### CONFERENCE PROGRAM AT-A-GLANCE

**SUNDAY, APRIL 17, 2016**

<table>
<thead>
<tr>
<th>Times</th>
<th>Events</th>
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<tbody>
<tr>
<td>8:00 - 9:30 am</td>
<td>Registration, Continental Breakfast</td>
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<tr>
<td></td>
<td>• Sponsor/Exhibitor Showcase Opens</td>
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<tr>
<td>9:30 - 9:45 am</td>
<td>Welcome Remarks</td>
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<tr>
<td>9:45 - 10:45 am</td>
<td><strong>Opening Keynote Presentation:</strong> The Patients and Families Will See You Now. Are You Ready?</td>
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<tr>
<td></td>
<td>• Hugh MacLeod</td>
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<tr>
<td>10:45 - 11:00 am</td>
<td>Stretch Break</td>
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<td>11:00 - 11:45 am</td>
<td><strong>June Callwood Awards Ceremony</strong></td>
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<tr>
<td>11:45 - 1:00 pm</td>
<td>&quot;Exhibit Showcase&quot; &amp; Luncheon Buffet</td>
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<table>
<thead>
<tr>
<th>1:00 - 2:15 pm</th>
<th><strong>CONCURRENT WORKSHOP SESSIONS - SERIES 100</strong></th>
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<tbody>
<tr>
<td>Session #</td>
<td>Stream</td>
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<td>101</td>
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## SUNDAY, APRIL 17, 2016

<table>
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<tr>
<th>Times</th>
<th>Session Title and Speaker</th>
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<tbody>
<tr>
<td>2:15 - 2:45 pm</td>
<td>Refreshment Break; Sponsor/Exhibitor Showcase &amp; Posters</td>
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<tr>
<td>2:45 - 4:00 pm</td>
<td><strong>CONCURRENT WORKSHOP SESSIONS - SERIES 200</strong></td>
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<td>Session #</td>
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<td>209</td>
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<td>VOL</td>
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<tr>
<td>4:15 - 5:15 pm</td>
<td><strong>The Carmelita Lawlor Lectureship in Palliative Care:</strong></td>
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<tr>
<td>5:30 pm - 8:00 pm</td>
<td><strong>OMA Section on Palliative Care AGM</strong></td>
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## MONDAY, APRIL 18, 2016

<table>
<thead>
<tr>
<th>Times</th>
<th>&quot;Early bird&quot; Continental Breakfast Available</th>
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<tbody>
<tr>
<td>7:15 am</td>
<td>Registration &amp; Continental Breakfast</td>
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<tr>
<td>7:30 - 8:45 am</td>
<td>Sponsor/Exhibitor Showcase and Posters</td>
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<tr>
<td></td>
<td>Oral Paper Presentations - Series 1, 2, 3, 4, 5</td>
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<tr>
<td>8:50 - 9:15 am</td>
<td>Welcome Remarks</td>
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<tr>
<td>9:15 - 10:15 am</td>
<td>Plenary Presentation: Physician Assisted Death Discussion Panel</td>
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<tr>
<td>10:15 - 10:45 am</td>
<td>Refreshment Break</td>
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<td></td>
<td>Sponsor/Exhibitor Showcase and Posters</td>
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### 10:45 am- 12:00 noon

