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A Palliative Care Competency Framework in Manitoba: The Canadian Interdisciplinary Palliative Care Competency Framework

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Beginning the Journey World into the Spirit World: First Nations, Inuit and Métis Approaches to Palliative and End of Life Care in Canada

Hardeep Samra
Provincial Clinical Services Lead
Cancer & Palliative Care

Salina Fukumoto
Provincial Clinical Services Consultant
Cancer & Palliative Care

Statement of Acknowledgement of Indigenous Ancestral and Territorial Lands

Health services across Manitoba are provided in facilities located on the original lands of First Nations, Inuit, and on the homeland of the Métis Nation. Manitoba's health authorities respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit, and Métis peoples in the spirit of reconciliation.

Purpose and Objective

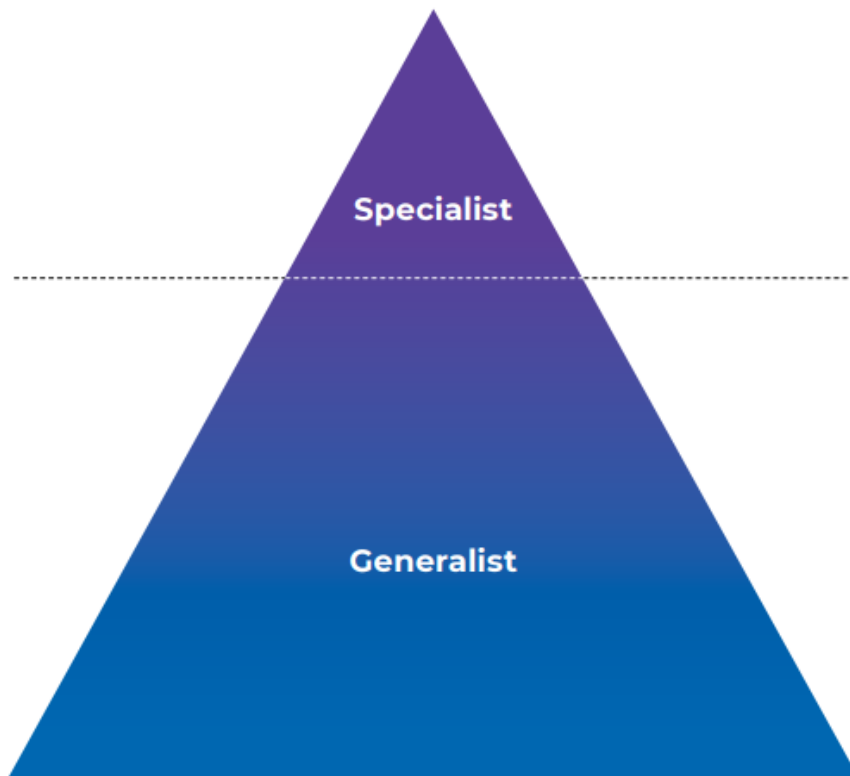
To share the Competency Framework and Beginning the Journey into the Spirit World document as we move forward with the formal process for adopting the Canadian Interdisciplinary Palliative Care Competency Framework (Canadian Partnership Against Cancer) in Manitoba and continue our engagement on the Beginning the Journey into the Spirit World document.

Palliative Care

Palliative care is an approach to care which focuses on comfort and quality of life for people of all ages affected by life-threatening illness. Palliative care aims to relieve suffering and improve the **quality of life** for persons who are living with, or dying from advanced illness and also aims to achieve the best possible quality of life for their families. *Palliative care is an approach and not a place.*

Palliative care can be delivered in someone's home, in a hospital, in a personal care home, on a palliative care unit, in a hospice etc.

It is a holistic approach that addresses **physical** needs, **psychological**, **social**, **cultural**, **emotional** and **spiritual** needs of patients and their families.



Specialist: A health care provider whose practice is focused on palliative care and consultation for people and families or caregivers affected by life-limiting conditions, especially those with complex needs.

Generalist: A health care provider whose practice includes people with life-limiting conditions and their families or caregivers, but not as the primary focus of their practice.

Generalists provide palliative care in partnership with specialists in three models:

1. maintaining primary responsibility with specialist consultation
2. sharing care with specialists
3. transferring the patient to specialists

Who Delivers Palliative Care and Where

- Interdisciplinary specialist PC teams through regional PC programs- community based support at home, consult based services in acute care and LTC
 - PC Coordinators, Palliative Care Community Nurses, Clinical Nurse Specialists (WRHA), Physicians, Allied Health (SW, OT, PT, etc.) varied availability of disciplines based on program and region
- Personal care home staff/LTC staff
- HCA's and nurses working in home care
- Hospital based staff
- Primary care clinics
- CCMB- early PC program
- *Palliative care is an approach to care and can be delivered in all settings- important for health care providers working outside of the specialty palliative care team to have generalist palliative care education/training*

Background

- **Bill C-277** called for better access to palliative and end-of-life services in community and home settings, including hospitals, long term care facilities and residential hospices. It also called on the federal government to work with the provinces and territories, as well as palliative care experts, to develop a structure that will guide and support the implementation of high-quality palliative care services
- **2017-** federal legislation set in motion the development of a national palliative care framework
- **2018-** in response to the legislation, and after extensive consultation with provinces and territories, experts, and stakeholders (including people with lived experience) across Canada, Health Canada developed the ***Framework on Palliative Care in Canada***
- **2018-** Canadian Institute for Health Information (CIHI) published ***Access to Palliative Care in Canada*** which describes palliative care services across the country
- **2019-** released the ***Action Plan on Palliative Care***
- **2021-** Canadian Partnership Against Cancer worked closely with Health Canada to develop the ***Canadian Interdisciplinary Palliative Care Competency Framework***
- **2023-** CIHI releases their ***Access to Palliative Care in Canada 2023 Report*** which measures the progress towards the goal of increasing Canadians' access to palliative care services

