

ECHO-BC-Palliative-Psychosocial

Pilot Evaluation

Discussion document

July 2020



In Partnership with:



VICTORIA

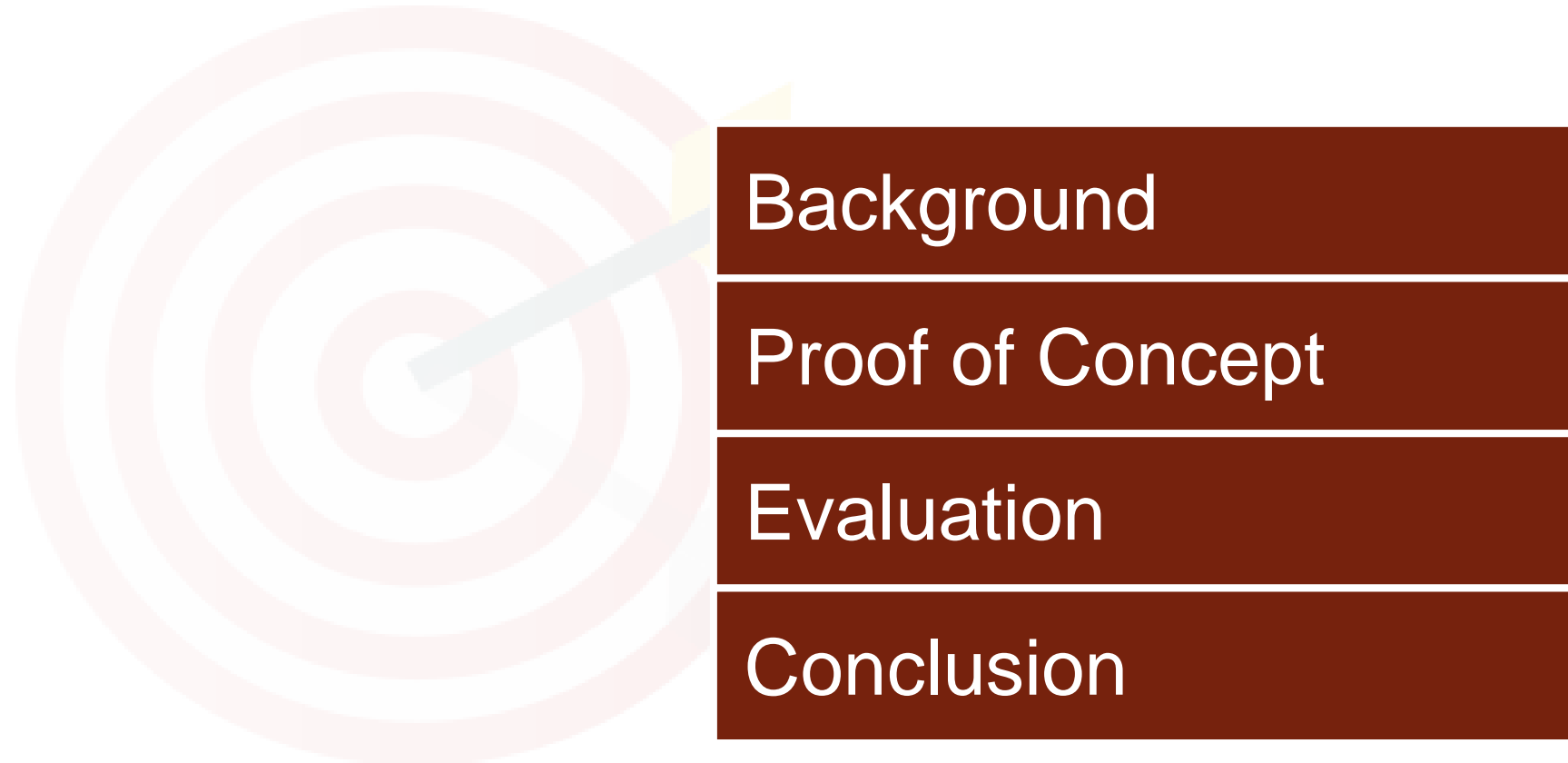


HOSPICE



Canuck Place
CHILDREN'S HOSPICE

Outline





Background

Proof of Concept

Evaluation

Conclusion

Survey showed that many B.C. social workers and counsellors working in palliative care are the only psychosocial-specific member of clinical teams and they face a number of core challenges

 Some of the notable challenges faced by social workers and counsellors working in palliative care

Isolated and unaware of educational and research activities



Some survey participants stated they feel isolated, are unaware of educational and research activities and would like to learn from and support each other

Limited accessible continuing education




A recent review of palliative educational resources¹ found that there is limited accessible continuing education for this group of care providers. This was confirmed in a recent survey of psychosocial care providers working in palliative care.

Lack of collaboration & reciprocal mentorship



Survey participants reported a lack of opportunities for education, collaboration and reciprocal mentorship (participants would like to be both mentors and mentees, depending on the specific topic areas).

 When affirming the most useful provincial activities, survey participants identified web-linked education, teleconferences, online meetings and a shared resource repository. Although educational resources for spiritual health practitioners were not reviewed and they were not formally surveyed, anecdotal evidence suggests that practitioners working with this population have similar issues. Thus, they were invited to join the group as well.

1. BC Centre for Palliative Care. Inter-professional Palliative Competency Framework: Review of Educational Resources. 2019.



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- The BC Centre for Palliative Care partnered with Victoria Hospice and Canuck Place Children's Hospice to conduct a 6-month trial of a provincial community of practice for Social Workers, Counsellors and Spiritual Health Practitioners who work at least 50% of their time in palliative care. The group was structured with the ECHO[®] format, which uses webinar-linked sessions to promote sharing of current evidence-informed practice, case-based learning and collaborative problem solving.
- The ECHO Model[™] has demonstrated exemplary results internationally and is anticipated to reduce isolation, increase competence and provide opportunities to mentor and be mentored for both new and experienced psychosocial palliative care providers in B.C.
- Evaluation of the proof of concept will inform the potential formation of other networks and communities of practice for B.C. providers of palliative care.

