

ABSTRACT #1

An Educational Intervention to Improve Medical Resident Communication in Goals of Care and End-of-Life Discussions

Submission Type: General Abstract
Submission Status: Complete / Locked
Submitter: Laura Albak – University of Manitoba

Category

- Teaching & Education

Introduction: A significant number of Canadians die in teaching hospitals. Although death is often anticipated, frequently end-of-life (EOL) discussions do not occur. Residents are often the direct care providers, to whom the EOL discussions are delegated. The literature suggests Residents have difficulty with these discussions because of lack of training. Our objective was to develop an educational intervention in a single-center internal medicine residency program, aimed at improving communication skills with goals of care (GOC) discussions. To assess the efficacy of this intervention and explore the standardized patient (SP) and Resident satisfaction.

Methods: Thirty-seven Residents were invited to participate. The baseline assessment involved a simulated EOL and GOC discussion with a SP. Observed by faculty, who assessed the Residents using a validated standardized checklist. SP satisfaction was also recorded. The intervention included a didactic lecture covering essential elements of an EOL discussion, a live demonstration and practice scenarios. Additionally, online videos were provided. The post-intervention assessment included a repeat assessment of their skills with a simulated discussion with SP and faculty observation. Resident satisfaction was surveyed. Statistical analysis was performed using a Generalized Estimating Equations (GEE) model.

Results/Impact: Twenty-one Residents were included in the analysis. The intervention increased observed Resident performance mean scores from 51.6% to 75%, reflecting a 23.4% improvement. The GEE model, controlling for other performance influencing factors, indicates the intervention enhanced Resident observed performance by an average of 0.8 points ($p < 0.01$). The intervention improved mean SP satisfaction scores from 69% to 92%, demonstrating a 23% improvement and the GEE model indicates an average increase of 4.0 points ($p < 0.01$). Approximately, 89% of Residents acknowledged the intervention to be helpful.

Discussion/Application: An integrated multi-faceted educational approach improves the performance of Residents at GOC discussions and was associated with increased SP satisfaction.

References (not considered in word count) 1. J Palliat Care 2000 17:S10-S16
2. JAMA Intern Med 2013;172(9): 778-787
3. Soc Sci Med 1992 34 (8): 885-898
4. J Palliat Med 2003 6(1): 37-44
5. Crit Care Med 2002 30(2): 290-296
6. J Cancer Educ 1987 2(3): 159-163

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ABSTRACT #2

Always Life to Honour: A three-year, mixed methods study of palliative care in international humanitarian action

Submission Type: General Abstract

Submission Status: Complete / Locked

Submitter: Kevin Bezanson – Thunder Bay Regional Health Sciences Centre, Northern Ontario School of Medicine, Lakehead University

Category

- Research

Introduction:

The need and space for palliative care in humanitarian response is increasingly recognized as integral by international actors, but with limited experiential guidance^{1,2}. We aimed to:

- 1) Gather existing evidence from lived experiences of palliative care provision in humanitarian crises.
- 2) Help inform humanitarian healthcare organizations for providing ethically and contextually appropriate care.

Methods: A three year exploratory mixed-methods study including:

- 1) A systematic literature review
- 2) Semi-structured interviews (n=24) of humanitarian health care providers and policy makers, along with an online survey (n=61)
- 3) Case studies, utilizing semi-structured interviews with international and local health care providers along with care recipients and their families, that explored different types of humanitarian responses: a protracted refugee crisis (Rwanda n=17), acute refugee crises (Jordan and Bangladesh n=20), a public health emergency (Guinea n=16), and natural disasters (various countries n =17)

Results/Impact:

- 1) Themes included the complexities of defining palliative needs in emergencies, lack of guidelines and training, care provision requiring flexibility and improvisation, and the ethical rationales and objections to inclusion³.
- 2) Obstacles to inclusion and potential solutions were identified, including humanitarian culture, priority setting/triage, funding, available expertise/guidance, access to pain medication, and cultural specificity⁴. Moral imperatives, dilemmas, and implications of providers' experiences were also explored⁵.
- 3) Specific cross-cutting conditions for, and elements of, palliative care were identified to facilitate provision in humanitarian crises. The type of crisis impacted their prominence, or even created unique considerations. These included defining patients needing palliative care, aspects of suffering, elements of care, access to health care/medications, moral/ethical dilemmas of providers, obstacles to provision, training and support, and organizational limitations.

