CONFERENCE PROGRAM BROCHURE

This program contains five sections:

1. Program At-A-Glance
2. Keynote Presentations
3. Concurrent Workshop Descriptions
4. A List of the Oral Paper Presentations
5. A List of the Poster Presentations

Workshop Streams

The workshop sessions have been scheduled into the program by streams, so that conference participants can easily zero in on sessions most relevant to their discipline or practice.

Leadership/Systems/Integration Stream (LDP)
- Hospice Executive Directors
- Program Administrators
- Policy Makers

Research/Scientific/Advanced Clinical Practice Stream (CLN)
- Palliative Care and Family Physicians
- Nurses, Case Managers
- Advanced Palliative Care Practitioners
- Other care providers

Psychosocial/Spiritual/Bereavement/Complementary Therapy Stream (PSBCT)
- Social Workers
- Pastoral and Spiritual Care Workers
- Practitioners providing complementary modalities
- Anyone interested in psychosocial aspects of palliative care

Volunteer Management Stream (VOL)
- Volunteer Managers
- Volunteer Coordinators
CONFERENCE PROGRAM AT-A-GLANCE - Sunday, April 27, 2014

<table>
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<tr>
<th>Times</th>
<th>Sunday, April 27, 2014</th>
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<tbody>
<tr>
<td>8:00 - 9:30 am</td>
<td>Registration, Continental Breakfast</td>
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<td></td>
<td>• Sponsor/Exhibitor Showcase Opens</td>
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<tr>
<td>9:30 - 9:45 am</td>
<td>Opening Ceremony &amp; Welcome Remarks</td>
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<td>9:45 - 10:45 am</td>
<td><strong>Opening Keynote Presentation:</strong> Ontario’s Seniors Strategy and its Call to Enhance Palliative Care</td>
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<td>• Dr. Samir K. Sinha</td>
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<td>10:45 - 11:00 am</td>
<td>Stretch Break</td>
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<td>11:00 - 11:15 am</td>
<td><strong>Awards Ceremony</strong></td>
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<td>• June Callwood Awards and Hospice Accreditation</td>
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<tr>
<td>11:15 - 1:00 pm</td>
<td>&quot;Exhibit Showcase&quot; &amp; Luncheon Buffet</td>
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<td>1:00 - 2:15 pm</td>
<td><strong>CONCURRENT WORKSHOP SESSIONS - SERIES 100</strong></td>
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<td>Session #</td>
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<td>2:15 - 2:45 pm</td>
<td>Refreshment Break; Sponsor/Exhibitor Showcase &amp; Posters</td>
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3/23/14
## CONFERENCES PROGRAM AT-A-GLANCE - Sunday, April 27, 2014

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<tr>
<th>2:45 - 4:00 pm</th>
<th>CONCURRENT WORKSHOP SESSIONS - Series 200</th>
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<td>Session #</td>
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<td>5:30 pm - 8:00 pm</td>
<td>OMA Section on Palliative Care AGM</td>
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**FREE EVENING**
### CONFERENCE PROGRAM AT-A-GLANCE - Monday, April 28, 2014

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<th>Times</th>
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<tr>
<td>7:15 am</td>
<td>&quot;Early bird&quot; Continental Breakfast Available</td>
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| 7:30 - 8:45 am | • Registration & Continental Breakfast  
                     • Sponsor/Exhibitor Showcase and Posters  
                     • Oral Paper Presentations: Series 1, 2, 3, 4 (see list of Oral Papers) |
| 8:50 - 9:15 am | Welcome Remarks                                                                                                                         |
| 9:15 - 10:15 am | Keynote Presentation: The 5 Wrong Questions to Ask When Developing Interdisciplinary, Palliative Care Teams in the Home and Community  
                     • Dr. Hsien Seow                                                                                                                   |
| 10:15 - 10:45 am | Refreshment Break  
                     • Sponsor/Exhibitor Showcase and Posters                                                                                         |
<p>| 10:45 am - 12:00 pm | <strong>CONCURRENT WORKSHOP SESSIONS - SERIES 300</strong>                                                                                           |</p>
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<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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| 301         | LDP    | Learning Together: A Team-Based Approach to Palliative and End-of-Life Care Education  
                     • Dr. Russell Goldman, Allison Kurahashi                                                                                               |
                     • Judith A. Wahl, Brendan Gray                                                                                                          |
| 303         | LDP    | Hospice Palliative Care Performance Measurement Strategy - Measuring What Matters: Driving Quality in Palliative Care Through Performance Measurement  
                     • James Meloche, Sara Urowitz                                                                                                          |
| 304         | CLN    | Beyond Symptom Screening in Ontario: Symptom Burden, Use of Palliative and Psychosocial Services and New Directions for Cancer Symptom Management in Ontario  
                     • Dr. José Pereira, Esther Green, Sean Molloy                                                                                           |
| 305         | CLN    | Desire to Die Statements (DTDS) - A Case-Based Workshop for Palliative Care Providers  
                     • Dr. Beverley Smith, Dr. Monica Branigan                                                                                               |
| 306         | CLN    | Palliative Rehabilitation for Patients with Advanced Heterogeneous Cancers  
                     • Dr. Martin Chasen, Andrea Feldstain                                                                                                  |
| 307         | PSBCT  | The Nature in Dying: Compassionate End-of-Life Care  
                     • Dr. Denis Marier                                                                                                                     |
| 308         | PSBCT  | Reclaiming Ritual at End of Life  
                     • Eunice Gorman                                                                                                                          |
| 309         | VOL    | Geologists, Girl Gurus, and Grandmothers at Camp Kerry: The Application of Community Diversity Models to Volunteer Management: One Answer to Recruiting and Retention (Pt. 1)  
                     • Shelley Hermer, Dr. Heather Mohan-Van Heerden                                                                                         |
| 310         | VOL    | The Journey of a Hospice Volunteer Training Facilitator  
                     • Rami Shami                                                                                                                              |
| 12:00 - 1:15 pm | Luncheon Buffet & Exhibit Showcase  
                     • Awards Presentations                                                                                                                  |
### CONFERENCE PROGRAM AT-A-GLANCE - Monday, April 28, 2014

**1:30 – 2:45 pm**

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<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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| 401       | LDP    | The Pallium Learning Essential Approach in Palliative and End-of-Life Care (LEAP) Courses: Standardized Courseware for Different Settings, Specialties and Disciplines  
             - Dr. Kathryn Downer, Louise Hanvey |
| 402       | LDP    | Advance Care Planning and Health Care Consent - The Health Care Provider’s Role  
             - Liz Laird, Carol Sloan |
| 403       | LDP    | Applying Research Evidence to the Development of Your Regional Hospice Palliative Care Plans: Lessons Learned from Other Regional Models (Pt. 1)  
             - Deanna Bryant, Dr. Hsien Seow |
| 404       | CLN    | Palliative Care in Non-Cancer Illness (Pt. 1)  
             - Dr. James Downar, Dr. Ebru Kaya, Dr. Andrea Weiss, Dr. Kirsten Wentlandt |
| 405       | CLN    | Prohibitions, Permissions, Obligations, and Assisted Death (Pt. 1)  
             - Dr. Victor Cellarius, Dr. Jennifer Shapiro |
| 406       | CLN    | Oral Paper Presentations (See list of Oral Papers) |
| 407       | PSBCT  | The Power of Presence: Being Present When it Matters (Pt. 1)  
             (Continued in Session 507)  
             - Rev. Andrew Blake, Anton Vermunt |
| 408       | PSBCT  | Facilitating Cemetery and Eulogy Experiences for Bereaved Children  
             - Rabbi Rena Arshinoff |
| 409       | VOL    | Geologists, Girl Gurus, and Grandmothers at Camp Kerry: The Application of Community Diversity Models to Volunteer Management: One Answer to Recruiting and Retention (Pt. 2)  
             - Shelley Hermer, Dr. Heather Mohan-Van Heerden |
| 410       | VOL    | Nuts and Bolts of Running a Day Hospice Program  
             - Trudy Cowan |
| 2:45 - 3:15 pm | | Refreshment Break  
             - Sponsor/Exhibitor Showcase and Posters |

**3:15 – 4:30 pm**

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<th>Session #</th>
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<th>Session Title and Speaker</th>
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| 501       | LDP    | Let’s Talk About Hospice Palliative Care First  
             - Vanessa Sherry, Rick Firth |
| 502       | LDP    | Topic Panel:  
             (a) Promoting Advance Care Planning and Palliative Care in the Erie St. Clair LHIN  
             - Michelle O’Rourke, Maura Purdon  
             (b) Leading the Change: Advance Care Planning and Palliative Care for Those with a Developmental Disability  
             - Sarah O’Brien, Teresa Donaldson |
| 503       | LDP    | Applying Research Evidence to the Development of Your Regional Hospice Palliative Care Plans: Lessons Learned from Other Regional Models (Pt. 2)  
             - Deanna Bryant, Dr. Hsien Seow |
| 504       | CLN    | Palliative Care in Non-Cancer Illness (Pt. 2)  
             - Dr. James Downar, Dr. Ebru Kaya, Dr. Andrea Weiss, Dr. Kirsten Wentlandt |
CONFERENCE PROGRAM AT-A-GLANCE - Monday, April 28, 2014

3:15 – 4:30 pm

CONCURRENT WORKSHOP SESSIONS - SERIES 500 (Cont’d)

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<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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| 505       | CLN    | Prohibitions, Permissions, Obligations, and Assisted Death (Pt. 2)  
• Dr. Victor Cellarius, Dr. Jennifer Shapiro |
| 506       | CLN    | Oral Paper Presentations (See list of Oral Papers) |
| 507       | PSBCT  | Cultivating Wise Relationships: Mindfulness & Collaborative Teamwork (Pt. 2)  
(Pt. 2 of Session 407)  
• Rev. Andrew Blake, Anton Vermunt |
| 508       | PSBCT  | The Magic of The Camp Kerry Society: Providing Support, Hope & Healing to Bereaved Families  
• Dr. Heather Mohan-Van Heerden, Shelley Hermer |
| 509       | VOL    | Youth Matter - Involving Youth in Volunteerism  
• Faiza Kanji |
• Llana James, Rosslyn Bentley, Todd Fraleigh |

6:00 – 7:00 pm

Pre-Dinner Reception

7:00 – 9:30 pm

Banquet Dinner and Entertainment: The Dave La Fame Show  
Awards Presentations

CONFERENCE PROGRAM AT-A-GLANCE - Tuesday, April 29, 2014

Times | Tuesday, April 29, 2014
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7:15 am | "Early bird" Continental Breakfast

7:30 - 8:45 am | Oral Paper Presentations: Series 5, 6, 7, 8 (see list of Oral Papers)

7:30 - 8:45 am | Registration & Continental Breakfast  
• Posters

8:45 - 9:45 am | Welcome Remarks  
**Keynote Presentation: Silos or Systems? The Impact of Decisions Made Today on Hospice Palliative Care Tomorrow**  
• Dr. José Luis Pereira

9:45 - 10:15 am | Refreshment Break

10:15 – 11:30 am | CONCURRENT WORKSHOP SESSIONS - SERIES 600

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<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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| 601       | LDP    | Topic Panel:  
(a) Provincial Hospice Palliative Care Nurse Practitioner Program: New Opportunities to Improve Integration and Home Based Care for Patients  
• Janet Legge McMullan, James Mastin  
(b) Palliative Pain and Symptom Management Consultation Services: A Province-Wide Approach to Building Capacity  
• Kelley Phillips, Cathy Joy |
### CONFERENCE PROGRAM AT-A-GLANCE - Tuesday, April 29, 2014

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<th>10:15 – 11:30 am</th>
<th>CONCURRENT WORKSHOP SESSIONS - SERIES 600 (Cont’d)</th>
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<td><strong>Session #</strong></td>
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| 602              | LDP                        | Measurement & Meaning: Caring for People in a Numbers-Driven System  
|                  |                             | - Dr. Joshua Shadd                                                   |
| 603              | LDP                        | Promoting Psychological Health and Safety in Healthcare Workplaces  
|                  |                             | - Carolyn James                                                      |
| 604              | CLN                        | What's New in Palliative Care? A Look at the Literature           
|                  |                             | - Dr. Russell Goldman                                              |
| 605              | CLN                        | Addiction in Palliative Care: Time to Stop Diverting the Issues   
|                  |                             | - Dr. Sharon Koivu                                                  |
| 606              | PSBCT                      | Compassion Satisfaction and Compassion Fatigue: What are they, do I have them and  
|                  | ALL                        | what can I do about it?                                           
|                  |                             | - Dr. Christina Vadeboncoeur                                        |
| 607              | PSBCT                      | What do Spirituality and Spiritual Care Have to do with Health, Illness, Pain, Death, Dying and Grief?  
|                  |                             | - Cindy Elkerton                                                    |
| 608              | PSBCT                      | Enhancing Connections in Persons with Dementia at End of Life Through Music   
|                  |                             | - Bev Foster                                                        |
| 609              | VOL                        | Tolerate or Terminate? Tough Decisions Around Managing Hospice Volunteers  
|                  |                             | - Alexandra McKenna                                                |
| 610              | VOL                        | Creating a Culture of Ambassadors for Hospice: Connecting with Community to Tell The Hospice Story - Who, When, Where and How  
|                  |                             | - Willi Shillinglaw, Amanda Maragos                                |
| 11:30 am - 1:30 pm | Luncheon                    | Best Oral Paper/Poster Presentations                                |
|                  |                             | **Closing Keynote Presentation: Ignite Your Evolution: Excelling Through Change**  
|                  |                             | - Lorraine Behnan                                                   |
|                  |                             | Closing Remarks and Grand Prize Draw                               |
| 1:30 pm          | Adjournment                 |                                                                      |
ONTARIO'S SENIORS STRATEGY AND ITS CALL TO ENHANCE PALLIATIVE CARE

With the number of older Canadians set to double over the next twenty years, while already accounting for half of our nation's health and social care spending, it becomes clear why ensuring that older Ontarians have access to the right care, in the right place at the right time was placed at the centrepiece of the Government of Ontario’s 2012 Action Plan for Health Care. To enable this vision the Ontario government set about developing a Seniors Strategy - its first attempt to establish a comprehensive plan that establishes sustainable best practices and policies at a provincial level that could support the overall coordination of the delivery of health, social and community care services with an intense focus on supporting older Ontarians to stay healthy and stay at home longer.

Dr. Sinha will share what he learned and what he thinks it might take to enable the delivery of a system across Ontario that will deliver the care we need now and in the future in a sustainable way. He will also focus on what he sees as a pressing need to develop enhanced approaches to advance care planning and the delivery of hospice and palliative care services for Ontarians. At this presentation, Dr. Sinha will provide the context that highlights the disconnects that currently exist in our health, social and community care systems; provide the context and some early observations related to the development of a Seniors Strategy for Ontario; and highlight the need for an enhanced approach to advance care planning and the delivery of hospice and palliative services for Ontarians.