About the Cancer & Palliative Care Provincial Clinical Team

Palliative Care Clinical Work Group (PCCWG) reports up to the PCT

The PCCWG and PCT have made it a priority for Manitoba to establish a competency framework as the foundation of its efforts is to enhance palliative care services for the people of Manitoba

Targeting local teams helps in focusing efforts and resources where they are most needed- building capacity in local teams- palliative care is delivered everywhere

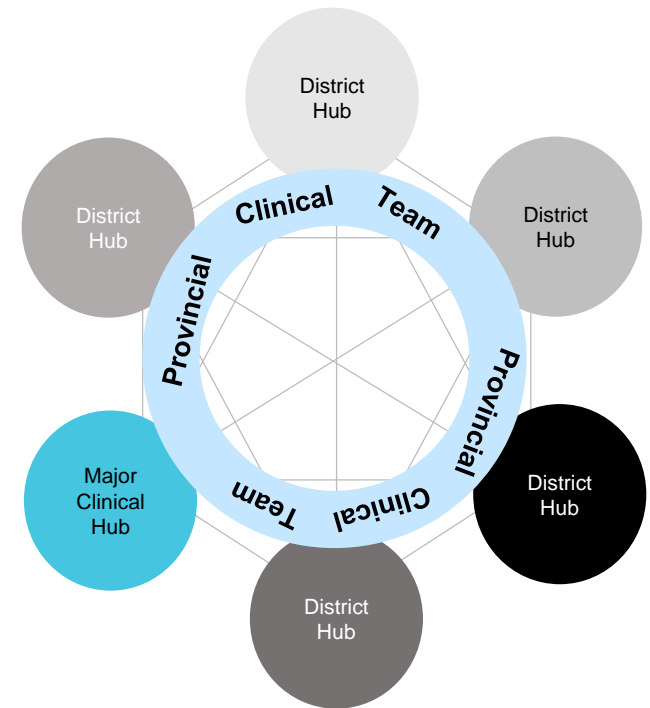
Local teams have a better understanding of the specific needs and challenges within their communities so investing in them will improve the overall quality and accessibility of palliative care services

Model of Care for Palliative Care

Future Vision: A coordinated and integrated network of palliative care services to improve patient outcomes and improve system efficiencies.

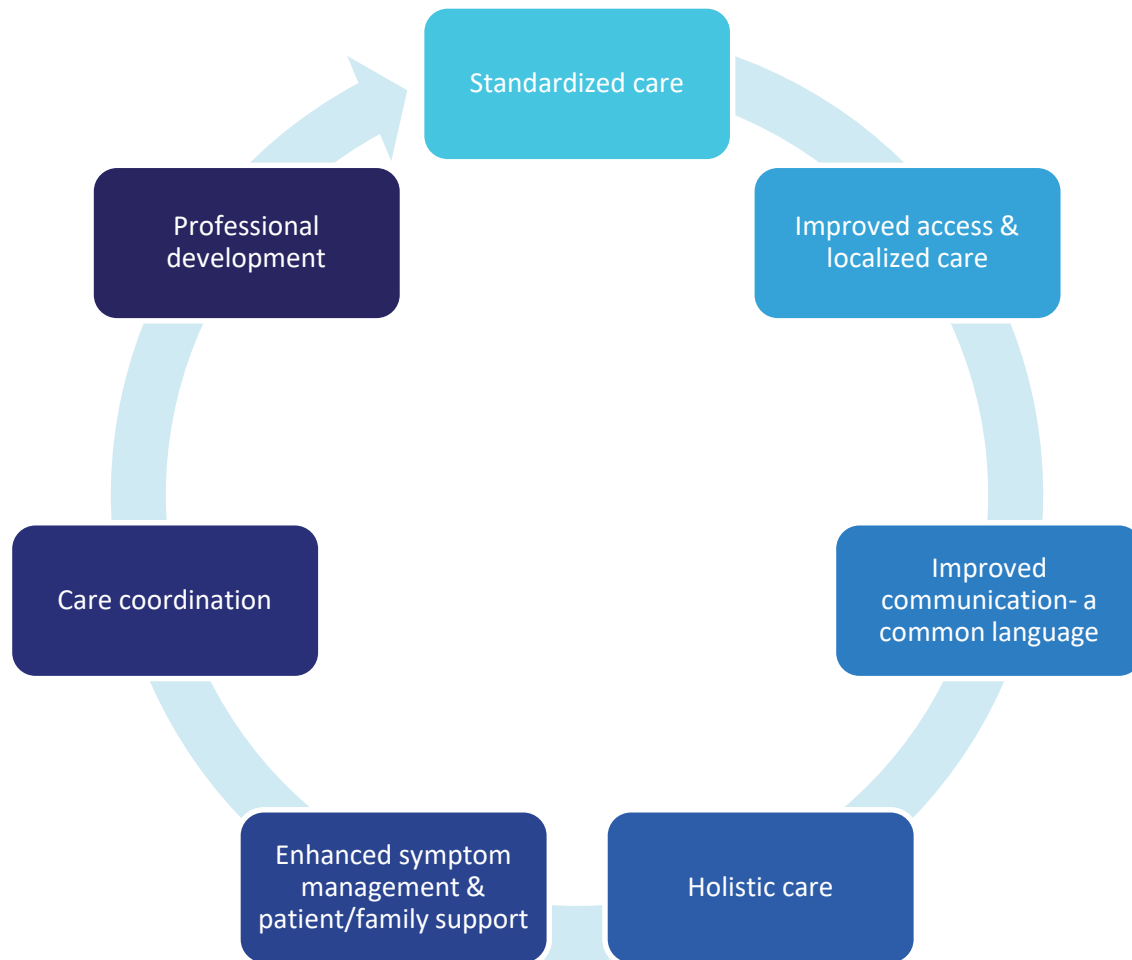
Key features of the future vision of a Provincial Palliative Care Program include:

- **Provincial multidisciplinary palliative care team** who provide specialized support and consults to district teams, local providers, patients and families
 - Rather than co-located in one entity or site, resources are based in a virtual distributed model with palliative specialists from targeted District Hubs across the province
 - Dedicated provincial role to drive standardized education, through outreach support or provincial session to District and Local hubs across the province
- **District palliative care teams** provide expertise to support local providers, patients and families in the coordination and delivery of care. Teams have standardized care but vary based on capabilities based on regional/local characteristics.
- **Build capacity in Local teams** – comprised of enhanced My Health Teams, primary care, nurses, NPs, paramedics, PCH, pharmacists and home care – to support palliative patients and their families, regardless of setting
 - Standardized EMS protocols for patients with known Advanced Care Plans, including administration of medications
- **Provincial clinical governance network** that supports the establishment of standards and expectations, provincial education and system planning
 - Collaborate with CCMB to support earlier palliative care discussion with cancer patients and guidance to providers to facilitate this effectively
- Enhanced use of **virtual tools** to bridge Network levels and support consistent communication across providers, families and patients
- Education models support capacity building for the specialized provincial team, for the district palliative care teams, and for the local providers.



The Canadian Partnership Against Cancer (CPAC) Interdisciplinary Palliative Care Competency Framework

A Competency Framework: How this Benefits Patients at the Local Level



Competency Framework: Overview

Manitoba is behind other provinces

- Nova Scotia (2017), British Columbia (2019), Ontario (2019), Alberta (2020) created their own palliative care competency frameworks before CPAC developed theirs in 2021
- We currently do not have a framework in Manitoba
- Across the other provinces competency domains are very similar

Establishes a minimum national standard for palliative care in Canada, and it seeks to direct consistent implementation and measurement of palliative care competencies in practice

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

A curriculum guide for educators and reference manual for disciplines providing palliative care.

Although the Competency Framework was developed by CPAC the competencies were written to be broadly inclusive and are not specific to only a cancer diagnosis



Health
Canada

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Canada

National Palliative Care Competency Framework

What is in the Framework?



In collaboration:



Production of this resource has been made possible through financial support from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Endorsed by:



This Framework is endorsed by:

Association of Regulated Nurses of Manitoba, Association québécoise de soins palliatifs, BC Centre for Palliative Care, Canadian Association of Nurses in Oncology, Canadian Association of Social Workers, Canadian Cancer Society, Canadian Federation of Mental Health Nurses, Canadian Home Care Association, Canadian Hospice Palliative Care Association, Canadian Indigenous Nurses Association, Canadian Medical Association, Canadian Nurses Association, Canadian Palliative Care Nursing Association, Canadian Society of Palliative Care Physicians, Canadian Support Workers Association, Canadian Virtual Hospice, Colleges & Institutes Canada, Community Health Nurses of Canada, Life and Death Matters, Nova Scotia Hospice Palliative Care Association, Ontario Personal Support Workers Association, Palliative Manitoba, and Pallium Canada.

Supported by:



This Framework is supported by the Canadian Cancer Society and The College of Family Physicians of Canada.

CPAC Competency Framework- Endorsements

Endorsements

The Interdisciplinary Palliative Care Competency Framework was created in collaboration with Health Canada and endorsed by:

Manitoba Endorsements:

Palliative Manitoba
Association of Regulated Nurses of Manitoba

National Endorsements:

Pallium Canada
Canadian Nurses Association
Canadian Association of Nurses in Oncology
Canadian Association of Social Workers
Canadian Federation of Mental Health Nurses
Canadian Home Care Association
Canadian Hospice Palliative Care Association
Canadian Indigenous Nurses Association

Canadian Medical Association
Canadian Palliative Care Nursing Association
Canadian Society of Palliative Care Physicians
Canadian Support Workers Association
Canadian Virtual Hospice
Colleges and Institutes Canada
Community Health Nurses of Canada
Life and Death Matters

Supported by:

Canadian Cancer Society
College of Family Physicians of Canada

And several other endorsements

Discipline specific self-assessment tools



Self-assessment for Nurses

- **Novice (N)** – may be experienced in psychosocial care but new to palliative care. Needs regular support.
- **Advanced beginner (B)** – can practice independently using some psychosocial skills specific to palliative care but still needs support.
- **Competent (C)** – mostly independent, occasionally seeks out support.
- **Proficient (P)** – autonomous practice, seeks out leadership opportunities.
- **Expert (E)** – highly proficient, is regularly sought out by others.



