

ORAL ABSTRACT #1 and winner of the top oral presentation

Teaching Evidence-Based Palliative Care for Paediatric, Neurology, Anaesthesia and ICU Residents

BACKGROUND & SIGNIFICANCE

All graduating residents require general palliative care skills. In Canada, there is currently no standardized palliative care curriculum for Royal College specialty trained residents. The objective of this research is to develop an evidence-based palliative care curriculum designed to provide paediatric, neurology, anaesthesia and intensive care residents with the general palliative care skills required for providing patient care along the continuum of life.

LEARNING OUTCOMES

1. A understanding of an innovative curriculum for palliative care in Royal College specialty training programs.
2. An appreciation of the process supporting the development and content of the palliative care curriculum for specialty residents.

ACTIVITY DESCRIPTION

A needs assessment was performed in Neurology (qualitative analysis) and Paediatrics (questionnaire on breaking bad news). Residents completed the following: The Kolb learning style inventory (LSI), a knowledge pre-test and the Palliative Medicine Comfort and Confidence Survey. A curricular outline was developed based on the above and a review of the literature. A first iteration of the curriculum has been developed and is currently being delivered. The information gathered and synthesized in this project will be presented.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN BY ATTENDING THE PRESENTATION

Participants will gain insight into the process of developing an evidence-based palliative care curriculum designed for Royal College specialty trained residents. The knowledge gained from this presentation will be applicable to specialist palliative care clinicians and medical educators.

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

This project is designed to identify the current palliative educational needs for paediatrics, neurology, anaesthesia and intensive care residents. Specialty trained residents are receptive to embedding training in the principles of palliative care within their specialty training programs. The process and results of this project may be applied to residency training programs in various specialties.

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ORAL ABSTRACT #2

How Did We Get Here? Exploring emotional responses to patient death as medical residents establish professional identity as physicians

BACKGROUND & SIGNIFICANCE

While caring for patients at the end of life, physicians often feel a tension between expressing emotions and remaining professional. Existing research on the status of medical education in end-of-life care acknowledges significant deficits in residents' and physicians' management of their feelings surrounding patient death. The objective of this qualitative research study was to explore how emotional responses to death and dying change as medical learners establish professional identity as physicians.

LEARNING OUTCOMES

1. An exploration of the potential negative effects the hidden curriculum has on medical learners' interactions with patients at the end of life.
2. A review of the transformative process medical learners experience while caring for dying patients, as they work to establish professional identity within the healthcare system.

ACTIVITY DESCRIPTION

An oral presentation of this research project will be given, with opportunity for audience engagement and reflection on their own early experiences of patient death. Audience members will be invited to also reflect on how their responses to patient death have transformed with more time and experience in their respective professions.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN BY ATTENDING THE PRESENTATION

The themes that emerged from this qualitative research project will be shared with the audience. They include the difficulties faced by medical learners with their first encounters of patient death; the key experiences that lead to increased comfort, openness and presence in the management of dying patients; and the ways we can support medical learners to enhance their experience of end-of-life care.

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

Learning the importance of supporting medical learners through challenging clinical situations, such as the death of a patient, is essential to medical education. The insights gained from this talk can be applied to a variety of healthcare settings, including acute care, outpatient clinics, residential care, hospice, and home based care.

Dr. Lauren Daley, Vancouver, BC

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ORAL ABSTRACT #3

How Did We Get Here? Exploring emotional responses to patient death as medical residents establish professional identity as physicians

BACKGROUND & SIGNIFICANCE

While Medical Aid in Dying has been legal in Quebec since December 2015, little is known about physicians understanding of and willingness to be involved. This study presents the findings of a web-based survey of all MUHC staff physicians knowledge of the law and willingness to process the steps of a request. Sociodemographic factors such as; age, gender, clinical experience and area of practice are examined. This is the first study on this topic, in the first jurisdiction in Canada to legalize Medical Aid in

Dying since the law has been in place. These data may help us better understand the current climate with respect to Medical Aid in Dying and may serve as a baseline from which to compare future studies.

LEARNING OUTCOMES

- 1). Learn the legal aspects of a patient's request for Medical Aid in Dying.
- 2). Learn about the current status of a group of academic physicians understanding of and willingness to be involved in Medical Aid in Dying.

