



**View from the Canopy:
The Pallium Project External Evaluation Report**

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Dr. José Periera and Mr. Michael Aherne worked closely with the independent evaluator to identify the key features necessary to incorporate into the Project evaluation. Their insights, experiential and knowledge-based contributions were instrumental in the development of an innovative Evaluation Framework that supported the evaluation.

Mr. Michael Aherne in a tireless effort to manage the project as well as support the evaluation process facilitated and enabled the opportunity-based external evaluation activities. His collaborative approach throughout the process enabled an extraordinary amount of evaluation activities that would not otherwise have been realized.

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Executive Summary

As described in its initial application to the Primary Health Care Transition Fund National Envelope in April 2003, the Pallium Project is defined as an “integrated care capacity building initiative.” The strategic intent of the project was to enhance knowledge, skills and attitude related to care for patients with life-limiting illness thereby contributing to the delivery of quality hospice palliative care as an integral element of Primary Care renewal in Canada. Within the seven National Envelope objectives, the goal of the Pallium Project was *to improve access, enhance quality, and build longer-term system capacity for hospice palliative care*. An evaluation framework was designed by the external evaluator early in the project phase in order to guide the evaluation inquiry across all emergent sub-projects. The framework supported an innovative transformational evaluation approach.

This external evaluation report of the Pallium Project presents the results of a comprehensive analysis of the contribution of the Project activities to the National Envelope objectives for the Primary Health Care Transition Funds (PHCTF). The report describes the Pallium Project, the evaluation framework that was developed to guide the external inquiry, the evaluation process and the role of the external evaluator, the evaluation findings, and as well includes a discussion of notable themes. The external perspective of the evaluation provides a non-biased view of the complex and multi-dimensional Pallium Project contributions to Primary Health Care Transition.

The Pallium Project evidenced a ‘forest’ of results, thus lending itself to the metaphor as a descriptive vehicle, and providing the context for the evaluation lens from the ‘canopy’ with the capacity to ‘zoom in’ and examine elements of the forest that are closer to the ground. Some *large and established trees* emerged as the building blocks or foundational elements of the Pallium Project, while *other trees took root* and will continue to grow and develop. Closer to the forest floor there was *new growth*, local initiatives that also contributed to the overall outcomes that Pallium achieved. The ecological metaphor allows for the identification of the ongoing processes that sustain and continue to support future development in Hospice Palliative Care, the *generative energy that feeds further evolution*.

Contributions Toward National Envelope Objectives

Enhancing Sustainability of the Primary Health Care System

A number of significant partnerships were strategically developed that facilitated ongoing discussions regarding primary health care renewal at the National level influencing policy and program development. National stakeholders indicated that the involvement of Pallium made a significant contribution to advancing Hospice Palliative Care in Canada.

Many of the sub-projects that were developed using a partnership approach during the Pallium Project further demonstrate enhanced capacity for primary healthcare renewal. Over 20 partnerships were identified that evidence inter-sectoral collaboration, and the strategic leveraging of subject matter experts in the development of programs and/or materials that effectively disseminate best/better practice knowledge, provide the forum to stimulate ongoing dialogue, and influence standardization, innovation and renewal in primary health care practice.

Educate the Public about Primary Health Care Renewal

There was limited evidence of targeted Public dialogue initiated through sub-projects of the Pallium Project in such forums as town hall meetings, community services meetings, or social marketing campaigns. It is notable however that the stakeholders engaged in sub-projects with the Pallium Project all indicated that there was a high degree of personal relevance and impact, and that they shared their learning and experiences with others in their family and social circles. This secondary effect demonstrates a degree of public engagement. The evaluation interview responses were striking regarding the number and frequency of comments related to the personal impact of being involved with the Pallium Project.

Education activities within the Pallium Project primarily focused on professionals in health care who expressed an interest in learning more about Hospice Palliative Care through a self-selection process to register for education events (Regional Weekend Courses, Audioconferences, Service Development Institute). Although this was the intended target, there is evidence that individuals who participated in educational events discussed their learning and experience with their friends and family – the public domain. Individuals involved with the Pallium Project in the development or delivery of education programming also indicated that they experienced the work in a uniquely personal way, there was a sense that the work was about “all of us” and that it was “important”.

Many Pallium Project publications were produced during the project and are available through professional journals and in the public domain through internet search engines and libraries. The inclusion of the volunteer sector in the Service Development Institutes provided evidence of public involvement in education. In addition, HHR investment strategies, graduate studies sponsored by the Pallium Project and engaging new grads and undergraduate students in employment learning opportunities evidence further inclusion of members of the public in education regarding Hospice Palliative Care renewal.

Maximize Synergies and Use Common/Collaborative Approaches to Renewal

Pallium Project implementation was based on a synergistic approach whereby the project leads sought and/or identified opportunities to leverage local Palliative Care work applying collective relational and intellectual capital to transform the resource to a National profile using the CHPCA Model as the standard of care. The quality of the materials, access and local integration into patient care were positively affected through this intentional process.

The Pallium Project extended beyond simple information sharing partnerships. Applying knowledge management principles, the Project developed a Community of Practice as a vehicle for Hospice Palliative Care practitioners to share knowledge and ideas toward the development of new knowledge, continuing professional development programs, learning objects, and networks of support.

Improve the Availability and Quality of Information

The activities undertaken through the Pallium Project in collaboration to produce continuing education courseware, decision making support tools, learning objects, etc. as outlined in Objective 3 also served to improve both the availability and quality of information on primary health care nationally with 34 outcomes identified through the external evaluation.

A key factor in the availability of information generated through the Pallium Project was the way in which the Project strategically managed its intellectual property, determining that the products developed were the Community's property. In order to ensure availability to the Community of Hospice Palliative Care (qualifying end-users for non-commercial educational purposes), specific non-exclusive licensing agreements and terms have been designed and utilized.

Create Common Practical Tools

A number of resources were updated, refined, enhanced and made more widely available through the Pallium Project. It is important to recognize from an evaluative lens, the Project's intentional strategic approach to transitioning products from paper-based to web-based access, from local to national presence, and from local development quality to peer-reviewed national consensus-based quality. All of the operations associated with these transformations clearly evidence the development of common practical tools, and in fact move far beyond their simple creation to extended access and application models.

Facilitate Collaboration Among Professionals

All sub-projects of the Pallium Project involved collaboration with others – the collectivist approach. Pallium developed a Community of Practice, several levels of which were evidenced through operations. From the macro perspective, a National Community of Practice was formed from the entire collective of individuals, communities, associations, health regions, and sectors that were directly involved with the Pallium Project either through participating in development of Project outputs, as learners, as employees engaged in a learning/work experience, or as researchers.

Facilitate Changes to Practice Patterns

The evaluation of the Pallium Project included intentional inquiry related specifically to the influence on practice patterns. The findings of several sub-projects provide support that practice patterns have been influenced by the Pallium Project – specifically related to the Service Development Institute, Building Communities of Care for Aboriginals Workshops, Spiritual Care Initiative Cohorts A and B, Audioconferences, and Regional Weekend Courses using LEAP Courseware.

Key Process Facilitators

Organic Evolution Embracing Complexity

The complexity of Hospice Palliative Care was recognized by the Pallium Project, and was acknowledged through the design of a systems approach that was utilized in order to impact multiple system levels and sectors to improve access, enhance quality and build longer-term system capacity for Hospice Palliative Care. The strategy of organic evolution was very effective in supporting the development of 71 sub-projects and leveraging emergent opportunities based on synergies.

Community of Practice

The Pallium Project successfully developed a Community of Practice “about” Hospice Palliative Care. The “community” that developed was multi-dimensional, the evaluation findings providing rich evidence of local communities, regional communities, and a macro Pallium community. Community members that were interviewed indicated that they found the CoP to be highly relevant to their professional practice, as well as personally relevant in their human experience with death and dying. The knowledge objects developed through the Pallium Project illustrate a profound “practice” benefit derived from the activities of the Pallium Community of Practice.

Leadership

Leadership was evidenced at many levels of the Pallium Project with specific leadership roles that emerged, and in some cases evolved. Initially the Project had visionary leaders who identified the need to expand conventional models of education in order to support the provision of Continuing Professional Development education extension from one classroom to other cities and rural areas using innovations in technology to enable. Formal operational leadership was demonstrated by the Pallium Project Team Leads Dr. José Periera and Mr. Michael Aherne. Dr. Periera’s leadership role transitioned throughout operations to include champion, curriculum developer, resource expert, internal monitor, sub-project lead, operational guide for the Steering Committee, and spokesperson. Michael Aherne was identified formally as the Director, Initiative Development for the Pallium Project. Officially Mr. Aherne catalyzed the development of sub-projects, and as previously mentioned, ensured alignment between emergent initiatives and the overall goal and objectives identified at the outset of the Project. Local leadership was nurtured and emergent local leadership was encouraged within the Pallium Project. The presence of all leadership roles supported the processes necessary for the Pallium Project’s success.

Project Management

The Project management approach is characterized by several key features. A framework or pathway was designed at the outset to guide the achievement of goals and objectives. Processes were strategically managed in order to support the development of a Community of Practice. A distinct action learning approach was also integrated into all management operations as lessons learned became embedded and informed the evolution of future Project development activities. The collectivist approach was also a key feature of the management of the Pallium Project.

Applying a framework approach as opposed to a highly constructed and pre-determined set of activities allowed for the emergence and development of the 71 sub-projects, an outcome that required a degree of comfort with organic development.

Capacity Building, Sustainability – Generated Energy

An extraordinary outcome achieved by the Pallium Project, although not identified as an anticipated outcome, was the energy that was created as a direct result of its activities. The heightened profile of Hospice Palliative Care that was achieved through the Pallium Project created an excitement within the community, renewed resolve and dedication to their work roles, and “refilled their vessels”.

Specific to the products that were developed through the Pallium Project, participants stated that they are now able to continue evolve their programs because these products and support materials were developed to such a high level of user/application/research quality, that they enable “just in time” workplace learning in order to adapt local/regional/national programs and services to align with the CHPCA Model to Guide Hospice Palliative Care.

Conclusion

Revisiting the Forest Metaphor

From the canopy one sees a lush green forest that the Pallium Project became. The ecosystem that nurtures this forest is fed by the generated energy that has been produced in those who were involved in the project, as growth is guided by the processes that the Project leaders have embedded.

The tallest trees represent those initiatives that took root prior to Pallium and flourished, lending shade while allowing for nourishing light to stream through the branches so that other initiatives could be established and take root. Smaller trees were initiated through the Pallium Project and continue to grow. While some are established enough to continue on independently, other will require ecosystem support through ongoing collaboration and leadership.

The ground cover represents the ideas that still remain within the minds of individuals, some of which will be nurtured through collaboration with newly discovered colleagues, following paths that stretch through the forest that Pallium has forged.

Seeds from this forest have been transported far beyond its formal boundaries and have settled on other sectors, countries, and continents, expanding the ecosystem of Hospice Palliative Care.

Introduction

Report Overview

This external evaluation report of the Pallium Project presents the results of a comprehensive analysis of the contribution of the Project activities to the National Envelope objectives for the Primary Health Care Transition Funds (PHCTF). The report describes the Pallium Project, the evaluation framework that was developed to guide the external inquiry, the evaluation process and the role of the external evaluator, the evaluation findings, and as well includes a discussion of notable themes. The external perspective of the evaluation provides a non-biased view of the complex and multi-dimensional Pallium Project contributions to Primary Health Care Transition.

The Pallium Project

As described in its initial application to the Primary Health Care Transition Fund National Envelope in April 2003,¹ the Pallium Project is defined as an “integrated care capacity building initiative.” The strategic intent of the project was to enhance knowledge, skills and attitude related to care for patients with life-limiting illness thereby contributing to the delivery of quality hospice palliative care as an integral element of Primary Care renewal in Canada. Within the seven National Envelope objectives, the goal of the Pallium Project was *to improve access, enhance quality, and build longer-term system capacity for hospice palliative care.*

The Pallium Project applied a systems approach to multi-professional and team-based capacity building, leveraging partnerships to engage in knowledge sharing processes toward the development of resources and learning objects with National application. These processes were also applied to enhance capacity exponentially from an individual practitioner level at the front line of health services delivery to a National health systems level.

The Knowledge Management concept model that the Pallium Project applied in its operational evolution was a Community of Practice (CoP).² The model of care that was utilized as the standard for Hospice Palliative Care in the Pallium Project was “A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice” developed by the Canadian Hospice Palliative Care Association (CHPCA) and released in 2002.

The activities of the Pallium Project were not strictly defined at the outset, rather the Project evolved into 71 distinct sub-projects using an organic, opportunity-based operational management approach. The Project leads sought synergies within and between systems (health, education, social science, government, volunteer, etc.) that were amenable to leveraging through the establishment of strategic partnerships, forming a collective.

¹ Pallium Integrated Care Capacity Building Initiative, Application to the Primary Health Care Transition Fund (PHCTF) National Envelope. April 16, 2003.

² CoPs are defined as “...groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.” *Cultivating Communities of Practice.* Etienne Wenger, Richard McDermott, and William M. Snyder. Harvard Business School Press, 2002.

The approach had an identifiable community development focus. Using a process orientation, the Pallium Project intentionally formed a Hospice Palliative Care Community of Practice as the operating body through which contributions to the National Objectives of the PHCTF (in the nature of outputs, outcomes and impacts) were made.

The Forest Metaphor

The Pallium Project evidenced a 'forest' of results, thus lending itself to the metaphor as a descriptive vehicle, and providing the context for the evaluation lens from the 'canopy' with the capacity to 'zoom in' and examine elements of the forest that are closer to the ground. Some *large and established trees* emerged as the building blocks or foundational elements of the Pallium Project, while *other trees took root* and will continue to grow and develop. Closer to the forest floor there was *new growth*, local initiatives that also contributed to the overall outcomes that Pallium achieved. The ecological metaphor allows for the identification of the ongoing processes that sustain and continue to support future development in Hospice Palliative Care, the *generative energy that feeds further evolution*.



Evaluation Framework

An evaluation framework (Appendix 1) was designed by the external evaluator early in the project phase in order to guide the evaluation inquiry across all emergent sub-projects. The framework supported an innovative transformational evaluation approach.

Purpose

Unique to the Pallium Project, the evaluation framework was designed to allow for flexibility in order that project activities that were initiated through the course of the Project term could be evaluated consistently. Within the organic environment of the Pallium Project, the capacity for evaluation flexibility and adaptability was highlighted as a key requirement in the evaluation design.

Structure

The Evaluation Model represents the logical relationship between the project goal and objectives and the inputs (including partnership contributions) and processes, implementation themes, outputs, outcomes (intended and unintended) and the evaluation. This model is highly aligned with the Results-based Management and Accountability Framework that is utilized by the Canadian Federal Government³ as well as the Logical Framework (Logframe)⁴ approach. As evidenced in the schematic model, the evaluation of the Pallium Project was comprehensive, encompassing all levels of project activity across the five Pallium Project thematic streams.