#### CONCURRENT WORKSHOP SESSIONS - SERIES 300

<table>
<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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<tbody>
<tr>
<td>301</td>
<td>LDP</td>
<td>It Takes A Compassionate Community: Palliative Care is Everyone's Business</td>
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<tr>
<td></td>
<td></td>
<td>• Dr. Denise Marshall, Dr. Kathryn Downer, Dr. Kathy Kortes-Miller</td>
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<tr>
<td>302</td>
<td>LDP</td>
<td>Developing a Centre of Excellence</td>
</tr>
<tr>
<td></td>
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<td>• Stephen Brennan, Lisa Paolatto</td>
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<tr>
<td>303</td>
<td>LDP</td>
<td>Reducing Emergency Department Utilization by Home-Based Palliative Patients</td>
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<tr>
<td></td>
<td></td>
<td>• Dr. Marnie Howe, Dr. Russell Goldman, Natalie Parry</td>
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<tr>
<td>304</td>
<td>CLN</td>
<td>Palliative Care In Non-malignant Diseases (Part 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dr. Ebru Kaya, Dr. Kirsten Wentlandt, Dr. Jenny Lau</td>
</tr>
<tr>
<td>305</td>
<td>CLN</td>
<td>The Patient with Amyotrophic Lateral Sclerosis (ALS): Meeting Their Needs and Those of Their Family/Caregiver Throughout Their Journey - A Team Approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dr. Tony Kerigan, Kerry Ann Bracewell, Mary Beer, Donna Lawrence</td>
</tr>
<tr>
<td>306</td>
<td>CLN</td>
<td>Prognostication: It’s Time to Reframe the Discussion in Long Term Care</td>
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<tr>
<td></td>
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<td>• Dr. Giulia Perri, Dr. Irene Ying</td>
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<tr>
<td>307</td>
<td>PSBCT</td>
<td>Grief Journeys in Music: Music Therapy and Bereavement Care</td>
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<td></td>
<td></td>
<td>• Sara Klinck, Adrienne Pringle</td>
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<td>308</td>
<td>PSBCT</td>
<td>Songwriting - Our Care Community</td>
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<td></td>
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<td>• Sarah Pearson</td>
</tr>
<tr>
<td>309</td>
<td>VOL</td>
<td>Boundaries Before Best Friends! Sharing Cautionary Tales and Common Pitfalls That Volunteers Battle, and Exercising Best Practices in Direct Client Care</td>
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<tr>
<td></td>
<td></td>
<td>• Amanda Maragos</td>
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<tr>
<td>310</td>
<td>VOL</td>
<td>Medical Marijuana in the Workplace</td>
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<tr>
<td></td>
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<td>• Carolyn Cuthbertson, Alex Revich</td>
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<tr>
<td>311</td>
<td>VOL</td>
<td>A Gentle Touch: Therapeutic Touch™ Integrated into Hospice Palliative Care</td>
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<td></td>
<td></td>
<td>• Nancy Hall, Arlene Cugelman</td>
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<tr>
<td>12:00 - 1:15 pm</td>
<td>Luncheon Buffet &amp; Exhibit Showcase</td>
<td>Awards Presentations</td>
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## MONDAY, APRIL 18, 2016

<table>
<thead>
<tr>
<th>Times</th>
<th>Plenary Session: HIT (Healthcare, Innovation, Technology) Talks</th>
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<tbody>
<tr>
<td>1:15 – 2:45 pm</td>
<td>Refreshment Break</td>
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<tr>
<td></td>
<td>• Sponsor/Exhibitor Showcase - Last Chance to Visit with Exhibitors</td>
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<td>• Posters</td>
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<td>2:45 - 3:15 pm</td>
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<td>3:15 – 4:30 pm</td>
<td>CONCURRENT WORKSHOP SESSIONS - SERIES 400</td>
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<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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<tbody>
<tr>
<td>401</td>
<td>LDP</td>
<td>Dying to Know: Situating Death in Education</td>
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<tr>
<td></td>
<td></td>
<td>• Dr. Kathy Kortes-Miller, Dr. Kathryn Downer</td>
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<tr>
<td>402</td>
<td>LDP</td>
<td>Introduction to HPCO’s Accreditation Program (Residential Hospices)</td>
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<td>• Annalise Stenekes</td>
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<td>403</td>
<td>LDP</td>
<td>Understanding Palliative Care Pathways for and with Indigenous Clients and Families: Making Room for Spirit</td>
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<tr>
<td></td>
<td></td>
<td>• Dr. Bernice Downey, Joanna Vautour</td>
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<tr>
<td>404</td>
<td>CLN</td>
<td>Palliative Care In Non-malignant Diseases (Part 2)</td>
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<tr>
<td></td>
<td></td>
<td>• Dr. Ebru Kaya, Dr. Kirsten Wentlandt, Dr. Jenny Lau</td>
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<tr>
<td>405</td>
<td>CLN/LDP</td>
<td>Establishing and Supporting Palliative Competency in Practical Nursing</td>
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<td></td>
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<td>• Jeanne Weis, Kath Murray</td>
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<td>406</td>
<td>CLN</td>
<td>Education in Palliative and End-of-Life Care - Dyspnea Management</td>
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<td>• Dr. Jiahui Wong, Cathy Kiteley</td>
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<td>407</td>
<td>PSBCT</td>
<td>Canadian Virtual Hospice: Knowledge Tools Addressing National Gaps</td>
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<td></td>
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<td>• Shelly Cory</td>
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<td>408</td>
<td>PSBCT</td>
<td>Living Moments and Legacy: Clinical Social Work in Palliative Care</td>
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<td>• Michael Bennett</td>
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<tr>
<td>409</td>
<td>PSBCT</td>
<td>Grief Journeys and Musical Moments: Exploring Theoretical and Practical Connections Between Music Therapy and Bereavement Care</td>
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<td></td>
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<td>• SarahRose Black, Debbie Emmerson</td>
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<tr>
<td>410</td>
<td>VOL</td>
<td>The Healing Power of Nature</td>
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<tr>
<td></td>
<td></td>
<td>• Lynn Leach</td>
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<tr>
<td>411</td>
<td>VOL</td>
<td>&quot;Being&quot; or &quot;Doing&quot;? - Have we Medicalized the Very End-of-Life Care Too Much?</td>
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<td>• Dr. Brian Berger, Anne-Marie Dean</td>
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<td>6:00 – 7:00 pm</td>
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<td>Pre-Dinner Reception</td>
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<td>7:00 – 10:30 pm</td>
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<td>Banquet Dinner and Entertainment - Supported by RPNAO</td>
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<td>• Awards Presentations</td>
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TUESDAY, APRIL 19, 2016

