

CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION'S

LEARNING INSTITUTE

June 14 – 16, 2018
Brookstreet Hotel, Ottawa, Canada

2018



The CHPCA's Learning Institute brings together health care professionals from across the country for an intense learning weekend on hospice palliative care.

STREAM 1

Becoming Exceptional Leaders

STREAM 2

ACP in Canada: Engaging in this Movement as Clinicians and Community Partners: A Practical Experience

STREAM 3

Grief and Bereavement in Canada Forum: The First Time Look at the Important Issue

STREAM 4

Clinical Practice: Pain and Symptom Management

STREAM 5

Advanced Clinical Practice

STREAM 6

Integration of a Palliative Approach: A Look at Serious Illness

For more information visit www.conference.chpca.net

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Schedule at a Glance

Thursday, June 14

5:30 p.m. – 7:30 p.m.	Registration Opens
7:30 p.m. – 8:30 p.m.	Opening Plenary
8:30 p.m. – Cocktail Reception	Opening of Exhibits and Posters

Friday, June 15

7:00 a.m. – 8:15 a.m.	Breakfast
8:30 a.m. – 10:00 a.m.	Registrants Report to Streams for First Session
10:00 a.m. – 10:30 a.m.	Refreshment Break and Resource Fair
10:30 a.m. – 12:00 p.m.	Registrants Report to Streams for Second Session
12:00 p.m. – 1:30 p.m.	Lunch
1:30 p.m. – 3:00 p.m.	Registrants Report to Streams for Third Session
3:00 p.m. – 3:30 p.m.	Refreshment Break
3:30 p.m. – 5:00 p.m.	Registrants Report to Streams for Fourth Session

Saturday, June 16

7:00 a.m. – 8:15 a.m.	Breakfast
8:30 a.m. – 10:00 a.m.	Registrants Report to Streams for Fifth Session
10:00 a.m. – 10:30 a.m.	Refreshment Break
10:30 a.m. – 12:00 p.m.	Registrants Report to Streams for Sixth Session
12:00 p.m. – 2:30 p.m.	Lunch and Plenary Session followed by Closing Remarks

STREAM 1: BECOMING EXCEPTIONAL LEADERS

This Leadership Stream is new to the Learning Institute this year. The idea was generated from conversations had recently around what leadership in hospice palliative care in Canada looks like and how we might facilitate learning in this area. Many of our current leaders are transitioning their careers and nurturing new leaders is paramount.

Friday, June 15, 2018 – Morning Session - 8:30 a.m.

New Wineskins for Changing Environments

How we see and interpret the world impacts on how we work. Many of us have grown up with a top-down view of how change is managed and led. But increasingly this is no longer the norm. Fast changing situations with new partners and new demands require us to adapt and change with more collaboration and partnership and less directive leadership styles.

In this session, we will draw on the experience of David Praill, retired CEO of Hospice UK for many years and Dr. Doris Barwich, Executive Director of the BC Centre for Palliative Care, on the implementation of both Compassionate Communities and various best practice networks and communities of practice. We will explore the differences between simple, complicated, complex and chaotic activities and help attendees understand the history and founding principles of complexity. We will use this knowledge to explore how to analyze and map core activities and to ask what effective leadership looks like in a complex world as we look at more participatory, bottom-up models of change. Attendees will also discover why it has been suggested that the flap of a butterfly's wings on one side of the world can impact weather patterns on the other!

Learning Objectives:

1. To gain a conceptual understanding of complexity sciences and theory
2. To look at different models of engaging in effective partnerships to affect change
3. To gain confidence in the application of models of co-design and collaborative partnerships that empower patients and families as partners in leading change.

Faculty:

1. Doris Barwich, *MD CCFP(PC)*, Executive Director, BC Centre for Palliative Care, Clinical Associate Professor, Division of Palliative Care, Department of Medicine, University of British Columbia
2. David Praill, Writer and International Consultant in leadership in hospice palliative care, London.

Friday, June 15, 2018 – Afternoon Session-1:30 p.m.

Becoming an Old Hand with New Wineskins: Applying the Principles of Complexity Science

Clinical problems such as suffering, quality of life and goals of care are inherently complex. For palliative care leaders this is good news as it suggests a high likelihood that palliative care providers already have skills in applying the principles of complexity science. They just may not know it.

Effective palliative care leaders of the future are skilled in modeling the application of complexity and both teaching and coaching others in developing these skills.

