



WELCOME

Childcare and Caregiving During COVID: Challenges for Palliative Care Healthcare Workers

Host and Moderator: Jeffrey B. Moat

Panelists:

Amy Archer

Dr. Sandy Buchman

Dr. Pamela Liao

Dr. Stephen Singh

The webinar will begin soon (please note your microphone is muted).
Please use the Q&A function to submit questions.



Housekeeping

- Your microphones are muted.
- Use the Q&A function at the bottom of your screen to submit questions or comments.
- This session is being recorded and will be made available on YouTube.

Presenters

Host and Moderator

Jeffrey B. Moat CM

Chief Executive Officer, Pallium Canada

Presenters

Panelists

Amy Archer RN, CHPCN (PC)

Palliative Pain and Symptom
Management Consultant

Dr. Sandy Buchman MD, CCFP (PC), FCFP

President, Canadian Medical
Association
Freeman Family Chair in Palliative
Care, North York General Hospital

Dr. Pamela Liao MD, CCFP (PC)

Family Physician practicing in
Geriatric and Palliative Care
Chair, OMA Section on Palliative
Medicine

Dr. Stephen Singh MD, CCFP (PC)

Assistant Clinical Professor, Division
of Palliative Care, Department of
Family Medicine, McMaster
University

Declaration of Conflicts

Pallium

- Non-profit
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Palliative Pocketbook
- Partially funded through a contribution by Health Canada.
- These webinars are supported by an unconditional education grant from Boehringer-Ingelheim (Canada) Inc.

Presenters

- Jeffrey B. Moat: CEO Pallium Canada
- Amy Archer
- Dr. Sandy Buchman
- Dr. Pamela Liao
- Dr. Stephen Singh

Learning Objectives

Upon completing this webinar, you should be able to:

- Discuss how COVID-19 has presented new challenges for palliative care professionals with caregiving and childcare responsibilities;
- Identify resources and strategies to balance home and work responsibilities moving forward.

Childcare and Caregiving During COVID: Challenges for Palliative Care Healthcare Workers

Dr. Sandy Buchman MD CCFP (PC) FCFP

President, Canadian Medical Association

Freeman Family Chair in Palliative Care, North York General Hospital

The journey of the COVID Cs

Amy Archer RN, CHPCN (PC)

Palliative Pain and Symptom Management Consultant

Capacity

Current role:

Palliative Pain and Symptom

Management Consultant (PPSMCs) provide secondary-level hospice palliative care expertise through

- **consultation, coordination, collaboration, facilitation, education, skill development, research and evaluation,**
- **at local, regional, provincial and national levels**

Serve:

- In-home care agencies, long-term care homes, community support services and primary care practitioners,
- Palliative care resources across the continuum of care.

Pre-COVID PPSMC

- Assists service providers in the application of the Model to Guide Hospice Palliative Care, assessment tools and best practice guidelines;
- Offers consultation to service providers in person, by telephone, by video-conference, or through e-mail regarding care (e.g. assessment and management of pain and other symptoms);
- Provides case-based education and mentoring for service providers;
- Helps build capacity amongst front line service providers in the delivery of palliative care;
- Links providers with specialized hospice palliative care resources.

Pre-COVID parenting

- Children – 3 in French Immersion school fulltime, 2 year in full time childcare
- Shared before and after school parenting with husband who works full time from home/community
- No homework policy
- Lots of outside connecting and community

COVID

- Children – 4 at home
- Childcare - cancelled
- Concentration - interrupted
- Crying - oh the tears
- Curriculum – Constant
- Computer time – so much
- Crisis - Community providers were overwhelmed
- Confusion - Information was coming in and changing

Connect

- Professionally:
 - Challenges with connecting with front line providers who were overwhelmed
 - Connections through different platforms- advantages and disadvantages
 - Consultation service offered remotely
- Personally:
 - Communication
 - Cream- lots of ice cream
 - Cuddles
 - Counseling
 - Creation