The BC-CPC piloted ECHO[®] as a potential solution to improve evidence-informed psychosocial care for people affected by advancing life-limiting conditions

Problem Statement: To improve evidence-informed psychosocial care for people affected by advancing life-limiting conditions, there is a need for increased access to education, mentorship and peer support for B.C. psychosocial palliative care providers.

Potential Solution

ECHO[®] has over 70,000 learners with 650 ECHO Programs in 37+ countries². There are several ECHO projects in Ontario³ and some in B.C. The model provides a combination of education, collaboration, mentorship and resource/expertise sharing and was identified as a promising solution. The ECHO structure will facilitate a B.C. community of practice, under the philosophy of “all teach, all learn” (ECHO).

» ECHO[®] has been shown to:



Create a sense of community with geographically distant professionals⁴



Increase knowledge⁴, competence and skills⁵



Enhance working relationships and workplace culture⁶



Enhance person-centred end-of-life care practices⁶



Increase capacity for collaborative research⁷

2. ECHOs Impact | Project ECHO [Internet]. [cited 2020 Jan 3]. Available from: <https://echo.unm.edu/echos-impact>.

3. Project ECHO - Home [Internet]. [cited 2020 Jan 3]. Available from: <https://www.echoontario.ca/>

4. Carlin L, Zhao J, Dubin R, Taenzer P, Sidrak H, Furlan A. Project ECHO telementoring intervention for managing chronic pain in primary care: Insights from a qualitative study. *Pain Med (United States)*. 2018 Jun 1;19(6):1140–5.

5. Giachetto G, Casuriaga AL, Santoro A, Kanopa V, Garrido G, Fernández J, et al. Extension for Community Healthcare Outcomes Uruguay: A New Strategy to Promote Best Primary Care Practice for Autism. *Glob Pediatr Heal*. 2019 Jan;6:2333794X1983373.

6. Boomer C, Ross M, Dillon D. ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH Improving caregivers experience: enhancing end-of-life care for residents. 2019 [cited 2020 Jan 3]; Available from: <https://doi.org/10.19043/ipdi.91.005>

7. Cottler LB, Green AI, Pincus HA, McIntosh S, Humensky JL, Brady K. Building Capacity for Collaborative Research on Opioid and Other Substance Use Disorders through the Clinical and Translational Science Award Program. *J Clin Transl Sci [Internet]*. 2019 Nov 25 [cited 2020 Jan 3];1–28. Available from: https://www.cambridge.org/core/product/identifier/S2059866119004412/type/journal_article

The proof of concept was developed with a clear goal and three major objectives

Goal: To improve evidence-informed psychosocial care for people affected by advancing life-limiting conditions by providing increased access to education, mentorship and peer support for B.C. psychosocial palliative care providers

Major Objectives

- 1 To increase the connection between palliative psychosocial care providers
- 2 To increase Specialist-FEW competencies
- 3 To increase use of current, evidence-informed best practices

Other Objectives

- 4 Inform planning for future ECHOs
- 5 Demonstrate positive return on investment for leaders
- 6 Test the feasibility of a variety of data collection methods
- 7 Test the uptake of an online forum / Community of Practice
- 8 Generate new knowledge about a discipline-specific ECHO model



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ECHO participants had several motivations for being part of the community of practice



To further develop and increase confidence in my own practice. And to develop connections within the psychosocial palliative community



Expand my skill set by learning new information/ways of practice and expanding my professional network



Eager to improve knowledge-base and confidence in palliative settings



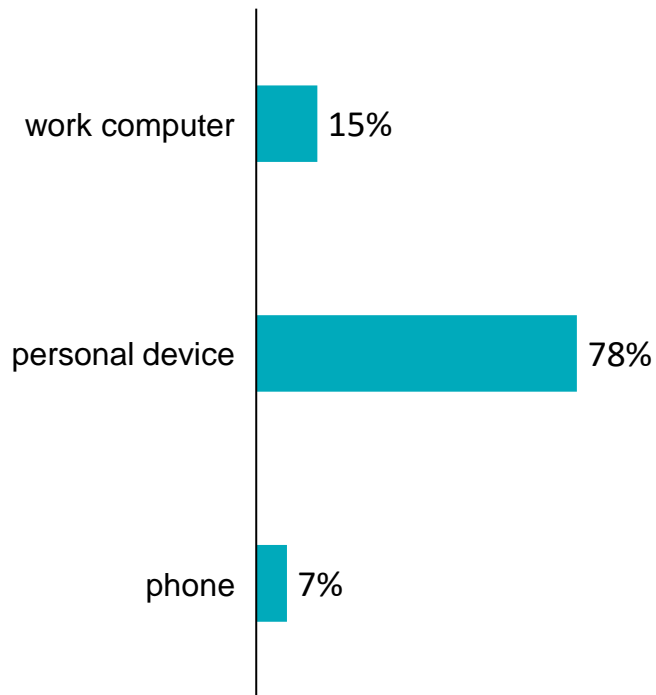
To enhance my knowledge and practice and this is a great opportunity and very convenient way to attend