In this session, we build on Session 1 to further explore palliative care leadership in an increasingly complex world. We will discuss how leaders can optimize their effectiveness by applying complexity science principles at all levels of palliative care, from direct care to systems planning. Attendees will reflect on strategies to 'build complexity capacity' for their leadership context.

Learning Objectives:

1. To build on the understanding of how complexity science is relevant to palliative care
2. To gain a practical approach to directly applying the principles of complexity science as a palliative care leader
3. To develop strategies for teaching and leading others in applying the principles of complexity science

Faculty:

1. Denise Marshall, Denise Marshall BSc., MD, CCFP(PC), FCFP, Professor, Department of Family Medicine, Division of Palliative Care, McMaster University
2. Jeff Myers MD, MEd, CCFP(PC) - W. Gifford-Jones Professor in Palliative Care; Head & Associate Professor, Division of Palliative Care; Department of Family & Community Medicine, University of Toronto; Medical Lead, Bridgepoint Palliative Care Unit, Sinai Health System

Saturday, June 16, 2018 – Morning Session - 8:30 a.m.

How Do You Become a Champion and Leader in Advocacy?

What can we learn from the study of social movements in North America during the last decades? How can we apply some of the lessons learned from the study of how social movements progress through many stages? What can we discover from the failures and successes of past social movements that apply to the challenges facing us in ensuring that end-

of-life care in this country evolves and continues to bring much needed social changes? We will look at the eight stages of social movements from the model proposed in “Doing Democracy” by Bill Moyer.

This part of the workshop will be very interactive and guided by social activists who have been at the forefront of end-of-life care development in this country and abroad. These experts will explore palliative and end-of-life care social movement activities and progresses over the years.

Finally, attendees will be asked to develop case studies that would lead to better end-of-life care for disenfranchised populations using a public health approach. One area could be advancing hospice palliative care for Indigenous populations. How do we join together to make social movements using a reasoned approach?

Learning Objectives:

1. Presentation of some key lesson learned from previous movements
2. Discussion of the eight stages of social movement model proposed in “Doing Democracy” by Bill Moyer which includes a review of social movements using a reasoned approach.
3. Development and discussion of case studies using a public health approach

Faculty:

1. Sharon Baxter, Executive Director, Canadian Hospice Palliative Care Association
2. Dr. Bernard Lapointe, MD, Chair of Palliative Medicine, McGill University, Director, Palliative Care McGill, Chief, Palliative Care Division, Sir Mortimer B. Davis Jewish General Hospital, Montréal, Québec, Eric M. Flanders Chair in Palliative Medicine, McGill University, Chief, Supportive and Palliative Care Services CIUSSS Centre-Ouest de l’île de Montreal

STREAM 2: ACP IN CANADA: ENGAGING IN THIS MOVEMENT AS CLINICIANS AND COMMUNITY PARTNERS: A PRACTICAL EXPERIENCE

Are you *passionate* about ensuring peoples wishes align with the care they receive?

The goal for this Advance Care Planning stream is to bring together healthcare providers and community partners to learn about each other's innovative practices and expertise. Together, we will begin to develop a national framework that will guide others as they explore partnerships and alliances.

Friday, June 15, 2018 – Morning Session - 8:30 a.m.

Healthcare Providers: How are HCP implementing Advance Care Planning into Routine Care?

This session will explore how clinicians and health organizations are engaging in and developing innovative processes for Advance Care Planning in routine practice in a variety of healthcare sectors and within interdisciplinary teams. Attendees will have a chance to review how ACP can and should be integrated and built upon throughout the patient journey, throughout health sectors and with a variety of healthcare professionals.

Learning Objectives:

1. Explain how and where routine ACP fits into all healthcare sectors and within interdisciplinary teams.
2. Identify key ACP processes and practices throughout the patient journey.
3. Learn how to begin applying these ACP approaches to your practice.

Faculty:

1. Cari Borenko Hoffmann, Regional Coordinator, Advance Care Planning, Fraser Health; Clinical Instructor, Department of Medicine, UBC
2. Louise Hanvey, ACP and Hospice Palliative Care Consultant

Friday, June 15, 2018 – Afternoon Session - 1:30 p.m.

Community Partners: How are Community Partners Supporting and Normalizing Advance Care Planning?

This session will exhibit a diverse set of tools and interventions by community organizations. Attendees will learn how community partnerships can broaden the reach of ACP engagement

and spark ACP conversations upstream. We will explore ways to further create collaboration and alliances between community and health organizations so that together we can support individuals, families and healthcare providers to have timely and informed conversations about goals of care.