Contribute

- Capacity: building capacity as it comes
- Calm environment- being approachable as a consultant and a mother (and a wife)
- Creativity- crafts, nerf wars
- Cardiovascular- taking care of your heart physically and emotionally

Brantford palliative team pre-COVID

Dr. Stephen Singh

- Referral from any MD or NP – anyone with life-limiting illness (not limited to oncology) with symptom management issues, any stage, any PPS, regardless of goals of care
- Shared-care with family MD/NP
- Consults and follow-ups done in person as a clinical nurse-specialist/palliative care physician dyad
- Nurse/physician dyad on call for palliative issues after hours
- Physicians go into all care settings – home, hospice, hospital



Pre-COVID paternity leave: Aug 2019 – Feb 2020

- Locum hired for family medicine, and down to 1 day/week in-person for palliative home visits
- More reliant on clinical nurse specialist; dealt with many issues from home through phone and fax
- Colleagues covered call at hospital.
- Lots of fun activities with son: swimming, Mother Goose, Blossom Musik, etc.
- Started daycare Feb 2020, was there 1 month

Post-COVID: Mar 2020 – May 2020

- Daycare shut down and I assumed equal childcare responsibilities
- Google Calendar key for scheduling
- Family medicine and palliative care essentially fully transitioned to virtual
- Once again working mostly from home
- Calls with patients only when someone could do childcare

May 2020

- Home visits starting up again: one-half day per week
- Still doing mostly virtual care
- July 2020 onwards: daycare reopening, slow increase in in-person care

Reflections

- Could not find balance without strong support from my wife
- Could not do my work without an amazing palliative team
- Colleagues very understanding of the limitations to in-person work when doing childcare

Challenges moving forward

- As daycare opens up, still need to plan for illness or possible daycare shutdown
- Challenges to in-person care including adequate PPE
- Much care will need to continue virtually – provinces need to continue to fund virtual fee codes
- Contingency plan when palliative care practitioner becomes ill