Discussion/Application: This study highlighted essential elements needed for effective inclusion of palliative care, alongside practical ways to address the unique challenges of humanitarian

contexts. Inclusion will enhance the humanitarian mission of promoting dignity and alleviating suffering.

References (not considered in word count):

1. Integrating palliative care and symptom relief into responses to humanitarian emergencies and crises A WHO guide. Geneva: World Health Organization; 2018.
2. Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018.
3. Elysée Nouvet, Mollie Sivaram, Kevin Bezanson, Gautham Krishnaraj, Matthew Hunt, Sonya de Laat, Stephanie Sanger, Laura Banfield, Pedro Favila Escobio Rodriguez, Lisa J. Schwartz. Palliative care in Humanitarian Crises: A Review of the Literature. Journal of International Humanitarian Action, 2018, 3:5, <https://doi.org/10.1186/s41018-018-0033-8>
4. Matthew Hunt, Carrie Bernard, Kevin Bezanson. Making space for palliative care in humanitarian action: Reflections on obstacles to the integration of palliative care approaches in humanitarian healthcare, Elrha/R2HC Research for Health in Humanitarian Action, <http://www.elrha.org/r2hc-blog/making-space-palliative-care-humanitarian-action-reflections-obstacles-integration-palliative-care-approaches-humanitarian-healthcare/>
5. Matthew Hunt, Ani Chénier, Kevin Bezanson, Elysée Nouvet, Carrie Bernard, Sonya de Laat, Gautham Krishnaraj, Lisa Schwartz, Moral experiences of humanitarian health professionals caring for patients who are dying or likely to die in a humanitarian crisis. Journal of International Humanitarian Action, 2018, 3:12, <https://doi.org/10.1186/s41018-018-0040-9>

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ABSTRACT #3

Developing a Canadian Atlas of Palliative Care: Methodological Learnings to Date

Submission Type: General Abstract

Submission Status: Complete / Locked

Submitter: Christopher Klinger – University of Toronto

Category

Leadership

Introduction: Significant variation exists across Canadian jurisdictions in many palliative care-related domains, including the integration of the palliative care approach, access to specialist-level services, inclusion into the curricula of the health professions, and community engagement. A Canadian Atlas of Palliative Care, based on existing work in e.g., Africa, Europe and South America, is set to map the current state. 1) Introduce the goals of the Canadian Atlas, 2) Describe the similarities and differences to the other Atlas approaches, and 3) Discuss the methodological lessons learned in deploying the project in two pilot regions in Canada.

Methods: The Atlas takes approaches mainly similar to those used in the European Atlas, with some notable differences: a) it is undertaken at three levels (regional, provincial/territorial, and national/federal) instead of only a national level, and b) key informants include administrators and subject matter experts with knowledge of their specific regions (by way of online survey) in addition to palliative care and health system leaders in the provinces/territories and nationally (by way of interviews). The domains include: 1) Demographics of the regions, 2) Policies, 3) Services across different settings (including acute, community and long-term care), 4) Education, 5) Professional Activities, 6) Indigenous Populations, 7) Focused Populations (e.g., immigrants and refugees, pediatrics, prisoners), and 8) Community Engagement (including compassionate communities). A “System Performance” domain will refer to data collected nationally and provincially/territorially by other organizations. A participatory process (research team and national/international advisors) has been used to identify appropriate indicators across domains, some drawn from the European Atlas, others modified and some new ones added.

Discussions/Application: Undertaking a Canadian Atlas is a large and important endeavour that will allow to identify best practices, excellence, and gaps across jurisdictions.

Funding: In-kind

References (not considered in word count):

European Association for Palliative Care (EAPC). (2019). EAPC Atlas of Palliative Care in Europe. Pamplona, Spain: European Association for Palliative Care.

