INTRODUCTION

• Pallium Canada, established in 2000, is a national not-for-profit program that builds primary-level palliative care capacity, mainly through its interprofessional Learning Essential Approaches to Palliative Care (LEAP) courseware.
• There are various versions of the LEAP courses to address different health care sectors and disease groups. LEAP Core is a 2-day course with 12 modules that targets community-based primary health care health professionals. The courses are mainly classroom-based and use an interactive, case-based, modular approach. Attendance is limited to a maximum of 25 learners per session.
• A facilitator training program (currently 640 facilitators across Canada) and an online learning management system (Pallium Central) support course delivery.
• From April 2015 to March 2017, 485 LEAP courses were held across Canada.

STUDY GOALS

• Study the impact of the LEAP Core course on learners’ knowledge, attitudes and comfort levels pre- versus post-course;
• Explore the commitments-to-change (CTC) made by learners post-course 4 months post-course (results reported elsewhere);
• Assess the learners’ experiences with the courses (results briefly report here).

METHODS

• Retrospective, mixed methods study.
• Outcome measures (same instruments administered pre- and post-course):
  o Pallium Knowledge Quiz (20 item MCQ-multiple choice questionnaire)
  o Pallium Attitudes Survey (24 item- Likert Scale)
  o Pallium Comfort Scale (16 item- Likert scale)
  o Course Evaluation Survey and Commitment-to-Change (CTC) (post-course).
• Instruments assess various aspects of providing the palliative care approach and have been designed specifically for Pallium Canada using best practices in instrument development.
• Analysis methods
  o Total scores used for analyses. Knowledge Quiz data (MCQ) treated as dichotomous data (correct or incorrect) and total percentage score calculated. Likert scales data treated as interval data. Pre- versus Post-course scores compared using paired samples t-tests. Significance level (Alpha) set at 5% (two-tailed) for all tests. Effect sizes (Cohen’s d) calculated. Instrument internal consistency (Cronbach’s α) analyzed.
  o SPSS used for analyses.
• All learners who participated in LEAP Core from April 2015 to March 2017 (2 fiscal years) included. Learners divided into five profession groups: physicians (MDs); nurses (RNs); pharmacists (Phs); social workers (SWs); and others.
• The study was approved by the Conjoint Health Research Ethics Board (CHREB) of the University of Calgary (REB 17-0429).

RESULTS

• 244 sessions delivered during study period, with a total of 4637 learners:
  o RNs 2990 (64.5%); MDs 878 (18.9%); SWs 127 (2.7%); Phs 100 (2.2%) and “Others” 541 (11.7%); including dietitians, therapists and leaders).
• Response rates varied across tools and professions. Highest amongst physicians and nurses.

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Response Rates (ranges across professions)</th>
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<tbody>
<tr>
<td></td>
<td>Pre-Course</td>
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<tr>
<td>Knowledge Quiz, Attitudes Survey, Comfort Survey</td>
<td>80% - 92%</td>
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<tr>
<td>Course Evaluation*</td>
<td>64.5%-74%</td>
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<tr>
<td>Commitment-to-Change (CTC)*</td>
<td>39.4%-66%</td>
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</tbody>
</table>

**Not reported in this abstract**

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