Samir K. Sinha, MD, DPhil, FRCPC
Director of Geriatrics, Mount Sinai and the University Health Network Hospitals; Provincial Lead, Ontario's Seniors Strategy; Assistant Professor of Medicine, University of Toronto and the Johns Hopkins University School of Medicine, Toronto, ON

Dr. Sinha is a passionate and respected advocate for the needs of older adults. Dr. Sinha currently serves as the Director of Geriatrics at Mount Sinai and the University Health Network Hospitals in Toronto and in 2012 he was appointed by the Government of Ontario government to serve as the expert lead of the Ontario’s Seniors Strategy. He is also an Assistant Professor in the Departments of Medicine, Family and Community Medicine, and the Institute of Health Policy, Management and Evaluation at the University of Toronto and an Assistant Professor of Medicine at the Johns Hopkins University School of Medicine. He also serves as the Chair of the Health Professionals Advisory Committee of the Toronto Central LHIN, is a Medical Advisor to the Toronto Central CCAC and an Associate Fellow with interRAI.

A Rhodes Scholar, after completing his undergraduate medical studies at the University of Western Ontario, he obtained a Masters in Medical History and a Doctorate in Sociology at the University of Oxford’s Institute of Ageing. After returning to pursue postgraduate training in Internal Medicine at the University of Toronto, Dr. Sinha went to the United States where he served as the inaugural Erickson/Reynolds Fellow in Clinical Geriatrics, Education and Leadership at the Johns Hopkins University School of Medicine.

Dr. Sinha's breadth of international training and expertise in health policy and the delivery of services related to the care of the elderly have made him a highly regarded expert in the care of older adults. He has consulted and advised hospitals and health authorities in Britain, Canada, the United States and China on the implementation and administration of unique, integrated and innovative models of geriatric care that reduce disease burden, improve access and capacity and ultimately promote health.
THE CARMELITA LAWLOR LECTURESHIP IN PALLIATIVE CARE

The Carmelita Lawlor Lectureship in Palliative Care is made possible by the generous endowment at the University of Toronto established by Carmelita Lawlor who died from cancer. This special person was cared for at home by a caregiver team led by Dr. Linda Rapson. This caregiver team was the forerunner for Trinity Home Hospice, now known as Hospice Toronto. Carmelita wanted to ensure there was ongoing opportunity to learn about palliative care from well-known and respected people in the field.

This Year's Recipient: Harvey Max Chochinov

Harvey Max Chochinov, OM, MD, PhD, FRSC, FCAHS
Canada Research Chair in Palliative Care;
Director, Manitoba Palliative Care Research Unit;
Distinguished Professor, Department of Psychiatry, University of Manitoba;
CancerCare Manitoba, Winnipeg, Manitoba

DIGNITY, CARING AND THE CULTURE OF MEDICINE

The culture of modern health care is sometimes characterized as impersonal and routinized, with little attention being paid to dignity or personhood. This is often blamed on ever mounting time pressures and a focus on delivering technically appropriate, evidence based care. Yet, perceived lack of caring can undermine trust, jeopardize the quality of patient/healthcare provider relationships and impede frank patient disclosures, leading to missed diagnoses and compromised patient safety.

This presentation will discuss how caring implicates our fundamental attitudes towards patients, and the need for dignity and personhood to be prominent on our clinical radar.

This lecture is open to non-conference attendees. Friends and family are invited to attend.
THE 5 WRONG QUESTIONS TO ASK WHEN DEVELOPING INTERDISCIPLINARY, PALLIATIVE CARE TEAMS IN THE HOME AND COMMUNITY

At last year’s conference, Dr. Seow demonstrated that interdisciplinary teams reduce Emergency Departments and hospitalizations at the end of life. Based on the interest he generated at last year’s conference, he is returning to explain how to develop an interdisciplinary palliative care team in your region.

He and his team have spent the last year interviewing over a hundred health service providers and administrators, who work in a team or in “usual care,” to answer the 5 burning questions people ask when developing a regional palliative care team:

1. Do teams save health system dollars?
2. What is the best model to spread?
3. What are the essential tools and processes for an effective team?
4. How do we measure and demonstrate impacts, like reduced Emergency Department visits?
5. How do we solve funding, system, and policy barriers to get started?

However, as it turns out, these 5 burning questions were the wrong questions to ask! This might explain why there are so many challenges to changing and improving the palliative care system. Luckily, through his mistakes, he has learned a tremendous amount about the secrets to building a high-quality interdisciplinary, palliative care expert team in your region. And he will share all the “right” answers at his keynote presentation.

Hsien Seow, PhD
Cancer Care Ontario Research Chair in Health Services Research; Assistant Professor, Department of Oncology, McMaster University; Escarpment Cancer Research Institute Scientist, Hamilton, ON

Dr. Seow earned a PhD from Johns Hopkins School of Public Health, Department of Health Policy and Management, with a concentration in health services research and a certificate in Gerontology. His ultimate passion is to transform our healthcare system to better manage serious chronic diseases. His research interests involve developing and evaluating innovative care models that can improve hospice palliative care, particularly in the home and community. Much of his research examines large samples and links multiple provincial databases to determine if innovative models of care lead to reduced hospital use and lower costs. He has worked with the Ministry of Health, Health Quality Ontario, the LHINs to improve hospice palliative care. Previously he worked with RAND Health in Washington DC, where he led health policy research, quality improvement, and health advocacy initiatives. He earned a B.Sc. from Yale University.
Ontario finds itself at a watershed moment with respect to Hospice Palliative Care (HPC). There is commitment from multiple stakeholders to strengthen HPC and several initiatives. There are decisions that need to be made today regarding the integration of HPC in the health care system that will have an impact for the future.

This presentation will make the case that a systems approach is needed. The system requires several key components; focusing on one at the exclusion of another will have current and future repercussions. The presentation will draw on initiatives across the province that point the direction for the future.

José Luis Pereira, MBChB, DA, CCFP, MSc
Professor and Head, Division of Palliative Care, Department of Medicine, University of Ottawa; Medical Chief, Palliative Medicine, Bruyère Continuing Care and The Ottawa Hospital, Ottawa, ON

Dr. José Pereira is Professor and Medical Chief of Palliative Care Services at Bruyère Continuing Care and The Ottawa Hospital. He is also Head of the Division of Palliative Care, Department of Medicine, University of Ottawa. Dr. Pereira co-lead the development of the Champlain Regional Hospice Palliative Care Program and is currently its medical lead. He is also past Provincial Lead for Palliative Care at Cancer Care Ontario.

Dr. Pereira is co-founder and co-lead of the Canadian Pallium Project which has developed education programs in support of primary care nationally. In April 2012, Dr. Pereira received the Award of Excellence from the Palliative Medicine Section of the Ontario Medical Association and in October 2012, he received the Queen Elizabeth II Diamond Jubilee Medal via the Canadian Hospice Palliative Care Association.
CLOSING KEYNOTE PRESENTATION TUESDAY, APRIL 29, 2014 12:30 - 1:30 pm

IGNITE YOUR EVOLUTION: EXCELLING THROUGH CHANGE

It is not enough to merely survive change; it is necessary to grow and evolve. Despite the rapidity and discontinuity of transitions, you can take control and achieve professional excellence by practicing personal mastery, adjusting attitudes and behaviors, exceeding limits, choosing wisely, acting on opportunities, and keeping current on business practices and knowledge.

By attending this session, you will learn to:

- Transform old patterns to create best practices
- View challenges as opportunities
- Merge personal strengths with your professional goals
- Align yourself with solution seekers
- Seek mentors and high achievers
- Communicate your wisdom and best practices to others
- Cultivate creativity and resourcefulness
- Support your team
- Nurture physical and mental wellness
- Infuse healthy doses of humour into your life

Lorraine Behnan
Change Management and Communication Expert
www.lorrainebehanan.com

“I believe that transitions of change compel us to tap into our deepest talents and strengths to be innovative and resilient.” - Lorraine Behnan

Lorraine Behnan brings to her audiences over twenty years of professional speaking experience and knowledge of communication and personal change management. Her passion for her subject matter is highly contagious.

She consistently demonstrates her ability to motivate people to evolve and excel in our fast-forward world, while sharing practical solutions that can be immediately be put into practice.

A former actor and writer with the internationally acclaimed, Second City Comedy Revue, Lorraine combines her theatre skills with her consulting experience to create keynote presentations that educate, entertain and inspire – an engaging style that has been branded as, “edu-tainment”.

She is the author of ABC’s to a Lighter Life and Shortstuff. Lorraine has been a featured guest on television talk shows, and her articles on communication and change frequently appear in trade journals and magazines.
101  Quality Palliative Care in Long Term Care: A Framework and Resources Supporting Organizational Change

Mary Lou Kelley, MSW, PhD, Professor, School of Social Work, Lakehead University, Chair for Palliative Care; Professor, Northern Ontario School of Medicine, Thunder Bay, ON

Four long term care homes in Ontario partnered with the Quality Palliative Care in Long Term Care (QPC-LTC) Alliance for five years in a Participatory Action Research project funded by Social Sciences and Humanities Research Council and the Canadian Institute for Health Research. The research created a Framework to guide formalization of Palliative Care programs in long term care (LTC) homes. This framework includes three core components; a philosophy of care; program description and organizational policy; and a process of change. The framework provides over forty innovations and resources for use by staff and managers to support organizational change. The resources created support long term care homes with physical care, psychosocial care, communication, education, and the development of community partnerships.

This workshop will introduce participants to the QPC-LTC Framework and demonstrate how the framework supports LTC homes in meeting provincial regulation regarding palliative care education in LTC. In addition to meeting regulatory requirements, in January 2014 five new palliative care standards were added to Accreditation Canada’s new LTC services standards. This workshop will engage participants in round table discussions on how LTC homes can collaborate with community partners to adopt the QPC-LTC framework and support LTC homes in meeting education requirements and Accreditation Canada LTC palliative care standards.

Participants will acquire knowledge of the QPC-LTC Framework and resources, will learn which components of the framework best support LTC homes in meeting regulation required by the Long Term Care home Act, and new palliative care standards from Accreditation Canada, and will engage with community partners and discuss how LTC homes can be supported in utilizing framework resources.

Workshop Streams:  Leadership/Systems/Integration  Psychosocial/Spiritual/Bereavement/Complementary Therapy

102  A Blueprint for Integration and Shared Care: Strengthening the Bonds Between Community and Hospice

Patricia Stuart, Director of Care, HPC Consultation Services Wellington County, Guelph, ON  Christine Bigelow, Palliative Nurse Consultant, Waterloo Wellington LHIN, Guelph, ON

This workshop will explore an innovative approach to enhancing genuine continuity of care for clients, families and care providers as they transition from community to hospice. Using a collaborative integrated process we effectively reduced obstacles to seamless transition across care sectors and demonstrated clear benefits of knowledge to action.
This presentation will provide examples of how this respectful approach worked to enhance professional partnerships, improved confidence in care delivery for professional providers as well as positive outcomes for clients and families. The blueprint and resources will be provided to attendees.

Participants will identify and explore challenges and opportunities for seamless transition from home to hospice; compare experiences and explore innovative practical approaches to the delivery of Hospice Palliative Care in different care sectors; and take away resources and a template to enable innovative strategies that foster integration within their community.

Workshop Streams:  Leadership/Systems/Integration  
Scientific/Advanced Clinical Practice

103  Palliative Care’s Coming Third Wave: History, Ethics, Practice

Victor Cellarius, MD, MA, PhD, Physician, Temmy Latner Centre for Palliative Care, Toronto, ON  
Adam Rapoport, MD, FRCPC, MHSc, Medical Director, Paediatric Advanced Care Team (PACT), The Hospital for Sick Children; and Pediatric Palliative Care Consultant, Max and Beatrice Wolfe Children’s Centre, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

Palliative care arose four decades ago in response to the plight of the dying. Since then, it has broadened into a specialty focused on palliation and quality of life. Now it faces the need to enter a "third wave" - the challenge of caring for a growing population of frail and chronically ill persons. The idea that palliative care now sits poised to enter a third wave is a compelling idea, but it does overlook some nuances. In particular, it overlooks the fact that pediatric palliative care has a history both similar and strikingly different from the adult history. When carefully considered, we find that these unique features of pediatric palliative care present novel possibilities for adult palliative care as it enters its third wave.

This session will explore three aspects of the third wave: 1. Historical - the session will review the medical and societal background upon which both adult and pediatric palliative care appeared and developed in Canada, highlighting similarities and also important differences; 2. Ethical – the session will consider elements in the history of adult and pediatric palliative care which could serve as the ethical means of grounding a new future; 3. Practical - the session will finish by considering some practical responses to the challenge of this third wave – reviewing ideas from adult palliative care, and considering the approach taken by the Pediatric Advanced Care Team at Toronto’s Hospital for Sick Children.

Participants will learn to understand the similarities and differences in the histories of adult and paediatric palliative care in Canada; consider what ethical foundation could help palliative care respond to the growing needs of the Canadian population; and examine what ideas a particular paediatric practice has to offer for the future of adult palliative care.

Workshop Streams:  Leadership/Systems/Integration  
Scientific/Advanced Clinical Practice
104 Nutrition and Hydration at the End of Life: A Critical Decision

Janet Chippin, Registered Dietitian, VHA Rehab Solutions, Thornhill, ON

Physical changes occur throughout the body during the last year of life for someone with a progressive debilitating disease, and difficulties with eating and drinking are common. Nutrition plays an important role in maintaining hope, but aggressive intervention for someone who is unable to eat may be frustrating for the family and add to the client’s suffering. For those who are able to eat, there are many different diet strategies that can be helpful in an effort to maximize nutrition. However, there is lack of consensus in society and among experts as to whether it is appropriate to provide artificial nutrition and hydration to a terminally ill person who is no longer able to consume food and fluids orally. Does it cause harm? Can an individual die comfortably without these interventions? Decisions about artificial nutrition and hydration are guided by ethics, goals of care, quality of life and comfort, the wishes of the individual, and take into account their values, culture, and religious beliefs. Deciding what is ethically right or wrong remains a complicated process. The goal is to provide the care that is in the best interests of clients and their families. The complexities that clients, families, and members of the health care team are confronted with regarding nutrition and hydration at the end stages of life will be explored through actual cases.

Participants will learn the myths and facts about artificial nutrition and hydration at the end of life; ethical decision-making strategies when artificial nutrition and hydration is being considered; and understand the role of the dietitian in end-of-life nutritional care.

