

ORAL ABSTRACT #1 and winner of the top oral presentation

Implementing entrustable professional activities (EPAs): The possibilities for palliative medicine

BACKGROUND AND SIGNIFICANCE

Across medical education settings there is widespread adoption of competency-based curricula. For postgraduate training programs this change in landscape brings the expectation that valid and reliable assessment methods will provide observable and measureable evidence of a resident's performance. EPAs hold particular promise as a method of assessment as an EPA represents the integration of multiple competencies and has the capacity to confirm competence. EPAs are core units of essential and routine professional work and can be both scheduled and directly observed. The curricular and assessment aim is to achieve a level of competence such that a supervisor would trust the resident to perform the activity unsupervised.

LEARNING OUTCOMES

1. Appreciate the process elements for an EPA implementation within a postgraduate training program 2. Consider the potential impact (e.g. educational scholarship and institutional leadership) with a collaborative approach to EPA implementation.

ACTIVITY DESCRIPTION

A set of 12 EPAs was recently developed for palliative medicine and represent the first of any discipline to be formally validated. These serve to outline what learners should be trusted to perform by the end of training with the critical next step being rigorous transition into implementable assessment processes. During this presentation participants will learn about the experience to date with EPA implementation for one training program and includes: what was done, why it was done, the evidence for what was achieved and ideas for moving forward.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN FROM ATTENDING THE PRESENTATION

(see above and below)

HOW THE KNOWLEDGE/SKILLS MIGHT BE APPLIED TO DIFFERENT SETTINGS?

Two new training programs along with the challenge of effectively building primary palliative care capacity combine to create unprecedented opportunities for palliative medicine in Canada. Participants will learn how developing expertise in assessing EPAs could directly inform related training and professional development experiences for other disciplines. This sets the stage for multi-site educational research and national leadership in advancing primary palliative care capacity.

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ORAL ABSTRACT #2

A Systems and Societal Approach to Pursuing Excellence in Palliative and End of Life Care in BC

BACKGROUND AND SIGNIFICANCE

With the aging demographic many of us are struggling to shift our systems of care to be more accessible and more person-centred in their approaches and in the delivery of care. The BC Centre for Palliative Care, established in 2014, is leading this work in BC drawing on previous leadership in Advance Care Planning and a population-health approach to

addressing gaps and opportunities in care for those with serious illness. This session will outline some of the key factors in leading quality initiatives at a system level.

LEARNING OUTCOMES

Participants will - have a greater understanding of both the current challenges and opportunities for improvement at a macro level - understand the importance of strategic engagement with health systems to effect change.

ACTIVITY DESCRIPTION

The paper will outline the journey of the BC Centre for Palliative Care in its role of convening, collaborating and catalyzing improvement in palliative and end of life care in BC since its formation in 2014. Current strategic priorities as well as early successes of a seed grant program will be outlined. Current priorities include: Advance Care Planning, Support for health care provider education and integration of the Palliative Approach to Care, and mobilization of Compassionate Communities throughout BC.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN FROM ATTENDING THE PRESENTATION

1. Awareness of the Provincial End of Life Action Plan in BC 2. Greater awareness of how to influence provincial strategies to improve care 3. Understand how Advance Care Planning, integration of the Palliative Approach to care and Compassionate Communities fit together to promote more, better and earlier palliative care.

HOW THE KNOWLEDGE/SKILLS MIGHT BE APPLIED TO DIFFERENT SETTINGS?

Clinicians will be able to integrate leading practices into their work; local palliative care leaders will gain greater understanding of how to respond to opportunities for improvement; regional and provincial leaders may learn from each other in the implementation of provincial approaches to improvement in care.

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ORAL ABSTRACT #3

Using of a mixed method design in a phase 2 clinical trial study.

BACKGROUND AND SIGNIFICANCE

Cognitive deficits, commonly referred to as “chemo brain” or “brain fog”, impact severely on the Quality of Life (QoL) of cancer survivors, yet still remain underdiagnosed and challenging to treat. One of the treatment options is the use of psychostimulants such as Methylphenidate (MP), but well-designed clinical trials to test its efficacy are limited. The clinical trials done up to date were limited by small sample sizes, high attrition rates, poor outcomes measure selection, or being a secondary analysis of studies on the effect of MP on fatigue. We will conduct a phase II study with a mixed method design to examine the feasibility and preliminary efficacy of MP to improve cognitive function and QoL in breast cancer patients after treatment with chemotherapy and/or radiotherapy.