Palliating and parenting in a pandemic

Dr. Pamela Liao

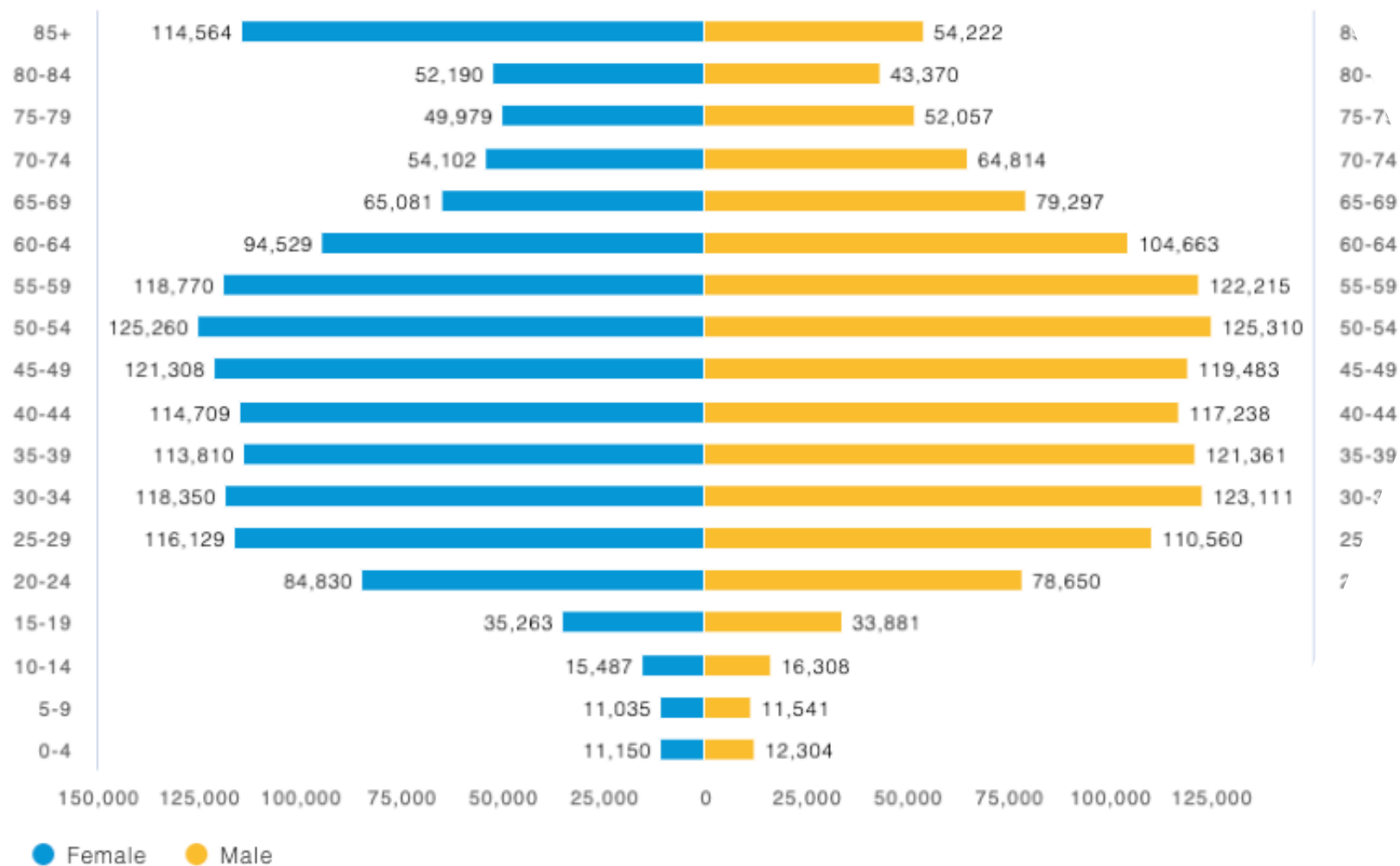
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