Learning Objectives:

1. Describe the strengths and advantages of community-based ACP programs.
2. Utilize key tools and interventions for facilitating ACP in community settings.
3. Identify effective healthcare-community partnership strategies for spreading ACP conversations.

Faculty:

1. C. Elizabeth Dougherty, Social Worker, Assistant Clinical Professor (Adjunct) with the Department of Family Medicine, Division of Palliative Care at McMaster University
2. Nadine Valk, Nadine Valk, Executive Director, Champlain Hospice Palliative Care Program

Saturday, June 16, 2018 – Morning Session - 8:30 a.m.

Partnership Framework: What Elements Should Be Included in a National Partnership Framework?

This session will provide opportunities for healthcare providers and community partners to carry forward their learnings from the first two sessions into an applied activity. Attendees will work together to develop a national framework for developing effective partnerships between healthcare and community organizations toward normalizing ACP conversations both within and beyond the clinic.

Learning Objectives:

1. Develop a framework and an implementation strategy.
2. Identify ACP champions/leaders and empower them to reach different stakeholders.
3. Apply effective ACP tools and resources, as reviewed in sessions 1&2.
4. Establish partnerships between different stakeholder groups at various jurisdictional levels.

Faculty:

1. Louise Hanvey, ACP and Hospice Palliative Care Consultant
2. Colleen Cash, Executive Director, Nova Scotia Hospice Palliative Care Association
3. Chad Hammond, ACP in Canada Manager, Canadian Hospice Palliative Care Association

4. C. Elizabeth Dougherty, Social Worker, Assistant Clinical Professor (Adjunct) with the Department of Family Medicine, Division of Palliative Care at McMaster University
5. Cari Borenko Hoffmann, Regional Coordinator, Advance Care Planning, Fraser Health; Clinical Instructor, Department of Medicine, UBC

STREAM 3: GRIEF AND BEREAVEMENT

Sponsored By:



The first time in Canada this stream has been developed to look at grief and bereavement in Canada. Leaders in the field have selected three exciting topics to discuss and learn from one another in small groups.

Friday, June 15, 2018 – Morning Session - 8:30 a.m.

Ambiguous Loss and Chronic Sorrow

Ambiguous loss is a topic which is gaining new ground as our population ages and because we live longer with life-limiting illnesses. Patients and families experience loss over and over again, sometimes on a daily basis due to chronic diseases. These losses manifest themselves as depression, confusion, preoccupation with the illness and lack of control. The losses are ongoing and exist in everyday living. The persons are continuously accommodating and adjusting. This stream will also look at the aspects of chronic sorrow which is associated with ambiguous loss and leads to grief which largely remains unresolved and on-going.

P.Bos (2002) Ambiguous loss from chronic physical illness: clinical interventions with individuals, couples, and families.

Learning Objectives:

1. Learn that loss is a chronic disease and what its ramifications are to your everyday living
2. A look at how we deal with these losses on an on-going basis

Faculty:

1. Teresa Dellar, M.S.C., MSW, PSW, FT, Co-Founder and Executive Director, West Island Palliative Care Residence, Member, McGill Council on Palliative Care
2. Suzanne O'Brien, Chair, Hope & Cope, Montreal, Co-Chair, McGill Council on Palliative Care

Friday, June 15, 2018 – Afternoon Session - 1:30 p.m.

Honouring the Losses of Life Transitions

Compassionate Communities (**Compassionate Cities/Communities, Kellelear, 2005**) are a public health approach to supporting individuals and families throughout life transitions (including at the end of life) for issues related to age, disability, illness or bereavement. A new paradigm is emerging that places responsibility back in the community to support people who are affected by dying, death and bereavement. In a Compassionate Community, the needs of all the inhabitants of that community are recognized and met, the well-being of the community as a whole is a priority, and all people and living things are treated with respect.

Educating families, friends and communities about the needs of grieving children builds strong, resilient individuals. Teaching young people about aging and palliative care promotes compassion and understanding; creating “dementia-friendly” communities helps to change attitudes and behaviours towards life, aging, death, and loss through raising awareness and education.

This workshop will explore this exciting new approach and challenge attendees to identify potential gaps in their own communities that might benefit from adopting the principles of a Compassionate Community.

Learning objectives:

1. Understand the principles of compassionate communities
2. Identify potential gaps in our own communities and in small groups, explore ways to improve these situations

Faculty:

1. Dawn Cruchet, BN, Med, Grief Educator and Counsellor, Madawaska Valley Hospice Palliative Care

Saturday, June 16, 2018 – Morning Session - 8:30 a.m.

