BC Centre for Palliative Care

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A Framework for Palliative Care Education and Training in British Columbia

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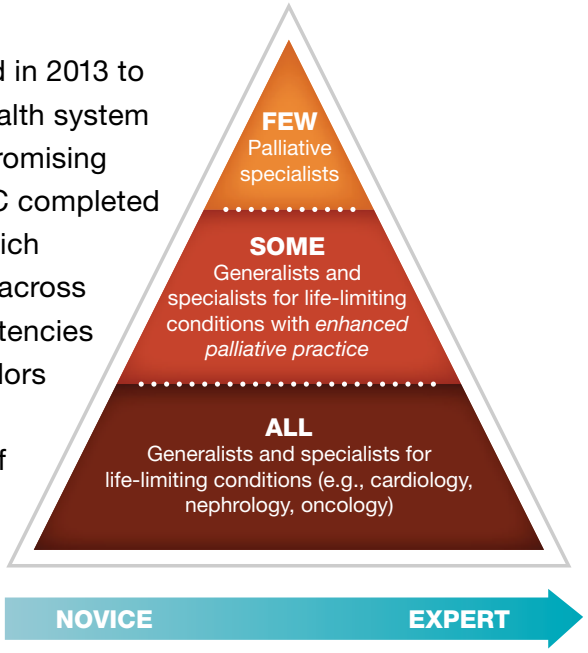
The BC Centre for Palliative Care (BC-CPC) was established in 2013 to support the B.C. End of Life Action Plan by working with health system and community partners to accelerate best practices and promising innovations in palliative care and supports. In 2019, BC-CPC completed the Inter-professional palliative competency framework[5], which describes recommended core palliative care competencies across health care providers (HCP) disciplines, and specific competencies for Health Care Assistants, Nurses, Social Workers/Counsellors and Physicians. The Canadian Partnership Against Cancer and Health Canada are currently leading the development of Pan-Canadian palliative competencies for these disciplines and volunteers, based on B.C.'s and other province's competency frameworks.



In the B.C. framework, HCPs are described as belonging to one of three categories:

- **Specialist-FEW,** whose practice is focused on palliative care.
- **Enhanced practice-SOME,** who have additional experience and education on palliative care, and
- **Generalist-ALL,** who provide care to people with life-limiting illnesses as well as a general patient population;

After the BC-CPC recommended provincial competency framework was completed, BC-CPC reviewed available educational resources to determine if there were gaps in material to address the competencies. The review findings, which are described in detail on the BC-CPC website, were that there are adequate resources to support the education and training of HCPs in the Generalist - ALL category, if supplementary materials are used for a few areas. Additional materials may need to be created to address competencies for the Enhanced practice - SOME and Specialist-FEW categories, especially for Social Workers/Counsellors.[6] Financial implications exist as the resources reviewed all require funding for registration, purchase, or printing costs. Resources developed by individual health authorities or organizations were not reviewed.

Once competencies and available resources were identified, the next step of building palliative care capacity throughout B.C. was to develop an overall foundational structure on which to build a provincial education plan. The development of this structure was led by Pall Ed BC, which is facilitated by BC-CPC. Pall Ed BC is a network of palliative care educators and operational leaders, with representatives from every health authority and several academic institutions.

In February 2019, a multi-stakeholder Palliative Education Planning Day was held.[7] The invitees included health authorities, health care agencies, universities, BC Ministry of Health, palliative care and hospice organizations. The purpose was to bring B.C.'s palliative care education community together to explore the current state, desired future and gaps and opportunities in order to build a provincial framework for palliative care education. The information and insights offered by attendees during this workshop form the basis of the Framework for Palliative Care Education and Training in BC described in this document. This framework which was developed in the months following the planning meeting was informed by national and provincial sources,[1,2,4,5] developed by a small working group and then validated by the invitees of the Palliative Education Planning Day.