The Evaluation Framework tables explicitly linked project activities to evaluation activities, creating a systems-view of the evaluation process, identified key evaluation questions based on participatory evaluation, evidenced multiple data sources, and ultimately provided a roadmap that guided all Project data collection and evaluation activities.

Strengths and Limitations

The evaluation framework design was highly effective in its ability to encompass all emergent sub-projects. However, there were limitations in its capacity to support the development of specific question sets for each of the sub-projects. In order to ensure that the evaluation inquiry was aligned with the Participatory Approach, a generic set of questions was applied across all sub-projects. These evaluation questions framed the development of all interview templates used by the external evaluator and in some cases informed the development of evaluation tool question sets for specific sub-projects. While this approach ensured consistency and continuity necessary for multiple sub-project comparisons, it limited the specificity to which the evaluator was able to explore each of the individual initiatives within the Pallium Project.

Role of External Evaluator

The external evaluator was responsible for designing and implementing the Pallium Project evaluation framework. The evaluation process undertaken by the external evaluator involved conducting opportunity-based evaluation activities that included interviews (124), observation, and student mentoring. The external evaluator provided formative feedback to the Pallium Project Team throughout the project period as appropriate upon consultation, aligning the evaluation contributions with both action learning and participatory evaluation constructs.

The Pallium Project produced a vast amount of information needed for monitoring and reporting. The external evaluator was responsible for collecting and analyzing these in order to inform the systems evaluation for Pallium. The analysis of these secondary data contributed to the extraction and identification of evidenced contributions to the National Envelope objectives that the external evaluator was responsible to report. In addition, the external evaluation explored emergent themes across all Pallium Project sub-projects and identified connectivity where it existed in order to provide an overall 'story' describing the inter-relatedness of the elements of the Project through unbiased inferences.

³ Guide for the Development of Results-based Management and Accountability Frameworks (RMAF). August 2001. Treasury Board Secretariat. http://www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/rmaf-cgrr-PR_e.asp?printable=True

⁴ The Logframe Handbook: A Logical Framework Approach to Project and Cycle Management., The World Bank. www.afdb.org

The external evaluator completed two summative project reports during the Project period: the Service Development Institute Impact Evaluation Report (December 2005) and the Building Communities of Care for Aboriginal Families Evaluation Report (April 2006).

A critical factor related to the external evaluation was the importance of maintaining independence from the Pallium Project operations, a boundary that mitigated against bias in evaluative analysis, but also limited the evaluators exposure to the complex operations of the Pallium Project. The nature of external evaluation creates a degree of dependence on the Project team to provide information at critical points during project implementation, and to identify for the evaluator the key informants and stakeholders. The evaluation analysis was conducted based on the information that was directly obtained through evaluation activities (summative sub-project reports, interviews, observations) and through the review of secondary data and information that was provided by the Pallium Project. The external evaluation is complemented by the operational reporting conducted by the Pallium Project.

The external evaluation examines the entirety of the Pallium Project, extracting findings linked to the National Envelope objectives, identifying key emergent themes and presenting process oriented discussion in order to meaningfully connect inputs, outputs, outcomes and impacts from the 71 sub-projects.

Facets of Evaluation

The evaluation of the Pallium Project included several facets – internal, external and post-project stakeholder consultation.

As an element of project operations, internal Pallium personnel collected project-specific information and data that contributed to the Pallium external evaluation data set. The internal evaluation activities included monitoring of inputs such as planning activities, development processes, outputs, outcomes, budgeting, and project management activities.

External evaluation responsibilities as previously described encompass a transformational approach that acknowledged and appreciated complexity inherent in systems, the organic and opportunistic nature of the Project implementation approach, and formalized the application of a common framework to guide the evaluation inquiry. The external evaluation process while identifying Project products, also investigated processes in order to identify key factors for embedded and enabled change within complex systems. The external evaluation describes in simple terms the thematic connections between the 71 sub-projects in order to “make sense” of the key learnings related to Primary Health Care Renewal health system change.

In August 2006, The Pallium Project is undertaking a stakeholder consultation process in order to elicit a specific feedback from the ‘collective’ that formed as a result of Project activities. The responses gained from the consultation process will be used to inform final recommendations emerging from the Pallium Project community.

Evaluation Process

Evaluation Approach and Methodology

The Pallium Phase II evaluation focused on determining the contribution of the strategies toward the achievement of the core goal and objectives developed for this phase. The evaluation framework facilitated coordinated, intentional and comprehensive formative and summative evaluation activities, with information and data collection activities occurring both internally and externally.

The evaluation of Pallium reflected a Participatory Approach.⁵ The primary tenets of this approach are:

- Focus on learning, success and action.
- Project outcomes are useful to the people who are doing the work.
- Project process and outcomes are shared throughout, not just at the end of the evaluation period.
- Recognition of the progression of change is built into the process.
- Project sponsors participate in the development of the evaluation questions and identification of key stakeholders.
- Provision of recognition of shared interests among those doing the work the people the work is designed to reach, the funders, and other stakeholders.

Evaluation Methods

Impact Evaluation – Rapid Assessment Ex-post

Impact evaluation is defined as the systematic identification of the effects and impacts, both positive and negative, intended or not, on the groups involved with the Pallium project activities. Participatory methods allowed groups to identify changes, benefits and the strengths and weaknesses of the project activities. Triangulation was used to compare group information with that provided by key informants and information available from secondary sources.

The following analysis methods were utilized:

Descriptive Variance Analysis

Demonstration of evidence that the Pallium Project deliverables were aligned with the original commitment outlined in the proposal. Any variance in project development and deliverables if evident were subjected to variance analysis for justification.

Process Evaluation and Continuous Improvement

As a dynamic formative element of the Pallium evaluation, this was an embedded and ongoing process throughout the project period. Evaluation activities included but were not limited to interviews with key implementation personnel and project collaboration partners, capturing project activity development processes, identification of related outputs and outcomes (including unintended outcomes), case studies, and capturing evidence of the intentional integration of project lessons.

⁵ "Guide to Participatory Evaluation: A Participatory Approach". Public Health Agency of Canada, 1996 (Updated 2002-11-29).

Participatory Evaluation

This form of evaluation was stakeholder-engaged, and as such included both project personnel and key stakeholders (identified by the Pallium Project Management Team) in the evaluation process.

Key stakeholders included jurisdiction-based hospice palliative care coordinators, provincial and national hospice palliative care leaders, academic leaders in hospice palliative care education, health professionals, and volunteer organizations.

Key informants were those individuals, groups, and/or teams that were directly involved in the Pallium Project and who provided experiential insights for the evaluation.

Participatory Evaluation questions framed the inquiry domains and the development of all interview and workshop evaluation templates. They were:

1. What – Did we do what we said we would do?
2. Why – What did we learn about what worked and what didn't work?
3. So what – What difference did it make that we did this work?
4. Now what – What could we do differently?
5. Then what – How do we plan to use evaluation findings for continuous learning?

Outcome/Impact Mapping

Outcomes mapping provided a pictorial schematic of the outcomes/impacts related to a specific activity and/or program. The map focused on changes in behaviour, relationships, actions of the people and/or groups, and effects within organizations directly involved with Pallium activities. The outcomes/impacts were logically linked to the program activities and although the activity/program may not have been the sole causal variable, the influence of the Pallium activity contributing to the outcome was evidenced.

Data Collection

Both qualitative and quantitative data were collected. Qualitative data were obtained through structured individual and/or group interviews conducted in person (and when necessary or appropriate by phone), observation, project team journal entries, and a review of project development and implementation process documents. Quantitative data of a secondary nature were obtained from the project management team and project coordinators, and included quantified output and outcome data. Other data sources included the review of relevant project documentation and products.

Qualitative Data Analysis

Content analysis was the primary method that was applied to the qualitative data in order to identify convergent and divergent themes. As well, phenomenology⁶ methods were applied to explore and reveal the experiential perspectives and perceptions of participants.

⁶ "Refers to a person's perception of the meaning of an event, as opposed to the event as it exists external to the person...By looking at multiple perspectives on the same situation, the researcher can then make some generalizations of *what something is like* from an insider's perspective."
Paul D. Leedy and Jeanne Ellis Omrod, "Practical Research Planning and Design Seventh Edition" (Merrill Prentice Hall, 2001)

The data were distilled initially with the removal of specific personal identifiers to ensure confidentiality of the respondent, although responses remained in inquiry domain groupings. The data were then “cleaned” through the identification of relevant information and the creation of thought segments. Further, the data were grouped into meaning units. As well as emergent themes (common across all groups as well as emerging within group streams), divergent perspectives, and key insights were captured.

Quantitative Data Analysis

Quantitative data analysis techniques included frequency distributions, correlation, and descriptive statistics. Frequency tables and or charts visually illustrated the data in order to facilitate the analysis of emergent patterns. Correlation techniques explored the degree of the relationship between two selected variables. Descriptive statistics were applied to the data in order to discover the minimum and maximum values, the range of the data, and the mean.

Limitations

The critical limitations described briefly below are inherent to complex projects such as the Pallium Project. While a wealthy data set was produced for analysis, pragmatic limitations were identified.

Boundaries of External Evaluation

External evaluation was conducted outside of direct operations, and was dependent on operational information as provided through the Pallium Project. With a large and complex project, specifics related to operations may not have been known to the evaluator.

Quality of Secondary Data

The external evaluation included the use of data that were not directly collected by the evaluator, and as such the reliability and validity of these secondary data was difficult for the external evaluator to assess.

Limited Capacity to Influence Sub-Project Evaluation

The 71 sub-projects that were catalyzed by the Pallium Project were not all subject to the evaluation influence of the external evaluator resulting in a limiting variance of inquiry domain data available to the evaluator for comparative purposes.

Outcomes and Results

Pallium Operations Summary Report⁷ provides evidence of contribution to the National Envelope objectives from an operational perspective. The external evaluation examined the groups of sub-projects as identified in the 5 Pallium thematic streams (see Appendix 1 – Pallium Evaluation Framework for specific linkages between sub-projects and National Envelope objectives). This analysis has evidenced contributions to the related objectives as presented below.

National Envelope Objectives

1. *Enhancing the sustainability of the primary health care system by engaging stakeholders and the public in a dialogue on primary health care renewal.*

Pallium Project Pathway

- *Extend linkages to empower primary caregivers and design initiatives so that primary caregivers are full partners with specialists in delivery of hospice palliative care.*
- *Implement learning systems and information and decision supports such that hospice palliative care is fully supported at the community level.*
- *Focus on a dual strategy of development, aligned with the CHCPA’s “Square of Care” and “Square of Organization” such that due care and attention is given to both foundational requirements in capacity building.*

At the beginning of Phase II, The Pallium Project identified 32 collaborating stakeholders. Throughout operationalization, the following specific sub-project examples of stakeholder involvement emerged as the Project pursued a “collectivist approach” to achieving the Project goal:

Key National Partnerships Related to Renewal

A number of significant partnerships were strategically developed that facilitated ongoing discussions regarding primary health care renewal at the National level influencing policy and program development. National stakeholders indicated that the involvement of Pallium made a significant contribution to advancing Hospice Palliative Care in Canada.

- Canadian Hospice Palliative Care Association
- Quality End-of-Life Care Coalition of Canada – Pallium Project the first Project to be a member
- Aboriginal Nurses Association of Canada
- Educating Future Physicians in Palliative and End-of-Life Care
- Canadian Association of Pastoral Practice and Education – Spiritual Care Course Development, DACUM Competency Identification
- Canadian Strategy on Palliative End-of-Life Care (Health Canada)
- Pallium Atlantic

⁷ The Pallium Project. *Phase II Operations – Summary Report (2004-06)*. Prepared by Michael Aherne.

Other Strategic Partnerships with Stakeholders

Many of the sub-projects that were developed using a partnership approach during the Pallium Project further demonstrate enhanced capacity for primary health care renewal. The partnerships below evidence inter-sectoral collaboration, and the strategic leveraging of subject matter experts in the development of programs and/or materials that effectively disseminate best/better practice knowledge, provide the forum to stimulate ongoing dialogue, and influence standardization, innovation and renewal in primary health care practice.

- University of Victoria – PDA National Baseline Study
- University of Alberta – Administrator Understanding Study, Driving Decline and Dignity Project
- University of Regina – Towards Creating a Bereavement Centre
- University of Calgary – O'Brien Centre, Centre for Health and Policy Studies
- Other HHR Investment Strategies
- Expert Consultation and Collaborative Development
 - LEAP Courseware Development
 - Clinical Communication in Hospice Palliative Care – Instruction Discussion Video Production
 - Responsive Hospice Palliative Care with Aboriginal Clients and Families Courseware Development
 - In Our Own Voices – Instruction Discussion Video Production
 - CHPCA Norms Toolkit Development
 - Audioconference Program Development and Delivery
 - The Palliative Pocketbook
 - Enhanced Telenursing Protocols for PCH Call Centres/Health Lines
 - Dying for Care – Communication Video Production
 - Aboriginal HPC Service Delivery – Issues and Opportunities
 - Rurban Hospice Palliative Care Project
 - Family Caregiver Issues Mapping and Resource Development
 - Nunavut Territory Service and Systems' Issues Mapping and Change Facilitation
- Putting Progress into Action Workshops
- Service Development Institute
- Yukon Territory HPC Program Development
- Conference Presentations
- Invited Talks and Plenary Sessions/Screenings
- Alberta Cancer Board Interface Projects
- Pallium Atlantic

Stakeholders that were interviewed commented that they had not anticipated the “energy” that the sub-project collaborations created surrounding Hospice Palliative Care renewal in Canada. They describe that the Pallium Project has stimulated a “national process” that will enhance the quality of care for patients.

“The Pallium Project has left us with the momentum to continue to make change.”
(Provincial Palliative Care Leader)

There was little evidence of targeted Public dialogue initiated through sub-projects of the Pallium Project in such forums as town hall meetings, community services meetings, or social marketing campaigns. It is notable however that the stakeholders engaged in sub-projects with the Pallium Project all indicated that there was a high degree of personal relevance and impact, and that they shared their learning and experiences with others in their family and social circles. This secondary effect demonstrates a degree of public engagement. The evaluation interview responses were striking regarding the number and frequency of comments related to the personal impact of being involved with the Pallium Project.

Several stakeholders identified that they were involved with the Pallium Project because they had a high degree of comfort with change and that the Pallium Project provided a living laboratory to exchange ideas and explore together to find solutions to an authentic societal

“What will be sustained is the willingness to work in inter and multidisciplinary contexts...to keep the mind open and explore.”
(Project Management Team Member)

problem; enhancing Hospice Palliative Care in Canada.

