

A generative response to palliative service capacity in Canada

Title:	A generative response to palliative service capacity in Canada
Citation:	Michael Aherne , José Pereira , (2005) "A generative response to palliative service capacity in Canada", Leadership in Health Services, Vol. 18 Iss: 1, pp.3 - 21
DOI:	http://dx.doi.org/10.1108/13660750510578394
Journal:	Leadership in Health Services
Abstract:	<p>Purpose - This paper situates a large-scale learning and service development capacity-building initiative for hospice palliative care services within the current Canadian policy context for use by international readers.</p> <p>Design/methodology/approach - In 2000 a national initiative using action research as its design was crafted to support continuing professional development and knowledge management in primary-health care environments.</p> <p>Findings - The Canadian health policy context is complex and requires innovative solutions to achieve desired changes in response to emerging population health demands for quality end-of-life care. Employment of educational and social science constructs, including complexity theory, communities of practice, transformative learning theory, and workplace learning methods, has proven helpful in supporting the creation of national capacity for hospice palliative care.</p> <p>Research limitations/implications - There is a significant contribution for social scientists to make in aiding a better understanding of the complexity in health systems. At the same time, an aging population in industrial countries demands more active engagement of legal and bioethical scholars in a range of emerging policy and legislative questions about quality end-of-life care. Educational research is also required to understand better and reform curricula to prepare an emerging generation of health science practitioners for the demands of an aging population.</p> <p>Practical implications - Changing health service delivery environments demand rethinking of the knowledge and skills leaders require to influence desired change. A broader understanding of where and how learning takes place is essential for enhancing the quality of patient care.</p> <p>Originality/value - The Pallium Project represents a generative response to facilitating learning and building longer-term system capacity. The journey of project development to date illustrates some important lessons that can be adopted from hospice palliative care to inform other primary-health care initiatives, including, potentially, mental health, cardiology, diabetes, geriatrics, where productive change can result from productively linking specialists and primary-care colleagues.</p>
Link:	http://www.emeraldinsight.com/doi/pdf/10.1108/13660750510578394