Acknowledgements

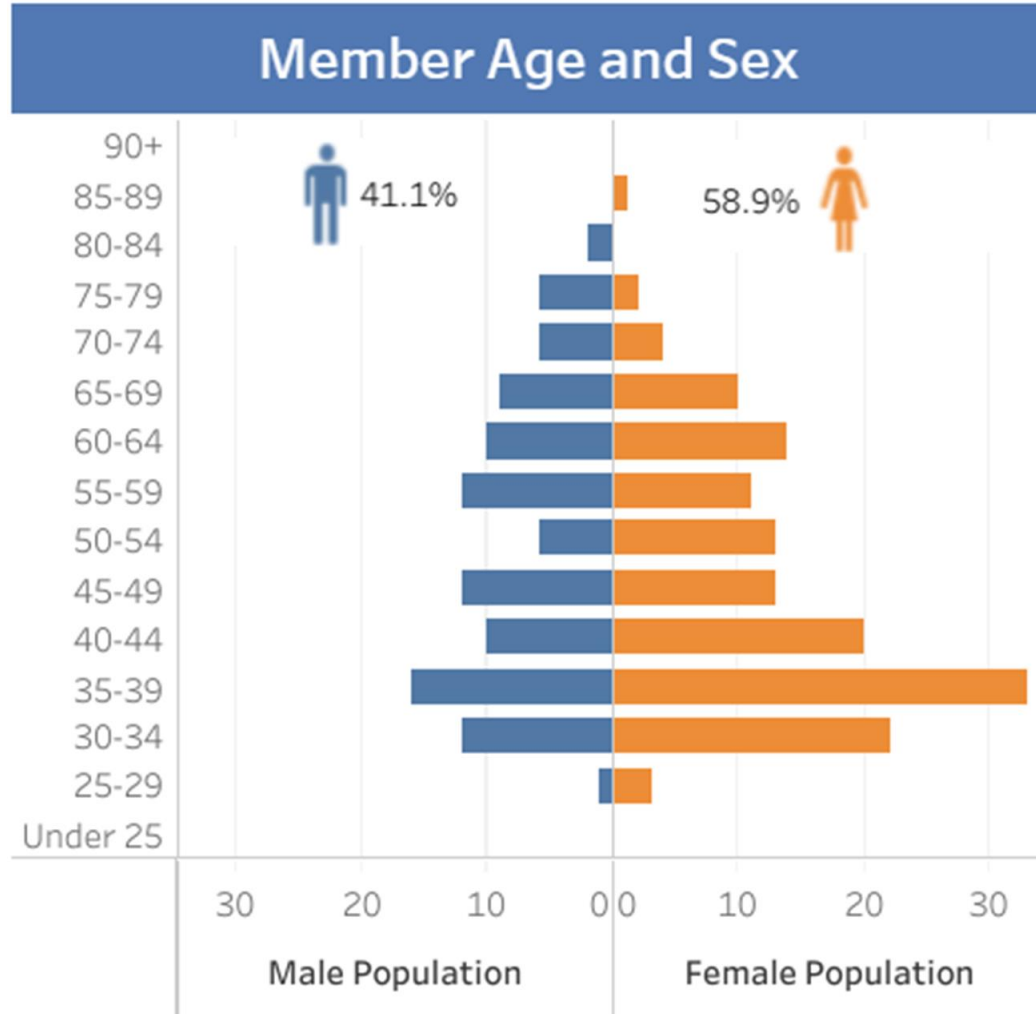
- Juneteenth
- National Indigenous History Month
- PRIDE
- My privilege