Workshop Stream: Scientific/Advanced Clinical Practice

105 “Nurse, please help me die” - Request for Assisted Suicide: Defining the Nurses' Role in Palliative Care

Kelly Hubbard, RN, B.ScN., Residential Care Manager, Hospice Simcoe, Barrie, ON

Even though assisted suicide remains illegal in Canada, there are newly established organizations that offer guidance and support for individuals at the end of their lives who wish to determine the nature and timing of their death. Do nurses have a responsibility to inform and educate patients about organizations that can facilitate assisted suicide or is providing such information unethical? Using a case scenario, this question will be explored and the competing ethical principles that are at play. Especially when providing palliative care, nurses are to develop and convey a deep and non-judgmental understanding of the client’s experience and support their identified needs in an empathetic way. Nurses, to any extent possible are to provide patients with information they need to make fully informed decisions related to their health and well-being, consistent with the principle of patient autonomy. Nurses must also abide by the Criminal Code of Canada that prohibits culpable homicide, and makes “counseling a person to commit suicide” or “aiding a suicide” punishable offences.
This session will demonstrate that Provincial Nursing Colleges and National Nursing leadership organizations need to develop clear instructions, written standards, and ongoing support to enable nurses to have open conversations with patients without being seen as endorsing or assisting in an illegal act.

Participants will learn to understand current role of palliative care nurses in regards to patient autonomy and advocacy; understand current legal expectations of nurses as they pertain to assisted suicide; and identify the need to develop clear instructions, written standards, and ongoing support to enable nurses to have open conversations with patients about assisted suicide without being seen as endorsing or assisting in an illegal act.

Workshop Streams: Scientific/Advanced Clinical Practice  
Psychosocial/Spiritual/Bereavement/Complementary Therapy

106  A Moment in Time- Successfully Working Together in the ICU at the End of Life

Brian Berger, Physician Lead, Palliative Care, Complex Care and Rehabilitation, MacKenzie Richmond Hill Hospital, Richmond Hill, ON  
Carol Redstone, ICU Physician/Intensivist, MacKenzie Richmond Hill Hospital, Richmond Hill, ON

An end stage ALS patient chooses to withdraw his BiPAP and end his life with comfort including terminal sedation. By working together the ICU team, Palliative Care Physician and family make this happen and the result has a profound impact on all involved. The issue of withdrawal of BiPAP is questioned even though a comfortable death is achieved. Working as a team across the Hospital is discussed as a mechanism of achieving good palliative care.

Participants will learn to appreciate the value of a team approach in dealing with ethically challenging end of life issues; to appreciate the impact an end of life journey has on us as caregivers; and to work through the difference between active euthanasia and terminal sedation.

Workshop Streams: Scientific/Advanced Clinical Practice  
Psychosocial/Spiritual/Bereavement/Complementary Therapy

107  Tool Time - Creating A Grief Group and A Grief Education Session For Men

Eugene Dufour, Palliative Care, Bereavement and Trauma Therapist, STAR Family Health Team, Stratford, ON

Getting grieving men to participate in a grief group is very challenging. This workshop will present ways of reaching men that are grieving and motivate them to work on their grief issues. Information will be presented on how to develop a two hour session that will empower men to work through their grief and help them commit to a grief group process. The workshop will also give tools on how men can help their families grieve.
Participants will learn how to run a two hour grief information session for men; be given a model of running an eight week men's grief group; and be given tools on how to empower men to assist their family members deal with their grief.

Workshop Streams:  *Psychosocial/Spiritual/Bereavement/Complementary Therapy*
*Scientific/Advanced Clinical Practice*

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**108  The Youth Legacy Project: Using Art Therapy in the Support of Grief Process**

**Nicole Fantin**, Art Therapist, Hospice Wellington, Guelph, ON

The Youth Legacy Project is an annual community Art Therapy Program offered in connection with Hospice Wellington in Guelph, Ontario. This therapeutic intervention was designed to support the youth and adolescents of Wellington County who had experienced the loss of a family member or loved one in the last year, or who are currently dealing with life-threatening family illness that impact their daily lives. The event includes the participation of thirty youth and adolescents who partook within various activities throughout the evening aimed to foster and develop a sense of community and explore creativity as an alternative vehicle for communication.

Using both Art Therapy and narrative therapy practices, The Youth Legacy Project seeks to develop individual, group and community connections in support of collective growth and healing. Both strength-based and person-centered approaches are used in this co-creative process, focused on the exploration of the individual voice and journey towards the development of alternative coping strategies, decreased isolation and increased emotional strength and resiliency. The event is supported each year by an extensive clinical team including a child psychologist and social worker, designed and facilitated by a collaborative group of Art Therapists and supported by a small volunteer team with extensive youth and adolescent grief support experience. Both participants and parental guardians evaluated this event using post questionnaires with results indicating decreased feelings of isolation, normalization of grief experience as well as individual and collective awareness connected to community acceptance. Results also suggest creative modes of communication may increase emotional strength and the development of alternative coping strategies while decreasing some symptoms of anxiety.

In this workshop participants will learn to: explore alternative modalities such as Art Therapy and narrative practices in the support of creative expression as a vehicle for communication alternative to traditional talk therapies; create a therapeutic encounter that will provide opportunity for youth to explore and externalize difficult emotions associated with the individual grief process; and enhance feelings of community connectivity through collaborative art-making practices aimed at developing an expanded support network in the promotion of individual growth and collective healing.

Workshop Streams:  *Psychosocial/Spiritual/Bereavement/Complementary Therapy*
*Leadership/Systems/Integration*
109: **Shoot for the Moon – Setting The Standard For Visiting Hospice Services**

**Annalise Stenekes**, MSW, Project Manager, Standards Review, Hospice Palliative Care Ontario, Toronto, ON

The focus of this workshop is to provide an overview of the recently published *Standard for Visiting Hospice Service*, 2014 (originally known as Client Service Standards for the Volunteer Hospice Visiting Service, 1999). This Standard forms the basis of HPCO’s Accreditation program, and as such, it will have a significant impact on the delivery of your Visiting Hospice Services.

Learning objectives include: increase familiarity with the process that has taken place to review and update the Visiting Hospice Service Standard; develop understanding of the updated Standard for Visiting Hospice Services, including key changes; and develop understanding of next steps regarding application of updated Standard and implementation of modified Accreditation program (2015).

**Workshop Stream:**  *Volunteer Management*

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110 **Innovative Volunteer Engagement in Hospice Palliative Care**

**Katherine Stewart**, Volunteer and Community Programs Manager, Hospice Simcoe, Barrie, ON

**Megan Kirk**, Community Programs Coordinator, Hospice Simcoe, Barrie, ON

The Way Forward National Framework: A Roadmap for the Integrated Palliative Approach to Care (CHPCA, 2013) makes a compelling case for the need to change how we deliver palliative care in our communities. The effective delivery of this integrated palliative approach to care is best provided in the community setting, using an inter-professional team including volunteers (CHPCA 2013). According to Volunteer Canada there is a disconnect between volunteer opportunities that organizations offer and the volunteer experiences that Canadians are seeking (Bridging the Gap-Volunteer Canada). Thus it is more important than ever that volunteer programs address these gaps. Re-vitalizing existing volunteer retention strategies and volunteer opportunities is imperative using The Way Forward and Volunteer Canada providing the research as guidance.

This session will explore the current volunteer trends and the design of programs that will strategically meet these needs. While examining traditional Hospice Volunteer roles we will discuss how to change and re-work roles to further engage and retain the volunteers of today and more importantly of the future. Specifically the design and development of the innovative community outreach program, Care Through the Journey, by Hospice Simcoe will be shared as an example.

Participants will learn to understand the current volunteer demographic and trends that will be the basis for creating a toolbox of tips and ideas to develop their own unique volunteer opportunities specific to needs of their agency. Participants will also be able to formulate a logical plan for developing and exploring innovative program ideas, and effectively evaluate their volunteer retention and recruitment strategies, and learn how the use of innovative program development can enhance their volunteer resources.

**Workshop Streams:**  *Volunteer Management, Leadership/Systems/Integration*
201  A Public Health Approach to Palliative Care: Understanding and Implementing Health Promoting Palliative Care (HPPC) and Compassionate Communities (CC) Approaches and Initiatives

Denise Marshall, Associate Professor and Palliative Care Physician, McMaster University, Dept of Family Medicine, Division of Palliative Care, Hamilton, ON
Mary Lou Kelley, MSW, PhD, Professor, School of Social Work, Lakehead University, Chair for Palliative Care; Professor, Northern Ontario School of Medicine, Thunder Bay, ON

In this workshop participants will learn of the international focus on palliative care as a Public health issue. The genesis of the public health approach to palliative care will be presented and discussed. Definitions and terminologies including Health Promoting Palliative Care (HPPC) and Compassionate Communities (CC) will be explored. Experience in a variety of countries, regions and programs will be highlighted. Participants will work through a step wise approach to assessing their own programs, organizations and communities for HPPC and CC. Once completed, participants will then create their own potential HPPC and CC projects and initiatives.

Participants will gain a basic understanding of a public health approach to Palliative Care including the Health Promoting Palliative Care (HPPC) paradigm; the Compassionate Communities model used to implement HPPC; understand how to adapt and apply the public health approach to the participants current organization/community/practice; and to generate specific and implementable strategies to start/develop or further participants own public health/Palliative care initiatives.

Workshop Streams: Leadership/Systems/Integration
Scientific/Advanced Clinical Practice

202  NET BALANCE: The Power of Relationships in Community Engagement and Advancement

Fr. Matthew Durham, csb, Director, Community Engagement & Advancement, The Hospice of Windsor & Essex County Inc., Windsor, ON
Hana Irving, BA, BEd., Operations Manager, Community Engagement & Advancement, The Hospice of Windsor & Essex County Inc., Windsor, ON

All Hospices in Ontario face a similar problem today: how to ensure sustainability while relying on fundraising to make up for shortfalls in government funding. With more than thirty four years of proven success in community based fundraising, this workshop will teach participants how to leverage their human and social capital to build lasting partnerships that lead to sustainable funding sources.

Participants will explore the power of relationships for building capacity and sustainable funding through community partnerships, donor centred fundraising, optimizing free sources of advertising through the community and social media, as well as how to streamline event planning to ensure sustainability.
Designed at the intermediate level for people in communications, donor relations, development or executive positions, this workshop will provide easy to use tools to support three main learning goals: 1) What makes relationship building different than traditional fundraising; 2) First steps and tools for shifting towards sustainable funding; and 3) Advertising strategies – how to make free work for you. By the end of the workshop, participants will have a comprehensive plan, including take away toolkit, bringing together the first steps for implementing a relationships based development and community engagement plan for their own agency. Also included will be ways to optimize social media, website usage and free community advertising opportunities to begin engaging a wide range of audiences as potential donors and volunteers. What makes relationship building different than traditional fundraising? First steps and tools for shifting towards sustainable funding. Advertising strategies – how to make free work for you.

Workshop Streams:  Leadership/Systems/Integration

203 Topic Panel:
(a) Palliative and End-of-Life Care Framework for Long Term Care

Melody Irwin, Social Worker, Region of Durham, Beaverton, ON

The challenges of providing compassionate, resident focused palliative and end of life care in our Long Term Care facility were identified by situations such as: (1) residents dying within hours of being identified as “palliative” limiting the interdisciplinary team’s ability to prepare the resident, the family and themselves for the death; (2) family members being required to pay for end of life medications after the resident’s death; (3) transfers to emergency department and hospital admission for end of life care when substitute decision-makers did not feel prepared for expected changes in condition and allowing natural death; (4) medical model focused care managing physical and disease processes; (5) staff moral distress related to conflict between what staff felt resident would want and system driven requirements; and, (6) increased family grief and anxiety.

In 2010 our home began a regional initiative to develop a palliative and end of life program. The goal of this work was to develop an evidence-based program, complete with all of the tools required for each LTC home to implement independently at each of their sites. This presentation will describe how the assessment tools, treatment algorithms, care plan templates, information brochures, program evaluation strategies, resident/family communication and preparation and staff educational training and programming has translated into improved resident/family care and outcomes.

Learning objectives: to explore emerging issues related to palliative and end of life care in long term care settings; to delve into the Region of Durham’s process for developing a comprehensive multidisciplinary program at a macro (divisional) level; and how to successfully implement it at the micro level (home specific sites). Participants will have an opportunity to interactively use the tools and resources.
**b) Implementing an Integrated Approach for Hospice Palliative Care in Long Term Care Setting in Mississauga Halton Local Health Integration Network (MH LHIN)**

**Shehnaz Fakim**, Senior Lead, Mississauga Halton LHIN, Oakville, ON  
**Michelle Collins**, Senior Lead, Mississauga Halton, LHIN, Oakville, ON

The MH LHIN started its palliative care initiatives under the Aging at Home Strategy in 2009/10 with the setting up of a Palliative Care Initiative Team. In 2011, the MH LHIN revisited its palliative strategy to focus on the whole continuum of care of services. Along with our local providers, the LHIN, through its Regional Hospice Palliative Care Steering Committee, has developed a three-year strategy and plan based on the priorities identified through extensive engagement with the sectors locally.

The presentation aims at sharing the work undertaken in enhancing hospice palliative care in long-term care setting in the MH LHIN. This work is aligned with the Quality Palliative Care in Long-Term Care (LTC): A Community-University Research Alliance 5 year comparative case study research project, in which Allendale in Milton participated as one of the four pilot sites.

The presentation will include a short description of the work undertaken in the long term care in the MH LHIN, and sharing of concrete examples from the two LTCHs’ experience to reinforce the learnings. Lesson’s learned and key success factors will also be presented.

**Workshop Streams:**  
*Leadership/Systems/Integration  
Psychosocial/Spiritual/Bereavement/Complementary Therapy*

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**204 It Takes a Team to Raise a Plan**

**Karina Wulf**, RN, BScN, CHPCN(c), Palliative Care Specialist, Palliative Care Unit, Toronto East General Hospital, Toronto, ON

The Model to Guide Hospice Palliative Care offers a systematic approach for planning care in a comprehensive and patient centered way. Through the identifications of the domains of care, the square of care offers the opportunity to provide a comprehensive, holistic and individualized assessment leading to a care plan that is based on the patient wishes and needs. This workshop will join Mr X and his family on his journey at the Toronto East General Palliative Care Unit.

Mr X was admitted to the hospital with end-stage ALS the day his granddaughter was born at the very same hospital. He was an independent business man who faced the loss of his physical abilities vis-à-vis his desire for independence, dignity and respect. Baker and Mc Gowan (2010) identified how bed-side reporting can lead to increased patient safety, patient satisfaction and strengthens teamwork, ownership and accountability. In this case study the same principle has been applied to care planning.

This workshop will explore, using a case study how the square of care can be applied with an interdisciplinary team at the bedside in order to address complex care issues.
Participants will: review the domains of care and apply them to the care planning process; identify how aspects of bedside reporting can be applied to care planning; and participate in patient centered care planning through a case study review of the domains of care.