2. Educate the public about primary health care renewal.

Pallium Project Pathway

- Collaborate with provincial and national hospice palliative care associations and local networks to inform the public about hospice palliative care options within the context of primary care renewal.
- Engage in collaborative development such that there are greater efforts between the voluntary sector and paid health care providers in the provision of partnership-based hospice palliative care.

Education activities within the Pallium Project primarily focused on professionals in health care who expressed an interest in learning more about Hospice Palliative Care through a self-selection process to register for education events (Regional Weekend Courses, Audioconferences, Service Development Institute). Although this was the intended target, there is evidence in the interview responses that individuals who participated in educational events discussed their learning and experience with their friends and family – the public domain. So while there was not direct evidence of an intentional Public Education sub-project, there was a secondary effect based on the human experience of the learners, as noted previously by stakeholders. Pallium Project learning activities had a profound personal effect that was then shared with people in their lives. In many instances, those involved in the formal educational experience had or were experiencing personal loss that they processed through their professional learning experience.

Individuals involved with the Pallium Project in the development or delivery of education programming also indicated that they experienced the work in a uniquely personal way, there was a sense that the work was about “all of us” and that it was “important”. These individuals also indicated that they shared their learning with their friends and family, further evidence of public domain discussions spawned from Pallium Project -related activities.

Many Pallium Project publications were produced during the project and are available through professional journals and in the public domain through internet search engines and libraries. It is noted however, that the primary target for the publications were professionals as evidenced in the list of journals where Pallium Project articles were published: Journal of Palliative Care, International Journal of Health Care Quality Assurance, Alberta RN Magazine, and RN Journal.

The inclusion of the volunteer sector in the Service Development Institutes provided evidence of public involvement in education, although these volunteers were involved with organizations providing (or planning to provide) Hospice Palliative Care services, they clearly are representatives of the public domain.

HHR investment strategies, graduate studies sponsored by the Pallium Project and engaging new grads and undergraduate students in employment learning opportunities evidence further inclusion of members of the public in education regarding Hospice

“The Pallium Project brought people to Palliative Care who would not have otherwise been involved...we have built on the original interdisciplinary base by bringing other people into our world.”
(Foundational Academic Sponsor)

Palliative Care renewal. Through their employment with the Pallium Project, these individuals were involved actively learning about hospice palliative care, project management and research. Exit interviews reveal that some of these individuals plan to pursue further studies in this area and all interviewees indicated that their involvement

with the Project had a profound personal affect. Indeed one of the leaders of the Pallium Project, the director of Initiative Development, had not been formally involved in Hospice Palliative Care prior to his work in Phase I of the Project.

In some communities where Pallium Project education activities were taking place, there was evidence of media coverage of the event. In one case, several stories regarding Hospice Palliative Care were carried in the local paper. Media coverage provided education to the public, and although not an embedded strategic action utilized for all Pallium Project education events (linkage to media coverage), its occurrence and effect is noted.

3. *Maximize synergies and the use of common/collaborative approaches to renewal by providing for information sharing on primary health care renewal experiences.*

Pallium Project Pathway

- *Use the CHCPA’s Model to Guide Hospice Palliative Care as a foundation for continuing professional and organizational development activities.*
- *Integrate Outreach Education into knowledge development and communications to build a critical mass of evidence-based responses to care.*
- *Use of Institutes and other Action Learning and Appreciative Inquiry-based approaches to promote development of a consistent Canadian approach to hospice palliative care, leading from primary care renewal, and emphasizing integration with informal care-givers and specialty care.*

Pallium Project implementation was based on a synergistic approach whereby the project leads sought and/or identified opportunities to leverage local Palliative Care work applying collective relational and intellectual capital to transform the resource to a National profile using the CHPCA Model as the standard of care. The quality of the materials, access and local integration into patient care were positively affected through this intentional process.

The evaluation of the project elicited clear evidence that the Pallium Project strategically formed relationships with partnering stakeholders in all elements of its operations. The following range of Pallium Project engagement activities with partners provide a representation of the variety of ways in which partnerships were mutually leveraged and developed during the project period.

- Providing funding to support activities and projects – local, regional, national
- Providing leadership in process management
- Enabling access to Professional populations to support research and knowledge sharing
- Providing project management support
- Acting as a distribution vehicle for materials
- Developing distribution partners – legacy management
- Leveraging leaders in the Hospice Palliative Care field – knowledge management strategy to share, create and innovate through knowledge exchange
- Providing program planning and strategic planning support
- Supporting NGOs to engage Regionally and Nationally
- Coordinating and enabling collaborative development of learning resources

“Pallium had the influence to call these people together”
(Provincial Palliative Care Leader)

The Pallium Project extended beyond simple information sharing partnerships. Applying knowledge management principles, the Project developed a Community of Practice as a vehicle for Hospice Palliative Care practitioners to share knowledge and ideas toward the development of new knowledge, continuing professional development programs, learning objects, and networks of support. This is illustrated in the following sub-projects:

Pallium Project: Summary of Outcomes Common Collaborative Approaches	
Sub-Project	Related Outcomes
Regional Weekend Courses	<ul style="list-style-type: none"> ▪ Development and refinement of LEAP Courseware – DACUM process, peer review, end-user feedback ▪ Mainpro-C Certification as a professional standard ▪ Courseware licensing to enable access by Palliative Care community ▪ Courseware distribution to Canadian Universities ▪ Trained facilitator pool
Creating Communities of Caring with Aboriginal Clients and Families	<ul style="list-style-type: none"> ▪ Development and refinement of courseware ▪ Trained facilitator pool

Pallium Project: Summary of Outcomes Common Collaborative Approaches	
Sub-Project	Related Outcomes
Spiritual Care Development – Accredited Clinical Pastoral Education	<ul style="list-style-type: none"> ▪ Development and refinement of courseware – DACUM process, peer review
Putting Progress into Action	<ul style="list-style-type: none"> ▪ Positioned Pallium Project within Primary Health Care renewal ▪ Presented CHPCA Model to Guide Hospice Palliative Care
Service Development Institute	<ul style="list-style-type: none"> ▪ CHPCA Model to Guide Hospice Palliative Care utilized as a program planning standard
Telenursing Protocols	<ul style="list-style-type: none"> ▪ Development of modifying guidelines ▪ Standardized protocols aligned with CHPCA Model to Guide Hospice Palliative Care
Caregiver's Guide	<ul style="list-style-type: none"> ▪ Updated in alignment with CHPCA Model to Guide Hospice Palliative Care ▪ English and French versions ▪ Translated - Inuktituk
CHPCA Norms Toolkit	<ul style="list-style-type: none"> ▪ Illustration of examples of the application of the CHPCA Model to Guide Hospice Palliative Care ▪ English and French versions
99 Common Questions	<ul style="list-style-type: none"> ▪ Standardized care questions and answers for front line nursing clinicians
CHPCA Home Support Workers Training Kit	<ul style="list-style-type: none"> ▪ Updated in alignment with CHPCA Model to Guide Hospice Palliative Care ▪ English and French versions
The Palliative Pocketbook	<ul style="list-style-type: none"> ▪ Clinical decision making field book ▪ Aligned with CHPCA Model to Guide Hospice Palliative Care ▪ Semi-blind review process
Palliative Learning Commons	<ul style="list-style-type: none"> ▪ Repository for National learning resources ▪ Multi-partner application – EFPPEC and CHPCA
Pediatric Palliative Care – Fellowship Curriculum Development	<ul style="list-style-type: none"> ▪ Action learning informing curriculum development
Quality End-of-Life Care Coalition of Canada	<ul style="list-style-type: none"> ▪ Customized briefing package developed and distributed to 110 Canadian post secondary institutions with health science education to enhance sensitization to Hospice Palliative Care issues

Pallium Project: Summary of Outcomes Common Collaborative Approaches	
Sub-Project	Related Outcomes
Canadian Strategy on Palliative End-of-Life Care	<ul style="list-style-type: none"> ▪ Information and resource sharing
Canadian Virtual Hospice	<ul style="list-style-type: none"> ▪ Developed partnership to share information, referred to as an ongoing professional resource and support available, share learning re: web-based information and communications technology
ANAC	<ul style="list-style-type: none"> ▪ Courseware peer reviewers ▪ Population base for facilitator training
Registered Nursing Communications Initiative	<ul style="list-style-type: none"> ▪ Series of articles aligned with CHPCA Guide to Hospice Palliative Care ▪ National publication

4. *Improve the availability and quality of information on primary health care nationally (e.g., evaluation, progress indicators)*

Pallium Project Pathway

- *Collaborative development of best practices and benchmarks in hospice palliative care based on various settings and context of care.*
- *Communications activities to target various stakeholders in communicating results of various collaborative development and action learning activities.*

The activities undertaken through the Pallium Project in collaboration to produce continuing education courseware, decision making support tools, learning objects, etc. as outlined in Objective 3 also served to improve both the availability and quality of information on primary health care nationally. Many of the sub-projects contributed to the body of knowledge regarding Hospice Palliative Care best/better practice and were accessed (and can continue to be accessed) by a large number of learners and individuals across the Provinces and Territories as summarized in the table below.

Pallium Project: Improved Availability and Quality of Information		
Sub-Project	Evidence of Quality Enhancement	Evidence of Availability
<i>Outreach Education and Continuing Professional Development</i>		
LEAP Courseware Regional Weekend Courses	DACUM Action Learning Mainpro-C Credits CFPC	40 courses 5 Provinces and Territories 957 Participants
Responsive Hospice Palliative Care with Aboriginal Clients and Families - Courseware	Subject Matter Experts Peer Reviewed Courseware (ANAC)	7 Workshops 310 Participants Train the Trainer – Facilitator Training Session

Pallium Project: Improved Availability and Quality of Information		
Sub-Project	Evidence of Quality Enhancement	Evidence of Availability
Monthly Audioconference CPD Program	Use of Subject Matter Experts as Session Resource	Feb 05-Mar 06 14 sessions Minimum number of sites 32 Maximum number of sites 115 Average number of sites 71 Minimum number participants 147 Maximum number participants 430 Average number of participants 238 MP3 Available as Podcast Online at www.pallium.ca Audio CD Library Available Nationally from CHPCA Marketplace
Spiritual Care Development – Accredited Clinical Pastoral Education	DACUM Designed to Support CAPPE Accredited Education	2 Cohorts – 12 Week Immersion Learning 9 Students Available Nationally from CHPCA Marketplace
Continuing Nursing Education for Nunavut Home Care RNs	LEAP Courseware	21 Registered Nurses 1 Nursing Student
HPC Nursing Education	Customized cultural and clinical education provided on reserve through Pallium Project	2005 51 Registered Nurses and Licensed Practical Nurses on reserve 2006 12 Licensed Practical Nurses and 96 Home Health Aids
Palliative Care Essentials – Post Conference	Pallium Project Facilitators Customized Program	32 Family Physicians, Registered Nurses and Pharmacists
Palliative Care Essentials – Physician Update	Regional Palliative Care Program Personnel Facilitating	18 Family Physicians
Spiritual Care Update Saskatchewan PC Coordinator's Network	Education Customized through Pallium Project	20 Registered Nurses and Primary Health Care Professionals
Facilitator Pool Orientation and Development	LEAP Program Facilitator Kit	40 Facilitators Trained to Deliver LEAP Represent Physicians, Registered Nurses, Nurse Practitioners, and Clinical Nurse Specialists.

Pallium Project: Improved Availability and Quality of Information		
Sub-Project	Evidence of Quality Enhancement	Evidence of Availability
<i>Knowledge Development and Workplace Learning</i>		
LEAP Courseware Distribution	DACUM Process Action Learning	180 LEAP Facilitator Kits Distributed Throughout Canada 17 LEAP Facilitator Kits Distributed Directly to Medical Teaching Facilities
Clinical Communication in Hospice Palliative Care – Instruction Discussion Videos	Subject Matter Experts Involved in Production Lessons Learned Integrated into Production	Distributed and Used with all LEAP Facilitator Kits Available in Streaming Media Format
In Our Own Voices – Aboriginal Perspectives in Hospice Palliative Care – Instruction Discussion Videos	Subject Matter Experts Involved in Production Lessons Learned Integrated into Production	Included and Used with Courseware “Responsive Hospice Palliative Care with Aboriginal Clients and Families”
Identifying and Assessing the Medically At-Risk Driver	Subject Matter Experts Developed	Will support a One Day Physician In Office Practice CME Course
CHPCA Norms Toolkit	CHPCA Model to Guide Hospice Palliative Care	Paper-based and PDF Format Available Nationally from CHPCA Marketplace French and English Versions
99 Common Questions	Peer Reviewed Across Canada	Available Nationally from CHPCA Marketplace
A Caregiver’s Guide: Inuktitut Innuin and Inuk Dialects	Translation Involved Inuktituk Speaking Advisors	Direct distribution to 3 Home Care Regions in Nunavut Available to Inuit families from CHPCA Marketplace
CHPCA Home Support Workers Training Kit 2 nd Ed.	CHPCA Model to Guide Hospice Palliative Care	Available Nationally from CHPCA Marketplace
The Palliative Pocketbook	CHPCA Model to Guide Hospice Palliative Care Decision Support for LEAP	Designed for Future PDA Application Print Version Available Nationally from CHPCA Marketplace
Pediatric Palliative Care – Fellowship Curriculum Development	Action Learning/Immersion Experience in Pediatric Palliative Care	Curriculum Development Process Report Available via Canadian Pediatric Palliative Care Network

Pallium Project: Improved Availability and Quality of Information		
Sub-Project	Evidence of Quality Enhancement	Evidence of Availability
<i>Service Development and System Readiness</i>		
Putting Progress Into Action	CHPCA Model to Guide Hospice Palliative Care Primary Health Care Construct	233 Front-Line Coordinators, Mid and Senior Level Managers from 8 Provinces and Territories
Service Development Institute	CHPCA Model to Guide Hospice Palliative Care Subject Matter Experts as Facilitators	68 Participants from 7 Provinces and Territories
Local Leader Briefing Kit	CHPCA Model to Guide Hospice Palliative Care Current Literature Support	300 Kits Distributed throughout Canada – “Commitment to Use Statements” Copies Available Nationally from the Pallium Project with a Completed “Intended Use Statement”
Dying for Care : Towards Quality End-of-Life Care – Communication Video	Hospice Palliative Care Clinicians/Experts	400 Copies Distributed to all Members of Parliament, Senators and National Policy Leasers 300 within Local Leader Briefing Kits Copies Available Nationally from the Pallium Project with a Completed “Intended Use Statement” Streaming Version Available in Windows Media Player and RealPlayer Format
Enhanced Telenursing Protocols for PCH Call Centres/Health Lines	HPC Program Leaders Involved in Development Across 4 Western Provinces	Report, Kit and Streaming Media Available through Pallium.ca Call Centre Management Teams can Access Full-colour/media Report Kits Upon Fax Request
Palliative Care Service Delivery Decision-Making: Towards an Understanding of Healthcare Manager’s Perspectives	Applied Health Policy Research Study	Report Available from Pallium.ca

Pallium Project: Improved Availability and Quality of Information		
Sub-Project	Evidence of Quality Enhancement	Evidence of Availability
Towards a Meaningful End-of-Life Experience in the Community (The Rurban Hospice Palliative Care Project)	Applied Action Learning Study Model Development for Quality HPC Across Rural and Urban Areas Within Large Integrated Health Regions	Report Available from Pallium.ca
Other Primary Health Care Renewal Investment Activities		
Registered Nursing Communications Initiative	HPC Nursing Leader/Authority Sources Authored Series	Published in Alberta RN, and RN Journal Available for Publication in Other Provincial Nursing Journals/Magazines/Newsletters PDF File Available from Pallium Project Upon Request

A key factor in the availability of information generated through the Pallium Project was the way in which the Project strategically managed its intellectual property, determining that the products developed were the Community's property. In order to ensure availability to the Community of Hospice Palliative Care (qualifying end-users for non-commercial educational purposes), specific non-exclusive licensing agreements and terms have been designed and utilized.