COVID-19 cases, by age and sex (provisional analysis)

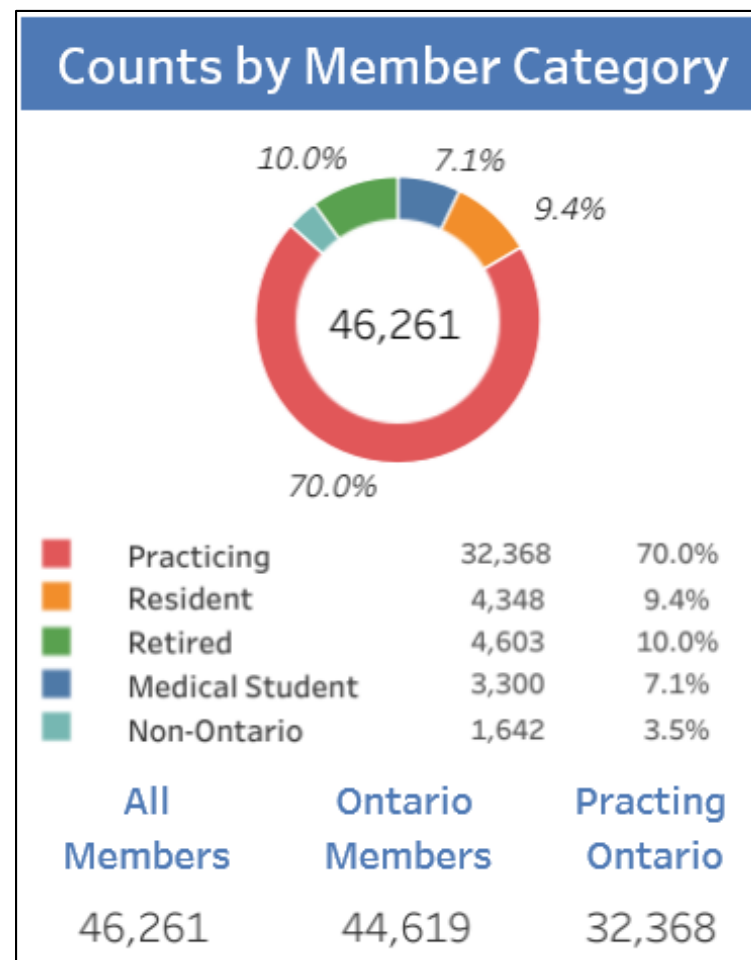
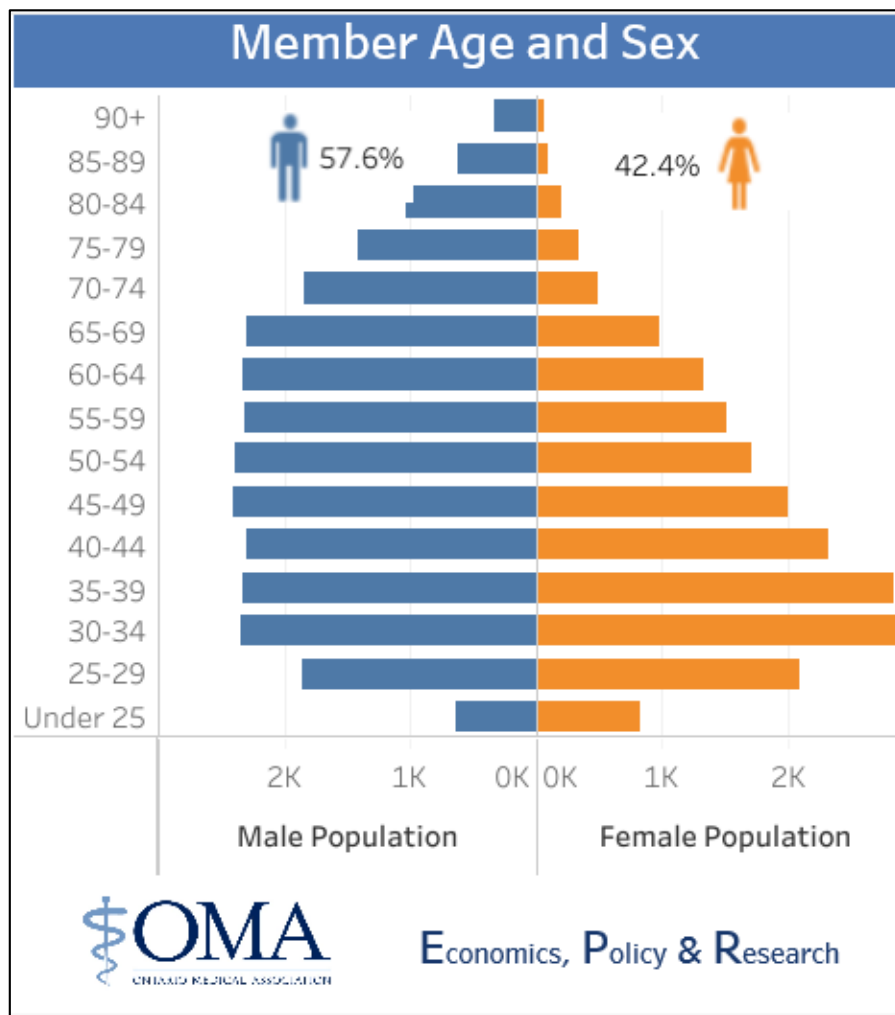