Palliative care competencies and descriptions

Knowledge/skill level

1 Principles of a palliative approach to care

1.1 Understanding the core philosophy of palliative care and the palliative approach to care

1.1.1 A. Generalist

Understand the philosophy of palliative care and the palliative approach to care, which starts early in the trajectory of a life-limiting condition.

N B C P E

B. Specialist

Provide leadership and contribute to the development of palliative care education, standards, and policies.

N B C P E

1.1.2 Understand how the palliative approach can enhance the assessment and management of symptoms.

N B C P E

1.1.3 Understand and contribute to the development of the relevant palliative care education, standards, guidelines, and policies.

N B C P E

1.1.4 Seek to understand and incorporate community-specific practices and protocols of caring for members of underserved populations who are living with a life-limiting illness so that they can live fully throughout their care.

N B C P E

1.1.5 Seek to understand community-specific protocols of caring for First Nations, Inuit, and Métis who are living with a life-limiting illness so they can live fully throughout their care.

N B C P E

1.2 Identifying people who would benefit from a palliative approach

1.2.1 A. Generalist

Able to describe the meaning of the term "life-limiting condition". Understand and respond to complex and multidimensional care needs.

N B C P E

B. Specialist

Apply knowledge of life-limiting conditions to respond to complex and multidimensional care needs, and comprehensively identify current and prospective issues in palliative care at the system level.

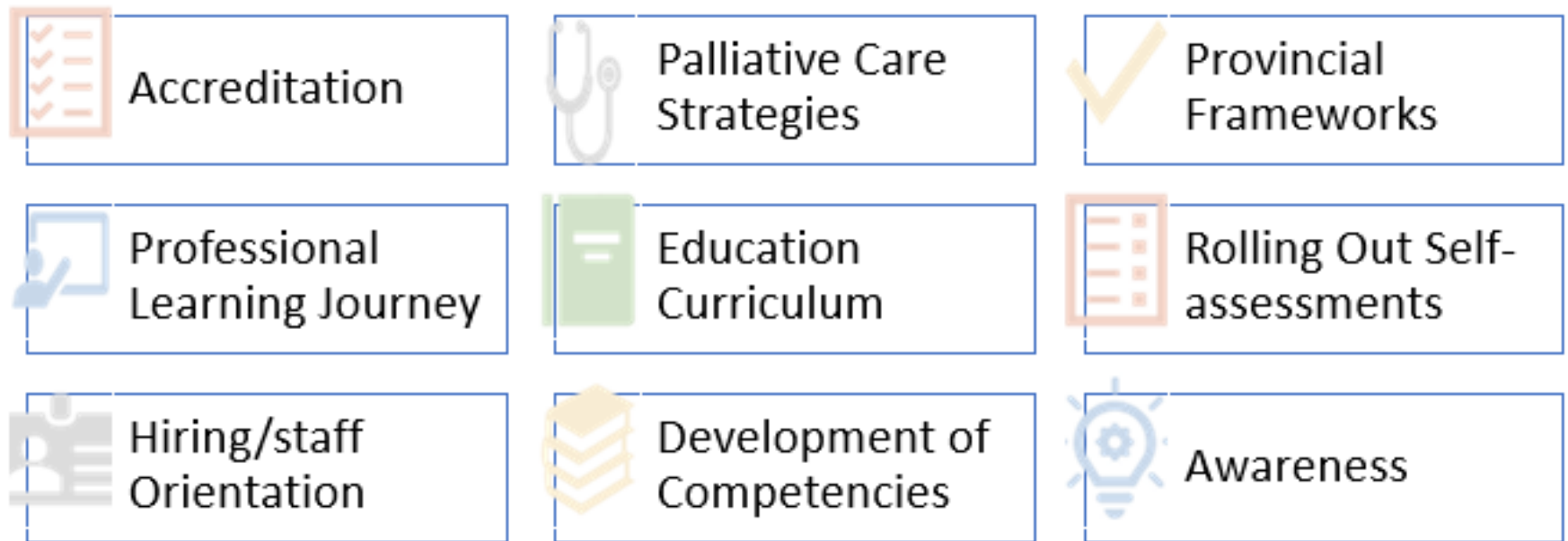
N B C P E

Proposed Approach for Future Iterations of the Framework- Additional Disciplines

- The five disciplines are a starting point, CPAC recognizes other disciplines are important for "whole person" care
- In the future, the framework will evolve to meet the needs of those who use it and to reflect the other members of the interdisciplinary team such as spiritual care and others
- CPAC, Health Canada in collaboration with others, will develop a 1-page guidance document for additional disciplines who would like to develop discipline specific competencies and inclusion in future iterations of the competency framework

The Interdisciplinary Palliative Care Competency Framework: Opportunities & Next Steps

What the Framework seeks to achieve and how it can be used



An Opportunity for Manitoba

The Framework describes the knowledge and skills providers require to deliver high-quality palliative care

Build local palliative care capacity with education-
identify education gaps and build an education strategy

The Framework can inform the development of local and specialty teams

Building palliative care competencies in home care teams, long term care facilities, etc.

What Are Other Provinces Doing with their Frameworks?