“Another legacy of Pallium is relinquishing profile and control on resources to other organizations...passing the torch...very generous.”
(Physician Sub-Project Lead)

The Pallium Project has also developed an extensive National Literature Repository for Hospice Palliative Care & Education Research. As an element of legacy planning, the Pallium Project is currently requesting that the repository be housed within the Canadian Hospice Palliative Care Association for access by practitioners and clinician-academics who are undertaking educational scholarship in the field to inform their work.

“...I hope that in the future as new projects come on stream this library of several hundred articles will be helpful so that future work is developed ‘from what is known’.”
(Pallium Project Management)

5. *Create common practical tools to address the challenges that will arise during the renewal process.*

Pallium Project Pathway

- *Collaborative development of information and knowledge products (e.g., learning objects) building out from currently available content and make available via affordable licensing and resource sharing arrangements.*
- *Use of World Wide Web and other digital and traditional media to ensure the most appropriate information is available in the most appropriate time when people are ready to receive it.*

As identified in the Pallium Project Pathway, a number of resources were updated, refined, enhanced and made more widely available through the Pallium Project. The previous tables have illustrated both the partnerships that were created to leverage local resources, as well as cite the specific resources and their enhanced accessibility vehicles. It is important to recognize from an evaluative lens, the Project's intentional strategic approach to transitioning products from paper-based to web-based access, from local to national presence, and from local development quality to peer-reviewed national consensus-based quality. All of the operations associated with these transformations clearly evidence the development of common practical tools, and in fact move far beyond their simple creation to extended access and application models.

“We in Pallium saw the need to collaborate across Provinces, to communicate more, to share resources, and to catalyze early innovations in Palliative Care.”
(Project Management Team Member)

“...by making this investment we have achieved more collectively than individually. A good example of this is the 99 Common Questions sub-project. Capital Health developed a good local resource initially, Pallium leveraged through investment to National critical dialogue and by doing so increased access to the resource, increased access to services for people thereby increasing access to quality of decision making.”
(Pallium Project Management)

6. *Facilitate collaboration among professionals involved in primary health care.*

Pallium Project Pathway

- *Extend professional community model to further enhance integration among primary care givers and specialty care.*

As previously described, all sub-projects of the Pallium Project involved collaboration with others – the collectivist approach. Pallium developed a Community of Practice, several levels of which were evidenced through operations. Local Communities of Practice emerged from Regional Weekend Courses, Aboriginal Workshops, and Audioconferences. Participants stated in their feedback from these events that the learning activity itself generated a new feeling of Community locally, enhanced professional relationships, and increased collaborative practice at the front line of Hospice Palliative Care service delivery. There is evidence of organic networks being created at the grass-roots to support program innovation and system change at the local level. The evaluation revealed reports of decreased isolation in HPC practice, increase in local team building and collaborative practice, and enhanced respect for professionals and volunteer roles in HPC

Provincial networks transitioned to Communities of Practice that provided support to practitioners and enhanced their ability to do their work.

From the macro perspective, a National Community of Practice was formed from the entire collective of individuals, communities, associations, health regions, and sectors that were directly involved with the Pallium Project either through participating in development of Project outputs, as learners, as employees engaged in a learning/work experience, or as researchers.

“...it’s made our country feel so much smaller in the field of Palliative Care. Wonderful relationships and connections have been built across the jurisdictions. It has helped people to get to know each other and then to share knowledge working with each other.”
(Provincial Palliative Care Leader)

7. *Facilitate changes to practice patterns for primary health care providers.*

Pallium Project Pathway

- *Continued emphasis on multi-providers (e.g., interdisciplinary; multiprofessional) learning.*
- *Promotion of just-in-time learning, so that the context of practice and problems encountered in practice drive the learning and associated changes required to practice patterns.*

The evaluation of the Pallium Project included intentional inquiry related specifically to the influence on practice patterns. The findings of several sub-projects provide support that practice patterns have been influenced by the Pallium Project.

The Service Development Institute external evaluation was unique in that there was follow-up and reporting on the implementation of intended actions toward service and program design.⁸ Of the 51 evaluation respondents, 45 identified a total of 156 actions that they intended to implement in their local program related to program planning, operations, partnerships and collaborations, education, volunteers and lobbying.

External evaluation of the Building Communities of Care for Aboriginal Families Workshops⁹ (an element of the Responsive Hospice Palliative Care with Aboriginal Clients and Families initiative) also identified within the participant feedback a commitment to change their professional practice based on their learning from the workshop. Over 75% of respondents indicated a high level of commitment to integrate changes in their practice, the most common theme being to integrate Aboriginal cultural awareness into the care environment.

“It was valuable to make us commit to an action plan.”
(SDI Participant)

⁸ The Pallium Project - Service Development Institute Impact Evaluation Report. D. Frère Consulting. December 2006.

⁹ The Pallium Project - Building Communities of Care for Aboriginal Families Evaluation Report. D. Frère Consulting. April 2006.

All students in Cohorts A and B of the Spiritual Care Course were interviewed by the external evaluator, and respondents indicated that the course influenced a change in their practice. At the time of the interviews, few of the students were working in dedicated Hospice Palliative Care roles, however all indicated that they would be integrating this learning into their setting, some intending to seek or

“The principles around spiritual care for people who are dying are the same as people experiencing loss of different types.”
(Spiritual Care Course Participant)

develop formalized positions in Hospice Palliative Care.

Secondary data gathered from the Audioconference evaluations indicate that 55% of 1483 respondents planned to make a change in their practice or organization. Specific areas for change that were identified include using available resources in practice and to be more open to using the ideas presented in the session(s).

Facilitators of the Regional Weekend Course reported that they received informal feedback from local professionals indicating that the course had influenced a change in practice. Local Palliative Care coordinators shared that there was networking promoted between professionals, an increased focus on team-work, that local champions emerged, that there was better pain and symptom management, and that psychosocial issues were being addressed.¹⁰

¹⁰ NOTE: The Regional Weekend Course feedback collected internally by the Pallium Project may also reveal evidence of intent to change practice through analysis of the Commitment to Change form that each physician participant was asked to complete. At the time of the writing of this report, the author did not have access to the results of this analysis from the Pallium Project.

Impact Maps¹¹

Impact maps provide pictorial schematic of the outcomes/impacts related to a specific activity and/or program. The map focused on changes in behaviour, relationships, actions of the people and/or groups, and system effects in order that unintended outcomes and resultant embedded processes can be represented, illustrating benefit beyond the linear outputs and intended outcomes.

Three cases have been selected in order to present a comparison between a large highly complex sub-project, a small local sub-project and a development sub-project:

LEAP Courseware

- Highly complex project

Camp Stepping Stones

- Small Local Project

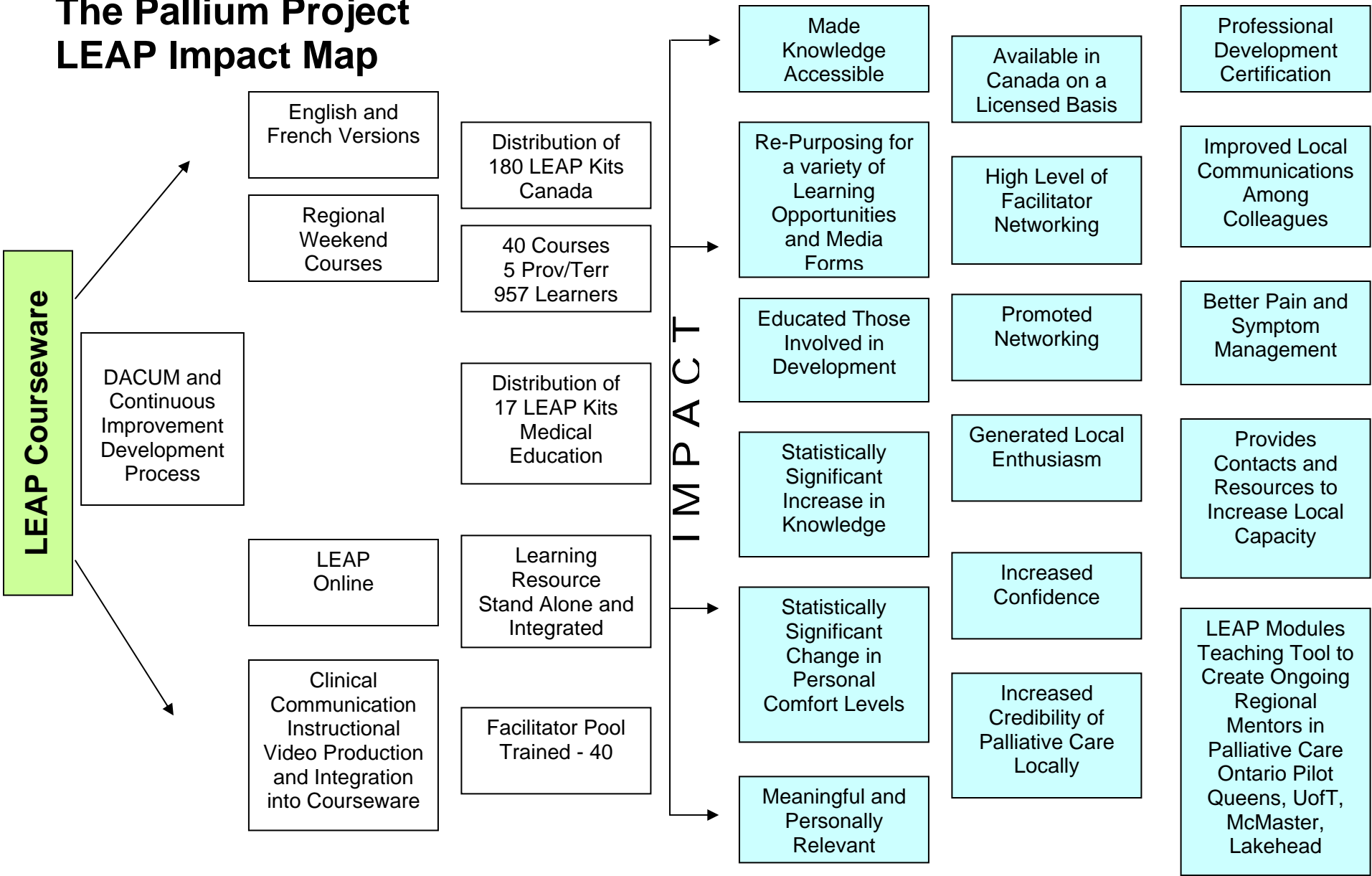
Spiritual Care Development Initiative

- Curriculum Development Project – 9 Students

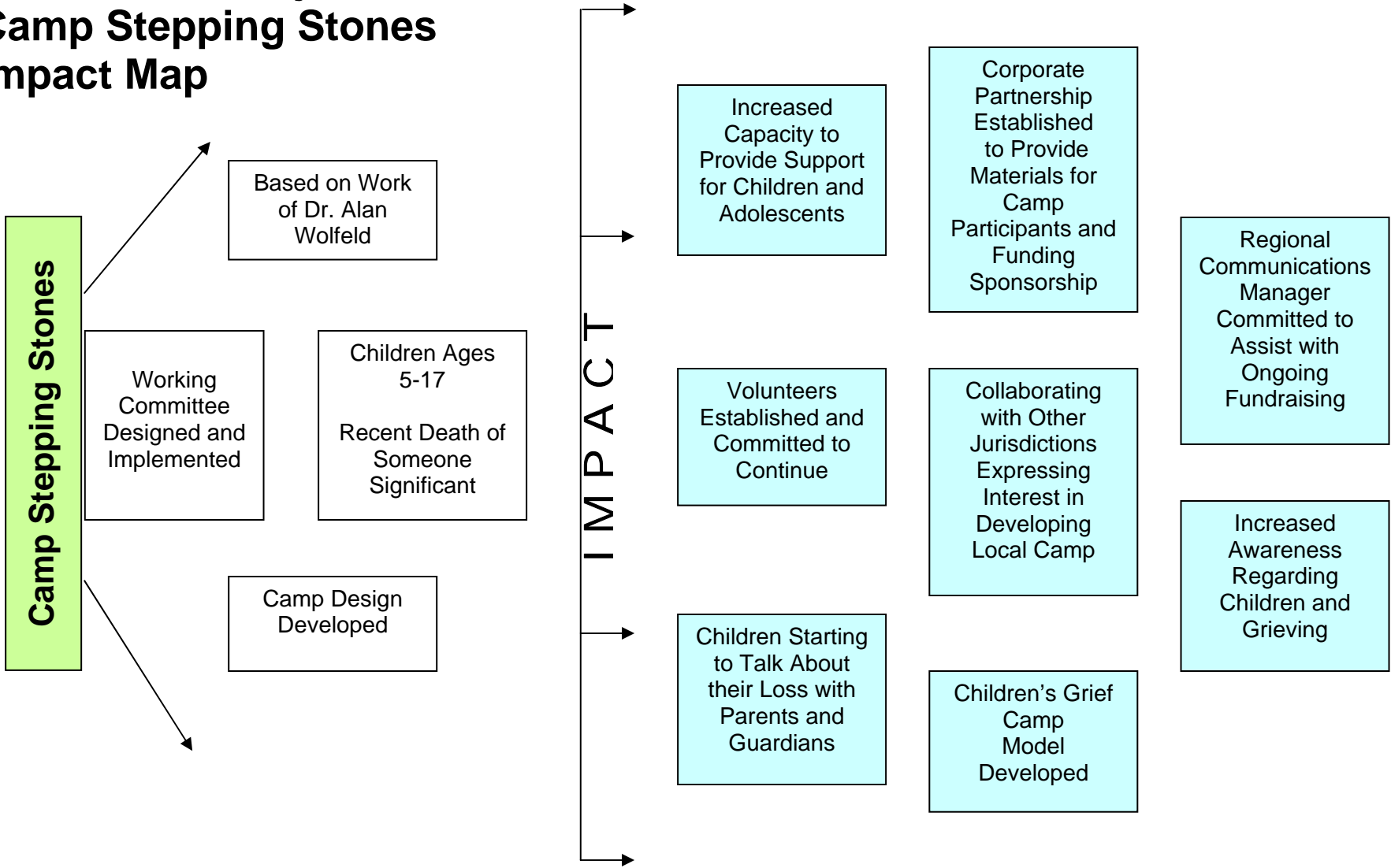
It is notable that although the complex project exhibits many resultant impacts, the small Children's Camp project also demonstrated impact that extends to include partnership development and sharing knowledge with others to enhance their capacity.