Workshop Streams:  
Scientific/Advanced Clinical Practice  
Psychosocial/Spiritual/Bereavement/Complementary Therapy

205  Palliative Sedation Therapy - A Case-Based Review of the Waterloo Wellington Protocol  

Deborah Robinson, Physician, Puslinch, ON  
Cathy Joy, BScN, CHPCN(c), Palliative Care Lead Consultant, Palliative Pain and Symptom Management Consultation, Waterlo, ON  
Christine Bigelow, Palliative Nurse Consultant, Waterloo Wellington LHIN, Guelph, ON  

Individuals who are dying should be provided with a dignified, comfortable, ethical, and medico-legally justified death. It is therefore important to have a framework to help guide clinical practice and knowledge regarding palliative sedation therapy, euthanasia and physician assisted death. In March 2012, palliative clinician experts within the Waterloo Wellington LHIN began a consensus-based process for review and synthesis of current literature on palliative sedation therapy that led to the creation of a palliative sedation protocol that was launched in September 2013. Using a case-based interactive format, the presenters will walk participants through the contents of the Waterloo Wellington protocol and share insight on what has been learned along the way from development and launch to education and implementation.

Participants will learn to implement a strategy to develop a local palliative sedation therapy protocol and acquire skills to provide successful education in this endeavour; identify the clinical information, resources, and clinician behaviours and skills that are required to consider administration of palliative sedation therapy; and confidently explain the differences/nuances/ethical/spiritual controversies surrounding palliative sedation therapy, euthanasia, physician assisted death and double-effect.

Workshop Streams:  
Scientific/Advanced Clinical Practice  
Leadership/Systems/Integration

206  Assessing and Managing Shortness of Breath  

Cathy Kiteley, RN, MScN, CON(c), CHPCN(c), Clinical Nurse Specialist, Palliative Care, Trillium Health Partners, The Credit Valley Site, Mississauga, ON  

Shortness of breath is a common problem in patients affected by cancer and other chronic non-malignant respiratory diseases. In lung cancer, it is responsible for >40% of emergency room visits in the last 2 weeks of life. It may be a symptom of the disease, a consequence of treatment or sequelae of having a chronic disease. With better preparation and management patients and family members may experience less distress and cope better with this difficult symptom.
This workshop will provide an overview of the extent of the problem, literature on assessment and management of shortness of breath, and lung functioning. Training during this session will include practical management, respiratory exercises including controlled breathing and rescue breathing as well as positioning. Nurses and other health care professionals will also gain comfort with how to explore the meaning of this symptom with patients and families and how to engage in goal setting.

Learning objectives: Provide an understanding of dyspnea, its assessment, causes and management; review and discuss CCO and other generated materials; train nurses and other health care professionals in respiratory exercises, relaxation techniques and positions to optimize breathing; provide the knowledge of practical management of everyday activities for patients at all PPS levels; and provide a forum for knowledge sharing and discussion of approaches.

Workshop Stream: Scientific/Advanced Clinical Practice

207 "Caring for Ourselves and Others within Multiple Loss": A Workshop on Grief and Multiple Loss

Lynn Muir-Wheeler, Manager, Client Services, Central West CCAC, Brampton, ON

Health care professionals, and in particular, those involved with end of life care experience the dynamic and impact of multiple deaths. While the knowledge base for the management of single deaths is well know, the unique dynamics of loss due to multiple deaths are not. This presentation will review the process used to design and implement a workshop which introduced participants to the reality of multiple loss within the health care field, its unique psycho-social-spiritual dynamics and what may constitute appropriate interventions whose focus would be the maximizing of personal and professional well-being.

Participants will learn: the challenge of multiple loss within the workplace identifying the dynamic, stress and impact of multiple loss both within the workplace and upon one’s sense of personal self; the identification of theories and ideologies, which help us to understand the nature of multiple loss; and suggested interventions and self-care modalities for both the personal and professional spheres of our lives which can ameliorate impact of multiple loss.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy
Scientific/Advanced Clinical Practice
208  Teen Online Grief Group: A New Approach

Anne Leavens, Grief Group Facilitator, Hospice Peterborough, Peterborough, ON

Hospice Peterborough’s Teen Online Grief Group (TOGG) was created to appeal to teens that were uninterested or unable to attend the face-to-face grief group format that was the only group option offered for teens. The Hospice Peterborough Bereavement Coordinator found that there were quite a few teens that were seeking support but did not like the idea of sitting in a group of strangers and talking about their experiences. When asked if they would try something online, there was overwhelming agreement and the idea was born.

The first learning objective for this workshop is exploring the background for the concept: including foundations for creating the group, the target population, literature that supports the program and lessons learned so far. There will be practical information about how to create a similar online program for other organizations, including how the website was built and thoughts on ongoing management of the site. We will be doing some of the activities to get a feel for the powerful experience of an online group, particularly considering this age group.

A degree of comfort with technology is helpful but you do not need to be a website designer! This workshop is intended for an advanced audience; those who are grief group leaders and would consider running a similar program in their organization or those gathering information for such individuals.

Workshop Streams:  Psychosocial/Spiritual/Bereavement/Complementary Therapy
Scientific/Advanced Clinical Practice

209  Developing Safe Boundaries in Home Care: Education in Therapeutic & Helping Relationships to Support Home Care Volunteers

Vivian Papaiz, RN, MHS, CHPCN(C), CVAA(C), CCHN(C), Regional Educator, Ontario and Western Provinces; National Palliative Lead for VON.

Volunteers practicing in the home care environment need to be very aware of their unique role in the development of safe, therapeutic worker-client relationships, particularly in palliative care. Developing therapeutic helping relationships is a working relationship that is established by volunteers to benefit the client and has specific goals and behaviours based on organizational standards and established roles and boundary expectations.

Due to increased risk issues coming forward to the organization’s quality team, VON Canada has implemented volunteer education sessions discussing Therapeutic Helping Relationships and Boundary Education to help define roles and interactions in relationships. (Staff includes over 9000 volunteers as well as 5000 regulated and unregulated workers). These sessions have aided volunteers in setting clear boundaries respecting both the client as a person needing the service and the volunteer as a person providing the service, and now have been adopted into our National Orientation program since 2011.
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 27, 2014                           Time: 2:45 - 4:00 pm

The quality team have reported that risk issues related to boundary violations have decreased. The education session developed includes time for reflective practice, review of client scenarios, and time for sharing and discussion of boundary issues.

Key learning outcomes of this workshop:
1. To identify the impact of therapeutic boundaries/ helping relationships in community health on reducing risk to client, volunteer, and health care organization;
2. To discuss the challenges in the delivery of palliative care services in home care/ community health that put volunteers, staff, and organizations at risk;
3. Discuss education strategies to build capacity of community health service providers and volunteers in building therapeutic helping relationships/ boundaries development.

Workshop Streams:  Volunteer Management  
                   Leadership/Systems/Integration

210  Unveiling Funeral Myths and Misconceptions: Helping Families Through the Journey

Colleen Bone, Community Liaison, Giffen Mack Funeral Home, Scarborough, ON

Professional Caregivers are fully aware that losing a loved one is difficult. You often have to prepare your patients and their families for the journey ahead, due to an illness, plus play a role in educating them of their options.

This session will discuss how to help patients and families with the difficult process of preparing and making end-of-life decisions related to a funeral or cremation services.

Colleen will also review: what to expect after the death occurs; how to be better prepared for end-of-life decisions and planning; the value of memorialization; and information and government forms that are required as part of the process. The licensed funeral director’s role will be discussed, as well as, how their support and expertise can help and simplify the funeral process for family members.

Workshop Streams:  Volunteer Management  
                   Of Interest to All
301 Learning Together: A Team-Based Approach to Palliative and End-of-Life Care Education

Russell Goldman, MD, MPH, CCFP, Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital; Assistant Professor, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto, Toronto, ON
Allison Kurahashi, Research Coordinator, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

It is estimated that between 15% and 20% of Long Term Care Home (LTCH) residents die each year. The capacity of staff to provide palliative and end-of-life (EOL) care is an important factor that enables LTCHs to support their residents, and prevent and manage urgent situations that may arise towards the end of life.

Through an experiential process, participants interested in promoting palliative and EOL care through teaching will reflect upon the development, delivery and outcomes of a pilot education program delivered in four LTCHs, aimed at fostering a team-based approach to palliative and EOL care. Focusing on the program’s impact on teamwork, pain and symptom management, and patient/family communication, this presentation will share specific educational tools, techniques and content used to educate interdisciplinary groups of LTCH staff. Participants will be encouraged to consider the anticipated benefits and limitations of applying similar tools in their own organizations.

This workshop will also explore the logistical opportunities and challenges faced while implementing this educational program, and review the quantitative and qualitative results of this pilot project. Participants will be invited to begin to assess their own organization's educational needs, and some of the considerations in meeting these needs.

By the end of the workshop, participants will be able to:
1. Apply principles of interprofessional education that promote teamwork in palliative and EOL care;
2. Identify some key teaching methods to convey palliative and EOL care principles; and
3. Summarize an approach to delivering education that promotes palliative and EOL practices.

Workshop Streams: Leadership/Systems/Integration
Scientific/Advanced Clinical Practice


Judith A. Wahl, Barrister and Solicitor, Executive Director, Advocacy Centre for the Elderly (ACE)
Brendan Gray, Research and Litigation Lawyer, Advocacy Centre for the Elderly (ACE), Toronto, ON

Recently, there has been an overwhelming promotion of “Advance Care Planning” to the general public, but not always with explanations on how advance care plans would be used when decisions (consents) about treatment are made in the future.
Toolkits, forms and guide books for advance care planning are now being promoted through the internet and media, and are made available by health organizations, universities, and a wide number of other sources. However, these materials are rarely tailored to Ontario’s distinct legal regime.

This workshop will examine the results of a research study undertaken by the Advocacy Centre for the Elderly (ACE) and the law firm Dykeman Dewhirst O’Brien LLP (DDO) on Health Care Consent and Advance Care Planning practices in Ontario. ACE and DDO reviewed the applicable law as well as examined how health practitioners and health care organizations and others understood or misunderstood how consent and advance care planning should be operationalized. The research study includes a review of health facilities forms and policies, guidelines from health colleges and professional organizations (the CMA, OMA, CPSO, CNO, RNAO, etc), and educational programmes for health practitioners on consent and advance care planning. This interactive session will look at the results of this study and the implications for practices and programmes on health care consent and advance care planning.

Workshop Stream:  Leadership/Systems/Integration

303  Hospice Palliative Care Performance Measurement Strategy - Measuring What Matters: Driving Quality in Palliative Care Through Performance Measurement

James Meloche, Senior Director, System Design and Implementation, Central East Local Health Integration Network, Ajax, ON
Sara Urowitz, MSW, PhD, Program Manager, Palliative Care, Clinical Programs Quality Improvement, Cancer Care Ontario, Toronto, ON

The Provincial Hospice Palliative Care Steering Committee is developing a data and performance measurement strategy for the delivery of palliative care in the province of Ontario. This will help to advance the commitments outlined in the document ‘Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action’. This is in line with the increasing focus the province is putting on accountability for demonstrating quality, patient centered care. The work is the responsibility of a Data and Performance Subcommittee that will develop provincial indicators, and a performance management system for palliative care designed to drive improvement in Ontario. The Subcommittee, comprised of experts in measurement and palliative care from across the country, has focused on a framework that is relevant to system planning and has gained consensus on the set of performance indicators that speak to the quality at the patient, provider, system and population level. This workshop will summarize the efforts of the committee to-date and describe the performance indicators likely to be used for accountability purposes in the future.

Learning Objectives: to share the final set of system level hospice palliative care quality indicators derived by jurisdictional reviews and expert consensus; to demonstrate applicability of the framework to the Ministry of Health and Long-Term Care, Local Health Integration Networks and hospice palliative care services/programs; and to engage participants in applying the framework to their own setting.

Workshop Streams:  Leadership/Systems/Integration
Scientific/Advanced Clinical Practice
304 Beyond Symptom Screening in Ontario: Symptom Burden, Use of Palliative and Psychosocial Services and New Directions for Cancer Symptom Management in Ontario

José Pereira, MBChB, DA, CCFP, MSc., Provincial Head, Palliative Care and Co Clinical Lead Symptom Management, Cancer Care Ontario, Toronto, ON
Esther Green, RN, BScN, MSc(T), Provincial Head, Nursing and Psychosocial Oncology, Co Clinical Lead, Symptom Management, Cancer Care Ontario, Toronto, ON
Sean Molloy, MHSc, CHE, Program Manager, Symptom Management, Cancer Care Ontario, Toronto, ON

In 2007, Ontario implemented the use of the Edmonton Symptom Assessment Survey (ESAS) as the standardized tool to screen cancer patients for their symptoms. Six years later Ontario has a clear picture of the symptom burden in the province, implemented tools for symptom management and is beginning to consider other patient-reported outcomes. Join us at this workshop where we will share evidence supporting standardized symptom screening and management and some of the approaches used in palliative care and psychosocial oncology to meet the needs of our patients across the Province. We will also share CCO’s vision for the future of this work where new patient reported outcome measures will be integrated into clinical practice.

Learning Objectives: 1. Share evidence from Ontario that indicates a significant symptom burden for patients across disease sites, treatment regimens and phases of the cancer journey; 2. Articulate the tools, evidence based guides and approaches to palliative care and psychosocial oncology used in regional cancer programs across the province to support better symptom management; and 3. Articulate Cancer Care Ontario’s vision for the future of symptom management including the measurement of new patient-reported outcomes (PROs) and the integration of this work into the community and the aboriginal setting.

Workshop Streams: Scientific/Advanced Clinical Practice
Leadership/Systems/Integration

305 Desire to Die Statements (DTDS) – A Case-Based Workshop for Palliative Care Providers

Beverley Smith, Physician in Palliative Care, The Salvation Army Toronto Grace Health Centre, Toronto, ON
Monica Branigan, MD, Community Psychosocial Support Physician, The Temmy Latner Centre for Palliative Care, Mount Sinai Hospital; and Associate Professor, Lead, Continuing Professional Development, Division of Palliative Care, Department of Family and Community Medicine, Toronto, ON

Desire to die statements are commonly seen in palliative care, with estimates of prevalence from 2% to 30%. Our ability to respond compassionately and effectively requires that we understand the multidimensionality of DTDS. These statements may vary over time and may reflect multiple underlying emotional, psychological, physical and spiritual states. There are supports and evidence that can aid in our understanding and improve our skills in this area. Potential barriers to engaging in these conversations also exist and may be noted and addressed.
This workshop we will begin with a short didactic presentation, and then discuss and reflect on actual cases. We will brainstorm as a group what is best practice in responding to these requests and ways to overcome common barriers to open conversations.

At the end of this workshop, participants will be able to: describe the current literature regarding Desire to Die Statements; employ evidence based interventions in responding compassionately to DTDS including dignity therapy principles (Chochinov), therapeutic communication principles (Hudson) and others; identify barriers to conversation- including our own biases and the current legal climate; and create a plan to work skillfully within the constraints that exist, including self care

Workshop Streams:  Scientific/Advanced Clinical Practice
Psychosocial/Spiritual/Bereavement/Complementary Therapy

306  Palliative Rehabilitation for Patients with Advanced Heterogeneous Cancers

Martin Chasen, MBChB, FCP (SA), M.Phil (Pall Med), Associate Professor, Division of Palliative Care, University of Ottawa; Medical Director, Palliative Rehabilitation, Elisabeth Bruyere Hospital, Ottawa, ON
Andrea Feldstain, Doctoral Candidate, Clinical Psychology Program, University of Ottawa, Ottawa, ON

After treatment, patients with active cancer face a considerable burden from the effects of both the disease and its treatment. Symptom burden has been found to remain consistent until a few weeks before death, when it worsens. The Palliative Rehabilitation Program (PRP) is an interdisciplinary program designed to ameliorate disease effects and to improve the patient’s functioning. It strives for a more holistic approach by incorporating many aspects of wellness.