Purpose of the framework

The framework's purpose is to provide a ***foundational*** structure for palliative education planning on a provincial scale, by describing:

- A **Vision** for palliative education in BC
- A set of **Guiding Principles** that reflect fundamental values and beliefs underpinning palliative education
- **Four Pillars,** which focus on the essential themes of palliative education initiatives and activities
- Associated **Goals** in support of the four Pillars

It is outside the scope of this framework to address the educational needs of informal caregivers, families, communities or the public (volunteers have been considered as formal caregivers for the purpose of this framework). The vision, guiding principles, pillars and goals for these groups may be different than those for formal HCPs and therefore would be better incorporated into a separate yet aligned framework developed with stakeholder consultation.

VISION

Through education and training, all formal health care providers* will be skilled in providing comprehensive, high quality and culturally safe care for British Columbians affected by** life-limiting conditions.

GUIDING PRINCIPLES

Quality: acceptable, appropriate, accessible, safe and effective

Collaborative: between health care organizations, providers, educators, & educational institutions

Sustainable: learning is operationalized, ongoing and integrated into practice

Comprehensive: education at all stages of the HCP professional development journey

PILLARS

1 GUIDELINES

Provincial guidelines are established for palliative education and training

2 MEASURES

Educational outcomes related to the standards are consistently collected and reported

3 ACCESS

Appropriate education is accessible to all health care providers

4 SUPPORTIVE LEARNING ENVIRONMENTS

All healthcare providers are supported by ongoing coaching and mentorship

*Formal health care providers include regulated and unregulated professionals and volunteers[1]

** those "affected by life-limiting conditions" includes adults and children with the condition(s), their family and community[1]

Vision

Through education and training, all formal health care providers (HCPs) who care for British Columbians affected by life-limiting conditions will be skilled in providing comprehensive, high quality and culturally safe care.

Guiding Principles

Planning, implementation and evaluation of palliative education in the province of B.C. will be a collaborative effort of individuals, governments, health authorities, health care organizations and communities working toward the Framework's vision. This work will be underpinned by the following key principles:

1. **Quality** – Palliative education planning, implementation and evaluation shall be guided by the five dimensions of quality as defined in the BC Health Quality Matrix[8]:
    i. **Acceptability** - education content and delivery will be acceptable to a variety of learners
    ii. **Appropriateness** - education will be adapted to meet the needs of local contexts
    iii. **Accessibility** – every geographical region, HCP and care setting will have access to education, using innovative modes of delivery to increase access in all areas including urban, rural and isolated areas
    iv. **Effectiveness** – efforts will be made to evaluate the initial and ongoing impact of education on competency of HCPs.
    v. **Safety** – educational content will be evidence-informed and consistent with current best practices of person-centred care utilized in B.C. As content is developed and approved, ***cultural safety*** will be strived for through respectful engagement with First Nations Health Authority and Indigenous partners to recognize and address power imbalances, racism and discrimination.[9]

2. **Collaborative** – B.C. palliative care providers and educators have a history of provincial collaboration and have expressed a strong desire to continue working in this manner (See report of education planning day, Feb 2019[7]). Partnerships are key to the success of this framework and may involve pooling resources, sharing developed tools and strategies, and developing new tools together. There is room for further expansion of existing collaborative relationships to include partnering with academic institutions, regulatory bodies and perhaps other provinces or jurisdictions.
3. **Sustainable** - sustained practice change requires ongoing education, mentorship, and readily accessible practice support. As well, best practice may require changes in operational processes and policies.
4. **Comprehensive** – Education efforts will include all stages of the HCP professional development journey, from student to expert clinician. Education would ideally include all care settings and health disciplines while recognizing that initial efforts will need to have a narrower reach. Impact may be increased through linkages with policy-makers, academic institutions, and programs of research and quality improvement.

Pillars

The four pillars for this framework (**Guidelines, Measures, Access and Supportive Learning Environments**) reflect the priorities expressed in the Framework for Palliative Care in Canada and the Palliative education planning day. Below each pillar are goal statements and possible priorities for action.