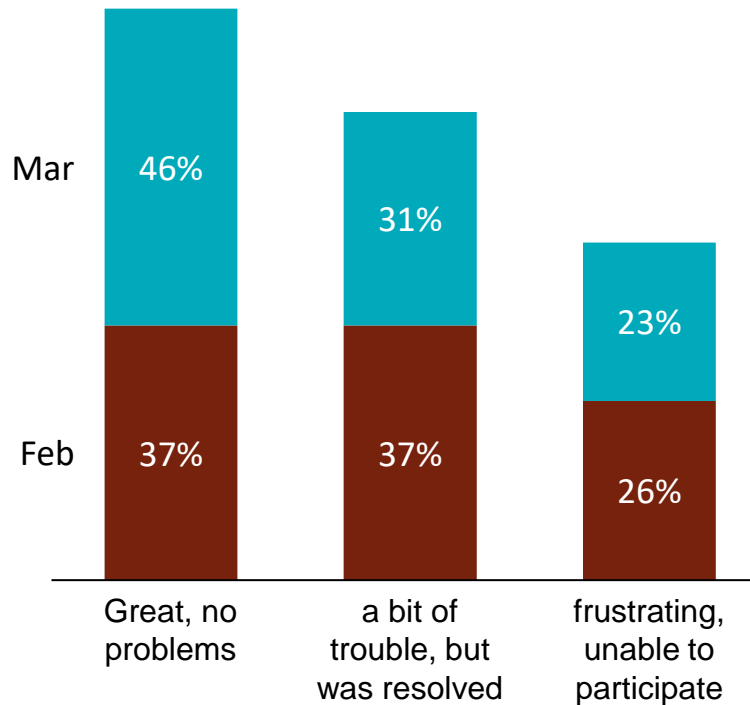
To further grow my development as a practitioner withing palliative and end of life care

Most Participants used personal devices to connect to the ECHO sessions and all participants expressed satisfaction with the use of Zoom platform

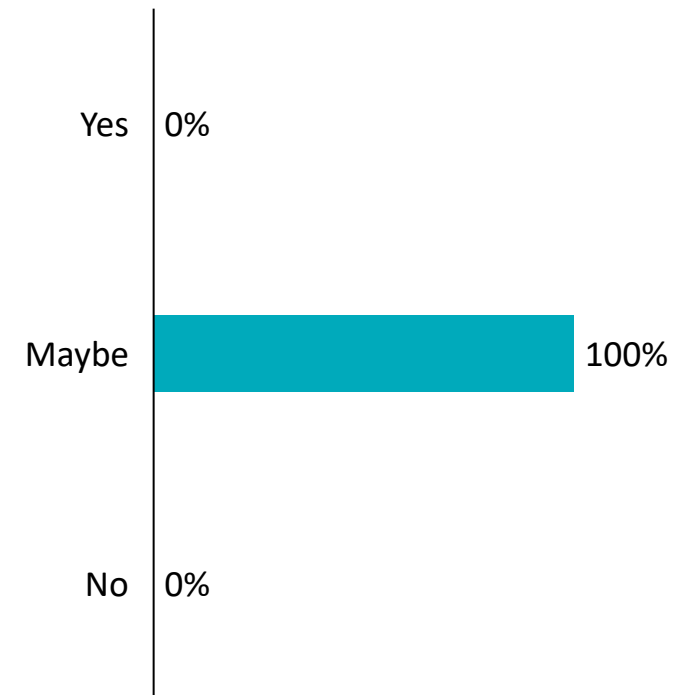
How did you access the session today? ¹



What was your experience using Zoom today? ²



Will you be able to access Zoom with video for the next session?



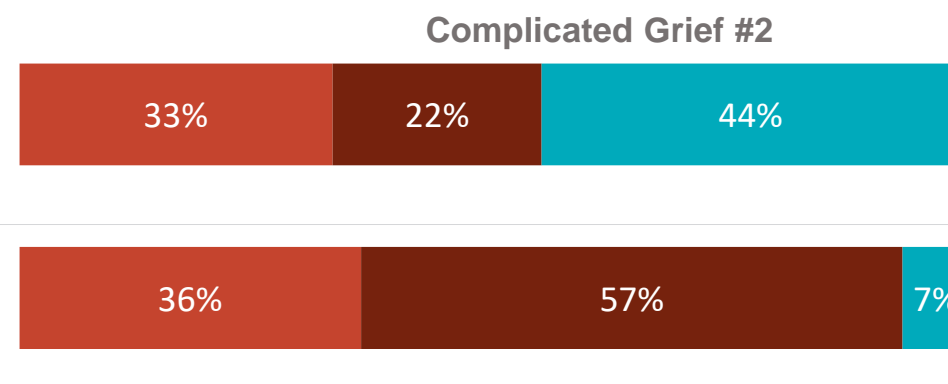
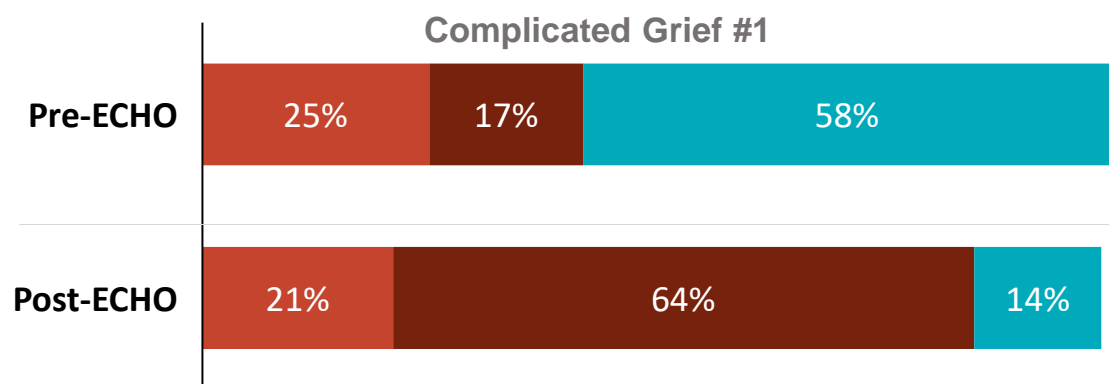
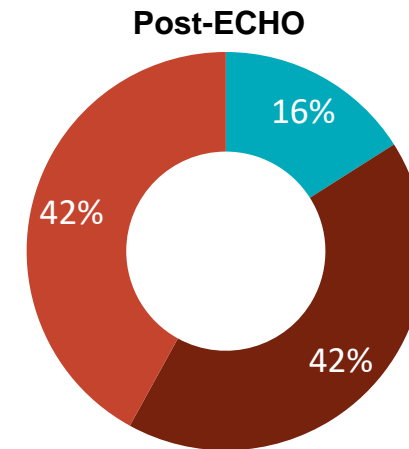
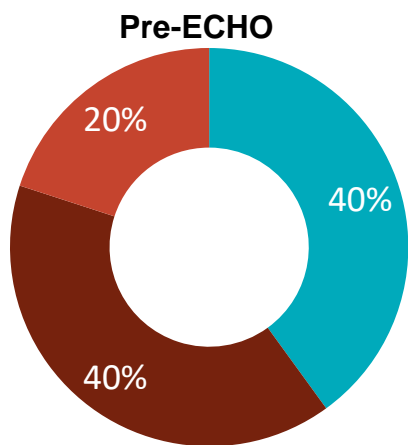
1. February session only
2. Feb and Mar sessions