Honouring Ourselves

Traditionally, palliative care staff have appeared to experience less burnout than those working in other specialisms despite acknowledgment of the stressful nature of working with dying and loss (Ablett & Jones, 2007). This fact has led to studies of hospice culture, the value of grieving rituals and self-care strategies in supporting a healthy and resilient workforce. There is, however, a growing concern that as palliative care service providers extend their reach in an attempt to influence the care of all those facing the end of life (including the ageing and those with any long-term conditions, not just those with cancer) increased workloads and changes to

models of care will impact the factors that currently support resilience and ensure staff engagement and longevity.

This workshop will discuss current challenges for staff and managers but will also consider evidence-based approaches adopted to ensure staff health and well-being while maintaining high-quality person-centred care.

Ablett, J.R., and Jones, R.S.P., 2007. Resilience and well-being in palliative care staff: a qualitative study of hospice nurses' experience of work. *Psycho-Oncology*, 16(8), pp.733-740.

Learning objectives:

1. Identify challenges for staff and managers
2. Consider evidence-based approaches to ensure staff health

Faculty:

1. Zeldá Freitas, TS-SW, Maîtrise en travail social-MSW, Spécialiste en activités cliniques- Clinical activities specialist, CIUSSS du Centre-Ouest-de-l'Île-de-Montréal or Clinical Activities Specialist, Integrated Health and Social Services University Network for West-Central Montreal (CIUSSS West-Central Montreal), Member, McGill Council on Palliative Care

STREAM 4: CLINICAL PRACTICE – PAIN AND SYMPTOM MANAGEMENT

This stream will focus on pain and symptom management. Attendees will participate in intermediate to advanced workshops, academic working groups, and case-based discussions.

Friday, June 15, 2018 – Morning Session - 8:30 a.m.

Engaging the Continuum of Dignity in Care

Dignity in care encompasses several domains – respecting personhood, increasing meaning and hopefulness, appreciating legacy, and preserving a sense of self. As such, providing dignity in care is an on-going and multi-faceted process.

- This session will provide the theoretical foundations of dignity in care, as well as the practical tools and resources for its application in a variety of contexts.
- Specifically, information about the *Patient Dignity Question*, *Dignity through Music*, as well as *Dignity Therapy* will be provided.
- Attendees will have the opportunity to practice several dignity-in-care techniques during the session and will leave with ideas for how to incorporate these practices into their work.
- The session will conclude with a period of self-reflection regarding how aspects of dignity can also be fostered in our own lives as helpers, appreciating that true dignity in care begins with us.

Learning objectives:

1. Learn about the theoretical foundations of dignity in care.
2. Learn about practical tools and resources for its application in a variety of contexts.
3. Opportunity to practice dignity-in-care techniques.

Faculty:

1. Katherine Cullihall RN, BN, Research Nurse, Manitoba Palliative Care Research Unit
2. Lori Montross-Thomas, Ph.D., Assistant Professor and Licensed Psychologist, University of California San Diego, Department of Family Medicine and Public Health

Friday, June 15, 2018 – Afternoon Session - 1:30 p.m.

Palliative Care for Cancer and Renal Fields

This session will examine the palliative management of end-stage renal disease. Included will be a review of current evidence for conservative care and dialysis. As well, we will discuss models for incorporating palliative care principles into the management of patients with ESRD. This session will provide an update on oncologic therapy for the more common oncologic illnesses. The focus of this session will be on newer treatment options, including immunotherapy. This will be a practical session.

Learning Objectives:

To be developed

Faculty:

1. Dr. Sara Davison, MD MSC, Professor of Medicine, Division of Nephrology & Immunology
Director, Kidney Supportive Care Research Group, University of Alberta
2. TBA

Saturday, June 16, 2018 – Morning Session - 8:30 a.m.

The “Opioid Crisis” and its Relevance to Palliative Medicine

If we subscribe to “Early, Integrated, Collaborative & Interprofessional Palliative approach to Care, Palliative Care and End of Life Care” as we move forward; we must explore the “Opioid Crisis.” This session will examine the way the opioid crisis is seen in Canada and the rest of the world, and its relevance to caregivers, patients, families, and community. The session will examine this topic through looking at social determinants of health, genetics, negative experiences with poor coping along with poor practices by the caregivers contributing to the opioid crisis, and how this issue requires community engagement at different levels to address.