This workshop will introduce Palliative Rehabilitation through two case presentations, one of a patient who is cured of advanced cancer, and the other of a patient whose advanced cancer is in remission. The learning objectives of this workshop include familiarizing participants with: 1) the history of rehabilitation in cancer care; 2) the thorough assessment and individualized intervention plans as delivered by this interdisciplinary team, based on patient’s individualized needs; and 3) important aspects in developing an interdisciplinary program.

Workshop Stream:  Scientific/Advanced Clinical Practice

307  The Nature in Dying: Compassionate End-of-Life Care

Denis Marier, NP, MA, Naturopathic Doctor and Clinical Director, Canadian Clinic for Integrative Medicine, Windsor, ON

This workshop will explore practices to engage and participate with your patients who are actively dying. Naturopathic Medicine focuses on treating the whole person, regardless of where they are in their journeys, and often overlooked because of unfamiliarity or discomfort with end-of-life transitional stages.
The core philosophy of naturopathic medicine allows ND’s to be instrumental ambassadors and midwives for the dying; "Healing Into Dying" is a topic of interest that Dr. Marier is striving to incorporate into the philosophy of naturopathic medicine and naturopathic oncology. This workshop will provide background into the field of naturopathic end-of-life care with specific practices to employ with these patients, including practices for the practitioner, specific modalities and rituals for the actively dying, their families, and their caregivers.

This session will present nature-based practices and rituals to bring into a dying person's journey, including the Medicine Wheel (Four Shields), memorial planting, nature allies, and time spent in nature. Also, tips for bringing nature into the clinic, and emphasize the importance of being with and for the dying patient using their language; important questions to consider when taking a case in order to open up the topic of end-of-life care; sensitivity considerations.

The session will present techniques/practices for the practitioner, including mindfulness, Tonglen, co-meditation, self-care (avoiding burnout) and therapeutic presence.

**Workshop Stream:**  
*Psychosocial/Spiritual/Bereavement/Complementary Therapy*

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**308  Reclaiming Ritual at End of Life**

**Eunice Gorman**, Associate Professor Thanatology, King's University College at Western University, London, ON  
**Laura Lewis**, Associate Professor Thanatology, King's University College at Western University, London, ON

Rituals act as external expressions that assist with meaning making. They provide landmarking opportunities at critical junctures throughout our lives. They have the power to shape us. Rituals punctuate; they provide adhesive in the fabric of life. Putter (1997) maintains that rituals bond communities, assist with ambivalence and conflict and help us to encounter mystery. However, North American society has become increasingly more secular and impatient with things that cannot be readily explained or described. Religious rituals have been abandoned by many as a result. Cultural rituals have been set aside for faster, watered-down versions of traditions to allow for the speed of modern day life in the West. As a result many of our important rituals are in danger of disappearing or being replaced by less than satisfactory creative outlets for grief.

In response to this erosion of ritual at end of life a number of people are opting to create their own leave taking ceremonies, living funerals, Dignity Therapy, and condolences prior to death. These activities join the renewed interest in life storying, ethical will writing, narrative and legacy work known to be important as death nears, not only for the dying person but also for those left behind to grieve. This presentation will draw upon research, examples of cross cultural end of life rituals, as well as clinical practice experience to highlight the evolution of a rebirth in near death ritual creation and performance.
Participants will learn to recognize the importance of ritual at end of life, identify rituals that can be utilized in practice environments, and understand ways in which ritual plays fundamental roles in our personal lives and in our professional practice.

Workshop Streams:  
Psychosocial/Spiritual/Bereavement/Complementary Therapy  
Scientific/Advanced Clinical Practice

Geologists, Girl Gurus, and Grandmothers at Camp Kerry: The Application of Community Diversity Models to Volunteer Management: One Answer to Recruiting and Retention (Part 1)  
(Continued in Workshop # 409)

Shelley Hermer, Family Therapist, Social Worker, Camp Kerry Society, Peterborough, ON  
Dr. Heather Mohan-Van Heerden, Executive Director, Camp Kerry Society, New Westminster, BC

Managing volunteers in bereavement and palliative settings require special considerations regarding boundaries, potential for harm/vicarious trauma, and consistency for clients. Organizations have traditionally excelled in the implementation and recognition of volunteers; issues in retention and program success arise when the areas of recruitment, training and debriefing are lacking. Camp Kerry’s volunteers have helped shape, implement and evaluate this outstanding program since 2007. Incredibly, over 10,000 hours have been donated to Camp Kerry in 2013, and the volunteer retention rate since 2007 has ranged between 80-95%. An examination of these results has revealed that the success of the Camp Kerry volunteer model has three main philosophical drivers: (1) the understanding of volunteer-agency reciprocity in developing personal “compassion capacity”, (2) the use of community diversity models (3) the blending of professional and layperson skill-base in a peer-led format.

This workshop will provide participants with an overview of volunteer demographics and basic volunteer management using best practice research, followed by a clear overlay of the community diversity and peer-led models. We will demonstrate how this format lends itself specifically to bereavement work, as well as to the challenging tasks of recruiting, training, implementing, debriefing, evaluating and retaining desirable volunteers across a continuum of age, skill-base, leadership potential and group-readiness. Participants will have the opportunity to reflect on their own organizations, practice an abbreviated community development model in order to broaden their scope, and sharpen their vision in running a successful volunteer program. Successes and challenges from the Camp Kerry experience will be shared.

Learning objectives: to review current volunteer demographic and research related to volunteer recruitment and retention; to learn the application of a community diversity and peer-led models on traditional volunteer management practices, with an emphasis on the unique role of bereavement and palliative care volunteers; and to be led through a practical, hands-on community development exercise, focusing on the participants’ own volunteer development needs.

Workshop Streams:  
Volunteer Management  
Psychosocial/Spiritual/Bereavement/Complementary Therapy
310 The Journey of a Hospice Volunteer Training Facilitator

Rami Shami, Volunteer Services Coordinator, The Dorothy Ley Hospice, Etobicoke, ON

Training Hospice volunteers across the Greater Toronto Area has been a very insightful and educational experience. To be afforded the rare opportunity to present a consistent model, style and content of training to 8 different Hospice programs presents a uniquely comparative learning opportunity.

This session will follow the evolution of the training program through its initial structuring to its expansion and application in a multitude of settings. The benefits of a consistent training model will be highlighted, with attention given to the somewhat unique style of engaging today’s Hospice Volunteer. The success of the training is exemplified in its ability to engage and bridge hospice volunteers from varying geographical demographics and diverse hospice cultures. It has also served to create a sense of community among volunteers from the various hospices where the training is facilitated as the program provides a commonality of education and awareness.

The facilitation style of this Hospice Volunteer training utilizes multiple forms of presentation to stimulate the varying learning styles. The program includes the usage of visual media, Power Points, experiential exercises and role playing. The journey spans over 9 years of development and culminates in its present form.

This session will discuss the style, model and content of this standardized Hospice Volunteer training program, how to engage varying demographics/cultures of Hospice Volunteer training participants and how to build a community of Hospice volunteers.

Workshop Stream: Volunteer Management
401 The Pallium Learning Essential Approach in Palliative and End-of-Life Care (LEAP) Courses: Standardized Courseware for Different Settings, Specialties and Disciplines

Kathryn Downer, National Director, Pallium Canada, Ottawa, ON
Louise Hanvey, LEAP Facilitation Program Developer, Pallium Canada, Ottawa, ON

Pallium Canada has facilitated rapid collaboration, innovative local professional development and practical evidence-informed, point of care decision-making tools for clinicians at the local levels of Canada’s 13 provinces and territories.

This interactive, interprofessional workshop will focus on the renewal, revitalization and expansion of Pallium Canada’s educational resources to further strengthen system capacity and readiness by developing, disseminating and supporting a spectrum of Continuing Professional Development resources, including courseware, e-learning applications and new technologies such as apps that will reach across professions, specialties and sectors nationwide.

This workshop will invite interprofessional discussion on Pallium renewal and revitalization of original educational initiatives and knowledge transfer strategies, including Learning Essential Approaches to Palliative and End-of-Life Care (LEAP); developing LEAP core and LEAP+ courseware to consistently support palliative care training across settings and levels of care, including LEAP+ Long Term Care (Nursing Home), LEAP+ Acute (Emergency, Surgery, Hospital), LEAP+ Oncology, LEAP+ Chronic Disease, Spiritual Care Capacity and culturally appropriate Aboriginal People, LEAP Facilitator coaching and mentoring, plus a second edition of the Pallium Palliative Pocketbook. The Pocketbook is a resource guide for primary care practitioners providing tools and information to help address practical clinical issues in everyday practice and will be offered in both print and e-version options for Ipad/IPhone.

Workshop participants will have an opportunity to provide input into the functionality of the Learning Management System (LMS) proposed to support e-learning for all health professionals from all sectors across palliative care service delivery.

Workshop participants will gain an understanding of, and access to Pallium Canada's educational resources, tools and Learning Essential Approaches to Palliative and End-of-Life (LEAP) courseware, built to support interprofessional palliative and end-of-life. Participants will have an opportunity to contribute to new course, tool, and resource development in the one Day Mini LEAP and "Golden Hour" programs, and learn how to access and engage with Pallium Canada's Learning Management System (LMS) proposed to support e-learning for all health professionals from all sectors across palliative care service delivery.

Workshop Streams: Leadership/Systems/Integration
Scientific/Advanced Clinical Practice
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 400

Monday, April 28, 2014                         Time:  1:30 - 2:45  pm

402    Advance Care Planning and Health Care Consent - The Health Care Provider's Role

Liz Laird, RN, BScN, CHPCN(c), Palliative Pain and Symptom Management Consultant/Nurse Educator -
Grey Bruce Counties, Southwest Palliative Pain and Symptom Management Consultation Program,
St. Joseph's Healthcare London, Durham, ON
Carol Sloan, RN, CHPCN(C), Director/Palliative Care Consultant, Palliative Care Consultation Program -
Acclaim Health, Oakville, ON

This workshop will review what professional health care providers are required to understand and
appreciate in terms of what their legal and professional responsibility is in encouraging advance care
planning and obtaining informed consent. We will share educational resources and materials that have
been developed in Ontario by the Advance Care Planning and Health Care Consent Community of
Practice to aid in promoting and supporting professional practice. Increasing one’s knowledge and
confidence will assist in communication with individuals and families living with a life limiting illness.

Learning Objectives:
1. To promote an understanding of Health Care Consent (HCC) as it pertains to Advance Care Planning;
2. To provide an opportunity to increase confidence and skill in communication with individuals and
families;
3. To review the legal and professional responsibility in Health Care Consent and promoting
Advance Care Planning; and
4. To share resources for conversations with health care professionals and
public in regard to Health Care Consent and Advance Care Planning.

Workshop Stream:    Leadership/Systems/Integration

403    Applying Research Evidence to the Development of Your Regional Hospice Palliative Care
Plans: Lessons Learned from Other Regional Models (Part 1)
(Continued in Workshop # 503)

Deanna Bryant, Research Coordinator, Faculty of Health Sciences, Department of Oncology, McMaster
University, Hamilton, ON
Dr. Hsien Seow, Assistant Professor, Department of Oncology, McMaster University, Hamilton, ON

After hearing Dr. Seow’s Keynote Presentation participants will want to immediately apply the lessons
learned to their Regional Hospice Palliative Care Plans. This highly interactive workshop will give
participants an opportunity to do this with the researchers at their sides providing advice on how to
integrate the evidence into their Regional HPC Plans. There is a wealth of information to be shared from
the over 120 health service providers we interviewed who deliver HPC in Ontario. The lessons learned
from the development of community based palliative care provide a strong foundation for others to act
on.

This workshop will pose the six questions the entire system of palliative care providers should be asking
as they develop integrated service delivery. It will answer the questions that are so often asked when
trying to enhance community based palliative care and provide an overview of concrete tools and
processes that successful teams across the province are currently using to deliver quality palliative care.
CONCURRENT WORKSHOP DESCRIPTIONS  - SERIES 400

Monday, April 28, 2014                         Time:  1:30 - 2:45  pm

Topics covered include team evolution, effective models of care and how and where to start. Participants will also be encouraged to consider the areas for quick action.

Learning Objectives: To share the comprehensive lessons learned from community based palliative care teams across the province; to apply the lessons learned to ongoing regional planning in your own LHIN that will help move the plan forward; and to apply the lessons learned within your own team, whatever it might look like now.

Workshop Streams:  Leadership/Systems/Integration
                          Scientific/Advanced Clinical Practice

404  Palliative Care in Non-Cancer Illness (Part 1)
      (Continued in Workshop # 504)

James Downar, Palliative Care and Intensive Care Physician, University Health Network, Toronto, ON
Ebru Kaya, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON
Andrea Weiss, MD, MSc, CCFP, Toronto General Hospital Palliative Care Consult Service Team, University Health Network, Toronto, ON
Kirsten Wentlandt, PhD, MD, CCFP, MHSSci, Physician, Palliative Care, Toronto General Hospital, University Health Network; Assistant Professor, University of Toronto, Toronto, ON

Attendees of this workshop will learn about specific symptom issues and management strategies for patients with end-stage cardiac, pulmonary and renal disease; understand the challenges involved with advance care planning in the non-cancer population; and appreciate the difficulties that non-cancer patients experience when engaging with inpatient and outpatient palliative care services. The workshop will consist of 3 case presentations designed to illustrate typical symptom management strategies in each of the 3 major non-cancer illness groups, followed by an exploration of the difficulties with advance care planning and palliative care resource utilization in these populations. The workshop is aimed at an interprofessional audience with a practice that includes end-stage non-cancer patients, at an intermediate level with an opportunity to explore more advanced topics interactively. At the end of this workshop, we expect that attendees will be more comfortable and skilled in managing palliative patients with non-cancer illness in any setting.

Participants will: Learn about specific symptom issues and management strategies for patients with end-stage cardiac, pulmonary and renal disease; understand the challenges involved with advance care planning in the non-cancer population; and appreciate the difficulties that non-cancer patients experience when engaging with inpatient and outpatient palliative care services.

