?v=gQTDGkD28tw
Appendix B - Participants of the 2011 Key Informant Workshop

Darcee Bidgood, University of Victoria, British Columbia/CHPCA Nurses Interest Group

Angela Lorenz Robertson, Vancouver Island Health Authority (VIHA)

Gillian Fyles, British Columbia Cancer Agency, BCCA Centre for the Interior

Doreen Oneschuk, University of Alberta/Alberta Health Services

Kim Adzich, Private Practice, Rimbey, Alberta/Alberta HOPE Project

Terri Woytkiw, Alberta Health Services/Alberta HOPE Project

Srini Chary, Pallium Foundation of Canada

Daphne Powell, Saskatoon Health Region

Corrine Sandstrom, Sun Country Health Region, Sask. Hospice Palliative Care Assn

Merle Teetaert, Assiniboine Reg/ Health Authority/Manitoba Prov. Palliative Care Network

Mary Lou Kelley, Lakehead University

Denise Marshall, McMaster University

Pippa Hall, University of Ottawa

José Pereira, University of Ottawa/Pallium Foundation of Canada

Maryse Bouvette, Maison Mathieu-Froment-Savoie/Réseau de son palliatifs du Québec

Pamela Mansfield, Horizon Health Network (New Brunswick)

David Henderson, Atlantic Palliative Medicine Group/Nova Scotia Hospice Palliative Care Assn

Ann McKim, Colchester East Hants Health Authority/NSSPCA

Mireille Lecours, Government of Prince Edward Island, Provincial Palliative Care Program

Laurie Anne O’Brien, Eastern Health/Newfoundland & Labrador Palliative Care Association

Michael Aherne, Pallium Foundation of Canada (Resource to Group)

Lynda Weaver, Bruyère Continuing Care (Process Facilitator)
Appendix C - Resources Cited during Key Informant Workshop

These are links (as available) to specific resources that were cited by key informants during the 2011 renewal planning workshop:

Competency-related materials

EFPPEC Competencies


A National Interprofessional Competency Framework
http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

http://www.cihc.ca/files/CIHC_IPCompetenciesShort_Feb1210.pdf

College of Family Physicians of Canada Triple C – Competency-based Curriculum report (include a discussion of CanMeds roles as applied to Family Medicine)
http://www.cfpc.ca/uploadedFiles/Education/_PDFs/TripleC_Report_English_w_cover_Sep29.pdf

HPC Social Work competencies – Canadian Social Work Competencies for Hospice Palliative Care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels
Access as a PDF file at http://tinyurl.com/8y52mft

HPC Spiritual Care competencies – Professional Hospice Palliative Care Spiritual Care Provider – Profile of Major Areas of Responsibility and Related Tasks. Access as a PDF file at http://tinyurl.com/7est2ek

Example of Jones, Way & Associates. Structured Collaborative Practice Model

CFPC resource on Collaboration and Scope of Practice in Canadian Family Practice
**Provincial Resources** (as cited during workshop, may be incomplete)

BC Practice Support Program and associated physician guidelines
http://www.practicesupport.bc.ca/

http://www.bcguidelines.ca/guideline_palliative1.html and

http://www.bcguidelines.ca/guideline_palliative2.html and
http://www.bcguidelines.ca/pdf/palliative2.pdf

Alberta HOPE Project final report (June 2011)

Cancer Care Ontario (CCO) – Palliative Care Program
https://www.cancercare.on.ca/ocs/clinicalprogs/pallcareprog/

**Other Resources**

Accreditation Canada HPC indicators (access for purchase)

Canadian Virtual Hospice
www.virtualhospice.ca

SpeakUp! advanced care planning campaign
http://www.advancecareplanning.ca/

Managing Obstetrical Risk Efficiently (*MoreOB* as a possible analogue/model of flexibility)
http://www.moreob.com/


June Callwood’s final interview on CBC’s *The Hour* with George Stroumboulopoulos (2007)
www.youtube.com/watch?v=Dui5tGZ4pc
These are citations associated with specific works or references to key themes as emerging from the key informants’ conversations in the 2011 planning workshop:


Daneault S. The wounded healer: can this idea be of use to family physicians? [commentary]. Can Fam Physician. 2008 Sep;54(9):1218-9. PubMed ref# 18791082 open access


Zuckerman C, Wollner D. End of life care and decision making: how far have we come, how far we have to go. Hosp J. 1999;14(3-4):85-107. PubMed ref# 10839004
Appendix D - Graphical Overview of Key Processes and Areas of Future Development