Pillar	Guidelines	Measures	Access	Supportive Learning Environments
Goal	Provincial guidelines are established for palliative education and training	Educational outcomes related to the education and training guidelines are consistently collected and reported at regular intervals	Appropriate education is accessible to all HCPs in all geographic locations	All HCPs are supported by ongoing coaching and mentorship
Priorities	A broadened BC competency framework which includes volunteers	Processes and tools for data collection, analysis and reporting are available	Increased awareness of continuing education opportunities	Development of sustainable models for coaching and mentorship, using local champions when possible. Models are adapted to local contexts
	Competency-based education guidelines for each discipline, category (ALL, SOME, FEW) and care settings		Increased accessibility of continuing education opportunities	
	Coaching and mentoring guidelines which are flexible to meet the needs and resources of various care contexts		Development of new educational resources as needed	
			Integration of palliative content into existing education at the undergraduate and continuing education levels	

Potential activities

Potential palliative care education activities related to the goal and priorities of each pillar may be considered during a consultation process following acceptance of this framework by relevant stakeholders. As a first step to identify and prioritize activities that could benefit from provincial collaboration, a survey was sent to members of Pall Ed BC, with 10 respondents out of 22 members (45% response rate). See Appendix A for detailed results.

The top 3 priority activities identified by Pall Ed BC were (in priority ranking order):

1. focused projects for specific setting or patient populations on a palliative approach to care
2. (tied for 2nd) spread of successful initiatives to other regions
2. (tied for 2nd) 1-2-day conference to showcase initiatives
3. On-line education on symptom management guideline specifics

Next, a second survey with more specific questions was sent to the invitees of the palliative education planning day, with an invitation to forward it to other palliative care educators, leaders and clinicians. Due to the nature of the survey distribution, the response rate and specific demographics of respondents is not known. However, the answers were fairly consistent amongst the 73 respondents. See Appendix B for detailed results.

The top 3 priority activities areas identified by the wider stakeholder group were education on a palliative approach in non-specialized care settings (in priority ranking order):

1. Acute care
2. Primary and community care
3. Long term care

Concluding statements

The overall vision and structure for a province-wide education framework have been endorsed and possible activities have been identified. This framework was developed with the goal to serve as a shared resource for all parties with a responsibility for palliative care education in B.C., to help shape decision making and planning within the B.C. context. While some activities may be undertaken regionally or locally, collaboration under the umbrella of a provincial framework will help leverage experience and expertise for joint action, amplifying the potential for positive outcomes for the diverse population of B.C.

Throughout the consultation process to develop this framework, it has been evident that stakeholders are committed to working together to enable quality palliative care in every sector and region of B.C. This framework is an initial step towards province-wide health care providers who are skilled and confident to provide palliative care.

Next steps in the development of a provincial strategy would detail each element of the Framework and involve consultation with a wider range of stakeholders, including academic and community organizations providing HCP education, patient and family partners, the Ministry of Health and Ministry of Education, health authorities, regulatory bodies, hospice societies, amongst others.

References:

1. Health Canada. Framework on Palliative Care in Canada [Internet]. 2018. 62 p. Available from: https://www.canada.ca/content/dam/hc-sc/documents/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada/framework-palliative-care-canada.pdf
2. Health Canada. Action Plan on Palliative Care. 2019;
3. Ministry of Health Government of British Columbia. 2019/20 - 2021/22 Service Plan. 2019;(February):1–22.
4. British Columbia Ministry of Health. End-of-Life Care Action Plan for British Columbia. 2013;(March). Available from: http://www.health.gov.bc.ca/library/publications/year/2013/end-of-life-care-action-plan.pdf
5. BC Centre for Palliative Care. Inter-professional Palliative Competency Framework BC Centre for Palliative Care. 2018.
6. BC Centre for Palliative Care. Inter-professional Palliative Competency Framework: Review of Educational Resources. 2019.
7. BC Centre for Palliative Care. Palliative Education Planning Day, February 25, 2019.
8. BC Patient Safety and Quality Council. BC Health Quality Matrix Handbook. 2017;1–15. Available from: https://bcpsqc.ca/documents/2012/09/BCPSQC-Matrix_FEB20.pdf
9. First Nations Health Authority. FNHA's Policy Statement on Cultural Safety and Humility. 2016;24. Available from: http://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf

Appendix A – Initial survey results (Pall Ed BC respondents)

The competency domains include standards specific to each category in the triangle; the eight domains together form a pie shape (Figure 2).

RANKING (10 Pall Ed BC respondents)	How important are each of the potential projects for palliative education in B.C?
1	focused projects for specific settings or pt. populations for PAC
2	spread of successful initiatives to other regions
2	1-2-day conference to showcase initiatives
3	on-line education on SMG specifics
4	QI and evaluation
5	competency assessment tools
6	increase awareness of existing tools and resources
7	monthly discussion on shared challenges or common issues
8	intro on-line module for core competencies
9	Patient and family education materials from the SMGs
10	bereavement

Other suggested projects

- Palliative medications / pharmacology for nurses, ethics and palliative care, PC and vulnerable populations, PC and med complex/frail
- Online core competencies connected to available resources

Do you think we should have an online network of BC palliative care clinicians wider than Pall Ed BC for sharing of resources and posting questions on a forum?

- Definitely yes – 4
- Probably yes – 2
- Maybe – 3
- Probably not – 1
- Definitely not – 0

Appendix B – Wider stakeholder survey results

N = 73 respondents

- Region:
  - o 30% Interior
  - o 22% Island
  - o 16% Fraser
  - o 15% Province-wide
  - o 8% Vancouver
  - o 8% Northern

Ranking	Mean response / 4 (4 = extremely important)	How important are each of the potential projects for palliative education in B.C?
1	3.28	Education specific for acute medicine including ED, critical care and general medicine
2	3.26	Education specific for primary care and/or new inter-professional networks
3	3.25	Integrating a palliative approach in residential care - sharing of tools, strategies and resources
4	3.14	Patient and family printed education materials from symptom management guidelines (SMGs)
5	3.07	Introductory on-line module on basic palliative care and palliative approach accessible to every formal care provider
6	2.78	Evaluation of SMG uptake into practice and impact on patient care, followed by a quality improvement project based on the results
7	2.55	Tools for evaluation of competency - to be used for clinicians' self-assessment, developing interview questions, role descriptions, performance reviews, and program planning
8	2.48	Short on-line education on SMG specifics ("just in time" information under 15 minutes)

Other suggested projects:

Palliative care and palliative approach Generalist-ALL education

- First Nations and remote access to coaching and mentorship (X2) – e.g. NHA pilot of using iPADs for virtual joint visits
- Education for all professionals (acute nurses, LTC case managers, SW, OT, PT, RD, Home support workers)
- Standardized assessment tools including clinical practice standards
- Undergraduate education

Suggested education topics

- Symptom management for dementia at EOL
- Building awareness about the SMGs (X4) – already a good resource doesn't need additional education, focus on integration with electronic health records
- Dignity therapy
- Community resources (X3)
- Vulnerable populations
- ACP
- Ethics
- Care for the caregiver
- Goals of care discussions and difficult conversations

Patient and families

- Education re: palliative care and resources in the community, including financial resources

Comments

- All materials need review with a cultural safety lens (X2) and trauma-informed
- Education needs to be accessible to everyone even if not health authority employee
- Some education already exists, don't reinvent (e.g. BC Cancer has patient education materials, VCH doing SICG training), consider partnering with existing programs for a consistent approach across the province

BC Centre for Palliative Care

All British Columbians affected by serious illness will have equitable access to compassionate, person-centred care and resources.