This session will also take a look at the principle of how “Palliative Care is Everybody’s Business.” As generalists are currently giving most of the care, this session examines how attempts are being made to improve care through education and competency.

Facilitators will also look at an example of how Calgary has been encountering and caring for oncological and non-oncological (55%-45%) palliative care patients and families, and apply the idea that palliative care is becoming a “Spectrum of Care.” The notion that palliative care is a spectrum of care is being seen through an increase of individuals who are requiring interventions early in the trajectory of illness, treatment related to symptoms with cure of

primary illness, recurrence and advanced illness at the end of life. This session also looks at chronic non-cancer pain and discusses the idea that some of the loco-regional and national guidelines that have been created may not directly apply to patients who are at the end of life, but by getting specialists and generalists involved early in the trajectory of illness the individual and societal needs remain similar.

Lastly, this session will also explore the concept of 'risk management' and examines the idea that there may be some unintentional misunderstandings of "risk management" amongst the patient population; media, politicians, and researchers.

Learning Objectives:

1. This session will explore the present state and discussion may occur around how to improve care.
2. This session will explore the role of community engagement

Faculty:

1. Dr. Srini Chary, MBBS, MRCS; LRCP, CCFP (PC), DA, FRCSEd, Consulting Physician, Regional Palliative & Hospice Care, Calgary Zone, Palliative Medicine, Clinical Assistant Professor, Department of Oncology & Family Medicine, Cummings School of Medicine, University of Calgary
2. Dr. J. David Henderson, Medical Director Colchester East Hants Palliative Care Program, Assistant Prof. Dept. of Family Medicine, Dalhousie University, President Canadian Society of Palliative Care Physicians

STREAM 5: ADVANCED CLINICAL PRACTICE

Friday, June 15, 2018 – Morning Session - 8:30 a.m.

Constructive approaches to the troubling sides of the end of life: Personal and collective shadows in hospice palliative care

Carl Jung wrote in 1937 *“Everyone carries a shadow and the less it is embodied in the individual's conscious life, the blacker and denser it is. If inferiority is conscious, then one always has a chance to correct it. But if it is repressed and isolated from consciousness, it never gets corrected is likely to burst forth suddenly at a moment of unawareness. At all accounts, it forms an unconscious snag, thwarting our most well-met intentions.* Drawing on the rich foundations of depth psychology, this workshop will explore the personal and collective shadow, specifically those aspects of ourselves, those we serve, and our organizations, which make us uncomfortable. In the shadow, we find the unpleasant sides of ourselves including anger, our paradoxical propensities to behave contrary to our values, and those moments when people do “bad things.” Moreover, shadow issues are often pushed aside or neglected, but can periodically surface to pose complex psychosocial situations that elude simple resolution. This is never truer than at the end of life when stress is high, the future is ambiguous, and things fall apart. This advanced level interactive workshop looks at the various manifestations of personal and collective shadows in end-of-life care, suggesting strategies to respond constructively to these psychosocial complexities.

Learning objectives:

1. Outline the main tenets of shadow work as articulated in depth psychology
2. Describe the modalities in which the shadow manifests in end-of-life care
3. Learn ways to increase awareness of the personal and collective shadow in assessment, case conceptualization, as well as systematically at the family and organizational level
4. Identify approaches to respond productively to manifestations of the shadow as end-of-life clinicians and organizations.

Faculty:

1. Dr. Chris MacKinnon, MA, Ph.D., Psychologist; Faculty Lecturer, Department of Oncology, McGill University; Founder and Director of Training, Psychologie Mont-Royal

Friday, June 15, 2018 – Afternoon Session - 1:30 p.m.

Make Public Health and the ‘Compassionate Communities’ Paradigm Part of Your Clinical World.

This presentation will briefly review the international movement currently encouraging us to see and frame palliative care as an urgent public health issue. While many of us may support this approach, how can we, as busy clinicians, possibly incorporate or embrace it in meaningful, sustainable ways in our already hectic work life? Using a variety of interactive methods, participants will be introduced to tools and resources and practical tips that can empower us in our everyday practice to support Compassionate Communities in our work communities and beyond.

Learning Objectives:

1. Provide a brief overview of the public health approach to palliative care
2. Describe the Compassionate Community Model
3. Explore strategies for palliative care leaders working with their communities to help join together to develop naturally supportive networks of care
4. Engage in asset mapping as a process to better understand the communities where we live until we die
5. Encourage the incorporation of the public health approach to palliative care into daily clinical practice

Faculty:

1. Kathy Kortés-Miller, MSW, Ph.D., Assistant Professor, School of Social Work, Lakehead University, Palliative Care Division Lead, Centre for Education and Research on Aging and Health.