¹¹ Impact Maps as designed by the external evaluator are an innovative diagrammatic visual representation of the activity as it related to the anticipated and realized outcomes, unintended outcomes and further to identify emergent systems impact.

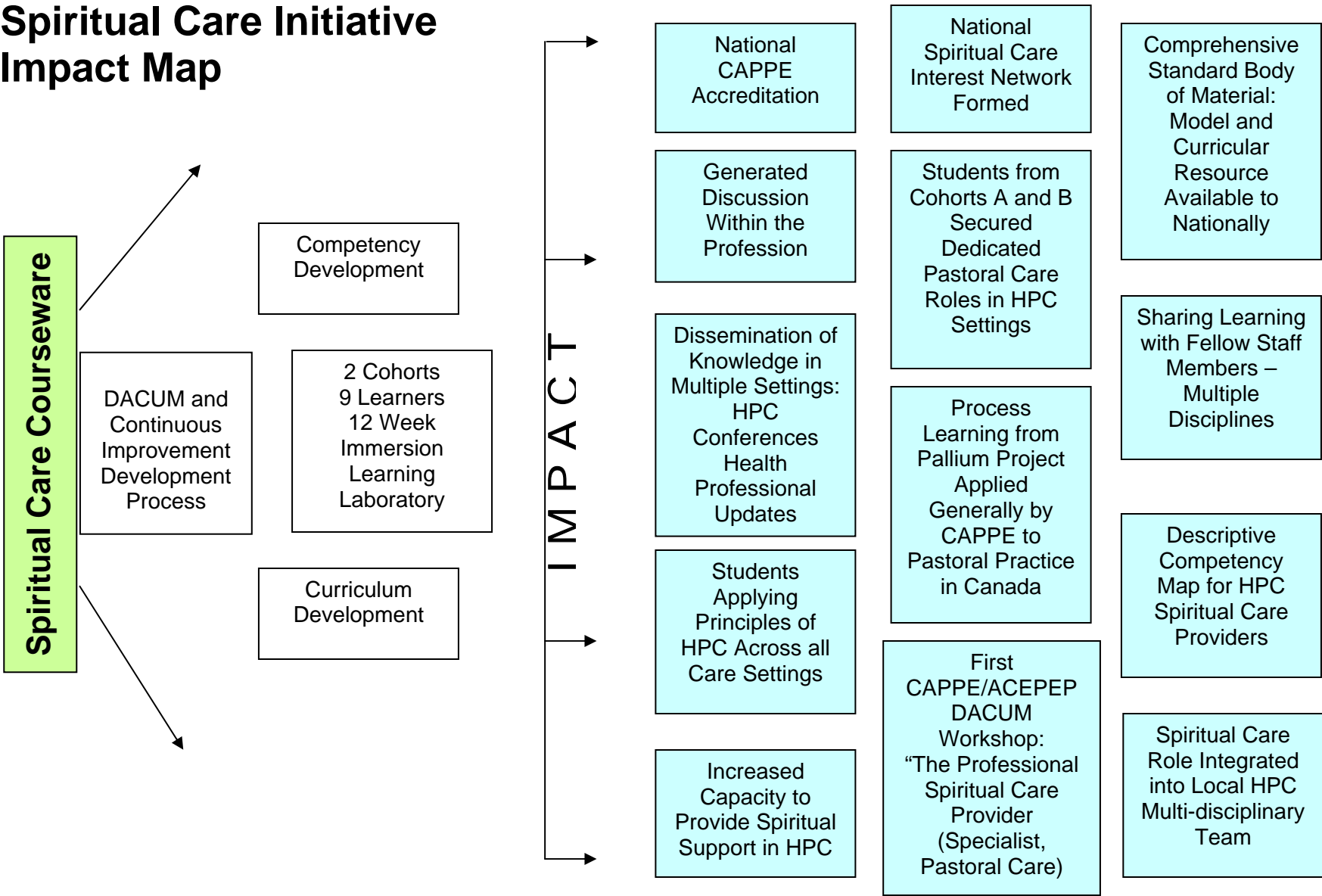
The Pallium Project LEAP Impact Map



The Pallium Project Camp Stepping Stones Impact Map



The Pallium Project Spiritual Care Initiative Impact Map



Discussion

The innovative transformational nature of the external evaluation of the Pallium Project extends beyond the identification of outputs and linear outcomes of a project as they relate to the identified goals and objectives, to further identification of key processes that enabled embedded evolutionary and organic impacts within a complex system environment. As the Pallium Project and the evaluation acknowledged and embraced system complexity at the outset, this discussion presents the key processes that nurtured system impacts. These process themes are framed considering the Participatory Evaluation question set:

- What did we learn about what worked and what didn't work?
- What difference did it make?
- What could we do differently?
- Were there any unintended outcomes?

“Out of intense complexities, intense simplicities emerge.”

Sir Winston Churchill

Organic Evolution Embracing Complexity

The complexity of Hospice Palliative Care was recognized by the Pallium Project, and was acknowledged through the design of a systems approach that was utilized in order to impact multiple system levels and sectors to improve access, enhance quality and build longer-term system capacity for Hospice Palliative Care. Although the Project leaders had a solid sense of the direction, they did not prescribe a specific pre-determined plan or set of sub-project activities. Rather, a set of pathways were developed, and a process supporting the evolution of a Community of Practice was implemented in order to enable flexibility, responsiveness, and opportunistic leveraging based on a collective approach.

“Because it is complex, we must be flexible to allow it to adapt and shape into what it needs to become.”

(Pallium Project Management)

The strategy of organic evolution was very effective in supporting the development of 71 sub-projects and leveraging emergent opportunities based on synergies. The Pallium Project was able to respond to the environment to engage as a timely catalyst. The project scope was at risk of expanding beyond its intent with this approach, the management of which was the responsibility of the Director, Initiative Development. Evidenced in this report, all sub-projects that were developed are aligned with the National Envelope objectives and the pathways that the Pallium Project identified.

“This was a wonderful synergy of people, and time, and opportunity.”

(Sub-Project Lead)

“...we started with an ill structured problem and had to put our heads and hearts in the place of those working in the field at the local level and figure out the best solution we could with the available time, money and other resources (e.g., people, technology, relationships) to which we had access for that sub-project.”

(Project Management Team)

During the Project, it was challenging for participants to obtain information about all of the activities that were a part of Pallium, sense-making was occurring at many levels. Given the complexity of the Project, it was difficult for all of the Pallium Project Team to effectively communicate the full scope of Project activities to those who inquired, and in some cases to have complete and current understanding themselves. Inquiries regarding Pallium Project activities were posed frequently to the external evaluator, demonstrating a high level of interest and at times evidence of participants seeking to understand the full context of the Project in order to more completely understand their role within it. Many participants expressed profound curiosity and some expressing frustration without this information.

In order to fully support participants in a complex project, and based on these findings, it is suggested that with an organic approach such as this that Project Teams consider designing and implementing an internal communications plan that would enable scheduled updates regarding emerging sub-projects. As well, providing a brief update once or twice per year to all participating partners in the Project would serve to provide a common context of understanding for all. Communications can support the collective and sustain energy – context is the “home” for the community. The chaos that exists within complexity can be mitigated with information.

Without embracing complexity, would the same system-wide outcomes have been realized, and what are the implications for the next steps for Hospice Palliative Care in Canada?

Communities of Practice

In today’s age of interdependence, we are past the point when any one individual can possibly know everything that he/she needs to know in order to do their work well. The capacity for professionals to form connections with one another is paramount to their success in acquiring the knowledge that they need. Advances in complex systems can only be made in large collaborative networks.¹² Social capital is highly leveraged when a Community of Practice (CoP) is strategically developed as CoPs represent “the social fabric of knowledge”.¹³ The Pallium Project used the guiding concept of Communities of Practice throughout its implementation.

¹² Cohen, Don and Prusak, L. *In Good Company: How Social Capital Makes Organizations Work*. (Boston, Mass.: Harvard Business School Press, 2001).

¹³ Etienne Wenger, “Knowledge Management as a Doughnut: Shaping Your Knowledge Strategy Through Communities of Practice. *Ivey Business Journal Improving the Practice of Management* (January/February 2004): 1-8.

The conceptual construct of Communities of Practice include three main elements:^{14 15}

- Domain – a common ground and a sense of common identity, the area of knowledge that brings the community together, makes it “about” something
- Community – creates the social environment for learning, supporting interactions and developing and nurturing relationships. The community is the group of people who find relevance in belonging to share knowledge and develop collaborative solutions.
- Practice – the specific knowledge that the community develops, shares and maintains. It represents the accumulation of practical knowledge in their domain.

The Pallium Project successfully developed a Community of Practice “about” Hospice Palliative Care. The “community” that developed was multi-dimensional, the evaluation findings providing rich evidence of local communities, regional communities, and a macro Pallium community. Community members that were interviewed indicated that they found the CoP to be highly relevant to their professional practice, as well as personally relevant in their human experience with death and dying. The knowledge objects as presented in this report and the operational report of the Pallium Project illustrate a profound “practice” benefit derived from the activities of the Pallium Community of Practice. As a knowledge management strategy, Communities of Practice provide multi-level benefits¹⁶ that were realized in the Pallium CoP:

Individual

- Helps people do their jobs
- Provides a stable sense of community with other colleagues
- Fosters a learning focused sense of identity
- Helps to develop individual skills and competencies
- Helps a knowledge worker stay current
- Provides challenges and opportunities to contribute

“I am able to discuss issues around education and innovation in Palliative Care that I have never had the opportunity to do.”

“Pallium has increased the capacity of our team.”

“Learning together creates a new connectedness.”

(Workshop and RWC Participants)

¹⁴ Etienne Wenger, Richard McDermott and William M. Snyder, *Cultivating Communities of Practice* (Harvard Business School Press, 2002).

¹⁵ Wenger, “*Knowledge Management as a Doughnut*” p.3.

¹⁶ Hubert Saint-Onge and Debra Wallace, *Leveraging Communities of Practice for Strategic Advantage* (Butterworth-Heinemann, 2003).

Community

- Helps build a common language, methods, models around specific competencies
- Embeds knowledge and expertise in a larger population
- Aids in the retention of knowledge
- Increases access to expertise across the organization

“The coming together of people from different backgrounds was important.”

“There is a common ground for learning.”

“We went from isolation to group practice, we gained knowledge and expertise, promoted sharing our knowledge, and ignited a passion for Palliative Care...”

“It’s made our country feel so much smaller in the field of Palliative Care. Wonderful relationships and connections have been built across the jurisdictions. It has helped people to get to know each other and then to share knowledge working with each other.”

“Pallium brought everyone together to work as a group.”

“Pallium demonstrated that collective action can work to generate new capacity.”

(Provincial Palliative Care Leaders)

Project

- Helps drive the strategy
- Supports faster problem solving locally and nationally
- Builds on core capabilities and knowledge competencies
- More rapidly diffuses practices

“The Aboriginal community will make a contribution that will have impact on the program of Palliative Care in Canada.”

“We have a comprehensive standard body of material.”

“Pallium has made a huge contribution to advancing Hospice Palliative Care in this country.”

“Pallium has been an incredible catalyst – spawned and nurtured innovation in practice.”

“Pallium created a national set of high-quality learning resources and has made them broadly available...”

“Pallium has accelerated the uptake of CHPCA Norms of Practice.”

(Provincial and National Palliative Care Leaders)

Concept models suggest a formalized and structured approach to developing and nurturing Communities of Practice. The Pallium Project demonstrated that seeking strategic partnerships, supporting and/or coordinating collaborative learning and innovative design activities, and providing an environment within which individuals can form connections, through the application of both formal and informal methods was highly successful. As many stated, the time was ripe, professionals were approaching burn-out and actively seeking partnerships and collaborations to share their practice knowledge and to support individual practice. This suggests that there is a key readiness factor that, when present, results the organic evolution of a Community of Practice when supported by the strategic coordination of partnerships and collectives as provided by the Pallium Project.

Are the communities developed within the Pallium Project able to sustain themselves without the support of formal leadership and managed community process?

Leadership

Leadership was evidenced at many levels of the Pallium Project with specific leadership roles that emerged, and in some cases evolved. Initially the Project had visionary leaders who identified the need to expand conventional models of education in order to support the provision of Continuing Professional Development education extension from one classroom to other cities and rural areas using innovations in technology to enable. These early leaders were open to new ideas and innovation, believed that change was progress, embraced collaboration, and willingly shared knowledge and ideas.

Formal operational leadership was demonstrated by the Pallium Project Team Leads Dr. José Periera and Mr. Michael Aherne. Dr. Periera was a principle visionary and figurehead as a Palliative Care Specialist physician. His role provided credibility from a physician perspective and contributed significantly to the Pallium Project. The evolution of Dr. Periera's leadership role transitioned throughout operations to include champion, curriculum developer, resource expert, internal monitor, sub-project lead, operational guide for the Steering Committee, and spokesperson.

Michael Aherne was identified formally as the Director, Initiative Development for the Pallium Project. Officially Mr. Aherne catalyzed the development of sub-projects, and as previously mentioned, ensured alignment between emergent initiatives and the overall goal and objectives identified at the outset of the Project. Conceptually, this role was about "shepherding disparate projects and initiatives forming a new collective energy" and was described as being akin to a "conductor of a symphony" transitioning between situational and operational leadership. All contractual agreements were the responsibility of this role as was ensuring that deliverables were accomplished by each of the 71 sub-projects. This leadership role was highly complex, and was recognized in the external evaluation as the key facilitator of Community emergence.

Local leadership was nurtured and emergent local leadership was encouraged within the Pallium Project. Formal program leaders at the local level report that they were highly supported by the project, many indicating that Pallium Leaders lent credibility to their programs and services, and this facilitated the uptake of new information related to the delivery of direct care in Hospice Palliative Care. Informal leaders were identified within the activities related to the sub-projects. These grass roots leaders were embraced and enabled through Pallium Project processes including open communication, facilitated knowledge sharing, and support to meaningfully engage in initiatives through sponsorship opportunities. These leaders emerged from both the voluntary and health professional sectors.