Ontario

- Updating their social work curriculum using the Framework and the self assessment is part of their resource guide
- Competencies are used in the U of T's MSW program course as a pre and post course evaluation
- Framework used to inform learning goals with students in palliative care placements

Saskatchewan

- Using the self assessment with social workers and nurses to guide education plans

Alberta

- Rolled out the self-assessment with their palliative care team

NWT

- Using the Framework to support professional learning (LEAP)

Nova Scotia

- Implementing education initiatives aimed at building the competencies in the Framework
- Planning to use the self-assessment to identify areas for targeted education/learning plans
- Updating palliative care nursing and social work job descriptions to align with specialist competencies
- LEAP is now mandatory for all home care staff

Yukon

- Rolling out the Framework with hospice volunteers with the Yukon Hospice Society

Education Opportunities and the Framework- Nationally Supported Work

Learning Essential Approaches to Palliative Care (LEAP)

- Pallium Canada is a national, non-profit organization who offers practical, evidence-based courses for professionals looking to learn essential skills and competencies of the palliative care approach

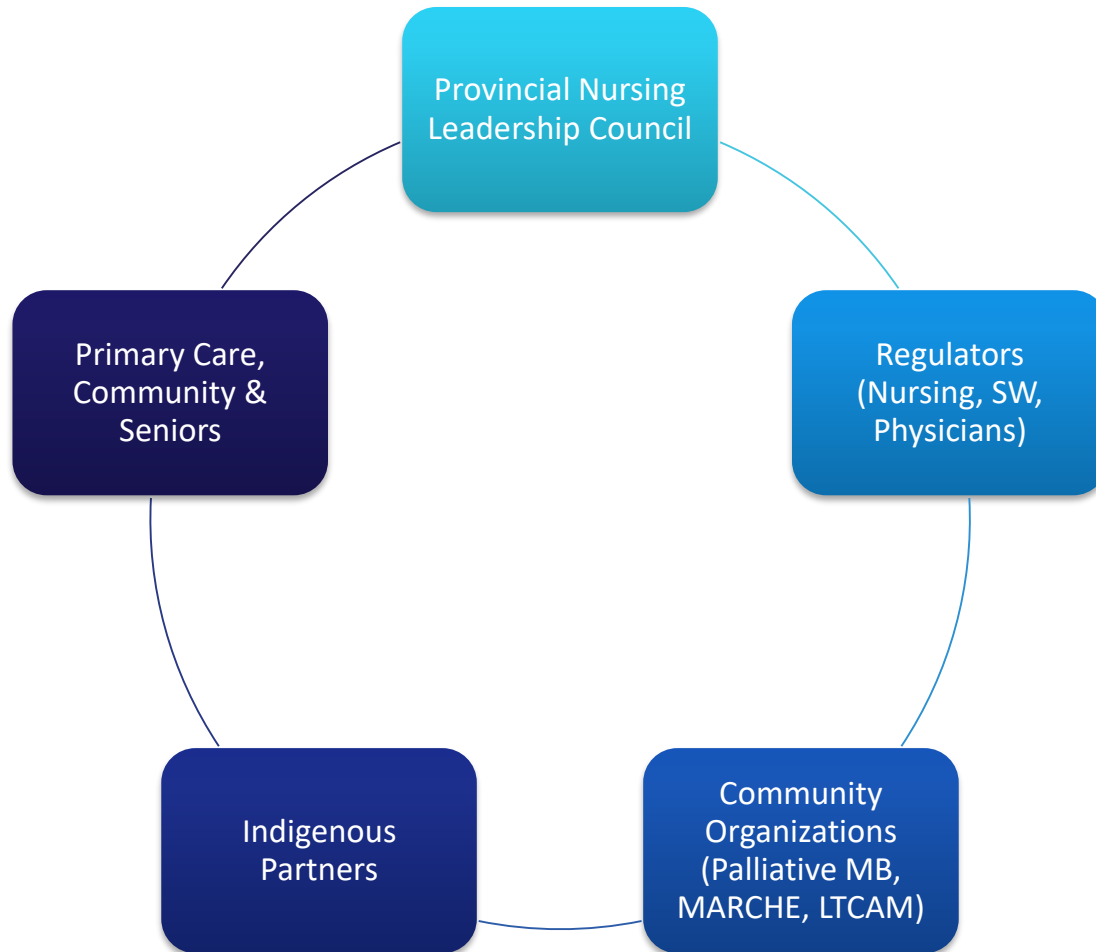
SPRINT

- The Canadian Home Care Association is launching a new **SPRINT Implementation Collaborative** for palliative care competencies
- Opportunity to implement the framework with home care nurses and HCA's
- **Emotional Intelligence Training Modules aligned with the 12 domains of the Framework and Emotional Intelligence Conversation Guides- these free education modules/guides will be open to all in Fall 2024**

ECHO

- Pallium Canada's Palliative Care ECHO Project is a 5 year national initiative which aims to create communities of practice and establish continuous professional development among HCP's across Canada working with patients with life-limiting illness
- The Canadian Home Care Association is a "hub partner" for the ECHO project and **their 2023-2024 ECHO sessions focus on the palliative care competency domains in the Framework**

Engagement



Beginning the Journey into the Spirit World: First Nations, Inuit and Métis Approaches to Palliative and End-of-Life Care in Canada

First Nations, Inuit and Métis Approaches to Palliative and End-of-Life Care



Beginning the journey into the spirit world:

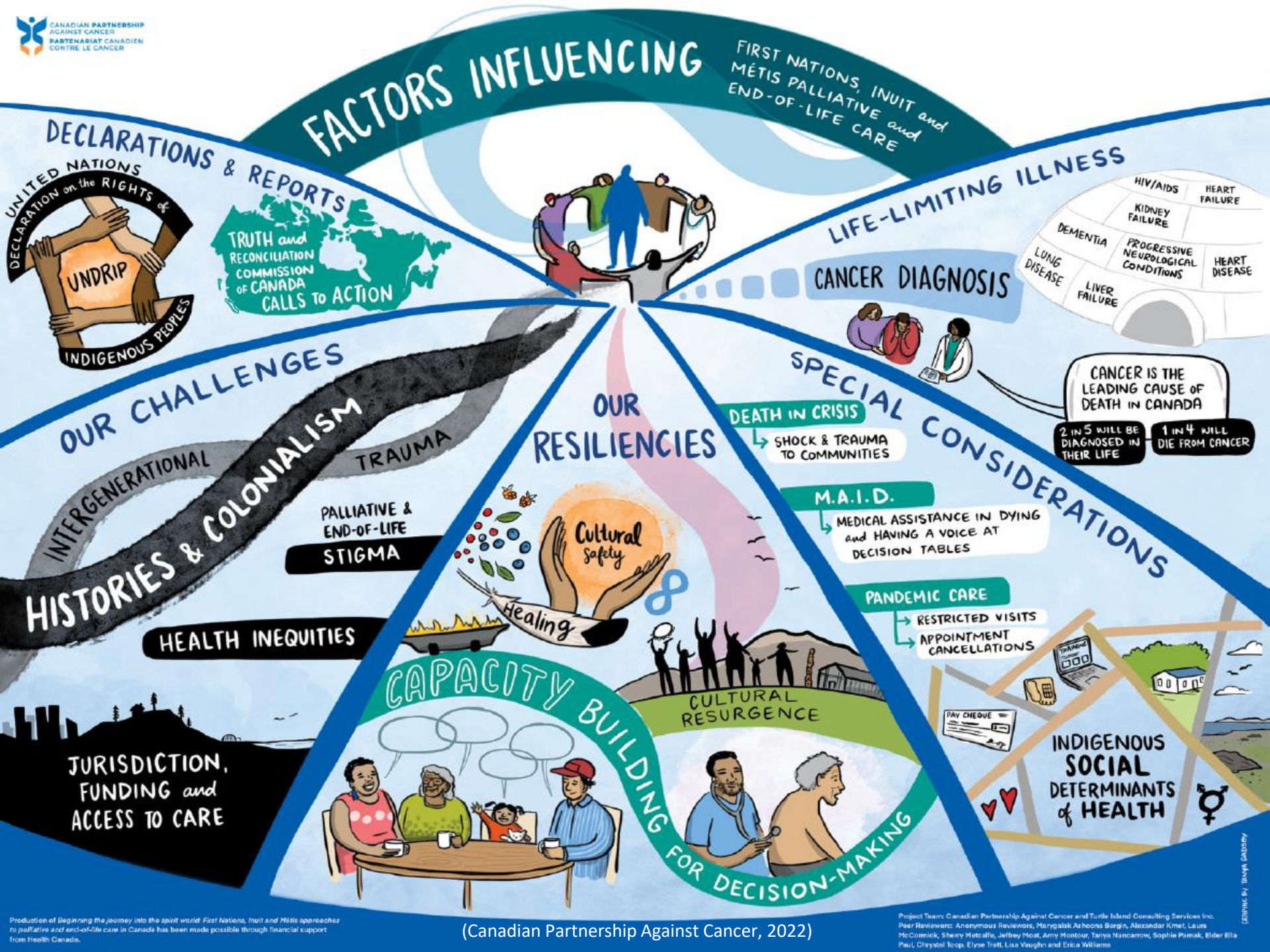
First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada

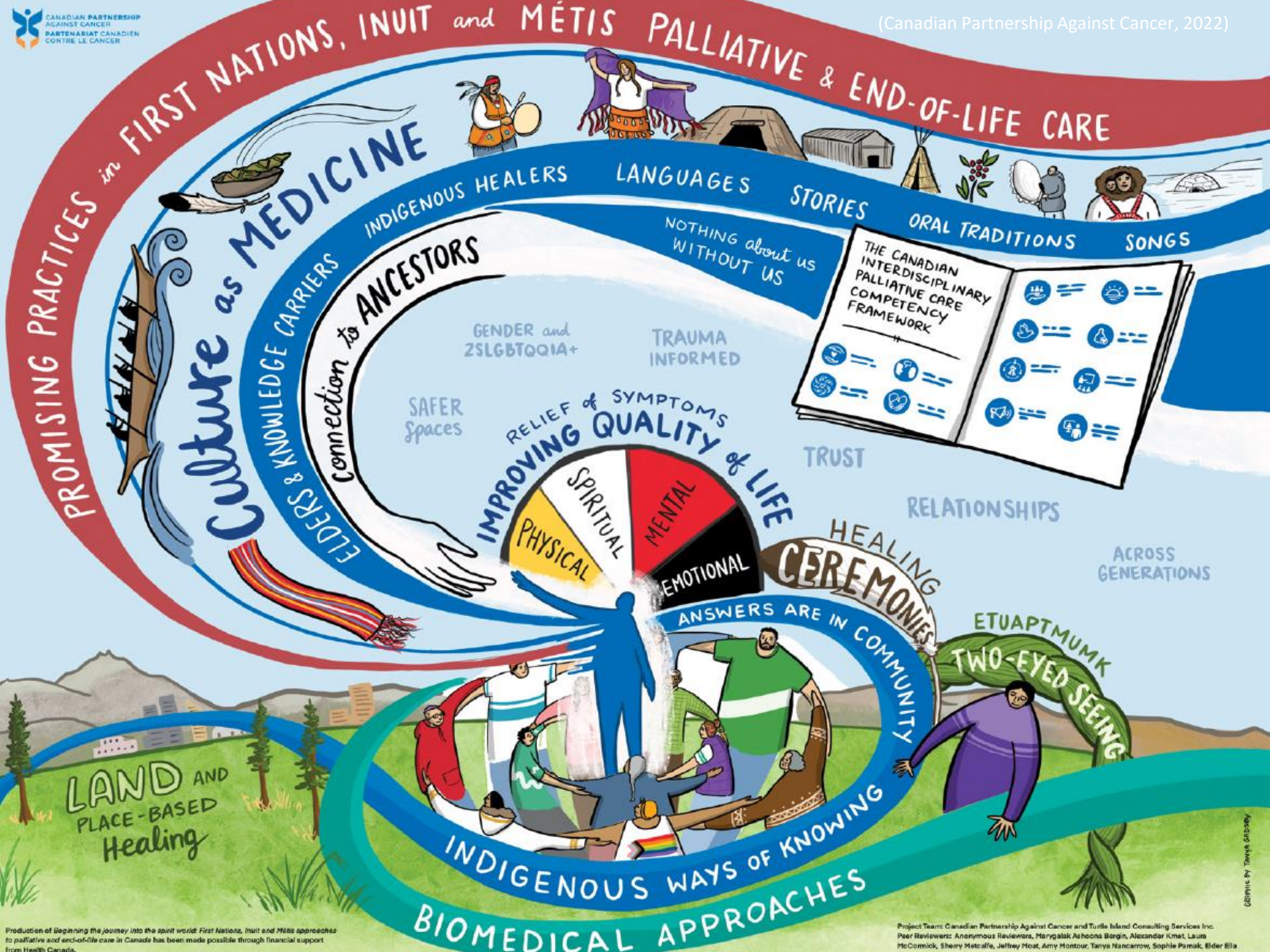


Citation: Canadian Partnership Against Cancer. Beginning the journey into the spirit world: First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada. Toronto (ON): Author, 2022.

This report

- Summarizes factors contributing to First Nations, Inuit and Métis palliative and end-of-life care experiences
- Identifies areas for action in palliative and end-of-life care
- A foundational document that readers can adapt, scale and reference in developing strategies, programs and resources that support Indigenous approaches to palliative and end-of-life care”
- Developed by the Canadian Partnership Against Cancer and Turtle Island Consulting Services- peer reviewers of the document by Indigenous peoples and non-Indigenous allies