Workshop Streams:  Scientific/Advanced Clinical Practice
                          Leadership/Systems/Integration
405 Prohibitions, Permissions, Obligations and Assisted Death (Part 1)  
(Continued in Workshop # 505)

Victor Cellarius, MD, MA, PhD, Physician, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON  
Jennifer Shapiro, BA, MD, MA, CCFP, Home-Based Palliative Care Physician, The Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

An uncertain horizon confronts us. What will be the regulation of assisted death in Ontario over the coming decade? Several events of the past few years have pushed the question into renewed prominence: a report from the Royal Society of Canada; legal challenges ascending the courts; and Quebec’s legislative changes. All of these events have introduced important nuances into the debate on assisted dying. This session will consider the ongoing debate on assisted death in the sense both of ‘what is the case’ and ‘what should be the case’.

Most of this session will be spent considering the situational landscape on assisted dying. First, the session will review the three mentioned events, highlighting concepts and details of especial importance to the ongoing debate. Second, the session will consider what forms of regulation may appear in the coming decade – from absolute prohibition to some level of permission. Third, the session will consider from other jurisdictions the circumstances in which requests for assisted death typically appear, such as features of personality, socioeconomic and cultural background, disease, suffering, and so forth.

The remaining portion of the session will be spent considering the normative and practical future. What should we do? As persons involved in palliative care, what should our response be toward assisted dying? Participants will learn: to consider the contribution of three recent Canadian events to the debate on assisted dying; to project what the regulations may be for assisted dying in Ontario in the coming decade; and to examine what features distinguish those cases in which persons ask for assisted death.

Workshop Streams: Scientific/Advanced Clinical Practice  
Leadership/Systems/Integration

406 Oral Paper Presentations

(1) Management of Pain in Acute Leukemia Inpatients  
   - Dr. Valerie Caraiscos, Gary Rodin, Ashley Mischitelle, Dora Yuen, Sarah Khan,  
   Mark Minden, Aaron Schimmer, Lucia Gagliese, Anne Rydall, Camilla Zimmerman

(2) The Coached Simulated Patient Encounter (C-SPE): Exploring Its Role in Palliative Care Education for Medical Residents  
   - Dr. Christopher Barnes, Dr. José Pereira

(3) My First Death  
   - Dr. Jean Hudson, Dr. Lynne Benjamin
407  The Power of Presence: Being Present When It Matters (Part 1)  
(Continued in Workshop # 507)

Rev. Andrew Blake, Co-founder, Sarana Institute, Toronto, ON  
Anton Vermunt, Yoga and Meditation Teacher, Lifestyle Coach and Hospice Volunteer

How do we find balance between the constant distractions and pace of our lives and the essential depth of our human hearts? How does mindfulness help us balance between inner and outer lives? While many of struggle with slowing down and being in the moment, the work of caring for the dying asks us to be fully present. Mindfulness could also be called 'heartfulness', as it nurtures our capacity to be grounded and relaxed, as well as tender-hearted. In this session we will explore “Strong Back” and “Soft Front,” a meditation practice developed by Joan Halifax, PhD, as a training tool for caregiver's in establishing the quality of “presence.” The first skill explored is equanimity, or non-reactive mind, and the second is compassion, which leads to loving actions. Yet, to be truly present means we are aware of our own experience of suffering, as we are also aware of another's.

Mindfulness skills anchor our attention in the present moment. Less distracted and more receptive, we learn the important lesson that “our presence is enough.” In the hectic pace of healthcare delivery, we underestimate its power. Both mindfulness and compassion are trainable skills and qualities of mind that require regular and ongoing practice. Research clearly demonstrates how applying these skills, for clinicians and volunteers alike, encourages empathic listening, increases well-being/decreases sick days, and helps to create a more trusting environment in whatever capacity we serve the dying.

Learning Objectives: Experience presence as a skill that deepens self care, while also improving the quality of our caregiving; gain understanding of the neuroscience of mindfulness and its affects on health, empathy and compassion; and develop practical skills that down-regulate reactive states and increase sensitivity towards self and others.

Workshop Streams:  
Psychosocial/Spiritual/Bereavement/Complementary Therapy  
Scientific/Advanced Clinical Practice

408  Facilitating Cemetery and Eulogy Experiences for Bereaved Children

Rena Arshinoff, Rabbi, University Health Network, Toronto, ON

With an increased awareness today of the need for children to grieve, families are now more accepting of bringing children to the funeral of their deceased loved one. Two areas of concern that are more problematic for families are whether children should attend the burial service at the cemetery and their involvement in the delivery of a eulogy. This session will examine the ways we can help children create their own cemetery service and eulogy in community with examples drawn from programs conducted in children's bereavement support groups.
Learning Objectives: Discuss the theoretical rationale for the need for children to participate in mourning rituals that are uncomfortable for families to include them in; identify creative ways for grieving children to participate in cemetery and eulogy opportunities for their deceased loved ones; and recognize the emotional significance for grieving children to express their loss at their own level.

Workshop Streams:  
-  Psychosocial/Spiritual/Bereavement/Complementary Therapy  
-  Leadership/Systems/Integration

409  Geologists, Girl Gurus, and Grandmothers at Camp Kerry: The Application of Community Diversity Models to Volunteer Management: One Answer to Recruiting and Retention (Part 2) (A Continuation of Workshop # 309)

Shelley Hermer, Family Therapist, Social Worker, Camp Kerry Society, Peterborough, ON  
Dr. Heather Mohan-Van Heerden, Executive Director, Camp Kerry Society, New Westminster, BC

410  Nuts and Bolts of Running a Day Hospice Program  

Trudy Cowan, R.P.N., Director of Volunteers, Dr. Bob Kemp Hospice Centre for Hospice Palliative Care, Hamilton, ON

A day hospice can be fun and entertaining but is there a therapeutic value? The Nuts and Bolts of Running a Day Hospice Program takes a closer look at what is needed to help meet the needs of individuals living with a progressive life limiting illness. Assessment tools, volunteer ratio and training, as well as roles and program development are a few of the topics to be explored. Using a validated tool and proper volunteer training can help monitor the effectiveness of the program for the individual. Higher scores indicate the need for further intervention.

This presentation will identify the key components of a day hospice program; identify the challenges of running a day program within a residential setting; and demonstrate the value of a day hospice program to clients, caregivers, and the community at large.

Workshop Stream:  Volunteer Management
501  Let's Talk About Hospice Palliative Care First

Vanessa Sherry, Communications and Policy Officer, Ottawa, ON
Rick Firth, President and CEO, Hospice Palliative Care Ontario, Toronto, ON

In the fall of 2012 the Canadian Hospice Palliative Care Association launched an awareness campaign called “Let’s Talk about Hospice Palliative Care First”. This campaign is in response to the apparent confusion in the minds of Canadians around euthanasia and assisted suicide and hospice palliative care. Professionals working in hospice palliative care and health care generally are often at a loss on how to respond to these issues. We will discuss the campaign and how the Canadian Hospice Palliative Care Association’s resources can assist with these discussions. We will also look at Quebec’s Bill 52 and encourage participant discussion.

Learning Objectives: To educate participants on the Let’s Talk about Hospice Palliative Care Campaign; to describe different definitions related to euthanasia and physician assisted suicide; and to enable professionals to educate patients/stakeholders on current issues related to physician assisted suicide/euthanasia.

Workshop Streams:  Leadership/Systems/Integration
Psychosocial/Spiritual/Bereavement/Complementary Therapy

502  Topic Panel:

(a)  Promoting Advance Care Planning and Palliative Care in the Erie St. Clair LHIN

Michelle O'Rourke, RN, MA, Unit Clinical Leader, Emergency Department, Chatham-Kent Health Alliance, Chatham, ON
Maura Purdon, BA, Facilitator - Hospice Palliative Care, Cross Sector Education, Erie St. Clair Community Care Access Centre, Chatham, ON

In 2012, the Erie St. Clair LHIN (ESC LHIN) and ESC End-of-Life Care Network (ESC EOLCN) identified work on Advance Care Planning as a priority. Through a 3-way partnership between the ESC LHIN, EOLCN and the Chatham-Kent Health Alliance (CKHA), a multi year ‘road map’ was developed to guide and support the work. Key to the overall initiative has been the leadership of CKHA as a pilot site facilitating the development/testing of specific ‘local’ initiatives as well as the support provided by the ESC EOLCN Education Collaborative.

In this session participants will hear about key elements of the ESC journey - projects, outcomes and learnings. Participants will discuss possible application of the ESC/CKHA experience within their own organizations. Projects explored will include ESC and local education initiatives, examples of survey tools/chart audits developed to assess current state, sample brochures and data analysis in a hospital setting.
The presentation will focus on 2 levels: exploration of the multi year regional work; and discussion in more detail of the projects, completed and underway, at CKHA including the process for securing support to do this work.

The key goals of the overall initiative are to strengthen care across sectors and settings through:
1. Identification of within/across sector needs/gaps
2. Earlier, integrated development, communication and documentation of advance care plans
3. Education to build capacity to hold and support ACP conversations
4. Alignment of organization policies, processes and practices with Ontario law
5. Targetted data collection/measurement
6. Identification/communication of Best Practices and key resources

Learning Objectives: to identify the steps being taken by the Erie St. Clair End-of-Life Care Network of the ESC LHIN, in partnership with the Chatham-Kent Health Alliance and the support of the Education Collaborative, to promote understanding of Advance Care Planning; to explore the rationale behind the need for organizational and clinical practice change in this area, and how ESC LHIN and CKHA are trying to address this through looking at policies, data, capability, practices and processes; and to examine some of the resources and education opportunities developed for these initiatives.

Workshop Streams:  Leadership/Systems/Integration  
Scientific/Advanced Clinical Practice

(b)  Leading the Change: Advance Care Planning and Palliative Care for Those with a Developmental Disability

Sarah O'Brien, Direct Support Professional, Community Living Dufferin, Orangeville, ON
Teresa Donaldson, Systems Manager, Community Living Dufferin, Orangeville, ON

In most cases, people who have a developmental disability, and who live in a group home setting, are forced to leave their homes when they are diagnosed with a terminal illness, because the care they require is beyond the scope of the staff who work with them on a daily basis.

Community Living Dufferin’s Palliative Care Team is pioneering a model of care that allows people with developmental disabilities to have a voice regarding their care. This is being done in two parts; with the use of a newly developed Advance Care Planning tool that allows all people, regardless of communication barriers, to have their voices heard, and through a team of staff who have networked with community palliative resources, and who train to volunteer directly with those experiencing a life-limiting illness in whatever setting they choose.

This workshop is intended for intermediate learners who desire to gain an understanding of the unique needs of people with both a life-limiting illness and a developmental disability. It will also serve to empower people to change how care is currently being offered in this field using easily applied networking skills and volunteer team building. Finally, it will serve to understand the application of pre-existing palliative care models as they pertain to the developmental services sector.
Participants will have the opportunity to learn with the use of case studies, small group work and large group discussion. They will leave with a guide that includes a reference of considerations when working with someone who has a developmental disability, and a model of care that can be shared with agencies supporting people with special needs.

Learning Objectives: For learners to gain an understanding of the unique needs of people with both a life-limiting illness and a developmental disability; to empower learners to change how care is currently being offered in this field using easily applied networking skills and volunteer team building; and to help learners to understand the application of pre-existing palliative care models as they pertain to the developmental services sector.

Workshop Streams: Leadership/Systems/Integration
Volunteer Management

503 Applying Research Evidence to the Development of Your Regional Hospice Palliative Care Plans: Lessons Learned from Other Regional Models (Part 2)
(Continued from Workshop # 403)

Deanna Bryant, Research Coordinator, Faculty of Health Sciences, Department of Oncology, McMaster University, Hamilton, ON
Dr. Hsien Seow, Assistant Professor, Department of Oncology, McMaster University, Hamilton, ON

504 Palliative Care in Non-Cancer Illness (Part 2)
(Continued from Workshop # 404)

James Downar, Palliative Care and Intensive Care Physician, University Health Network, Toronto, ON
Ebru Kaya, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON
Andrea Weiss, MD, MSc, CCFP, Toronto General Hospital Palliative Care Consult Service Team, University Health Network, Toronto, ON
Kirsten Wentlandt, PhD, MD, CCFP, MHSci, Physician, Palliative Care, Toronto General Hospital, University Health Network; Assistant Professor, University of Toronto, Toronto, ON

505 Prohibitions, Permissions, Obligations and Assisted Death (Part 2)
(Continued from Workshop # 405)

Victor Cellarius, MD, MA, PhD, Physician, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON
Jennifer Shapiro, BA, MD, MA, CCFP, Home-Based Palliative Care Physician, The Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON
506  Oral Paper Presentations

(1) Guideline Implementation: Providing Optimal Care for Patients at the End of Life
   • Sarah Burns-Gibson, Royanne Gale, RN

(2) Discovering Outcomes: The Value of Monitoring and Evaluating Guideline Implementation
   • Sarah Burns-Gibson

(3) Creating Hospice Care Ottawa: Commitment, Collaboration and Courage
   • Lisa Sullivan

507  Cultivating Wise Relationships: Mindfulness & Collaborative Teamwork (Part 2)
(Continued from Workshop # 407)

Rev. Andrew Blake, Co-founder, Sarana Institute, Toronto, ON
Anton Vermunt, Yoga and Meditation Teacher, Lifestyle Coach and Hospice Volunteer

Are you a team player who collaborates or are you a lone wolf? A great deal of our time in EOL care involves working together with others, yet little of our training prepares us to be with them. In an ideal world, mindfulness and communication skills would be taught in public school and parenting and relationship skills in high school. Our one-hour presentation will be a “crash course” in relational mindfulness. One of the strongest deterrents to teamwork is the “Inner Critic,” who constantly judges us and others. In our worlds, the “care” systems and the people running them are imperfect. The circumstances and the conditions we face are often highly charged, yet by looking more closely at the challenges in relationship and mindfulness skills to embrace them, we invite greater authenticity and acceptance. In the Pew-Fetzer task force on Advancing Psychosocial Health Education, their best practice proposes a Relationship-Centered Care (RCC) model.

In this session, we will use mindfulness practices connected to the heart that explore how we foster collaboration in our caregiving roles. RCC addresses the layers of team relationships—doctor/patient, nurse/PSW, administration/community, volunteer/family, etc—and explores the importance of maintaining our relationship with self. Building on the skills of presence from our morning session, we dip our toes into the murkiness of relationships to find new perspectives in being with others.

Learning Objectives: Gain insights into your personal style in groups as well as your obstacles to team success; learn how Relationship-Centered Care addresses the hidden needs important in maintaining excellence in caregiving; and develop skills for collaboration and mindfulness approaches to meeting the challenges of relationships and group dynamics.

Workshop Streams:  
Psychosocial/Spiritual/Bereavement/Complementary Therapy
Scientific/Advanced Clinical Practice
508 The Magic of The Camp Kerry Society: Providing Support, Hope & Healing to Bereaved Families

Heather Mohan-Van Heerden, Executive Director, Camp Kerry Society, New Westminster, BC
Shelley Hermer, MSW, RSW, Family Therapist, Social Worker, Camp Kerry Society, Peterborough, ON

There is perhaps no greater emotional challenge in life than the time when one is inevitably faced with the reality of death; either the loss of a loved one or the realization of one’s own fate. Yet, even in the midst of such deep pain and suffering, it is possible to find hope. One’s capacity to find hope, might actually depend on our experience “of being embedded within a nurturing community”.