A

Competencies were measured ranging from beginner to proficient expert

Novice-Advanced Beginner Competent Proficient Expert

MAiD 1



MAiD # 1 Explores MAiD-related feelings, worries and hopes with people and their families

MAiD # 2 If within role, provides education and support to enhance inter-professional team members' resilience in partnership with organizational leadership

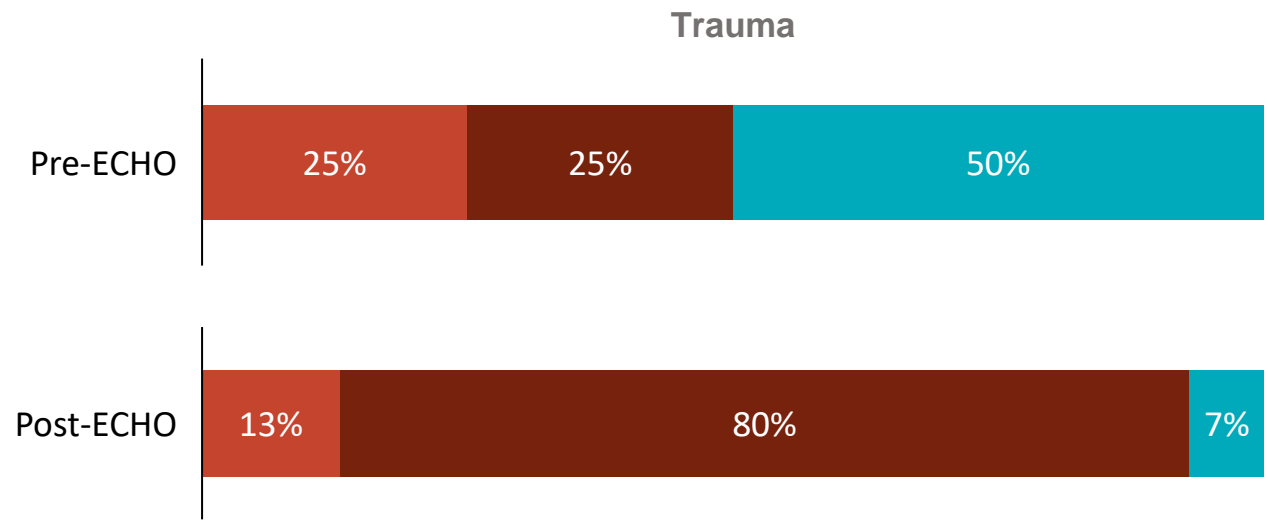
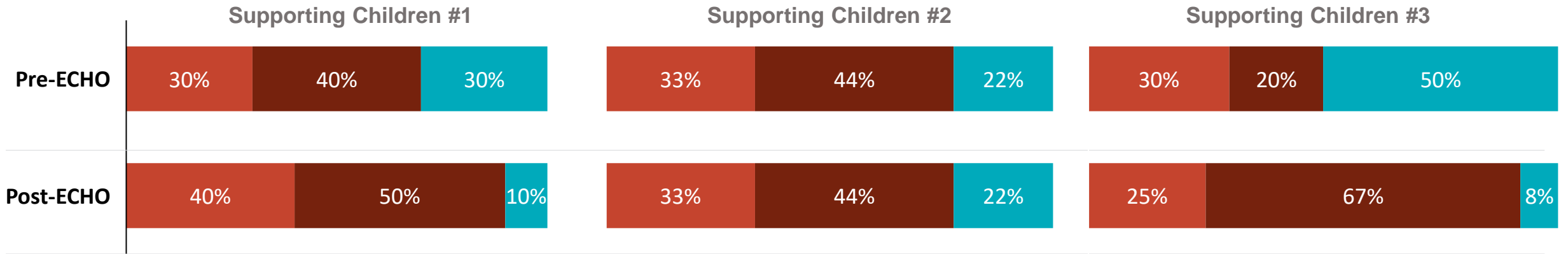
Complicated Grief #1 Expert consultant regarding loss, grief and bereavement.

Complicated Grief #2 Assesses complex grief reactions and situations, such as multiple loss, traumatic loss and pre-existing vulnerabilities including mental illness and addiction, abuse and neglect