The presence of all leadership roles supported the processes necessary for the Pallium Project's success. A credible figurehead influenced the participation of the physician and academic population, operational leadership supported the development of sub-projects through managed process, cultivated local leadership supported front line operations and impacted enhanced program development and service delivery for individuals and families receiving Hospice Palliative Care.

Noted as a leadership challenge was consistent support from leaders in formal decision making roles within the health care system. The evaluation of the Service Development Institute revealed that when program leaders attempted to implement change within their health system specific to program development and operational initiatives, Regional infrastructure, inter-program policy and practice, funding, and local decision maker leadership were identified as primary barriers.

The transitioning leadership role of Dr. Periera was also a challenge to effectively support operations and processes throughout the entirety of the Project period. This leadership role was high profile and an influencing factor that when transitioning toward the last year of the project to a spokesperson upon final Project exit (with the acceptance of an International position), left a vacuum effect that was difficult for any other Project leader to effectively address. Although Pallium developed many championing leaders, none could fill the role as he was commonly viewed as the Canadian Leader of the Pallium Project.

As the Pallium Project legacy exists beyond the formal completion of Phase II, what type of leadership will be required to continue its evolution?

Project Management

Project management for the Pallium Project was the primary responsibility of Mr. Michael Aherne, the Director of Initiative Development. A Project Team was assembled to include research, project management and communications support. The team members included young adults who recently entered the professional world post university graduation. As well, project management was supported from an expert resource, Dr. Bert Einseidel, who provided support and enhanced capacity for the Project Team through a coaching approach. Although not delegated with project operational responsibilities, Dr. Einseidel contributed from a deep and rich foundation of knowledge and experience in Project Management and enabled solutioning processes that were unique and appropriate for the Pallium Project needs as a complementary expert resource who transitioned effectively between the trenches and the balcony.

The Project management approach is characterized by several key features. A framework or pathway was designed at the outset to guide the achievement of goals and objectives. Processes were strategically managed in order to support the development of a Community of Practice. A distinct action learning approach was also integrated into all management operations as lessons learned became embedded and informed the evolution of future Project development activities. The collectivist approach was also a key feature of the management of the Pallium Project.

Applying a framework approach as opposed to a highly constructed and pre-determined set of activities allowed for the emergence and development of the 71 sub-projects, an outcome that required a degree of comfort with organic development. The enabled processes and double loop operational integration of lessons learned resulted in a rich learning environment for all involved with the Pallium Project. The collectivist approach resulted in exponential benefits to be realized beyond the \$4.3M budget of the Pallium Project.

The Pallium Project existed across many different levels and sectors including front line health services, regional and territorial health delegated authorities, academic institutions, non-governmental organizations, provincial/or territorial and national government and policy makers. The ability for the Project management lead (Mr. Michael Aherne) to engage effectively and with a high degree of credibility in all of these environments in order to facilitate partnerships and leverage opportunities toward the achievement of Project goals and objectives is remarkable.

Unique to the Pallium Project management approach was the responsibility of effectively supporting seasoned and expert knowledge workers as well as less sophisticated knowledge workers new to the workplace. A delicate balance must be achieved between the needs of these two groups. While the seasoned knowledge worker (or expert professional) requires effective management of process, the new graduate requires a more highly structured environment, well defined roles and responsibilities, information management to support work pieces, and opportunity for two-way feedback regarding process and achievement of work product. This higher level of operational support was difficult to achieve given the complexity and scope of the Pallium Project, but is significant to identify as a key Project management consideration.

What management processes are required to support the next phase of Pallium?

Capacity Building, Sustainability – Generated Energy

An extraordinary outcome achieved by the Pallium Project, although not identified as an anticipated outcome, was the energy that was created as a direct result of its activities. All participants that were interviewed for the external evaluation of the Project made additional comments related to generativity, and the Pallium Project leaders, Dr. José Periera and Mr. Michael Aherne describe it in the article “A Generative Response to Palliative Service Capacity in Canada”.¹⁷

The heightened profile of Hospice Palliative Care that was achieved through the Pallium Project as stated by participants created an excitement within the community, renewed

¹⁷ Michael Aherne and José Periera, “A Generative Response to Hospice Palliative Care in Canada,” *International Journal of Health Care Quality Assurance* (Vol. 18 No. 1):3-21.

resolve and dedication to their work roles, and “refilled their vessels”. Respondents identify that becoming connected to the community of hospice palliative care practitioners was the primary process that resulted in this renewal and commitment. This finding supports the conclusion that capacity was enhanced.

Specific to the products that were developed through the Pallium Project, participants stated that they are now able to continue evolve their programs because these products and support materials were developed to such a high level of user/application/research quality, that they enable “just in time” workplace learning in order to adapt local/regional/national programs and services to align with the CHPCA Model to Guide Hospice Palliative Care.

The strategic approach to licensing applied by the Project management lead (Mr. Michael Aherne) was the key enabler to the ongoing utilization of Pallium products beyond the Project completion date. The collectivist ideology that the products belonged to the “community” to be used and re-purposed to meet their unique learning needs ensured generativity through intentional and principle-based legacy management.

Ownership of community processes was embraced by the participants, evidencing transition from dependency on the Project. For many, an expressed personal relevance regarding the human experience with death and dying was the vehicle through which they identified their human ownership and responsibility to continue their work. This along with the Pallium Project’s support and encouragement for emergent leaders resulted in an energized and capable environment of hospice palliative care professionals toward continued change – the “heart” of change.

Dr. Bert Einseidel stated regarding sustainability that the foundational ideas of “innovation, participation, collaboration, meeting of the minds, willingness to work in inter and multi-disciplinary contexts and willingness to suspend disbelief and to keep the mind open and explore” are the principles that - as long as they are alive along with the curiosity of the learners - Pallium will continue to evolve.¹⁸

Will the energy that has been generated through the Pallium Project be sufficient to support the less enabled programs and services, and be powerful enough to continue to influence multi-sector policy required to support the human right to dignity, respect and appropriate care during the dying experience?

External Evaluation Approach – Challenges and Opportunities

The external evaluation of the Pallium Project presented unique challenges in that it was not a pre-defined set of activities. As described within this report, the Project was a set of guiding process pathways aligned with National Envelope objectives. The primary challenge at the outset was to design an evaluation framework that would reflect a Participatory approach, and was transferable across emergent, undefined sub-projects. An innovative framework resulted that was capable of supporting the evaluative inquiry across all 71 sub-projects. This framework design reflected the complexity of the Pallium Project.

A limitation of the external evaluation given the scope of the Project was from a practical perspective - to directly influence data collection within and across all sub-projects that were

¹⁸ Dr. Bert Einseidel. Interview by author. Edmonton AB. September 2005.

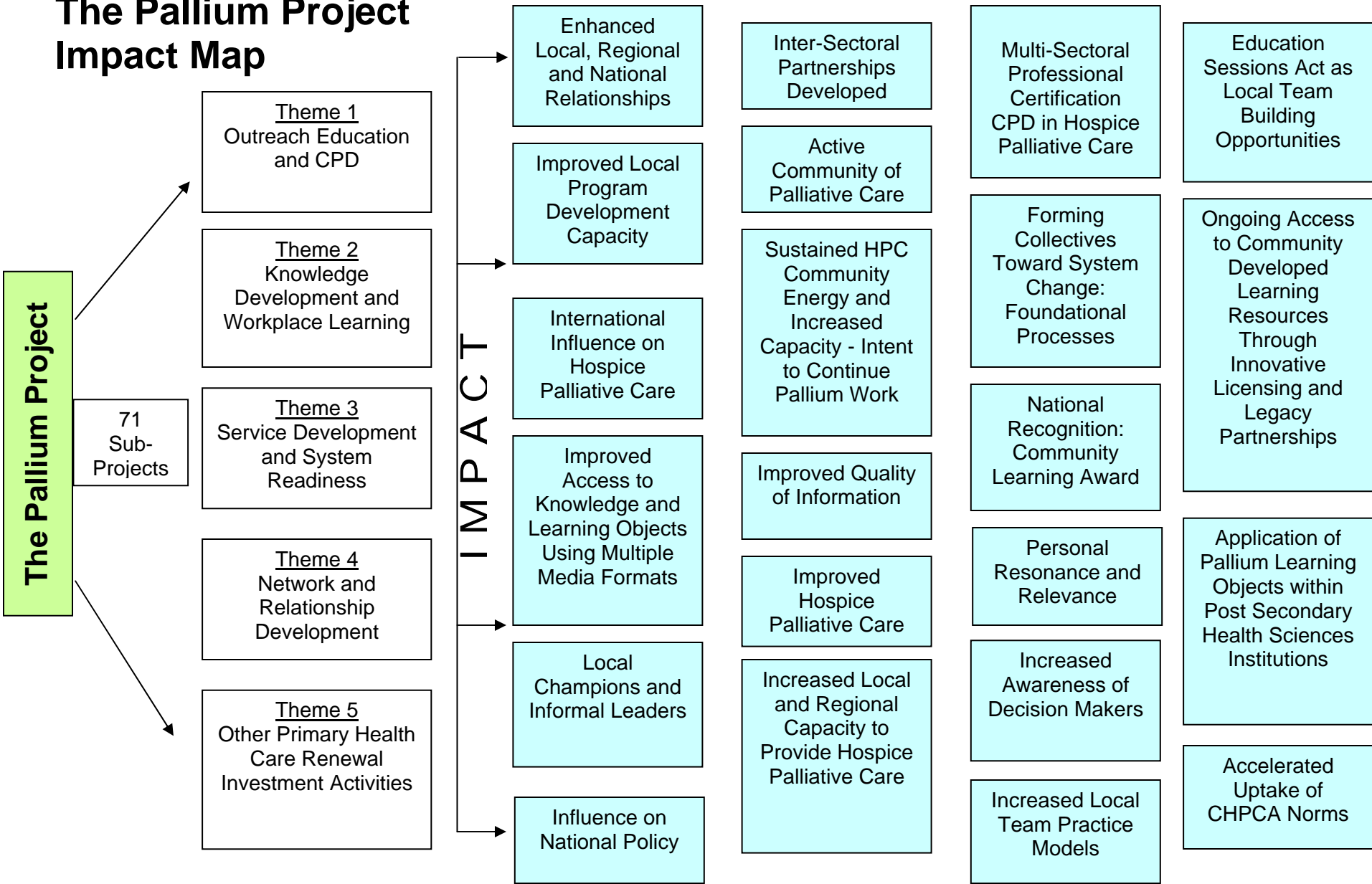
developed within the Project which would have enabled consistent data collection to support meta-analysis of emergent themes and key insights. A suggested strategy to achieve this goal reasonably is to ensure that the external evaluation framework is formally presented and communicated to each emergent sub-project to facilitate its use to guide internal data collection.

While not universal, a significant number of the sub-projects had an understanding of the evaluation framework, and one project (Interface Projects, Alberta Cancer Board) applied the framework to support its project reporting responsibilities external to the Pallium Project.

The evaluation of the Pallium Project was opportunity-based and was reliant on Project management to identify data collection sources, key stakeholders, events that facilitated multiple interviews, and to provide information regarding all sub-projects. Given the breadth of scope that the Pallium Project achieved, it was challenging to obtain information required to support the evaluation, creating some delays in formative and summative reporting.

What form of evaluation is most appropriate to examine the legacy of the Pallium Project?

The Pallium Project Impact Map



Conclusion

From the canopy one sees a lush green forest that the Pallium Project became. The ecosystem that nurtures this forest is fed by the generated energy that has been produced in those who were involved in the project, as growth is guided by the processes that the Project leaders have embedded.

The tallest trees represent those initiatives that took root prior to Pallium and flourished, lending shade while allowing for nourishing light to stream through the branches so that other initiatives could be established and take root. Smaller trees were initiated through the Pallium Project and continue to grow. While some are established enough to continue on independently, other will require ecosystem support through ongoing collaboration and leadership.

The ground cover represents the ideas that still remain within the minds of individuals, some of which will be nurtured through collaboration with newly discovered colleagues, following paths that stretch through the forest that Pallium has forged.

Seeds from this forest have been transported far beyond its formal boundaries and have settled on other sectors, countries, and continents, expanding the ecosystem of Hospice Palliative Care.



Appendices



Evaluation Framework



*making **knowledge** work*

The Pallium Project

Evaluation Framework

BACKGROUND

The Pallium Project was conceived in 2000 with the goal to improve care of those presenting with life-limiting illness in Canada. Its rural/remote orientation model using a multidisciplinary approach was designed to enhance the ability of all health care providers to provide effective, accessible, compassionate, timely and appropriate care for individuals at end-of-life stage.

In February 2001, the project received catalytic funding from the Office of Rural Health and the Population Health Fund (Health Canada) through the Rural and Remote Health Innovation's Initiative. In the fall of 2003, the Pallium Project received operational funding from the Primary Health Care Transition Fund National Envelope – Pallium Integrated Care Capacity Building Initiative – extending the development and operationalization of project activities to March 31, 2006.

Pallium Project funding supports activities in outreach education and professional development; knowledge management and workplace learning; and service development, system readiness and community collaboration for hospice palliative care.

The Pallium Project is fundamentally a capacity-building initiative committed to actively building on the vision of *Quality End-of-Life Care* for every person in Canada. Pallium has structurally emerged as a “Community of Practice”¹⁹ of service delivery, academic, voluntary sector and government leaders. The collaborators are located in British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, NWT, and Nunavut. Pallium also provides Canada-wide leadership to advance hospice palliative care issues of national concern.

GOAL AND OBJECTIVES

The goal of the Pallium Project is:

To improve access, enhance quality, and build longer-term system capacity for hospice palliative care.

The Pallium Project is guided by the following National Envelope Objectives (PCHTF):

1. Enhancing the sustainability of the primary health care system by engaging stakeholders and the public in a dialogue on primary health care renewal.
2. Educate the public about primary health care renewal.
3. Maximize synergies and the use of common/collaborative approaches to renewal by providing for information sharing on primary health care renewal experiences.
4. Improve the availability and quality of information on primary health care nationally (e.g., evaluation, progress indicators)
5. Create common practical tools to address the challenges that will arise during the renewal process.
6. Facilitate collaboration among professionals involved in primary health care.
7. Facilitate changes to practice patterns for primary health care providers.

¹⁹ **Community of Practice** - A self-organized, deliberate collaboration of people who share common practices, interests or aims and want to advance their specific domain of knowledge. When the community proves useful to its members over time, they may formalize their status by adopting a group name and a regular system of interchange (Wenger, 1998).

