

## **Learning from the Pandemic: Equipping Canada's Physicians and Future Workforce with Essential Palliative Care Training**

### **Recommendation:**

Pallium Canada recommends that the Government invest \$15 million over 5 years to better prepare the Canadian health workforce to provide a palliative care approach by training an additional 20,000 physicians across different speciality areas and settings to acquire the basic competencies in palliative care and to ensure all medical students and residents are trained on the palliative care approach.

### **Introduction**

Palliative care has become a critical issue for patients and families during the COVID-19 pandemic. The role of palliative care is multifold and includes symptom management and addressing psychological and social distress across the illness journey, improving end-of-life care and ensuring timely and effective goals-of-care conversations.

There has been a hurried effort to increase palliative care capacity and acquire basic competencies during the pandemic for clinicians who are not familiar with this area but who might be called upon to provide palliation. In less than 12 weeks since the advent of the pandemic, Pallium Canada has contributed to frontline preparedness by training over 10,000 healthcare professionals from many different professions with its online palliative care training modules. This figure is 23% higher than the number of professionals Pallium would train in a full year – a testament to the need that exists for more training. The need to educate healthcare workers during a crisis has revealed a fundamental flaw in how Canada prepares and supports its healthcare professionals to provide palliative and end-of-life care.

The critical importance of palliative care training was discussed by the House of Commons health committee two days before the World Health Organization declared the novel coronavirus outbreak a pandemic. A presentation given by the Canadian Institute of Health Information (CIHI) highlighted that three in five doctors do not feel ready to provide palliative care, despite 80 per cent of them seeing patients who need it. By not activating a palliative care approach themselves, many patients suffer needlessly throughout the illnesses which can sometimes be many months and even years. It also leads to poorer healthcare decisions and inappropriate and expensive use of health resources. This includes very high rates of hospitalizations, emergency departments and hospital deaths – a major drain on healthcare budgets. A recent review national review by KPMG of palliative care in Australia, concluded by saying that palliative care should be a major health system investment for the benefits it has on patients facing serious illnesses as well as the economy.

A recent study published in the CMAJ indicated that the majority of undergraduate and post-graduate medical trainees do not complete a palliative care experience during their training, exposing an interesting dichotomy: although palliative care has been an important part of the pandemic response, the majority of our current and future physician workforce are not trained to provide it. In their 2016 white paper, the Canadian Society of Physician Leaders notes that “efficient and effective reform of Canada’s healthcare system cannot occur without the active and willing participation and leadership of physicians.”

The good news is that a proven solution – whose earlier development has been financially supported by the Government – exists and ready to be scaled to help expedite the training of physicians to ensure these professionals, and their teams, are prepared to provide better palliative care to an aging demographic and to confidently face the next healthcare crisis.

Although we believe firmly in the need to build palliative care capacity among all healthcare professionals, as leaders and drivers of change in the healthcare system, a focused effort in training physicians in the palliative care approach is critical to accelerating interprofessional and system-wide adoption and will motivate other healthcare professionals to embrace the approach.

## **Background**

### Physicians in Practice

Research shows that practising physicians do not feel adequately prepared to care for patients with complex chronic or life-limiting illness. Acquiring skills and competencies in the palliative care approach enables physicians to identify when patients may benefit from this care and activate early in the illness journey. Learning this approach brings additional skills that benefit patients and the healthcare system, including interdisciplinary and interprofessional collaboration and teamwork, better communication and compassion, more holistic whole person care, and better use of healthcare resources.

Education has been identified as a major strategy to improve access to palliative care and system capacity, alongside appropriate policies, adequate resources and availability of treatments. Palliative care education – a priority articulated in the Federal Government's *Framework on Palliative Care* and in many provincial/territorial plans – should include diffusion of the palliative care approach across many different professions and across the learning continuum, from undergraduate curricula to continuing professional development for healthcare professionals who are already in practice. Physicians who are trained in palliative care, are better able to lead interprofessional healthcare teams in the delivery of early palliative care and champion the integration of palliative care within the healthcare system.

### Educating the Next Generation of Healthcare Providers

Palliative care has received inadequate attention in most medical and nursing school curricula. While there were some important gains in a few universities as a result of the *Educating Future Physicians on Palliative and End-of-life Care* initiative, the project was not funded long enough to spread and scale in all medical schools and become entrenched. Some of the schools that saw gains are now experiencing cuts to their palliative care curricula. Even at the post-graduate level, many residency programs in speciality areas such as internal medicine, cardiology, respirology, nephrology and critical care, do not include palliative care training, even though they will be caring for patients with serious illnesses.

Another major barrier is funding. Most universities and colleges have faced significant budgetary constraints in recent times, reducing their ability to introduce new programs. Moreover, in the case of palliative care, there is a general shortage of palliative care clinicians and faculty positions, thereby reducing the teacher pool to teach palliative care. There is also a lack of

experiential learning opportunities in palliative care available to students due to insufficient palliative care services in many jurisdictions.