B

Competencies were measured ranging from beginner to proficient expert

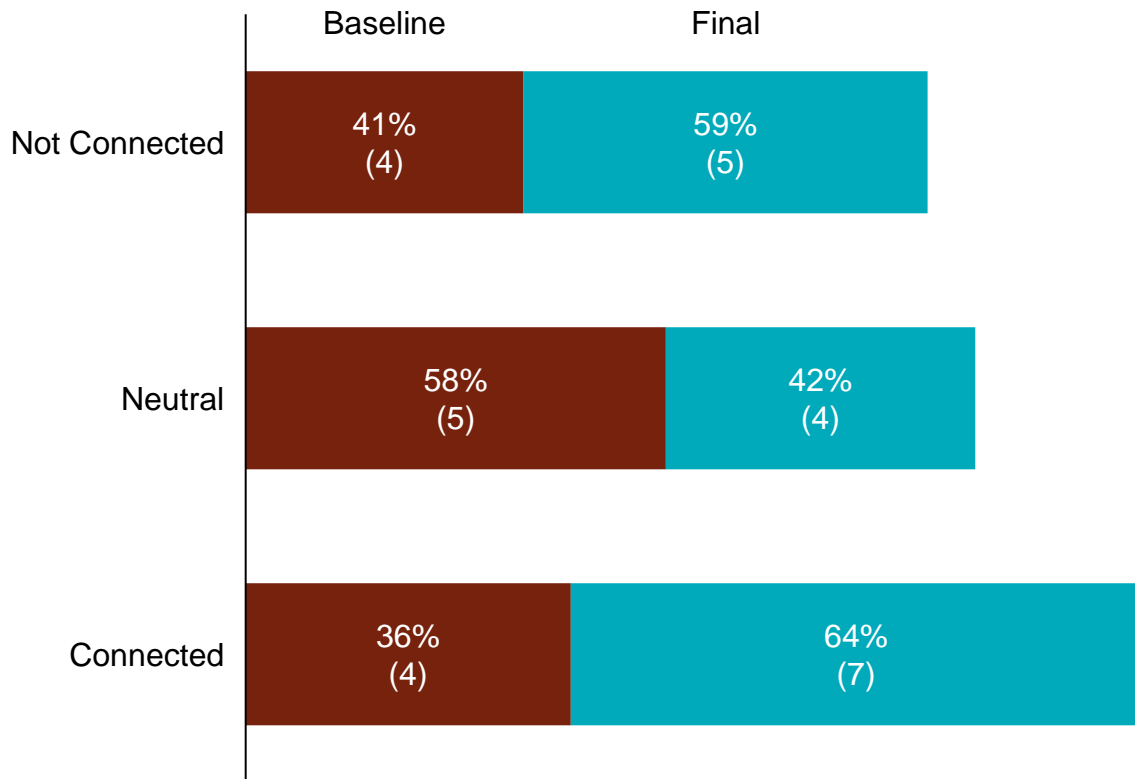
■ Proficient Expert
 ■ Competent
 ■ Novice-Advanced Beginner



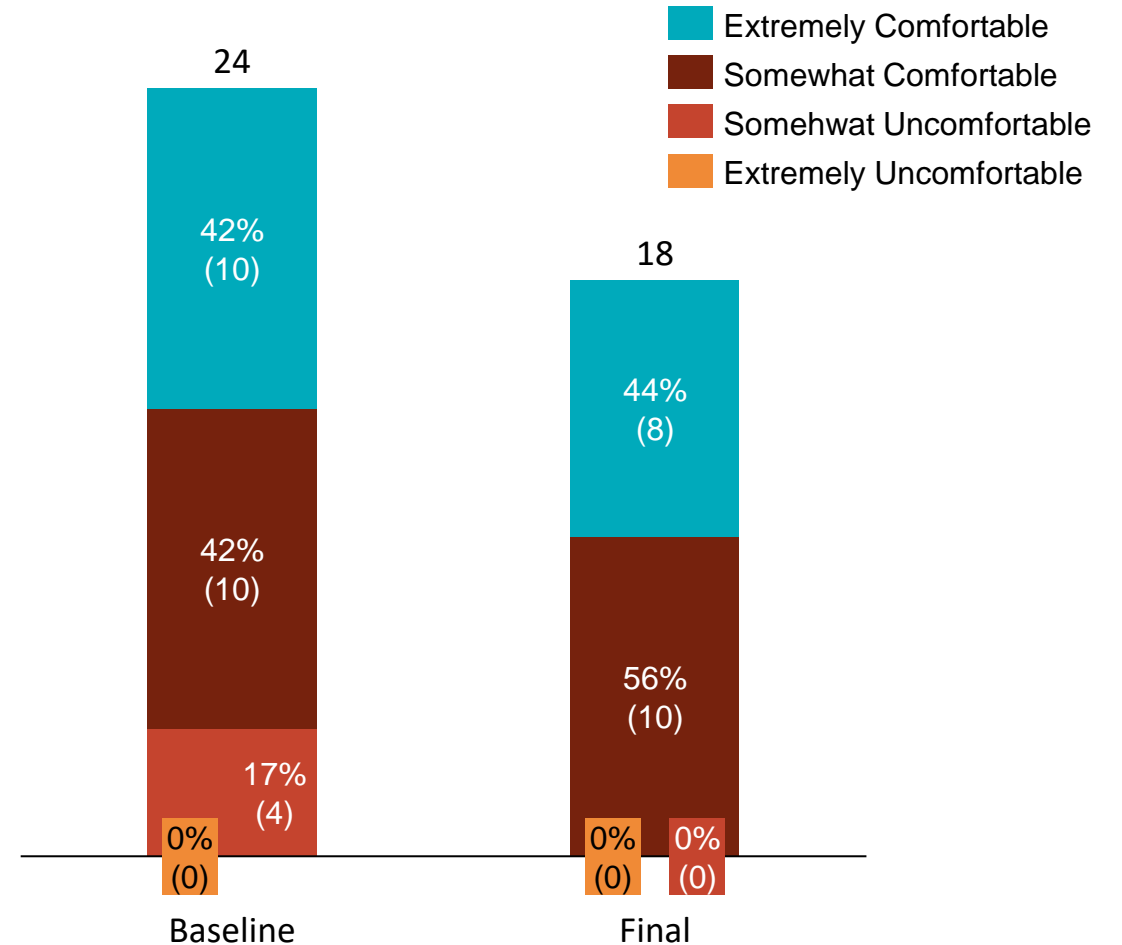
- Trauma - Adapts care to address person's fears and anxieties related to past trauma
- Supporting children # 1 Understands the characteristics and challenges of grieving for a child or youth
- Supporting children # 2 Provides counselling support for children and youth or refers as appropriate
- Supporting children # 3 Provides developmentally appropriate non-pharmacological interventions within own expertise including: art, play therapy and relaxation for relief of distress. Refers to other resources as needed