Pallium has developed the following integrated strategies toward the achievement of the National Objectives:

1. Enhancing the sustainability of the primary health care system by engaging stakeholders and the public in a dialogue on primary health care renewal.
 - o Extend linkages to empower primary caregivers and design initiatives so that primary caregivers are full partners with specialists in delivery of hospice palliative care.
 - o Implement learning systems and information and decision supports such that hospice palliative care is fully supported at the community level.
 - o Focus on a dual strategy of development, aligned with the CHCPA's "Square of Care" and "Square of Organization" such that due care and attention is given to both foundational requirements in capacity building.
2. Educate the public about primary health care renewal.
 - o Collaborate with provincial and national hospice palliative care associations and local networks to inform the public about hospice palliative care options within the context of primary care renewal.
 - o Engage in collaborative development such that there are greater efforts between the voluntary sector and paid health care providers in the provision of partnership-based hospice palliative care.
3. Maximize synergies and the use of common/collaborative approaches to renewal by providing for information sharing on primary health care renewal experiences.
 - o Use the CHCPA's Model to Guide Hospice Palliative Care as a foundation for continuing professional and organizational development activities.
 - o Integrate Outreach Education into knowledge development and communications to build a critical mass of evidence-based responses to care.
 - o Use of Institutes and other Action Learning and Appreciative Inquiry-based approaches to promote development of a consistent Canadian approach to hospice palliative care, leading from primary care renewal, and emphasizing integration with informal care-givers and specialty care.
4. Improve the availability and quality of information on primary health care nationally. (e.g., evaluation, progress indicators)
 - o Collaborative development of best practices and benchmarks in hospice palliative care based on various settings and context of care.
 - o Communications activities to target various stakeholders in communicating results of various collaborative development and action learning activities.
5. Create common practical tools to address the challenges that will arise during the renewal process.
 - o Collaborative development of information and knowledge products (e.g., learning objects) building out from currently available content and make available via affordable licensing and resource sharing arrangements.
 - o Use of World Wide Web and other digital and traditional media to ensure the most appropriate information is available in the most appropriate time when people are ready to receive it.
6. Facilitate collaboration among professionals involved in primary health care.
 - o Extend professional community model to further enhance integration among primary care givers and specialty care.

7. Facilitate changes to practice patterns for primary health care providers.
 - o Continued emphasis on multi-providers (e.g., interdisciplinary; multiprofessional) learning.
 - o Promotion of just-in-time learning, so that the context of practice and problems encountered in practice drive the learning and associated changes required to practice patterns.

Additionally, Pallium is working toward the achievement of the following broad objectives (linked to National Objectives):

1. Lead further development of Canada's hospice palliative care system, ensuring human resources and organization development supports are available for a range of settings and learning needs. (National Objective 1)
2. Promote hospice palliative care as an integrated component of the health care continuum, and enable leadership from all facets of Canada's health care and voluntary sector, to promote change management so that hospice palliative care is appropriately balanced with curative care during primary care renewal. (National Objective 1)
3. Promote collaborative development, including meaningful front-line staff and community participation, as a model to ensure appropriate attention is given to both caregiver development (i.e., knowledge, skills, attitudes) and to organizational development (i.e., enabling, appropriately designed and resources care environments, consistent, standards-based care, etc). (National Objectives 5, 6, 7)
4. Promote approaches to primary care reform that distributes the power, responsibility and accountability for hospice palliative care equitably among governments, the health delivery systems, and the consuming public. (National Objective 1)
5. Demonstrate new approaches to human resources and organizational development that are clearly focused on building system capacity and enabling performance improvement. (National Objective 1)
6. Demonstrate how shared resource development (based on state-of-the-art workplace learning and knowledge management approaches) and use of digital media (e.g., www, hand held devices, tele-health infrastructure) can be used to enable workplace learning that is oriented to the just-in-time learning opportunities that primary care givers require. (National Objective 4, 5, 7)

PROJECT EVALUATION APPROACH AND METHODOLOGY

Dorian Frère, and external evaluator, conducted a summative evaluation for Phase I of the Pallium Project. The evaluation results are represented in the Pallium Project Report submitted to Health Canada in 2002.

The Pallium Phase II evaluation will focus on determining the contribution of the strategies toward the achievement of the core goal and objectives developed for this phase. The evaluation framework will facilitate coordinated, intentional and comprehensive formative and Summative evaluation activities, with information and data collection activities occurring both internally and externally.

The evaluation of Pallium reflects a Participatory Approach.²⁰ The primary tenets of this approach are:

- Focus on learning, success and action.
- Project outcomes are useful to the people who are doing the work.
- Project process and outcomes are shared throughout, not just at the end of the evaluation period.
- Recognition of the progression of change is build into the process.
- Project sponsors participate in the development of the evaluation questions and identification of key stakeholders.
- Provision of recognition of shared interests among those doing the work the people the work is designed to reach, the funders, and other stakeholders.

Internal Evaluation Activities

As an element of project operations, internal Pallium personnel will be collecting project-specific information and data that will contribute toward the Pallium evaluation. Through monitoring of; inputs such as planning activities, development processes, outputs, outcomes, budgeting, and project management activities the information and data can be applied to inform elements of the project evaluation.

External Evaluation Activities

External evaluation involves third party formative and summative evaluation activities conducted during the project period. Additionally, the external evaluator(s) provides support to the project in the development of evaluation tools used for Pallium activities in order to ensure alignment with the evaluation framework. To maintain third party status of the external evaluation, the evaluator(s) remain independent of those designing and implementing the Pallium Project.

Evaluation Methods

Impact Evaluation – Rapid Assessment Ex-post

Impact evaluation is the systematic identification of the effects and impacts, both positive and negative, intended or not, on the groups involved with the Pallium project activities. Participatory methods allow groups to identify changes, benefits and the strengths and weaknesses of the project activities. Triangulation is used to compare group information with that provided by key informants and information available from secondary sources.

The following methods will be utilized:

Descriptive Variance Analysis

Demonstration of evidence that the Pallium Project deliverables were aligned with the original commitment outlined in the proposal. Any variance in project development and deliverables if evident will be subjected to variance analysis for justification.

Process Evaluation and Continuous Improvement

As a dynamic formative element of the Pallium evaluation, this is an embedded and ongoing process throughout the project period. Evaluation activities include but are not limited to interviews with key implementation personnel and project collaboration partners, capturing project activity development processes, identification of related outputs and outcomes (including unintended outcomes), case studies, and capturing evidence of the intentional integration of project lessons.

²⁰ "Guide to Participatory Evaluation: A Participatory Approach". Public Health Agency of Canada, 1996 (Updated 2002-11-29).

Participatory Evaluation

This form of evaluation is stakeholder-engaged, and as such includes both project personnel and key stakeholders (identified by the Pallium Project Management Team) in the evaluation process.

Key stakeholders include but are not limited to jurisdiction-based hospice palliative care coordinators, provincial and national hospice palliative care leaders, academic leaders in hospice palliative care education, health professionals, volunteer organizations, families and individuals receiving hospice palliative care.

Key informants are those individuals, groups, and/or teams that are involved in the Pallium Project and provide experiential perspectives to the evaluation. They are consulted when developing evaluation tools, and interviewed to gain their insights as an element of the external evaluation process

Participatory Evaluation questions frame the inquiry domains and the development of all interview and workshop evaluation templates. They are:

6. What – Did we do what we said we would do?
7. Why – What did we learn about what worked and what didn't work?
8. So what – What difference did it make that we did this work?
9. Now what – What could we do differently?
10. Then what – How do we plan to use evaluation findings for continuous learning?

Outcome/Impact Mapping

Outcomes mapping provides a pictorial schematic of the outcomes/impacts related to a specific activity and/or program. The map focuses on changes in behaviour, relationships, activities actions of the people and/or groups, and effects within organizations directly involved with Pallium activities. These outcomes/impacts are logically linked to the program activities and although the activity/program may not be the sole causal variable, the influence of the Pallium activity contributing to the outcome is evidenced.

Data Collection

Both qualitative and quantitative data will be collected. Qualitative data will be obtained through structured individual and/or group interviews conducted in person (and when necessary or appropriate by phone), observation, project team journal entries, and a review of project development and implementation process documents. Quantitative data of a secondary nature will be obtained from the project management team and project coordinators, and will include quantified output and outcome data. Other data sources include the review of relevant project documentation.

Qualitative Data Analysis

The primary method to be applied to the qualitative data will be content analysis in order to identify convergent and divergent themes. As well, phenomenology methods may be applied to explore and reveal the experiential perspectives and perceptions of participants.

The data will be distilled initially with the removal of specific personal identifiers to ensure confidentiality of the respondent, although responses will remain in inquiry domain groupings. The data will then be “cleaned” through the identification of relevant information and the creation of thought segments. Further, the data will be grouped into meaning units. As well as emergent

themes (common across all groups as well as emerging within group streams), divergent perspectives, and key insights will be captured.

Quantitative Data Analysis

Quantitative data analysis techniques may include frequency distributions, correlation, and descriptive statistics. Frequency tables and or charts will visually illustrate the data in order to facilitate the analysis of emergent patterns. Correlation techniques will explore the degree of the relationship between two selected variables. Descriptive statistics may be applied to the data in order to discover the minimum and maximum values, the range of the data, and the mean.

EVALUATION MODEL AND FRAMEWORK

The Evaluation Model represents the logical relationship between the project goal and objectives and the inputs (including partnership contributions) and processes, implementation themes, outputs, outcomes (intended and unintended) and the evaluation. This model is highly aligned with the Results-based Management and Accountability Framework that is utilized by the Canadian Federal Government²¹ as well as the Logical Framework (Logframe)²² approach. As evidenced in the schematic model on the following page, the evaluation of the Pallium project is comprehensive, encompassing all levels of project activity across the five Pallium thematic streams.

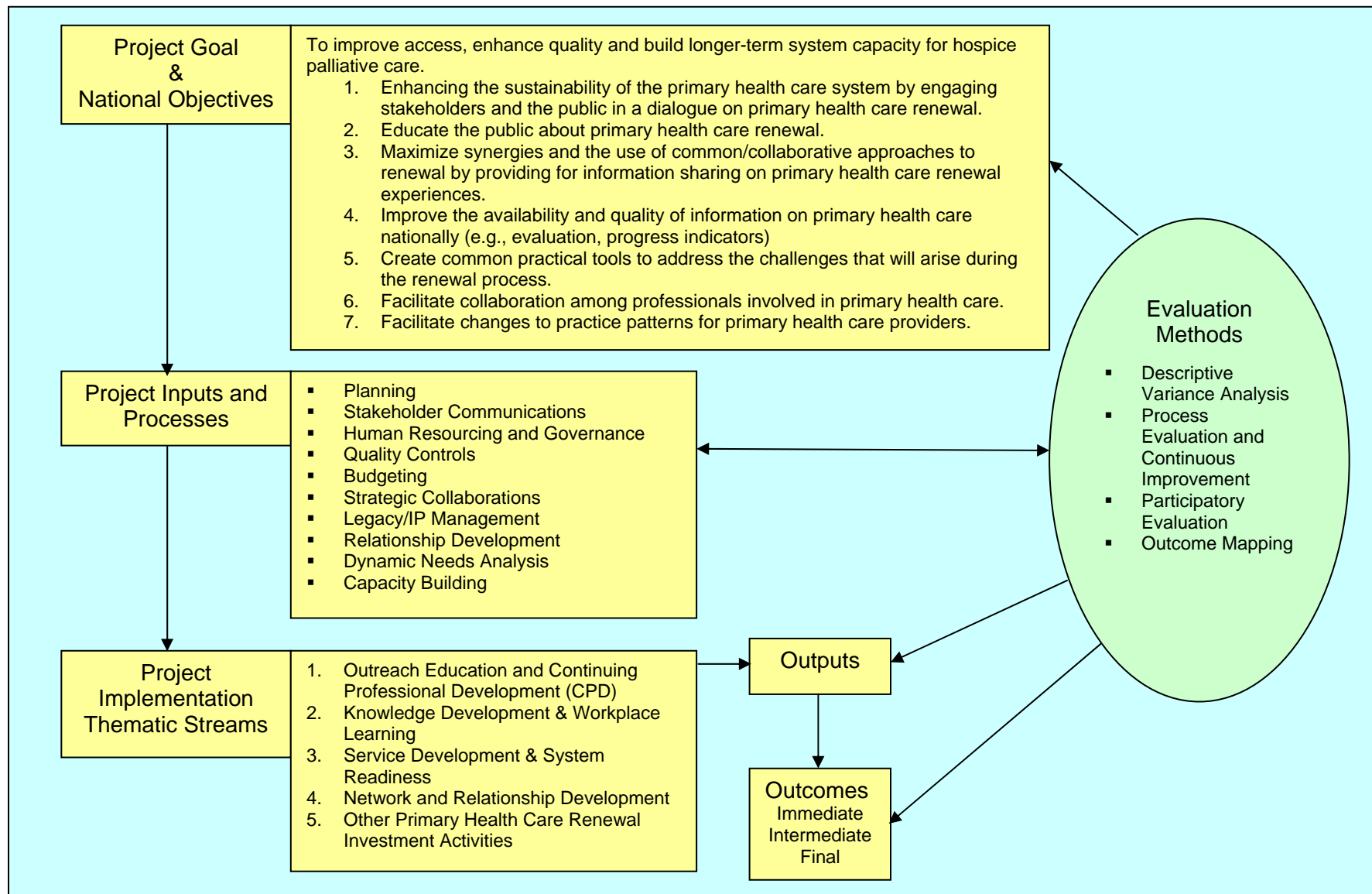
The Evaluation Framework tables explicitly link project activities to evaluation activities, create a systems-view of the evaluation process, identifies key evaluation questions based on participatory evaluation, multiple data sources, and ultimately provides a roadmap that guides all project data collection and evaluation activities.

Unique to the Pallium Project, the evaluation framework is designed to allow for flexibility in order that project activities can be initiated through the course of the Project term to leverage strategic opportunities. Within the environment that the project exists, the capacity for evaluation flexibility and adaptability was highlighted as a key requirement in the evaluation design.

²¹ Guide for the Development of Results-based Management and Accountability Frameworks (RMAF). August 2001. Treasury Board Secretariat. http://www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/rmaf-cgrr-PR_e.asp?printable=True

²² The Logframe Handbook: A Logical Framework Approach to Project and Cycle Management.,The World Bank. www.afdb.org

Pallium Evaluation Model*



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*This model has been adapted from the University of Tasmania Project Evaluation Toolkit. (2003) Accessed March 2003 at: <http://www.utas.edu.au/pet/>

Pallium Evaluation Framework – Description of Components

This framework considers the elements of both the Results-based Management Accountability Framework (Treasury Board Secretariat) and the Logical Framework Approach to Project Cycle Management (Logframe - World Bank). Also integrated into the framework design are Health Canada's Participatory Evaluation Framework Key Evaluation Questions. The combined elements of these Frameworks ensure evaluation rigour and alignment with current practices, and support the development of an innovative and adaptable evaluation framework that reflects the specific need for the Pallium Project.