The Camp Kerry Society is an innovative charity with a mission to build a community of hope and support for those who are bereaved. Our family-centred retreat programs and support groups offer an alternative approach to traditional counselling models where healing occurs both within and between families. This unique program model has proven to be highly successful particularly for at risk groups including; bereaved children, youth and young parents.

Through the use of client narratives, video, photographs and live music those in attendance will learn more about how to assist bereaved families to navigate the pathways of grief and loss.

Workshop participants will learn about the viability of a family-centred grief support model as a clinically effective therapeutic approach in the treatment of bereaved individuals and families; gain practical knowledge of therapeutic activities that have proven to be effective with bereaved individuals and families; and gain information, ideas and inspiration as to how they may develop similar supports, programs and/or services in their communities.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy
Scientific/Advanced Clinical Practice

509 Youth Matter - Involving Youth in Volunteerism

Faiza Kanji, General Manager, Volunteer Development, YMCA of Greater Toronto, Toronto, ON

As the current work and volunteer labour force ages, youth are increasingly becoming the focus of our plans to engage a new generation of volunteers. The session involves a combination of didactic learning, individual work and the viewing of two short videos as well as a PowerPoint presentation. In this session, participants will learn: a) how the Search Institute’s “40 Developmental Assets for Adolescents” link directly to volunteerism; b) to gain a better understanding of the current context within which youth are volunteering; and c) brainstorm ways to make volunteer programs more youth friendly and youth welcoming.

Workshop Streams: Volunteer Management
Leadership/Systems/Integration

LLana James, Managing Director, Incwell Consulting, Toronto, ON
Rosslyn Bentley, Executive Director, Hospice Wellington, Guelph, ON
Todd Fraleigh, Executive Director, The Dorothy Ley Hospice, Toronto, ON

Enhanced quality leads to better service provision and better performance and measurable outcomes that can be easily captured in an accreditation process. Many organizations are off to a great start having completed HPCO’s Level 1 and Level 2 accreditation successfully. As the Excellent Care for All Act moves into action, HPCO members will need to meet additional accreditation standards conducted by an external, independent third party LHIN approved accreditation organization to meet accountability requirements and to continue receipt of funding. This workshop is a dynamic, interactive opportunity for conference participants to walk through the HPCO Quality Assurance Framework and Toolkit as well as answer some of the burning questions you may have. The presenters are experienced with accreditation and have recently completed LHIN approved third party accreditation processes.

This session will be of interest to Executive Directors, Board members, managers of residential, home and volunteer hospice programs and frontline staff nurses, NP’s, RPN’s, PSW’s, volunteers etc with beginner to intermediate level knowledge of quality assurance in community hospice palliative settings.

Topics covered include:

1. Why is Quality Assurance the flavour of the month? Is it really that important?
2. How does the Quality Assurance Framework & Toolkit help our staff and organization enhance person-centred care?
3. In the midst of competing priorities and limited resources how does the Toolkit help enhance quality across pathways and preparedness for (re)accreditation
4. How will using HPCO’s Quality Assurance Framework and Toolkit enhance performance of organizations in a variety community hospice settings from small to mid-sized, urban, rural and northern settings?

Workshop Streams:  Volunteer Management
                   Leadership/Systems/Integration
601 Topic Panel:

(a) Provincial Hospice Palliative Care Nurse Practitioner Program: New Opportunities to Improve Integration and Home Based Care for Patients

Janet Legge McMullan, Client Services Specialist, Ontario Association of Community Care Access Centres, Toronto, ON
James Mastin, MS, NP-PHC, Nurse Practitioner, Client Services, Community Toronto Central CCAC, Toronto, ON

Most people would prefer to die at home if supports were available, yet 70% of Ontarians die in hospitals. Few people die suddenly (about 10%), leaving most to require assistance and support at some point in their care to relieve suffering and improve their quality of living and dying. Interprofessional care is identified as an important hospice palliative care (HPC) standard and easy access through enhanced HPC teams would be a valuable component to improve care at home, and extend quality and earlier HPC services to patients with cancer and those with chronic illness.

Ontario’s Community Care Access Centre’s (CCAC) have recently launched a new integrated care initiative through the Hospice Palliative Care Nurse Practitioner (HPC NP) Program. It is designed to provide critical capacity to enhance HPC home based services across sectors using the opportunities available through the nurse practitioner’s broad full scope of practice. This workshop will explore the approaches utilized to design and develop program consistency across the 14 CCACs in Ontario, and as well, consider the lessons learned through the lens of four local implementation experiences. Preliminary performance measurement supports the value of the HPC NPs to the health care system and more patients are being supported to die at home.

Learning Objectives: To increase awareness and understanding of the CCAC Hospice Palliative Care Nurse Practitioner Program that is now available across Ontario; to understand the collaborative opportunities through the Hospice Palliative Care Nurse Practitioner Program that need to be effectively leveraged to promote excellence in home-based hospice palliative care; and to share preliminary performance measurement findings that support the value of hospice palliative care nurse practitioner in enhancing home based clinical care coordination across sectors.

Workshop Streams: Leadership/Systems/Integration
Scientific/Advanced Clinical Practice

(b) Palliative Pain and Symptom Management Consultation Services: A Province-Wide Approach to Building Capacity

Kelley Phillips, RN CHPCN(C), Palliative Pain and Symptom Management Consultant, Southwestern Ontario, St. Joseph’s Healthcare, London, ON
Cathy Joy, Waterloo Palliative Pain and Symptom Management Consultant, Hospice Waterloo, Waterloo, ON
In 1993, the Ontario Ministry of Health supported the strategy of building expertise and capacity in Hospice Palliative Care (HPC) with creation of the Palliative Care Initiatives One, Two, Three and Four. The fourth initiative, the Pain and Symptom Management Services, now renamed the Palliative Pain and Symptom Management Consultation Service, has since served the 14 LHINs across Ontario. The 35 HPC nursing consultants who comprise the Palliative Care Consultation Network (PCCN) are mandated with the specific role of supporting health care providers in building their capacity to care for individuals suffering from life limiting and terminal illnesses.

Provincially, the PCCN is actively engaged and committed to the Quality End of Life Care Coalition’s Declaration of Partnership’s Workplan. This workshop specifically will address the QEOLCC priority to strengthen primary delivery through access to secondary and tertiary levels of expertise. Current strategies include education and mentorship programs as well as specialized consultation offered to primary care providers in all settings.

This workshop will assist learners to understand information on innovative and successful programming being used by the PCCN, addressing both rural and urban resources and needs; performance improvement and knowledge transfer approaches, tools, and curriculum being used province wide that ultimately benefit the person and family and the system as a whole; and Palliative Care Consultation Network membership, access, and strategies employed in addressing primary care capacity building in HPC.

Workshop Streams: Leadership/Systems/Integration
Scientific/Advanced Clinical Practice

602 Measurement & Meaning: Caring for People in a Numbers-Driven System

Joshua Shadd, MD, MCISc, CCFP, Assistant Professor, Centre for Studies in Family Medicine, Western University; Medical Director, St. Joseph’s Hospice of London, London, ON

Numbers, and the expectation to measure, are omnipresent in modern patient care and program administration. But where do the numbers come from and what do they really mean? This workshop is for all people who have to generate, use or interpret numbers regarding patient care, and sometimes find themselves questioning how these numbers relate to patients’ lived experience.

Numbers are most powerful when the measurement process – from the underlying measurement theory to interpretation of the final data – is in coherent alignment. Misalignment or incoherence of any of the elements of the measurement process will result in numbers that are meaningless or misleading. By using practical examples from participants’ own experience and avoiding academic gobbledygook, the goal of this workshop is to help participants grasp the real-world implications of these important scholarly concepts.
By the end of this workshop, participants will identify five elements of the measurement process; describe three Theories of Measurement and their implications for the measurement process; and will generate one example each of a well-aligned, coherent measurement process, and its opposite.

Workshop Streams:  
Leadership/Systems/Integration  
Scientific/Advanced Clinical Practice

603 Promoting Psychological Health and Safety in Healthcare Workplaces

Carolyn James, MScPT, CRSP, Occupational Health and Safety Consultant - Healthcare, Public Services Health & Safety Association, Toronto, ON

In order to recognize the important role that psychological health and safety plays in the working lives of individuals, more knowledge needs to be shared on this topic. Although much information exists on this topic, there still are gaps in understanding the meaning of a psychologically safe and healthy workplace and how to achieve it. Mental health problems cost Canadian businesses $33 billion per year. Mental health is considered one of top three causes for employees to be off work on short term disability. Patient safety and health is directly linked to the wellbeing of caregivers, staff. Hence, it is critical to take care of the employees in order to ensure highest quality of patient care is achieved.

There are many strategies that can be utilized in the workplace to prevent mental injury and to ensure every employees works in a safe and healthy environment. Psychological safety and health can be affected by a number of work factors, including bullying, stress, and burnout due to increased workload, harassment and aggression. A psychologically safe and healthy workplace does not intentionally harm the employee mental health, rather prevents mental injury and promotes health and wellbeing. Before employers can support psychological health and safety in the workplace, they need to understand the theoretical and practical elements.

This session will be instrumental for anyone who wants to gain a complete understanding of what constitutes a psychologically safe and healthy workplace and how to create it. Participants will learn to understand the current landscape as it relates to psychological health and safety in hospice, palliative care settings, in Ontario and in Canada; understand the responsibilities of workplace parties in creating and sustaining psychological health and safety; and become familiar with practical strategies and available tools to safeguard employee mental health and safety.

Workshop Stream:  
Leadership/Systems/Integration
**604  What's New in Palliative Care? A Look at the Literature**

**Russell Goldman, MD, MPH, CCFP, Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital; Assistant Professor, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto, Toronto, ON**

A search of leading journals, highly relevant to the practice of hospice and palliative care, along with a search of evidence-based reviews, and conversations with experts in the palliative care field was performed. Journal articles were reviewed for study quality and potential for immediate impact on the field of hospice and palliative care.

This workshop will provide participants with a problem-based review of 4-5 journal articles published during the last year that have the highest potential for impact upon the field of hospice and palliative medicine. The session will conclude with an interactive discussion on the potential for change to current practices and critique of the reviewed articles.

**Workshop Stream:**  *Scientific/Advanced Clinical Practice*

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**605  Addiction in Palliative Care: Time to Stop Diverting the Issues**

**Sharon Koivu, MD, MCFP, Palliative Care Physician Consultant and Site Chief,  Department of Family Medicine, London Health Sciences, and Associate Professor, Western University, London Ontario**

Drug addiction, particularly to opioids, has escalated in Ontario over the past decade to arguable epidemic proportions. Overdose is second only to motor vehicle accidents as a cause of unintentional death. In addition, deaths from endocarditis and other complications of IV drug use are spiraling. Medical myths and practices have contributed to the problem and our accountability is often ignored. Furthermore, Patients with drug addictions are often marginalized by society and by the Health Care System.

This workshop will explore drug addiction as a chronic, life limiting illness which fits the definition of a palliative condition and needs and deserves our attention. We will understand the benefits and limitations of current harm reduction strategies. We will also explore particular challenges when treating patients with concurrent or previous opioid addiction and other palliative conditions such as cancer, including management of complicated pain and the unspeakable issue of diversion.
606: Compassion Satisfaction and Compassion Fatigue: What are they, do I have them and what can I do about it?

Christina Vadeboncoeur, MD, FRCPC, Assistant Professor, University of Ottawa, Pediatrician, Pediatric Palliative Care Outreach Team, Children’s Hospital of Eastern Ontario (CHEO), Ottawa, ON

In caring for others, we need to be mindful of caring for ourselves. There are many terms for the difficulties that can arise in the caring professions. Burnout, Vicarious (Secondary) Trauma, Compassion Satisfaction and Compassion Fatigue are all terms that can be used for the feelings which can result as family caregivers and medical/professional/volunteer caregivers.

This interactive workshop will review the definitions of terms, tools for recognition of compassion fatigue, and methods of finding personal, professional and institutional resources when a problem is recognized. This session will NOT be a therapy session but will encourage attendees to share resources which they have used successfully, as well as identify new resources through group discussion.

Participants will learn to: define compassion satisfaction, compassion fatigue, burnout, vicarious (secondary) trauma; describe tools to assess their level of compassion satisfaction/compassion fatigue; and identify ways to better cope with the stresses of caregiving.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy Of Interest to All

607 What do Spirituality and Spiritual Care Have to do with Health, Illness, Pain, Death, Dying and Grief?

Cindy Elkerton, Pastoral Psychotherapist, Toronto, ON

Despite their importance, spirituality and spiritual care are often overlooked parts of our client assessment and care. Addressing and supporting clients’ spirituality can not only make their health care experiences more positive, but in many cases can promote emotional stability, psychosocial mental health, decrease depression, help patients cope with a difficult illness and the dying process, and even improve outcomes for some family dynamics.

Spirituality influences matters of sanity and psychological health and forms an essential part of a person’s holistic health and personal well-being. Spirituality is the core human ability and capacity to derive meaning, direction and purpose from something outside of one’s, and transcend oneself to connect with the broader context of life. This sense of connection forms the central defining characteristic of spirituality.
Indicators of spiritual distress can be expressed by a person or their family. Spiritual distress indicators range from struggling with fear, powerlessness, shame, guilt, anger, isolation, hopelessness, anxiety, fear of death to the need for religious rituals and the expression of pain but not from illness; “This pain is in my "heart," in my "soul." Patients want their health care team to discuss spirituality with them and offer them professional Spiritual Care as part of their health care plan.

Learning Objectives: Participants will better understand the role of spiritual care as part of the health care plan; will gain a working knowledge of what spirituality is and better understand the holistic nature of spirituality in the lives of our clients; and learn to identify spiritual distress indicators and better understand how spiritual care can address those distresses.

**Workshop Stream:**  
*Psychosocial/Spiritual/Bereavement/Complementary Therapy*

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**608  Enhancing Connections in Persons With Dementia at End of Life Through Music**

**Bev Foster**, Executive Director, Room 217 Foundation, Port Perry, ON

Music may be that remarkable “other thing” that extends to places out of reach with other interventions in dementia care. Research indicates that music, especially individualized music, may enhance quality of life, reduce agitation and provide comfort to persons with dementia. It is also an important means of self-care for caregivers. Through storytelling and evidence-based knowledge, this workshop focuses on why music works in dementia care and offers practical ways HPC caregivers can use music to connect with persons in advanced stages of dementia or in end of life care.

Learning Objectives: Indicate potential benefits of using music to enhance quality of life in end of life dementia care; recognize connections between music-emotions-self in persons with advanced stage dementia; integrate 5 ways to use music in caring for families through the dementia trajectory.