Connection and Interpersonal collaboration improved significantly

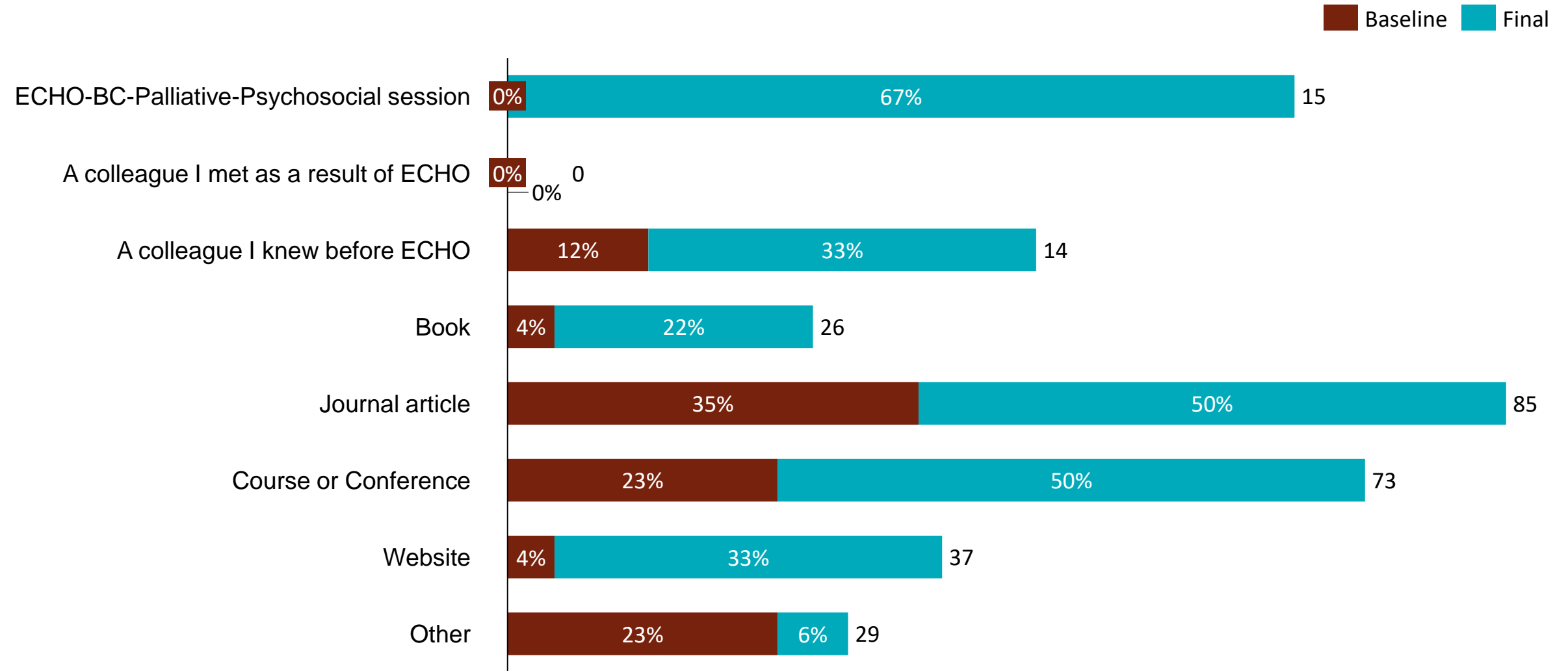
How connected do you feel with other psychosocial palliative care providers, either in or outside of your organization?



How comfortable would you feel contacting a psychosocial palliative care provider in another region or organization for advice or support?



The incorporation of evidence-based knowledge from a variety of sources including books and ECHO-BC-Palliative-Psychosocial sessions into practice increased over the period



BASELINE:

- Please provide a brief example of a time when you incorporated new evidence-based knowledge into your practice, over the past 6 months ** in word document
- What was the source of the new evidence-based knowledge in your example?

FINAL: Think of a time when you incorporated new evidence-based knowledge into your practice over the past 6 months. What was the source of that new knowledge?