Differences in curricula models across medical and nursing schools and colleges present another challenge. It is difficult to develop a standardized set of curricula that can be used in different schools; therefore, a custom approach must be taken which requires more resources and added cost.

## **Solution**

Pallium Canada, a non-profit organization founded in 2000, builds palliative care capacity through its accredited Learning Essential Approaches to Palliative Care (LEAP) courses, Pallium Pocketbook and quality improvement tools.

Pallium's success has been enabled by a standardized, accredited suite of courseware materials developed by Canadian professionals, local coordination/marketing of courses by local groups or organizations, a network of 940 certified LEAP facilitators, strong partnerships with organizations across the country, and a centralized online portal to enable learner registration and dissemination of materials.

Research undertaken by Pallium demonstrates the impact of its work. A study of over 7,000 healthcare professionals who participated in LEAP courses over 2 years shows significant improvements in their knowledge, attitudes and comforts related to the provision of palliative care. Thousands of examples were provided of how learners have implemented the knowledge they acquired, directly benefiting patients, families and the healthcare system.

### **1. Building greater palliative care capacity among family physicians and specialists who care for patients with serious illness.**

Since 2014, Pallium has delivered over 1,700 LEAP courses and trained over 29,000 healthcare professionals working in different settings on the palliative care approach. Pallium's suite of courseware includes 18 LEAP interprofessional courses aimed at different settings, professions, and specialty areas. Of these 29,000 learners, almost 16,000 are nurses and 9,000 are social workers, paramedics and other healthcare providers. Only 4,100 physicians (representing 4.4% of the physician workforce) have been trained on LEAP.

With funding, Pallium would train 20,000 physicians over the five-year time period. This is an achievable target that would bring the total number of physicians trained to the tipping point – the point where palliative care training becomes an expected norm among all physicians and all professions within the healthcare teams they work. This would be across all settings, including home, hospital and long-term care settings where the need has been most amplified during the pandemic.

With similar continuing professional development courses running as high as \$3,000 per session for physicians, this would provide an added incentive for physicians to participate and receive their LEAP certification.

Pallium would leverage its vast network of LEAP facilitators, health system partners, national medical associations, and provincial/territorial health ministries to endorse, promote and encourage uptake of this capacity building opportunity.

## 2. Schools of Medicine

Pallium's LEAP courses can also help address some of the aforementioned barriers to palliative care education's inclusion into medical school curricula. LEAP courses and modules are ready to be used in the educational sector and offer a rapid solution to insert standardized and accredited palliative care content into curricula. The modular design of LEAP allows educators to pick and choose the modules and materials that best meet needs and curriculum opportunities.

This flexible approach has already been adopted by several medical schools (undergraduate) and residency programs (postgraduate) across the country. They have adapted LEAP modules and integrated palliative care education into their educational programs. The University of Ottawa Family Medicine Residency program, for example, provides LEAP content over a 6 to 8-week time period, delivering content in an integrated approach into already scheduled learning sessions. A similar approach is being used by the Department of Family Medicine at McMaster University. In contrast, the Credit Valley Family Medicine Teaching Unit is providing LEAP training by running weekend-long LEAP courses for their residents. These programs have also realized the importance of training their family physician and nursing faculty on the palliative care approach so that not only their patients can benefit, but that the faculty can role model and teach their students on the approach. LEAP is often used for this training.

This up-front introduction to palliative care competencies through LEAP is an approach that McMaster University is taking with its nephrology fellows and learners. Nephrology residents undertake LEAP Renal early in their training, allowing them to implement the palliative care approach during the months and years ahead of clinical training. This approach can be scaled across different specialty programs across the country, accompanied by faculty development in the palliative care approach.

Funding would provide all 17 schools of medicine access to all 18 LEAP courses and associated materials, including all modules, videos, and the Pallium e-pocketbook. This investment will ensure teachers/professors have the core knowledge base to teach palliative care including access to a dedicated portal in Pallium's learning management system to access detailed reporting and integrate with schools' own learning management systems. It will include feedback mechanisms on content to help improve future iterations. It will also promote interprofessional learning opportunities so that learners from different professions can join the training, thereby promoting teamwork within palliative care and in the healthcare system at large. Interprofessional education has been identified as a priority in a recent report ("The Future of Medical Education in Canada" 2018) by a Canadian Taskforce on medical education,

Key partners that will be included in this initiative include the Canadian Society of Palliative Care Physicians, Association of Faculties of Medicine of Canada, College of Family Physicians of Canada, Royal College of Physicians and Surgeons and representatives from all 17 schools of medicine.

In the absence of this initiative, palliative care educators across all medical schools would each be left to develop their own training material leading to significant duplication and poor use of precious resources.

Success in this initiative, starting with medical schools and promoting interprofessional learning, will elevate the importance of palliative care as a core element in all healthcare education and lay the foundation for expansion to other healthcare professional training programs. Seeding a culture of change by training the next wave of healthcare professionals on the palliative care approach has the potential to transform our society into a skilled, informed and compassionate one with respect to palliative care.