**Workshop Streams:**  
*Psychosocial/Spiritual/Bereavement/Complementary Therapy*  
*Scientific/Advanced Clinical Practice*

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**609  Tolerate or Terminate? Tough Decisions Around Managing Hospice Volunteers**

**Alexandra McKenna**, Coordinator of Volunteers, Hospice of Waterloo Region, Kitchener, ON

In hospice work, volunteers continue to be instrumental to the successful delivery and implementation of hospice services. Hospice volunteers are typically involved in ‘front-line’ service delivery and consequently act as representatives of our agency. Given the important role that volunteers play, what do we do as volunteer administrators when their behaviour and/or performance fall short of expectations? Extensive literature on volunteer management focuses on recruitment and retention strategies. While these are important topics to address, volunteer administrators also face the difficult task of dealing with challenging volunteers. When such circumstances arise, it can be difficult to discern whether to tolerate or terminate such volunteers.
Participants will learn about rationales for and alternatives to "firing" a volunteer, developing a system for "firing" volunteers, and how to apply best practice strategies to help minimize problematic situations from occurring. Augmented by the presenter’s experience in volunteer management and hospice service delivery, this presentation draws from available literature on volunteer and human resource management and is suitable for intermediate volunteer administrators and managers.

Participants will learn about strategies and best practices around managing and making the most of difficult volunteers and about rationales for "firing" a volunteer, as there are commonly held beliefs that you should keep a volunteer in your program regardless of their performance. A system for "firing" volunteers, and how to apply best practice strategies to help minimize problematic situations from occurring when the dismissal takes place will be shared.

Workshop Streams:
Volunteer Management
Leadership/Systems/Integration

610 Creating a Culture of Ambassadors for Hospice: Connecting with Community to Tell The Hospice Story - Who, When, Where and How

Willi Shillinglaw, Director of Education & Outreach, Philip Aziz Centre, Toronto, ON
Amanda Maragos, Manager of Volunteers, Philip Aziz Centre, Toronto, ON

In the past few years at Philip Aziz Centre, we have been on an ambitious recruiting drive to significantly increase our volunteer base as we prepared to open Emily’s House (Children’s Hospice) and to serve ever-increasing needs in the community. In doing so, we had discovered the following.....Hospice is still the best kept secret in Toronto and probably the province and country!

Those who do know about hospice fall in to two groups, and believe hospice is:

1. A highly valuable service: Hospice is amazing, and a great blessing to people at end of life and their families; the people who work in hospice are “angels and saints.”
2. A weird place associated with death: Hospice is a place where people go to die when they have no place else to go and the people who work in Hospice are “kind of weird”.

We faced an interesting challenge in telling the story of hospice in the most understandable way possible. In tandem with this we need to think outside the box in terms of the audiences, organizations and people groups we would tell the story to.

As we began our communications with the organizations we decided to focus on, we developed A/V tools to help tell our story in clear and compelling fashion. We are pleased to say that we have achieved great results in the numbers of volunteers we now have on our team to serve our clients both in the community and at Emily’s House. This has led to many of our volunteers connecting us to more referrals of clients as well as fundraising opportunities.
In this session we will share: the insights and knowledge we have gleaned; how we are moving forward to intentionally train and involve “Volunteers as Ambassadors;” as well as facts about what today’s volunteers are looking for. We will brainstorm on how to best update all our stories to relate to the current needs and desires of people wanting to join the volunteer force, using social media and valued relationships to our best advantage. Working together one team, one dream – Telling the Hospice Story.

**Workshop Stream:** Volunteer Management
ORAL PAPER PRESENTATIONS

Monday, April 28, 2014       7:30 am - 8:45 am

ORAL PAPERS - SERIES 1:

1. The INTEGRATE Project: A Cancer Care Ontario Initiative to Integrate Palliative Care Earlier in the Illness and Across Settings
   - Dr. José Pereira, Dr. Sandy Buchman

2. The Champlain Regional Hospice Palliative Care Program: A Review of Three Years of Initiatives
   - Dr. José Pereira, Celestin Abedi

3. Improving the Patient Experience Through Better Cancer Symptom Management – Lessons Learned From a Large Scale Improvement Collaborative
   - Dr. José Pereira, Esther Green, Sean Molloy

ORAL PAPERS - SERIES 2:

1. Bereaved Family Members’ Satisfaction with End of Life Care within Four Ontario Long Term Care Homes
   - Jenna Garlick

2. Supporting Families in Preparation for Late Stage Dementia from a Palliative Approach: A Psychoeducational Workshop
   - Peter Marczyk, Dianna Drascic

3. Advance Care Planning
   - Komal Patel

ORAL PAPERS - SERIES 3:

1. Quality Care on Palliative Care Units: The Importance of Communication
   - Dr. Dori Seccareccia, Kirsten Wentlandt

2. Facilitating Communication with Patients: Questions Asked and Answered
   - Lorraine Wood, Shannon Cunningham, Christa Jeney, Linda A. Wood

3. Addressing “The Conversation”: Examining How the Heart Failure Team Discusses Prognosis and Palliative Care with Advanced Heart Failure Patients
   - Dr. Allison Crombeen
### Monday, April 28, 2014

#### 7:30 am - 8:45 am

**ORAL PAPERS - SERIES 4:**

1. **Measuring Interprofessional Collaboration in Community-Based Palliative Care Teams**  
   - Brian Younho Hong, Dr. Hsien Seow

2. **Perceptions of End-of-Life Care Quality: Results from the Caregiver Voice Survey in Ontario**  
   - Dr. Daryl Bainbridge, Dr. Hsien Seow

3. **What Matters Most During End-of-Life Care: Perspectives from Palliative Care Providers**  
   - Bina Mistry-Bhatia, Dr. Hsien Seow

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#### Monday, April 28, 2014  
1:30 - 2:45 pm  
Concurrent Session #406

1. **Management of Pain in Acute Leukemia Inpatients**  
   - Dr. Valerie Caraiscos, Gary Rodin, Ashley Mischitelle, Dora Yuen, Sarah Khan,  
     Mark Minden, Aaron Schimmer, Lucia Gagliese, Anne Rydall, Camilla Zimmerman

2. **The Coached Simulated Patient Encounter (C-SPE): Exploring Its Role in Palliative Care Education for Medical Residents**  
   - Dr. Christopher Barnes, Dr. José Pereira

3. **My First Death**  
   - Dr. Jean Hudson, Dr. Lynne Benjamin

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#### Monday, April 28, 2014  
3:15 - 4:30 pm  
Concurrent Session #506

1. **Guideline Implementation: Providing Optimal Care for Patients at the End of Life**  
   - Sarah Burns-Gibson, Royanne Gale, RN

2. **Discovering Outcomes: The Value of Monitoring and Evaluating Guideline Implementation**  
   - Sarah Burns-Gibson

3. **Creating Hospice Care Ottawa: Commitment, Collaboration and Courage**  
   - Lisa Sullivan
Tuesday, April 29, 2014

7:30 am - 8:45 am

ORAL PAPERS - SERIES 5:

1. Managing End of Life Symptom Crises in the Home: An Innovative Partnership Between Palliative Home Care and Emergency Medical Services in the Calgary Zone of Alberta Health Services
   • Dr. Mary Wallis, Aynharan Sinnarajah

2. Huddle Up – Integrated Client Care for Complex Palliative Clients
   • Enrique Saenz, Leslie Randl

3. A Weaving Together of Community Palliative Care NPs, MDs and a Hospital Palliative Care Team so That Children Can Die at Home
   • Dean Walters, Dr. Adam Rapoport, Sondra Leblanc, Dr. Aleks Szabla

ORAL PAPERS - SERIES 6:

1. Deepening the Understanding to Better Intervene: The Suffering of Senior Women with Incurable Cancer
   • Dr. Valerie Bourgeois-Guerin

2. How Zen Style Tea Ceremony Helps EOL Patients
   • Angel Chun Lan Lin, Chian-Li Hsu

3. Total Care for Total Pain: A Qualitative Study of End of Life Services for Sunshiners
   • Darby Chandler

ORAL PAPERS - SERIES 7:

1. The Quality of Dying and Death (QODD) in a Residential Hospice
   • Isuri Weerakkody

2. What are the Characteristics of Dying Patients Who Use Residential Hospice?
   • Ruth E. Forbes

3. Incorporating Reflective Writing for Learners in a Palliative Care Rotation
   • Patricia Daines, Jennifer Moore
Tuesday, April 29, 2014       7:30 am - 8:45 am

ORAL PAPERS - SERIES 8:

1.  Palliative and End-of-Life Patients in Ontario: Characteristics and Patterns of Health Care Utilization and Costs Across the Health System Continuum
   •  Suman Budhwani

2.  Evaluation of Do Not Resuscitate (DNR) Orders at a Pediatric Oncology Unit in Jordan
   •  Dr. Anwar Al-Nassan, Hana Badran, Shireen Awadi, Ammar Hmood, Iyad Sultan

3.  Effects of Death and Dying on Clinicians - A Case of Hospice Africa Uganda
   •  Bernadette Mandera
POSTER PRESENTATIONS

P1: Palliative Care on the Heart Failure Care Team: Mapping Patient and Provider Expectations and Experiences

Colin Sue-Chue-Lam, Medical Student, Schulich School of Medicine, Western University, London, ON

P2: Hospice Palliative Care Standards and Performance Indicators for the Champlain Region

Dr. Christopher Klinger, Postdoctoral Fellow, University of Ottawa, Dept. of Medicine, Division of Palliative Care; Bruyere Research Institute, Ottawa, ON; Dr. José Pereira, Professor and Head, Division of Palliative Care, University of Ottawa and Medical Chief-Palliative Care, Bruyère Continuing Care, The Ottawa Hospital, Ottawa, ON

P3: The Champlain Palliative Pain and Symptom Management Service (PPSMCS) Academic Family Health Team (FHT) Palliative Care Project: Rebuilding Family Medicine Capacity and Involvement

Dr. José Pereira, Professor and Head, Division of Palliative Care, University of Ottawa and Medical Chief-Palliative Care, Bruyère Continuing Care/The Ottawa Hospital, Ottawa, ON; Maryse Bouvette

P4: Completing the Circle for Palliative Care

Terri Pask, Palliative Care Nurse, Bluewater Health; and Dr. Monique Dostaler, Palliative Care Physician, Bluewater Health, Sarnia, ON

P5: The SMART Project: A System to Manage Access, Referrals and Triage to Hospice and Palliative Care Beds

José Pereira, 1,2,3; Kathy Greene1; Peter Lawlor1,2,3; Kimberly Peterson4; Lisa Sullivan5; Samantha Zinkie2; Hayley Miloff2

1Bruyère Continuing Care, 2Bruyère Research Institute, 3Division of Palliative Care, Department of Medicine, University of Ottawa, 4Champlain Community Care Access Centre (CCAC), 5Hospice Care Ottawa

P6: www.needsofthedying.ca - A means of Public Engagement and Partnership Development

André Cotterall, Executive Director, Near North Palliative Care Network, North Bay, ON
P7: A National Strategy To Improve Access To Palliative Care in Saudi Arabia

Sami Ayed, MBBS,ABFM, SBFM, JBFM, AFS,IIWCC, MME, Palliative Care, UBC, Palliative care Consultant, KSMC, MOH; Savithiri Ratnapalan, MBBS, MEd, MRCP, FRCP, FAAP, Associate Professor, Department of Paediatrics and Dalla Lana School of Public Health, Academic Educator, Centre for Faculty Development, University of Toronto; Staff Physician

P8: Therapeutic Touch™ in Geriatric Palliative Care Unit - A Retrospective Review

Helen Senderovich, MD, MCFP, 1,5,6,7; Mary Lou Ip, RN1,8; Lynda Dunal, MSc, BScOT, OT Reg (Ont)1,3,7; Helen Kuttner, RP1,4; Anna Berall, RN1; Jurgis Karuza, Ph.D.1,2,7; Michael Gordon, MD, FRCP1,2,6,7; Joshua Tordjman, RA1; Daphna Grossman, MD, CCFP(EM), FRCP1,5,6,7

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P9: An Inter-professional Approach to Educate Team Members on Psychosocial Support in Oncology Hematology, Medical Daycare and the Palliative Care Unit

Bill Wade, RN, Nurse Coordinator/Volunteer Coordinator, St. Michael's Hospital, Toronto

P10: Palliative Sedation Therapy (PST): A Systematic Review of the Literature on the Attitudes and Perceptions of Health Care Providers

Blair Henry, Ethicist, Ethics Centre at Sunnybrook Health Sciences Centre, Faculty, Department of Family and Community Medicine; Joint Centre for Bioethics, University of Toronto;
Paolo Mazzotta, MD, MSc., CCFP, Sunnybrook Health Sciences Centre, Toronto, ON

P11: The Use of the Palliative Outcome Scale (POS) in a Tertiary Care Palliative Care Outpatient Clinic

Audrey Kim, Research Assistant, Palliative Care Consult Team, Sunnybrook Health Sciences Centre, Toronto, ON; Jamie Flanagan, BSc(c); Dr. Jeff Myers, MD, MSEd, CCFP; Dr. Debbie Selby, MDFRCP

P12: Comparing Patients with Cancer and Non-Cancer Diagnoses on a Palliative Care Unit

Dr. Amanda Wilson, Family Physician; Dr. Giulia-Anna Perri, MD, CCFP, COE, Palliative Care Physician, Baycrest Centre for Geriatric Care, Toronto, ON
P13: A Systematic Review of Palliative Care Competency Assessment Instruments

**Dr. Shirley Bush**, Assistant Professor, Palliative Care Physician, Department of Medicine University of Ottawa, Ottawa, ON; **Dr. José Pereira**, Professor and Head, Division of Palliative Care, University of Ottawa and Medical Chief-Palliative Care, Bruyère Continuing Care/The Ottawa Hospital, Ottawa, ON

P14: The Pattern of Infection and Antibiotics Use in Terminal Cancer Patients

**Dr. Amrallah A. Mohamad**, Assistant Consultant, Medical Oncology Center, King Abdullah Medical City-Holy Capital, Saudi Arabia, Department of Medical Oncology, Faculty of Medicine, Zagazig University, Egypt; **Abdullah S. Al-Zahrani, Mohamed A. Hasan, Ahmad A. Alnagar, Ayman EL-Shentenawy, Amr T. El-Kashif**

P15: Management of Diabetes on a Palliative Care Unit: A Retrospective Observational Study

**Janette Byrne**, Nurse Educator, Palliative Pain & Symptom Management Program, Parkwood Hospital, St. Joseph's Health Care London, London, ON; **Graham Bergstra**

P16: The Good Death Project: Piloting a Guideline-Based Tool for Evaluating the Care of Dying Patients in an Acute Care Setting

**Dr. Natalia Novosedlik**, MD, CCFP, Palliative Care Physician, Credit Valley Hospital, Mississauga, ON; Co-authors: **Drs. Kirsten Wentlandt, Ebru Kaya** and **Camilla Zimmerman**

P17: An Innovative Way to Learn about Hospice Palliative Care

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