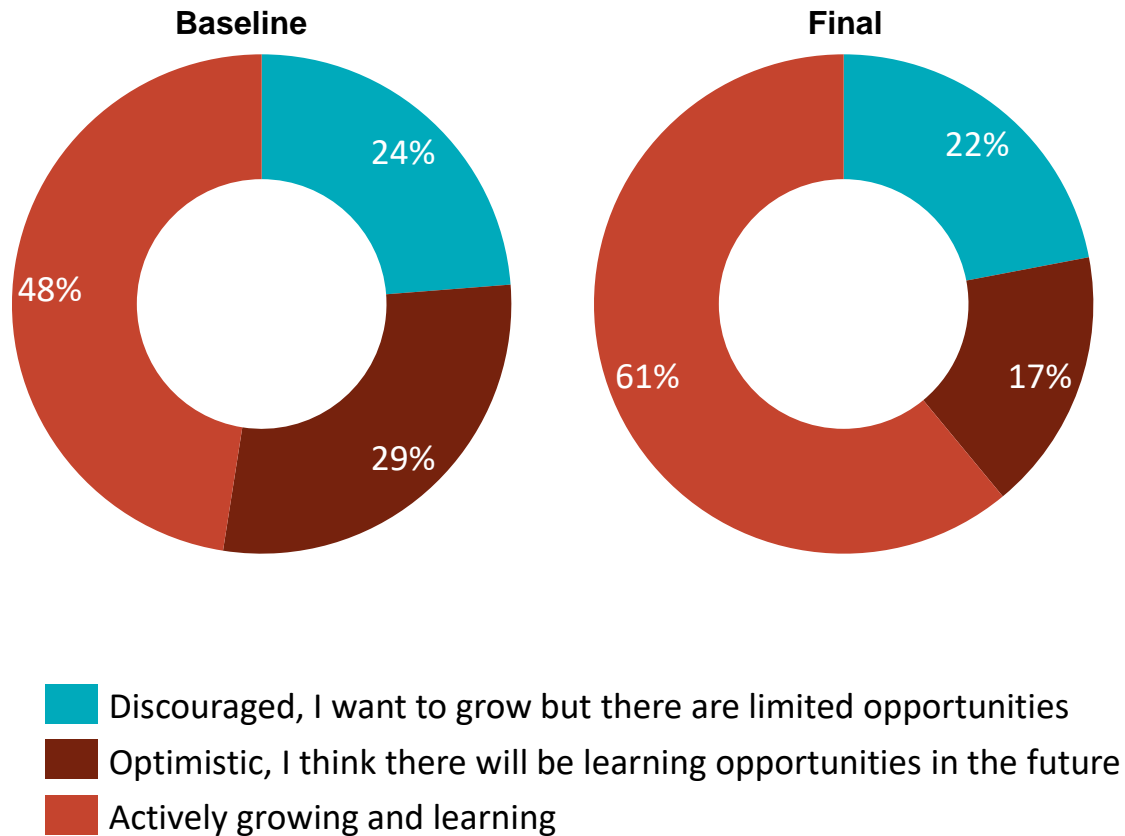
ECHO Participants applied the knowledge gained from the ECHO sessions into practice

Please provide a brief example of a time when you incorporated new evidence-based knowledge into your practice, over the past 6 months

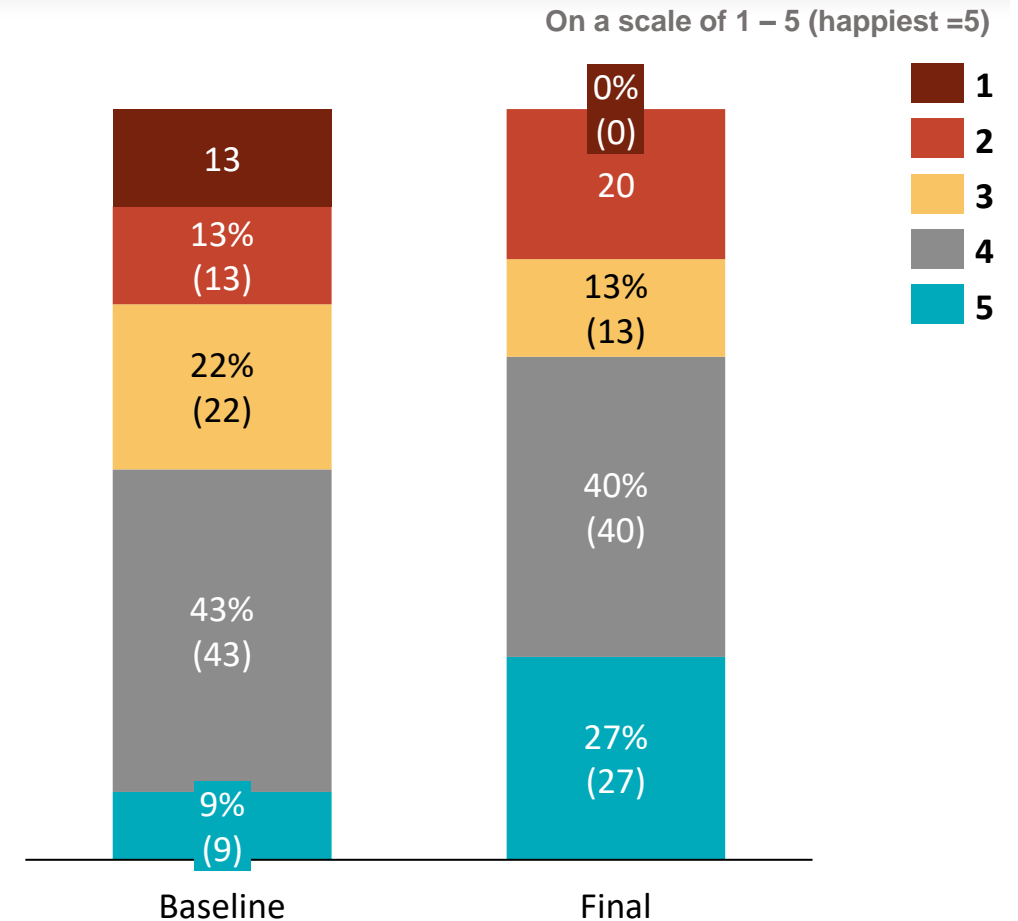
Focus areas	Feedback
MAiD	<ul style="list-style-type: none"> • Used some of the learning on the MAiD session to support a family during their mother's MAiD • Provision of information to MAiD providers (physicians) on grief support following MAiD specifically • Starting a discussion about MAiD does not mean that a patient will proceed. Be curious, be open.
Trauma-informed practice	<ul style="list-style-type: none"> • Supporting the bereaved spouse of a client who has had significant trauma in her life. • Window of tolerance discussed with clients • Constant awareness that trauma may be at the source of a patient's unexplainable behaviors or responses.
Complicated grief	<ul style="list-style-type: none"> • Used the knowledge to recognize risk factors and signs of complicated grief for a client's spouse in my bereavement support and referred to grief counselling • Educating my team around precursors during end of life support • Identifying risk factors for complicated grief, in families of hospice clients.
Supporting children	<ul style="list-style-type: none"> • Used this knowledge to build a resource package for home care nurses as well as supporting clients and families who have young children/teenagers • Children's desire for normalcy and understanding of end of life issues with loved ones and how play therapy can help

ECHO participants expressed satisfaction with the education, mentorship opportunities and most of them felt they were actively growing and learning