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ABSTRACT #4

Developing a problem-based palliative care learning module for medical students during family medicine clerkship

Submission Type: General Abstract
Submission Status: Complete / Locked
Submitter: Karen Leung – University of Alberta

Category

- Teaching & Education

Introduction: While the survival rates for life-limiting illnesses such as cancer and cardiovascular disease have improved, patients are also experiencing greater frailty and burden of symptoms.¹ Early-career physicians and medical educators have identified a need for increased palliative care training, including managing symptoms for both cancer and non-cancer illnesses and navigating

supportive services for patients and their families.^{2,3} Therefore, a novel palliative learning module was developed for medical students during their family medicine rotation.

The objectives were to determine if the module (1) improved knowledge including assessing and managing symptoms such as pain and psychosocial distress, and (2) was acceptable to students in terms of case quality.

Methods: The module consisted of a didactic 20-minute podcast on the principles of palliative care, self-learning through reading journal articles on palliative cancer care and heart failure, followed by interactive two-hour sessions using case-based learning. The clinical cases explored cancer issues including pain and delirium treatment, and non-cancer frailty management including polypharmacy and caregiver distress. A pre-post design using 10 parallel-form multiple-choice items was used to assess changes in knowledge, and anonymous qualitative feedback was elicited.

Results/Impact: Two hundred twenty-two students participated. Of those who completed the entire module, there was a significant improvement in post-test scores ($M = 7.6$, $SD = 1.3$) compared to baseline scores ($M = 6.3$, $SD = 1.6$, $t(129) = 3.83$, $p < 0.01$). There was greater than fifty-percent improvement in the post-test scores in the domains of triaging palliative patients, delirium assessment, and medication side-effects. Overall, the module was acceptable to students in terms of content.

Discussion/Application: This learning module introduced palliative care principles for both cancer and non-cancer illnesses, which was an identified gap in medical education. Early evaluations suggest potential benefits of using a case-based approach to learning.

References (not considered in word count):

1. ME, Jonker JM, de Rooij SE, Smorenburg CH, van Munster BC. (2012). Frailty screening methods for predicting outcome of a comprehensive geriatric assessment in elderly patients with cancer: A systematic review. *Lancet Oncology*, 13, e437-444.
2. Billings ME, Engelberg R, Curtis R, Block S, Sullivan AM. (2010). Determinants of medical students' perceived preparation to perform end-of-life care, quality of end-of-life care education, and attitudes toward end-of-life care. *Journal of Palliative Medicine*, 13, 319-326.
3. Horowitz R, Gramling R, Quill T. (2014). Palliative care education in US medical schools. *Medical Education*, 48, 59-66.

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ABSTRACT #5

Evaluation of a Project ECHO on Pediatric Palliative Care Targeting Health Professionals in South Asia

Submission Type: General Abstract
Submission Status: Complete / Locked
Submitter: Jennifer Rowe – University of Ottawa, Faculty of Medicine

Category

- Teaching & Education

Introduction: Project ECHO Pediatric Palliative Care (PPC) is an online educational program developed to train healthcare professionals in South Asia to provide palliative care for seriously ill children in their communities. Regular ECHO sessions are hosted every 2 weeks over multipoint videoconference providing didactic and case-based teaching. Launched in March 2018, this is the first global ECHO program to specifically provide training in pediatric palliative care. The goal of this study is to provide a descriptive review of the ECHO program, including the characteristics of participants and sessions and the satisfaction and perceived strengths and weaknesses of the program.

Methods: Participant and session characteristics were recorded for each session, including the number of participants and centres, duration of each portion of the session, number of questions, and time that participants and facilitators spoke. Web-based surveys before and after 6 and 12 months were used to assess participants' experiences.

Results/Impact: There are 237 healthcare providers from over 68 centres across South Asia who have participated in ECHO PPC since March 2018. On average, 34 participants from 15 centres attend each session. The majority of participants are physicians, residents or nurses, working in hospitals (62%) or palliative care hospices/centres (38%). The majority of participants rated their experiences with the ECHO Program very positively. The highlighted strengths of the program include multidisciplinary global participation, sharing of participant learning and experiences during case discussion, and additional learning resources provided after each session. Barriers to participation include poor internet connectivity and limited access to the technology (laptop or smartphone) needed to participate.