ACTIVITY DESCRIPTION

Data from a recent web-based survey will be presented. Sociodemographic data are considered and looked at from the perspective of the entire group of staff physicians. The data are further analyzed with respect to Palliative Care physicians and those that indicate a willingness to administer Medical Aid in Dying.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN BY ATTENDING THE PRESENTATION

Knowledge about the legal aspects of Medical Aid in Dying. Knowledge about medical colleagues understanding of and willingness to be involved in the various steps of processing and delivering upon a request.

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

This presentation will be useful for all persons interested in Palliative Care. Medical Aid in Dying is a legal reality in Canada. This study is an attempt to better understand physicians - both those of whom care for patients at the end of life, as well as those that do understand of and willingness to be involved with the steps of processing a patient's request for Medical Aid in Dying.

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ORAL ABSTRACT #4

How Did We Get Here? Exploring emotional responses to patient death as medical residents establish professional identity as physicians

BACKGROUND & SIGNIFICANCE

Palliative care is increasingly seen around the world as a public health issue. The theory of practice that supports palliative care as a public health issue is known internationally as the Compassionate Cities and Communities model. Given that dying, death, loss and bereavement are normal experiences of life, palliative care should not be restricted to medical settings. Using the Compassionate Cities and Communities model, cities and communities can better support individuals and their loved ones within their natural settings, and to reduce the potential negative health impacts of care giving, grief and bereavement.

LEARNING OUTCOMES

At the end of this session, participants will be able to:

1. Describe the Compassionate City Charter framework of 12 key social changes that will lead communities towards forming a compassionate city, and
2. Identify examples of Compassionate Communities that are innovative and making a difference across Canada.

ACTIVITY DESCRIPTION

This session will present the Compassionate City Charter as an initiative that applies a public health approach to palliative care. National examples of compassionate communities and cities will be provided to generate discussion and motivate participants to mobilize their communities. Participants will also be encouraged to advocate for Canadian citizens to care for one another during times of care giving, crises and loss in everyday natural settings.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN BY ATTENDING THE PRESENTATION

During this session, participants will learn advocacy skills and strategies that can be used to engage local public health authorities, community organizations, and municipal and provincial governments.

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

The Compassionate City Charter's framework for social changes is applied to different settings and populations including schools, religious institutions and vulnerable populations.

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ORAL ABSTRACT #5

Palliative Physicians' Perspectives on Medical Assistance in Dying (MAiD): Tensions in Compassion

BACKGROUND & SIGNIFICANCE

The World Health Organization asserts that palliative care “intends to neither hasten nor postpone death”. Many palliative physicians adhere to this. In 2016, the Supreme court ruling and federal legislation made it permissible for physicians in Canada to hasten death for patients with “a grievous and irremediable medical condition”. Prior to the legislation, we conducted semi-structured, qualitative interviews with 43 of 48 physicians recognized as palliative care experts in our region to understand the anticipated effect of this fundamental change in options available to suffering Canadians. Interviews were recorded, transcribed verbatim, de-identified and analyzed using conventional content analysis. This study is one of the first to explore the impact of MAiD on Canadian palliative physicians, their relationships, and the care they provide.

LEARNING OUTCOMES

1. Understand the multidimensional and nuanced nature of the physicians' compassionate response to patients.
2. Describe the tensions that this compassion creates.

ACTIVITY DESCRIPTION

Compassion was a core value articulated by almost all physicians. Many expressed grappling with questions and uncertainty. What does compassion call me to with regard to caring for patients? my colleagues? the discipline of palliative medicine? my own integrity and sense of identity? This presentation will describe the tensions experienced by palliative physicians seeking to navigate the anticipated impacts of MAID on their roles and relationships.

KNOWLEDGE/SKILLS PARTICIPANTS WILL GAIN BY ATTENDING THE PRESENTATION

1. Participants will gain insight into the experience of their colleagues. Shared understanding is a necessary building block to effective clinical and academic collaboration and mutual support.
2. Compassion is often presumed, rather than articulated as a central commitment of palliative medicine physicians. The findings of this study validate compassion as a core principle of palliative care.

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

Participants will have a greater appreciation of how they can engage, support, and work alongside clinicians who have differing views and practices but share a common commitment to address suffering.

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POSTER ABSTRACTS

The abstract by Timothy Gutteridge was the winner of the poster competition.