Describe how you feel in regards to your professional development

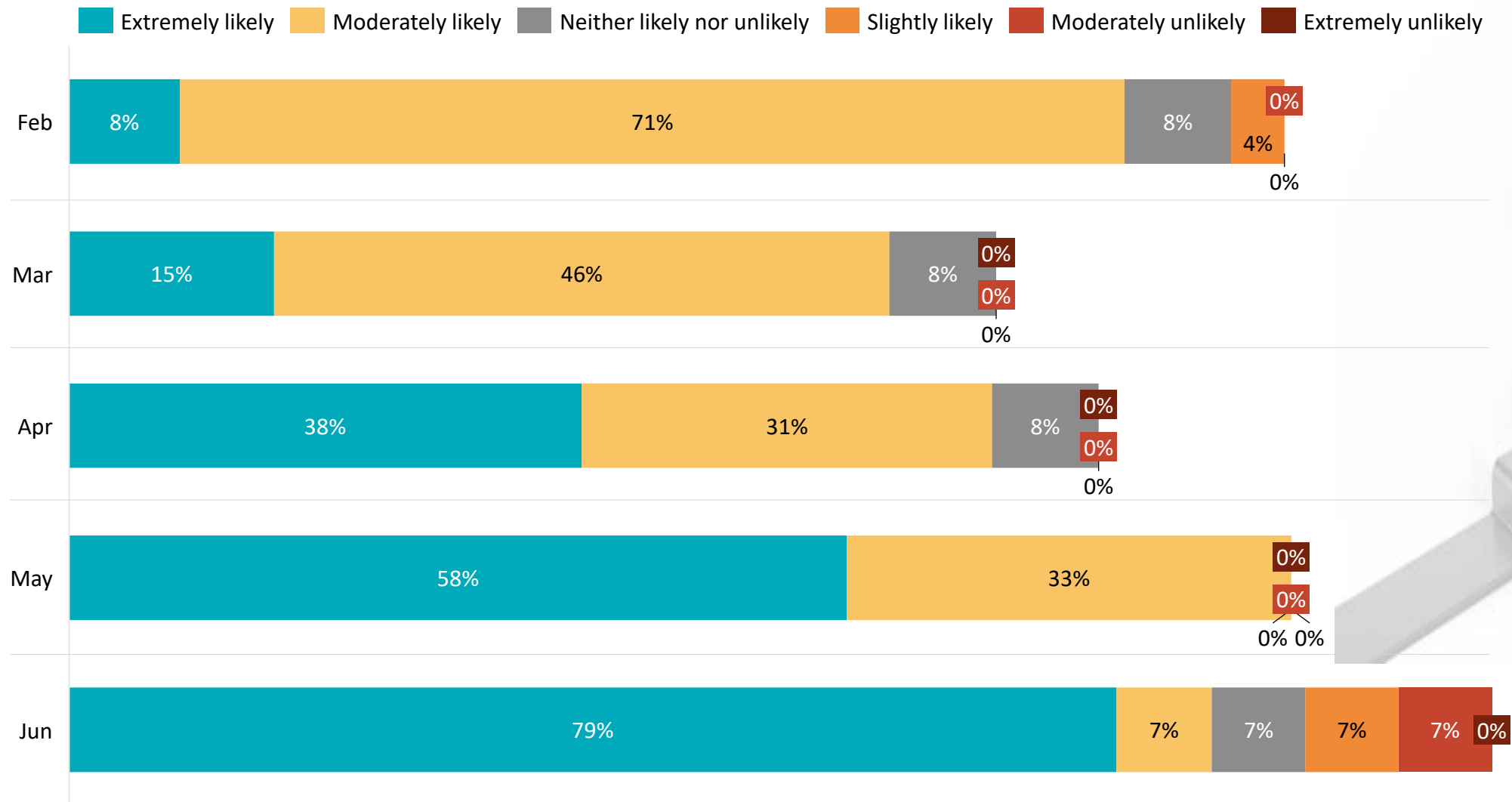


How satisfied are you with the education and mentorship opportunities available to improve your competence in palliative care?



Most participants were either **Moderately likely** or **Extremely likely** to rate their time spent in the ECHO Pilot sessions as valuable when describing the sessions to their supervisors

If you were to describe today's session to your supervisor, how likely are they to feel it was a valuable use of an hour of your time?"





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Feedback and Recommendations

Participant feedback and comments

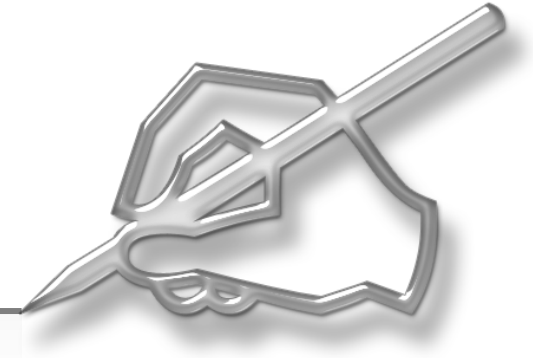
This was a very valuable group - the expertise sharing was spot on - loved the opportunity to connect with colleagues across our area

More variation on facilitators or key speakers . Zoom is an intense listening experience and hearing different voices and professional experiences is more engaging

Excellent opportunity to connect, reconnect, network and learn
I appreciated the break out rooms and the chance to connect more intimately with fellow participants.

Perhaps more focus on education and competency, less on group facilitation

The ECHO-BC-Palliative-Psychosocial pilot addressed the identified needs of BC palliative psychosocial care providers



- The ECHO-BC-Palliative-Psychosocial pilot addressed the identified needs of BC palliative psychosocial care providers: isolation, limited awareness and access to continuing education and lack of collaboration and mentorship.
- The participants reported increased connection, competencies and integration of best practices.
- The recommendations from participants and other learnings will be incorporated into plans for the next cohort, launching in Sept.