Saturday, June 16, 2018 – Morning Session - 8:30 a.m.

Keeping Your Glasses on While Seeing Through Different Lenses: The Application of Interprofessional Education and Collaborative Practice

This workshop will explore strategies in team learning to facilitate interprofessional education and collaborative practice, as well as teaching approaches and methods that promote professional competency. In this interactive session, participants will explore organizational barriers and facilitators to the development, and for the support, of interprofessional education and learning practices. The participants themselves will leave this session with a better understanding of how to address knowledge gaps and strengthen their own teams' competencies and abilities to work collaboratively.

Learning Objectives:

1. Provide a brief overview of collaborative practice/ and the factors that support or discourage its implementation.
2. Review the latest research looking at the benefits and the strategies for sustainable interprofessional education and collaborative practice.
3. Determine the situations that can occur in our day-to-day work environment that would foster interprofessional education and learning.
4. Identify conventional and innovative teaching approaches, methods and strategies that promote interprofessional education and learning.

Faculty:

1. Maryse Bouvette, BScN, MEd, CONC (C), CHPCN(C), Champlain Regional Palliative Consultation Team, Bruyere Continuing Care, Ottawa, Ontario.
2. Rose DeAngelis, N, MSc (A) CHPCN (C), Director of Special Projects, Education and Knowledge Transfer, West Island Palliative Care Residence, Kirkland, Quebec.

STREAM 6: INTEGRATION OF A PALLIATIVE APPROACH: A LOOK AT SERIOUS ILLNESS

Friday, June 15, 2018 – Morning Session - 8:30 a.m.

Early Integration of Palliative Care – Why is Integration a Benefit?

There is growing evidence that early integration of palliative care into the management of people with serious illnesses improves patient and system outcomes. This session will build an understanding of what is meant by integration and what a palliative approach could entail.

Various models will be identified and examined in a didactic session and small group discussions.

Learning objectives:

1. To explore what is meant by integration
2. To discuss what a "palliative approach" to care entails
3. To outline different parameters and models for identifying appropriate patients
4. To discuss a mentoring model to support early integration

Faculty:

1. Deborah Dudgeon MD, FRCPC, W Ford Connell Professor of Palliative Care, Queen's University, Senior Scientific Lead, Person-Centred Perspective, Canadian Partnership Against Cancer Generic info on a palliative approach.
2. TBA

Friday, June 15, 2018 – Afternoon Session - 1:30 p.m.

Serious Illness Conversation Initiative Workshop

As part of the provincial initiatives for Advance Care Planning and a palliative approach to care, some jurisdictions in Canada have adopted the *Serious Illness Conversation Guide* (SICG) and program, developed and tested by Ariadne Labs (Harvard Medical School). The purpose of the guide is to assist clinicians in **providing more, earlier, better conversations** to individuals diagnosed with a serious illness. It aims to ensure that patients receive care that is consistent with their goals and values. The program is designed to help identify high-risk patients, prepare for the conversation, help clinicians guide the conversation, and then help the individuals talk to their families about their goals and values regarding their future care.

The Serious Illness Conversation is part of the overall process of Advance Care Planning. The clinician revisits or starts the conversation about goals and preferences when a person has an illness that is serious, but stable with an expected prognosis of less than one year. The conversations may contribute to medical orders that reflect goal - *concordant care*..

The Continuing Medical Education-accredited clinician workshop developed in BC is designed to support the interdisciplinary use of the Serious Illness Conversation Guide and will include a focus on skills development and an understanding of how to use the Guide within various settings of care.

Learning objectives:

1. Summarize the rationale for a systematic approach to improving conversations about patient values and priorities in serious illness.
2. Define the structure of the Serious Illness Care intervention and its components.
3. Practice using a structured, person-centred approach to goals-of-care conversation.

Faculty:

1. Carolyn Tayler RN BN MSA CON (C) Director Strategic Initiatives BC Centre for Palliative Care
2. Dr. Gillian Fyles MD CCFP(PC) Medical Lead Serious Illness Care Guide Initiative BC-CPC
3. Elizabeth Beddard Huber RN, MSN, CHPCN(C) Consultant, BC Centre for Palliative Care

Saturday, June 16, 2018 – Morning Session - 8:30 a.m.

Serious Illness Conversation Initiative Workshop – *continuation of previous session*