Pallium Implementation Theme:

This evaluation framework logically links the Pallium Project Evaluation Model to the specific evaluation activities. The Pallium Project has five distinct thematic streams. The evaluation framework design reflects these themes with six evaluation plans being developed, one for each theme. This allows for activities related to each theme to be appropriately categorized for evaluative purposes.

Related Activities

This section identifies all project activities related to the evaluation theme. This section of the evaluation framework is flexible in order to accommodate activities as they occur throughout the project. This flexibility is imperative in order to allow for the introduction of new activities in response to environmental opportunities. This element of the project evaluation reflects the dynamic environment in which the project exists, by accommodating responsiveness to emerging activity evaluation needs, while maintaining a consistent and rigorous approach to the evaluation process overall.

Evaluation Questions	Indicators	Evaluation Method	Data Source	Internal/External Evaluation Activities
<p>The Health Canada Participatory Evaluation Questions are the key questions to be addressed for each of the project activities. These questions are considered within the context of the project's core goals and the appropriate implementation theme.</p> <p>Additionally, questions have been developed to capture the process involved in each activity, and unexpected outcomes that occurred.</p>	<p><u>Inputs</u> Resources used (personnel, financial, partners, etc.)</p> <p><u>Processes</u> The project evaluation will include significant exploration of the processes utilized in order to identify key success factors both within and across activity themes.</p> <p><u>Outputs</u> Produced deliverables</p> <p><u>Outcomes</u> Outcomes are the impact of having produced the outputs. A participatory approach will be utilized to identify three levels of outcomes for each activity.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Immediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Final 	<p>The following evaluation methods can be applied to each theme.</p> <ul style="list-style-type: none"> - Descriptive Variance - Process and CI - Participatory - Outcome Mapping 	<p>Sources of data utilized for the process (formative) evaluation are identified here.</p> <p>Sources of data utilized for the outcome (summative) evaluation are identified here.</p>	<p>As an integral element of the Pallium Project, data collection by internal personnel will be an ongoing activity, formalized through this framework. This data will be considered in the project evaluation. As well, external evaluation activities will be undertaken by third party evaluators.</p>

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Regional Weekend Courses (RWC)	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Project Personnel (2) video and in-person - Group Interview – RWC Course facilitators - Video Interviews: (4) Key Informants o Observation – Development <ul style="list-style-type: none"> - Facilitators 2006 - Meeting Calgary – course development team o Participant Feedback <ul style="list-style-type: none"> - Report from Pallium o Facilitator Feedback <ul style="list-style-type: none"> - Summary of Debriefs o Document/Material Review <ul style="list-style-type: none"> - Review of course materials: Local Planning Guide, LEAP Kit, McMaster Palliative Care Orientation, MAIN PRO C Application Question, RWC Media Report - Uptake data - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Monthly Audioconference Program	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Project Personnel (3) o Participant Feedback <ul style="list-style-type: none"> - Session feedback summaries o Document/Material Review <ul style="list-style-type: none"> - Review of related materials: notices - Uptake data – Sept 30 and March 18 - Media monitoring data - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Responsive Hospice Palliative Care with Aboriginal Clients and Families	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interviews: Project Lead and Co-Facilitator - Local Coordinators - Local Co-Facilitators - Local Presiders o Participant Feedback <ul style="list-style-type: none"> - Evaluation form analysis o Document/Material Review <ul style="list-style-type: none"> - Review of course materials - Uptake analysis - Media monitoring data analysis - Pallium Summary Reports <p align="center">SUMMATIVE REPORT – EXTERNAL EVALUATOR</p>

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
HPC Spiritual Care Development – Clinical Pastoral Ed	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interviews: (3) Key Informants o Participant Feedback <ul style="list-style-type: none"> - 1st and 2nd cohort evaluation summaries - Student Interviews – 1st and 2nd cohort - Informal feedback summary – Rev. Dan Cooper o Document/Material Review <ul style="list-style-type: none"> - Documented development process: competency development process and results May 2004 – National Competencies, 6 learning outcomes and related competencies Document, DACUM PDF. PP Presentation CHPCA Conference Edmonton 2005 - Review of course materials: student mid-term evaluation forms, course assignment list, course reading list, learning goals, group impression report form, learning covenant, course reading list, learning goals, group impression report form, peer case study form, learning covenant, memorial evaluation form, student self evaluation form (different from those completed), verbatim report form, weekly reflection report form, course notice, course information summary, pre course survey, course knowledge test, accreditation standards, core competency evaluation - Uptake analysis: student placement lists - Media monitoring data analysis - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Continuing Nursing Education (CNE) for Nunavut Home Care RNs	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Palliative Care Essentials Hospice and Palliative Care Manitoba (HPCM) Post-Conference	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Participant Feedback <ul style="list-style-type: none"> - Evaluation form analysis – summary document o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Palliative Care Essentials – Update for Physicians in Office Practice (Northern and Southern Saskatchewan)	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Comments from Project Director - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Spiritual Care Development for Primary Care Practice	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Participant Feedback <ul style="list-style-type: none"> - Video Interview: (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Spiritual Care Update Saskatchewan Provincial Palliative Care Coordinators Network	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Distance Education Facilitator Pool for CEDAR	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Development team o Document/Material Review <ul style="list-style-type: none"> - Documented development process - Review of related materials - Uptake analysis - Media monitoring data analysis - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Facilitator Pool Development and Orientation	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) RWC Support Coordinator - Group Interview – RWC Facilitators, Calgary 2006 o Participant Feedback <ul style="list-style-type: none"> - Debrief summaries o Document/Material Review <ul style="list-style-type: none"> - Facilitators and Course listing - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Online	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Courseware - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Advanced Palliative Skills Training for the Primary Care Physician	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Participant Feedback <ul style="list-style-type: none"> - Video Interview: (2) Key Informants o Document/Material Review <ul style="list-style-type: none"> - Documented development process - Review of course materials - Uptake analysis - Media monitoring data analysis

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
HPC Nursing Education (Health Canada, First Nations and Inuit Health Branch, Saskatchewan)	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme One: Outreach Education and Continuing Professional Development (CPD)

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Online "Courselet" Template and Initial Content Offering	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports



THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Courseware *Evaluated also in Theme One	<u>Process</u> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes	REFER TO ITEM IN THEME ONE

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Clinical Communication in Hospice Palliative Care	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Production Team (3) - (2) Pallium Project Team o Document/Material Review <ul style="list-style-type: none"> - Video Segments – produced - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Responsive Hospice Palliative Care with Aboriginal Clients and Families Courseware *Evaluated also in Theme One	<u>Process</u> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes	REFER TO ITEM IN THEME ONE

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
<p>In Our Own Voices: Aboriginal Perspectives in Hospice Palliative Care</p> <p>*Integrated with Aboriginal Hospice Palliative Care Course Evaluation</p>	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium o <i>Video/DVD Content Design and Development Process</i> <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Production Team o Document/Material Review <ul style="list-style-type: none"> - Video segments – produced - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Palliative Learning Commons	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Pallium Project Team o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
CHPCA Norms Toolkit	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Review of materials: Toolkit products – Manuals in English and French - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Developing Spiritual Care Capacity for Hospice Palliative Care: A Canadian Curricular Resource *Evaluated also in Theme One	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	REFER TO ITEM IN THEME ONE

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Identifying and Assessing the Medically At-Risk Driver	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Observation: Notes from CHPCA Conference Session, Edmonton - Documented development process - Review of materials: Video segments (7) “Difficult Conversations”, Companion Video , www.knowwhentostop.info (website) - Journal Article: Alberta Centre for Injury Control and Research - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
A Caregiver's Guide – Visually Impaired	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
A Caregiver's Guide Inuktitut	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Pallium Team o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
99 Common Questions (and More) About Palliative Nursing National Edition	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (2) Pallium Team o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence, Note from Michael Aherne re: diversity in practice - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Palliative Pocketbook	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
CHPCA Home Support Workers Training Kit – National Update	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
PDA for Palliative Decision Support – National Baseline Study	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Exit interviews – Student and Instructor – verbal responses and MS Word responses - Video Interview: (1) Stakeholder o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Review of Study results – Secondary - Pallium Summary Reports - PDA draft article – Medical Practitioners - PDA Literature Review Final - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Spiritual Care Development DACUM Competency Identification *Evaluated also in Theme One	<u>Process</u> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes	REFER TO ITEM IN THEME ONE

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
On-demand Staff Development Modules and Corselets	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Pediatric Palliative Care – Fellowship Curriculum Development	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
UrbNet	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
CPD Audioconference Program – Audio CDs and MP3s	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	REFER TO ITEM IN THEME ONE

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Volunteer Training and CPD Resource Baseline	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Towards Culturally Responsive Care in the Community: Early Intervention in Dementia-Related Decline	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Towards Creating a Bereavement Centre: A Review of the Literature and Related Resources	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - “Toward Creating a Bereavement Centre: A Review of the Literature & Related Resources” - “A Retrospective of Bereavement Services in Regina, SK: Recommendations for Future Directions in Bereavement Care” - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Two: Knowledge Development and Workplace Learning

Link to National Objectives: 1, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Evaluation Funding Support – Coming Full Circle in Hospice Palliative Care Telelearning	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Putting Progress into Action (CHPCA Model – Baseline Orientation)	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Participant Feedback <ul style="list-style-type: none"> - Flip chart notes informing SDI design o Document/Material Review <ul style="list-style-type: none"> - Documented development process: session summaries, development notes from Pallium, invitation document for SDI - Review of course materials: agenda, session materials - Uptake analysis: participation summaries - Pallium Summary Reports <p>NOTE: <i>Link to SDI</i></p>

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Service Development Institute	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium o <i>Analysis of Design of SDI</i> <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports <p>SUMMATIVE REPORT – EXTERNAL EVALUATOR</p>

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Regional Health Authority (RHA) Interface Projects (Alberta)	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Documented development process: PP presentation slides - Review of materials: Final documents – project descriptions, Overview, outline for CHPCa presentation - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Yukon Territory – Hospice Palliative Care (HPC) Program Development Coordinator	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Health Delivery Systems Decision Makers' Baseline Study	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Review of Study results – Secondary - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Nunavut Territory Service and Systems' Issues Mapping and Change Facilitation	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Hospice Palliative Care Tele-nursing Protocols Development	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback –Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Pallium Team - (2) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Review of materials: QA Sheet, Agenda for Feb 10 Mtg., Minutes from Feb 10 Meeting, Protocols Document FINAL, Final Stakeholder Briefing Document - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Dying for Care: Towards Quality End-of-Life Care Communication Video Production	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Pallium Team - (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Viewed Video - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
The Local Leader Briefing Kit	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Briefing Kit - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Aboriginal HPC Service Delivery – Issues and Opportunities	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
<p>A Retrospective of Bereavement Services in Regina, Saskatchewan: Recommendations for Future Directions in Bereavement Care</p>	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<p>REFER TO ITEM IN THEME TWO</p>

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Business Planning Support – Regina Community-based Bereavement Centre	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Family Caregiver Issues Mapping and Resource Development	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Quality End-of-Life Care Coalition of Canada (QELCCC) Participation	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Review of materials: Paper – “Dignity at Life’s End”, list of academic institutions that received reference Kits (88 kits dispatched), AHPCA QEoLCC Initial Policy Draft, Letter of Receipt U of A, Letter of Receipt Concordia - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Three: Service Development and System Readiness

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
"Rurban" HPC and Complex Systems – An Exploration	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Canadian Virtual Hospice	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pamphlet - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Canadian Strategy on Palliative and End-of-Life Care	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Pan-territorial Hospice Palliative Care (HPC) Working Group	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Pallium Atlantic	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (2) Key Informants o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC)	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (2) Key Informants o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Driving, Decline and Dignity (3D) – A Shared Accountability Exploration	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	REFER TO ITEM IN THEME 2

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
University-Community Engagement	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Pallium Research Assistant Summer students – exit interviews (4) - UVic Student and Instructor (2) - Video Interview: (1) Stakeholder o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence, position descriptions, description of partnership - Review of materials: student products and learning activities summaries - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Aboriginal Nurses Association of Canada (ANAC)	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Video Interview: (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
South Ontario/Niagara Outreach	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Northwestern Ontario Outreach	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
British Columbia Aboriginal Relations Outreach Education Initiative	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Four: Network and Relationship Development

Link to National Objectives: 3, 4, 6

Project Activity	Key Indicators	Data Source
Comparison in Cross-Cultural Collaboration in Aboriginal and Rural/Remote Health	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Health Human Resources (HHR) Investment Strategy	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports <p>NOTE: <i>Link to University – Community Engagement</i></p>

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
HPC Association Communications' Infrastructure Development/Capacity Building	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Kids (Grief) Camp Process and Knowledge Development – Manitoba	<p><u>Process</u></p> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <p><u>Outputs and Outcomes</u></p> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Key Informant o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Registered Nursing Communications Initiative	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - (1) Pallium Team o Document/Material Review <ul style="list-style-type: none"> - Articles - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Physician Communications' Initiative	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Chronic Pain Management in Primary-care Settings	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Document/Material Review <ul style="list-style-type: none"> - Pallium Summary Reports

THE PALLIUM PROJECT EVALUATION

Theme Five: Other Primary Health Care Renewal Investment Activities

Link to National Objectives: 1, 2, 3, 4, 5, 6, 7

Project Activity	Key Indicators	Data Source
Pallium Project Coordination and Management	<u>Process</u> <ul style="list-style-type: none"> o Planning and Development o Implementation o Communications o Human Resources o Quality Controls o Strategic Collaborations o Legacy/IP Management o Relationship Development o Dynamic Needs Assessment o Capacity Building o Role of Pallium <u>Outputs and Outcomes</u> <ul style="list-style-type: none"> o Uptake Data o Geographic Distribution Data o Material Medium(s) o Participant/User Feedback – Influence on Practice o Program Leader(s) Feedback o Media Monitoring o Partnerships and Collaborations o Unintended Outcomes 	<ul style="list-style-type: none"> o Key Informant Interviews <ul style="list-style-type: none"> - Pallium Team (6) - Video Interviews: Key Informants and Stakeholders (10) o On-site Observation o Document/Material Review <ul style="list-style-type: none"> - Documented development process: Correspondence - Pallium Written Materials: white papers and publications - Local Leader Briefing Kit - Pallium Proposal and Project Operational Reports - Steering Committee Meeting Materials - Correspondence – unsolicited feedback - Stakeholder Consultation Documents - Analysis of staff learning journals – 1 Pallium Team Member - Pallium Summary Reports