The Pallium Project
le projet Pallium
www.pallium.ca

Working Together to Improve the Quality of
Living and Dying in Canada
Travailler ensemble pour améliorer la qualité
de la vie et de la fin de vie au Canada

COLLABORATIVE, PEER-REVIEWED NORMATIVE RESOURCE DEVELOPMENT

The Pallium Project Resource Development Model

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Aboriginal authority key informant interviewing for *In Our Own Voices* videos

Pipe ceremony blessing as part of culturally-appropriate commissioning of resources (Whitehorse, YT, March 2004)

Prototyping of *In Our Own Voices* videos and *Responsive HPC with Aboriginal Clients & Families* at ANAC meeting (St. John's, June 2004)

INTRODUCTION

Since 2002, the Pallium Project has used collaboration, innovation and shared knowledge development/dissemination as three key strategies for new Hospice Palliative Care (HPC) capacity development in Canada. Over this six year period a model has emerged. It supports rapid, iterative development of new teaching-learning resources and tools for new service, program development and continuous quality improvement.

This resource development model enables a collaborative accessing and respectful use of the wisdom and expertise of acknowledged local palliative care services and academic health leaders, also known as "reference leaders."

Active reference leadership and generosity in sharing practice and service insights/wisdom has been a critical success factor (CSF) to generate a comparatively large volume of widely-accessible resources that enjoy broad use at the local service delivery level throughout Canada.

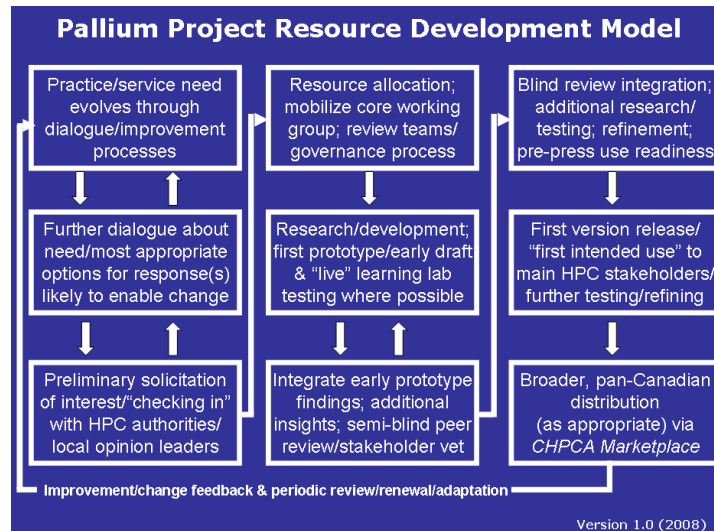The Pallium Project Resource Development Model is:
• practice/service needs-based and process-oriented,
• informed by a descriptive (or normative view) of contemporary HPC professional practice and service delivery,
• grounded in the current available evidence,
• draws on established peer-review practices used in the vetting/approval of publicly-indexed research literature, and
• supports/requires a collaborative, interactive negotiation amongst academic health "experts" and those who are in primary-care practice/accountable for local access, quality and capacity improvements when adopting resources.

METHODOLOGY

Action Research (Action Learning) methods from social science and educational scholarship combined with methods from industrial engineering (i.e., real world problem-defined, workable solutions, prototyping/refinement, solution-realized) and clinical research practice (i.e., adapted blind peer-review processes)/continuous quality improvement (CQI) in health services delivery (i.e., adaptation of W. Edwards Deming's *Plan, Do, Check, Act* [PDCA] quality model).

Process steps that have evolved since 2002, include:
• A practice/service need emerges through dialogue/CQI
• Further dialogue to assess options for responses/change
• Assess interest of HPC authority sources/local leaders
• Mobilize financial resources/core working group/reviewers
• Development of early draft/first prototype/learning labs
• Integrate prototype findings/engage semi-blind peer review
• Blind review integration/additional research/testing/refining
• First version/"First Intended Use" to key stakeholders
• Further testing/refining and final development
• Broad, pan-Canadian distribution via *CHPCA Marketplace*
• Use feedback/periodic review and renewal/adaptation

Pallium Project Resource Development Model

Practice/service need evolves through dialogue/improvement processes	Resource allocation; mobilize core working group; review teams/ governance process	Blind review integration; additional research/ testing; refinement; pre-press use readiness
Further dialogue about need/most appropriate options for response(s) likely to enable change	Research/development; first prototype/early draft & "live" learning lab testing where possible	First version release/ "first intended use" to main HPC stakeholders/ further testing/refining
Preliminary solicitation of interest/"checking in" with HPC authorities/ local opinion leaders	Integrate early prototype findings; additional insights; semi-blind peer review/stakeholder vet	Broader, pan-Canadian distribution (as appropriate) via *CHPCA Marketplace*

Improvement/change feedback & periodic review/renewal/adaptation

Version 1.0 (2008)

RESULTS

The Pallium Project Resources Development Model has enabled the following:

• *Learning Essential Approaches to Palliative & End-of-Life Care* (LEAP) courseware (LEAP v1.0; LEAP v1.1)

• *Responsive Hospice Palliative Care (HPC) with Aboriginal clients and families* courseware package

• *Developing Spiritual Care Capacity for Hospice Palliative Care: A Canadian Curricular Resource*

• *CHPCA Home Support Worker Training Kit (2nd Edition)* [with/for CHPCA]

• *In Our Own Voices* – Aboriginal communication videos

• *Clinical Communication in Hospice Palliative Care* videos

• *A Caregiver's Guide: Handbook for the Inuktitut-speaking family member* [Nunavut Territory/Arctic community resource with/for Order of St. Lazarus]

• *Medically-at-Risk Driving* (MARD) Courseware Package

• *99 Common Questions (and more) about Hospice Palliative Care: A Nurses Handbook* (3rd Edition) [in partnership with/for AHSB Capital Health]

• *Conversations on Caring* CPD audio-book series

• *The Pallium Palliative Pocketbook* (1st Canadian Edition)
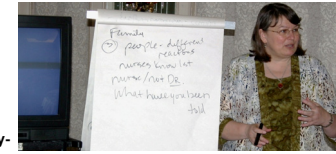
Further Reading: Aherne, M., Pereira J.L. (2008). Learning and development dimensions of a pan-Canadian primary health care capacity-building project. *Leadership in Health Services, 21*(4), 229-266.

Phase I DACUM (Developing a Curriculum) early needs assessment work with HPC authorities from rural/remote western Canada primary-care settings (Jan 2002)

Inter-professional vetting/critique of draft *Clinical Communication in Hospice Palliative Care* reflective video segments

Inter-professional working group commissioned in March 2004 to review/renew *Clinical Introduction to Palliative & End-of-Life Care* (predecessor to the LEAP Courseware package)

Forty (40) inter-professional palliative care service professionals critique first prototype/early draft of *Learning Essential Approaches to Palliative & End-of-Life Care* courseware (August 2004)

Chaplains, under the guidance of Rev. Dan Cooper, undertake 12 week accredited Clinical Pastoral Education (CPE) to "live test" draft components of *Developing Spiritual Care Capacity for Hospice Palliative Care Curricular Resource* in a 2005 Learning Laboratory in Regina