LEARNING OUTCOMES

At the end of the presentation, the participants will be able to: - Develop a research protocol for a phase II clinical trial; - Identify the advantages and inconvenient of using a mixed method approach for a clinical trial

ACTIVITY DESCRIPTION

A mixed method design involves concurrent application of quantitative and qualitative approaches. Each element of this methodology will be outlined in a phase II randomised controlled trial in view of designing a phase III study. We will describe each step of protocol development including the background justification for the specific research questions/objectives; choice of methodology; determination of the study population; drug preparation; outcome

measure selection; statistical analysis; ethical process; recruitment process; Health Canada approval and fulfillment of research standards for the use of a controlled drug in a clinical trial. We will also discuss the advantages of a mixed method and the goals we hope to achieve when using this approach.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN FROM ATTENDING THE PRESENTATION

Participants will gain the following knowledge: - What are the steps to develop a clinical trial? - What is a mixed method? - What are the challenges of using a mixed method to make a clinical trial study?

HOW THE KNOWLEDGE/SKILLS MIGHT BE APPLIED TO DIFFERENT SETTINGS?

The participants will be able to use their knowledge to use mixed approach to address questions that could be difficult to assess.

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ORAL ABSTRACT #4

Early integration of palliative care across care settings: INTEGRATE quality improvement project

BACKGROUND AND SIGNIFICANCE

Introducing palliative care early in the cancer journey results in a better quality of life, less aggressive care and longer survival. The INTEGRATE Project aims to: adapt and disseminate educational resources to build the capacity of providers to identify, link and deliver palliative care; and, test integrated models in the primary care and oncology settings to enable providers to take ownership for early identification and management of patients who can benefit from a palliative approach.

LEARNING OUTCOMES

To familiarize participants with: 1. A quality improvement context of implementing integrated models to facilitate the early provision of palliative care. 2. The evaluation framework and approach to identifying and managing patients who may benefit from early palliative care.

ACTIVITY DESCRIPTION

Palliative care integrated models are being pilot tested in 4 regions in Ontario (4 cancer centres (CCs) and 4 primary care (PC) practices). All participating sites completed Pallium Canada's LEAP module, which provides primary level palliative care education. The need for a palliative care approach for a patient is identified using the Surprise Question "Would you be surprised if this person died in the next 6-12 months?", initiating symptom assessment, Advance Care Planning and Goals of Care discussions, and referrals to community services as needed. Data collection began following implementation and sites are routinely submitting data to serve as quality indicators of this project.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN FROM ATTENDING THE PRESENTATION

Participants will learn the feasibility of implementing quality improvements projects to facilitate the early identification of patients who would benefit from a palliative approach to care. The educational resources leveraged, and the designed palliative integrated models can inspire participants to consider their own context of identifying patients early.

HOW THE KNOWLEDGE/SKILLS MIGHT BE APPLIED TO DIFFERENT SETTINGS?

This project has the potential for impact on organizational and health system design at both PC and oncology levels, for patients and families who could benefit from a palliative approach to care.

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ORAL ABSTRACT #5

Blending online learning with live webinar: A new model for knowledge transfer in palliative care and psychiatry

BACKGROUND AND SIGNIFICANCE

Currently, there are many opportunities for learners to participate in continuing education through live videoconferences and webinars. Advantages of such synchronous forms of learning include increased accessibility for those separated by distance. However, time constraints may pose barriers. Online courses are a form of asynchronous learning where individuals can work through modules at a time of their own choosing. This project describes the novel pairing of synchronous and asynchronous learning to facilitate knowledge transfer about depression and physician-assisted dying.

LEARNING OUTCOMES

At the end of this session, participants will be able to: 1) Describe differences between synchronous (e.g., through live videoconferencing, webcasting and webinars) and, asynchronous (e.g., online course) learning 2) Reflect on potential uses of such technologies for continuing education in palliative care

ACTIVITY DESCRIPTION

The presentation will highlight a novel educational format and demonstrate its potential for engaging learners in continuing education about topics in palliative care and geriatric psychiatry.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN FROM ATTENDING THE PRESENTATION

Increased knowledge about barriers for engaging learners in continuing education through videoconferencing and live webinars. Increased knowledge about strategies for optimizing knowledge transfer in palliative care and psychiatry.

HOW THE KNOWLEDGE/SKILLS MIGHT BE APPLIED TO DIFFERENT SETTINGS?

The presenters will share their experiences in increasing engagement of participants in continuing education sessions through technology.

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POSTER ABSTRACTS

The first abstract by Dr. Maureen Allen was the winner of the poster competition