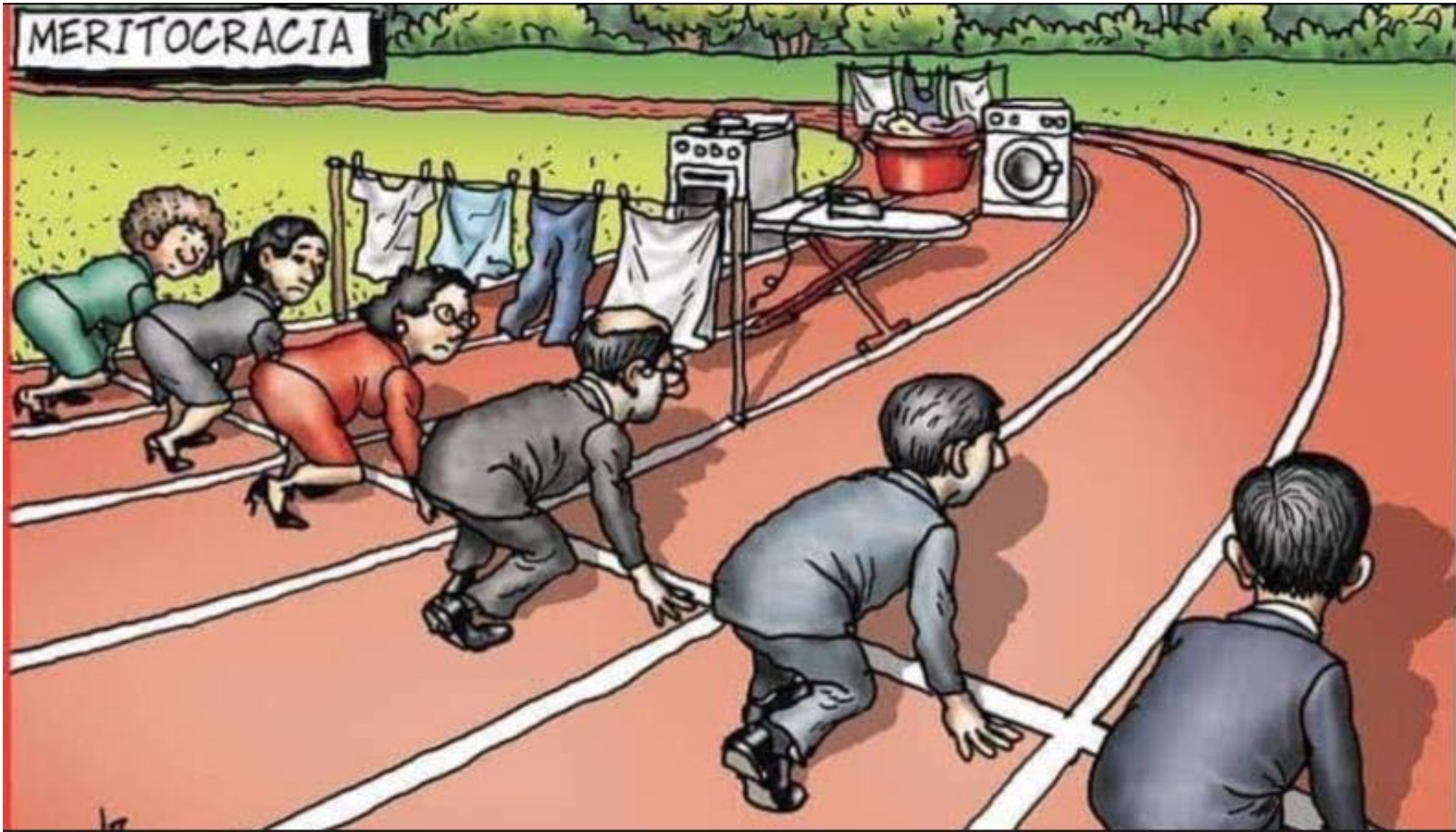
OMA palliative medicine membership



Sex		%
Female	146	58.9%
Male	102	41.1%
Grand Total	248	100.0%

OMA membership





Virtual care

PROS

- Convenience
- Better communication
- Flexibility
- Time for mid-day cuddles

CONS

- Body language
- Hearing impairments
- Phone tag
- Physical assessment??

Divide and conquer



**FAMILY SCHEDULE
BY EACH PERSON**



HEADPHONES



**WORK ON
DIFFERENT TIME
ZONES**

Personal strategies



Good enough is good enough



Make an appointment with your kids, partner and keep it



Invest in a comfortable office



Mindfulness



CHECK IN

Q&A

Please use the Q&A function at the bottom of your screen.

THANK YOU



Pallium Canada