PROMISING PRACTICES in FIRST NATIONS, INUIT and MÉTIS PALLIATIVE & END-OF-LIFE CARE

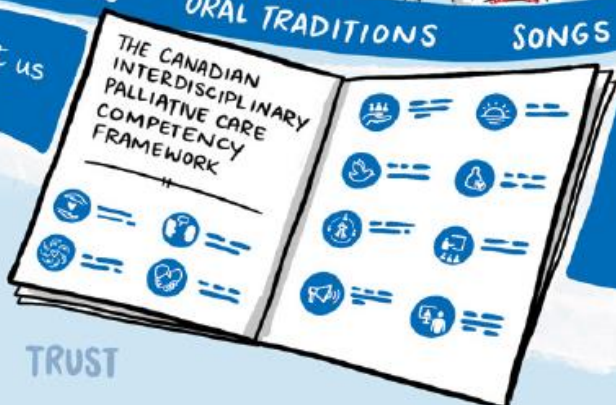
Culture as MEDICINE

ELDERs & KNOWLEDGE CARRIERS

Connection to ANCESTORS

INDIGENOUS HEALERS LANGUAGES STORIES ORAL TRADITIONS SONGS

NOTHING about us WITHOUT US



GENDER and 2SLGBTQIA+

TRAUMA INFORMED

SAFER Spaces



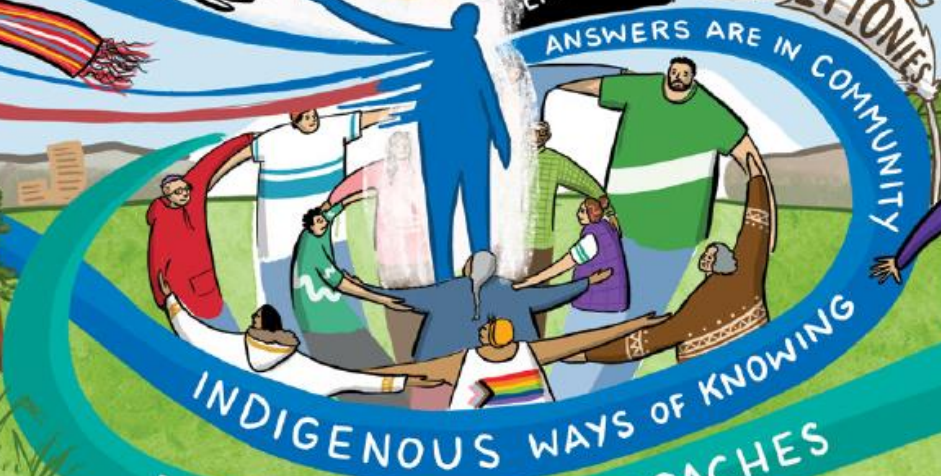
TRUST

RELATIONSHIPS

ACROSS GENERATIONS

HEALING CEREMONIES

ANSWERS ARE IN COMMUNITY

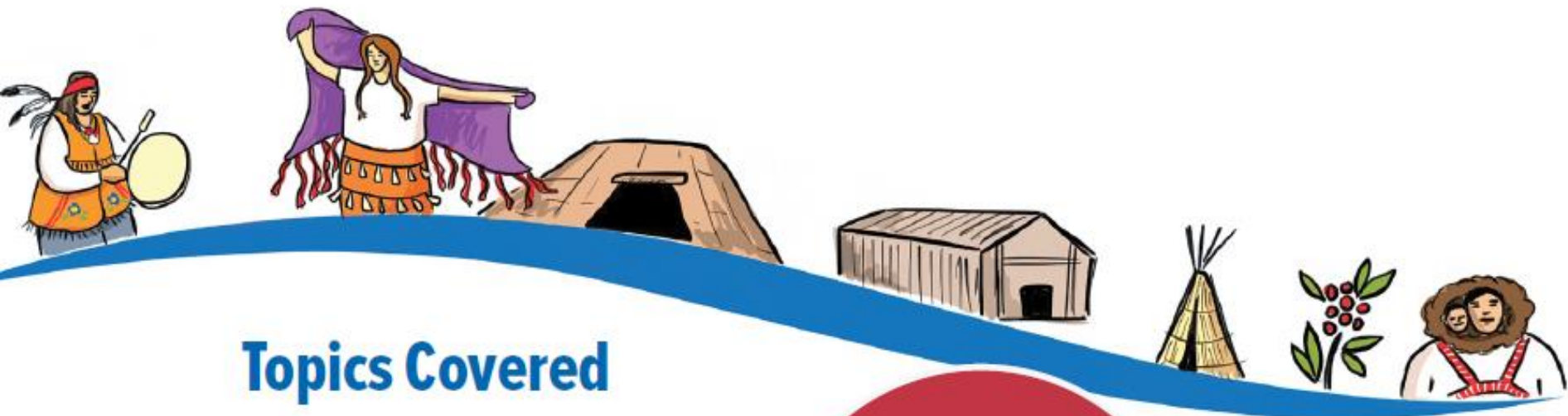


LAND AND PLACE-BASED Healing

Shared Understandings

The document is informed by the following considerations and shared understandings:

- Braiding (harmonizing)
- Cultural assessment
- Culture as medicine
- Distinctions-based approach
- Empowerment and validation
- Indigenous approaches to palliative and end-of-life care
- Person-centred approach
- Learning styles
- Life stories and lived experiences
- Relationship building and allyship
- Terminology



Topics Covered

Indigenous perspectives and considerations on palliative and end-of-life care

Culture as medicine

Braiding Indigenous ways of knowing and biomedical approaches in palliative and end-of-life care

Palliative care competencies and Indigenous promising practices

Who is the document for?

- Document is not intended to be a “one size fits all” nor is it an exhaustive list of all First Nations, Inuit and Métis palliative and end-of-life care initiatives used across Canada but it provides end-of-life strategies, approaches and promising practices
- The report is for:
 - **Health-care organizations and professionals.** People, groups and organizations responsible for the design of strategies, programs and resources in palliative and end-of-life care;¹⁴
 - **Service providers.** Organizations and communities that assist Indigenous Peoples, their families and communities in palliative and end-of-life care, support and information;
 - **Orders of government.** Indigenous, provincial/territorial and federal levels of government that engage in setting palliative and end-of-life care policy decision-making, regulating health care and funding priorities in the continuum of care in their respective jurisdiction; and
 - **Educators.** People who are involved in developing and/or delivering curricula in palliative and end-of-life care.

Next steps

Readers are invited to engage in forward thinking by reflecting on ways to apply and adapt the learnings from this report and the accompanying knowledge products to new or existing palliative and end-of-life care strategies, programs and resources in their organizations and communities, for example,

- designing organizational systems to be inclusive and welcoming to all cultures;
- developing accountabilities for organizations in relation to palliative and end-of-life care specific to First Nations, Inuit and Métis Peoples, their families and communities;
- developing a strategy for evaluating current system services and outcomes which includes identifying gaps and creating system change objectives for Indigenous approaches to palliative and end-of-life care;
- using this report and the accompanying knowledge products as a resource to advocate for funding and resources specific to the priorities and needs of First Nations, Inuit and Métis Peoples, their families and communities;
- using this report and the accompanying knowledge products as a relationship-building tool with local Indigenous communities and opening dialogue with communities who may not have had much of a voice in discussions to date on Indigenous approaches to palliative and end-of-life care;
- using this report and the accompanying knowledge products as a planning document for upcoming funding opportunities that support palliative and end-of-life care priorities and needs of First Nations, Inuit and Métis Peoples, their families and communities;
- informing knowledge translation and continuous learning activities such as palliative and end-of-life care training, group discussions and post-secondary health-care education; and
- developing communities of practice in Indigenous approaches to palliative and end-of-life care.

Our Next Steps

Engagement with
Indigenous
stakeholders on both
documents

Will follow the process
to seek formal
adoption of the
document

Build out the
implementation plan

Thank you!

Hardeep Samra- hsamra@sharedhealthmb.ca
Salina Fukumoto- sfukumoto@sharedhealthmb.ca