Discussion/Application: ECHO PPC was able to disseminate knowledge about pediatric palliative care and develop a community of learners interested in developing their skills in pediatric palliative care. Future studies should evaluate changes in the clinical care and outcomes for patients and families.

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ABSTRACT #6

Exploring Learners' Perspectives of a Pediatric Palliative Care Tele-mentoring and Education program

Submission Type: General Abstract
Submission Status: Complete / Locked
Submitter: Jennifer Rowe – University of Ottawa, Faculty of Medicine

Category

- Teaching & Education

Introduction: More than 98% of children who need palliative care live in low- or middle-income countries where access to palliative care is extremely limited. A lack of palliative care education for health care providers has been identified as a significant barrier to improving access to palliative care. Project ECHO (Extension of Community Healthcare Outcomes) is a tele-mentoring educational platform developed to improve access to specialist care in underserved areas. Our objective is to explore the learning experiences of participants in a Project ECHO on pediatric palliative care (ECHO PPC) in South Asia and explore considerations to improve ECHO to cater to the unique learning needs and challenges for healthcare professionals in resource-limited settings.

Methods: We implemented a one-year Project ECHO PPC targeting healthcare providers in South Asia, which consisted of 24 bi-weekly 90-minute sessions. Learners who attended at least 20% (5 sessions) were invited to participate in focus groups. Focus group recordings were transcribed, coded and independently verified. The codes were then arranged into overarching themes.

Results/Impact: Seventeen individuals from India and Bangladesh participated in four focus groups at the end of Project ECHO PPC. Following coding and analysis, two major themes and seven sub-themes were identified. The themes included: (1) Benefits of participation in ECHO PPC (creation of a community of practice; opportunity to exchange cultures, ideas and experiences; supportive role of the facilitator and peers; increased relevant knowledge and skills; and access to additional learning resources) and (2) Barriers to participation (difficulties with time and practice schedule management and language and sociocultural factors).

Discussion/Application: Healthcare professionals in resource-limited settings benefit from Project ECHO through the creation of a supportive, online learning community of peers where ideas, experiences and learning resources can be shared. Addressing barriers to participation may enhance the learning experience of Project ECHO in the future.

References (not considered in word count):

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ABSTRACT #7**Implementing a Tele-Teaching and Mentorship Program (Project ECHO) to Build Pediatric Palliative Care Capacity**

Submission Type: General Abstract

Submission Status: Complete / Locked

Submitter: Jennifer Rowe – University of Ottawa, Faculty of Medicine

Category

- Teaching & Education

Introduction: Globally, pediatric palliative care services are largely unavailable in low- and middle-income countries (LMIC), where 98% of children needing palliative care reside. The Extension of Community Health Care Outcomes (ECHO) project uses web-based videoconference sessions to train healthcare professionals in remote or under-served areas, connecting them with specialists to create virtual learning communities. We developed an ECHO project for Pediatric Palliative Care (ECHO PPC) to increase the knowledge and skills of health professionals of pediatric palliative care in South Asia. Our objective is to describe the key considerations from our experiences in the design, implementation and modification our Project ECHO.

Methods: The initial program consisted of 90-minute sessions occurring regularly every two weeks, with didactic teaching from international experts followed by a case presentation with discussion. After 1 year, the session duration was reduced to 60 minutes to better accommodate participants' time constraints.

Results/Impact: We designed our program to focus on engaging participants in meaningful learning, based on principles from adult learning theory. We developed a curriculum that matched participants' self-identified knowledge gaps, providing opportunities for problem-oriented learning, and creating a supportive learning community. We identified key topics for PPC training from a review of relevant literature and an online survey of stakeholders. Ongoing improvements to the program are facilitated by regular meetings of the leadership team to debrief the sessions and review participant feedback. Ensuring technological issues are resolved and session content meets the learning needs of participants are the most significant challenges encountered.

Discussion/Application: Our program provides insight into key considerations for technology-enabled learning in LMICs. We hope this can guide others in developing tele-mentoring and teaching programs that provide specialized pediatric palliative care training and support for

healthcare workers in LMICs, ultimately reducing global disparities in access to pediatric palliative care.

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