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<th>Times</th>
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<tbody>
<tr>
<td>7:15 am</td>
<td>&quot;Early bird&quot; Continental Breakfast Available</td>
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</table>
| 7:30 - 8:45 am| • Registration & Continental Breakfast  
• Posters  
• Oral Paper Presentations - Series 6, 7, 8, 9, 10 |
| 9:00 – 10:00 am| Welcome Remarks & Keynote Presentation: Paediatric Palliative Care: U.K. Models  
• Dr. Richard Hain |
| 10:00 – 10:30 am| Refreshment Break                                                      |
| 10:30 – 11:45 am| CONCURRENT WORKSHOP SESSIONS - SERIES 500                           |

<table>
<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
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</table>
| 501       | LDP    | Leadership in Palliative Care Education: Becoming a Facilitator Coach in the Pallium Canada LEAP Program  
• Dr. Kathryn Downer, Dr. Lori Teeple, Maryse Bouvette |
| 502       | LDP    | The Blending of Two Lens: Residential Hospice and Long-Term Care  
• Nadine Persaud, Debbie Emmerson |
| 503       | LDP    | Developing Community Palliative Care Programs Using a Capacity Building Approach: The Northwestern Ontario Experience  
• Jill Marcella, Hilary Mettam |
| 504       | LDP    | Kids Too  
• Dr. Bernadette McNeil, Jennifer Dennis, Shelley Groombridge |
| 505       | LDP    | Family/Relationship Centred Hospice Palliative Care – A New Approach  
• Lisa Levin, Dr. Sandy Buchman, Cathy Fooks, Ester Green |
| 506       | CLN    | Tele-Palliation: Increasing Access to Hospice Palliative Care at End-of-Life  
• Dr. Kathy Simpson, Robin Cano |
| 507       | CLN    | Urban Indigenous End-of-Life Care: Recommendations Voiced by Indigenous Peoples  
• Barbara Wilson, Gail Cyr |
| 508       | PSBCT  | Companioniing Suffering  
• Eugene Dufour |
| 509       | PSBCT  | The Death Revival  
• Colleen Bone |
| 510       | PSBCT/ VOL | HUUG (Help Us Understand Grief) Program  
• Jodi Pereira, Kimberly Blackmore |
| 511       | VOL    | Pathways: Helping People with Dementia Find Their Voice Through Song  
• Bev Foster |
### TUESDAY, APRIL 19, 2016

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<th>Times</th>
<th>Event</th>
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| 11:45 am - 1:00 pm | Luncheon  
- Best Oral Paper/Poster Presentations |
| 1:00 pm – 2:00 pm | Closing Keynote Presentation: Tune In – A Music Therapy Approach to Life  
- Jennifer Buchanan  
*Supported by The Room 217 Foundation* |
| 2:00 pm – 2:15 pm | Closing Remarks, Draw Prizes, Adjournment |

### OPTIONAL - POST CONFERENCE SYMPOSIUM

**WEDNESDAY, APRIL 20, 2016**

<table>
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<tr>
<th>Times</th>
<th>Event</th>
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| 9:00 am - 5:30 pm | The Inaugural Provincial Symposium on Paediatric Palliative Care  
Presented by HPCO and The Hospital for Sick Children's, SickKids Paediatric Advance Care Team (PACT)  
*Being Held at The Hospital for Sick Children, 555 University Avenue, Toronto*  
HPCO Conference Delegates Receive a Reduced Registration Rate of $50 for this full-day symposium. Further details available at hpc.ca |

### WORKSHOP STREAMS

The workshop sessions have been scheduled into the program agenda by streams, so that conference participants can easily zero in on sessions most relevant to their discipline or practice. They are only guidelines to help you choose from the 55 concurrent workshops being offered.

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<tr>
<th>LDP</th>
<th>Leadership/Systems/Integration</th>
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<tbody>
<tr>
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<td>Hospice Executive Directors</td>
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<td>Program Administrators</td>
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<td>Policy Makers</td>
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<tr>
<th>CLN</th>
<th>Research, Scientific/Advanced Clinical Practice</th>
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<tr>
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<td>Palliative Care and Family Physicians</td>
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<td>Nurses, Case Managers, Care Coordinators</td>
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<td>Advance Palliative Care Practitioners</td>
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<td>Other care providers</td>
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<thead>
<tr>
<th>PSBCT</th>
<th>Psychosocial, Spiritual, Bereavement, Complementary Therapy</th>
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<tbody>
<tr>
<td></td>
<td>Social Workers</td>
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<tr>
<td></td>
<td>Pastoral and Spiritual Care Workers</td>
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<td>Practitioners providing complementary modalities</td>
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<td>Anyone interested in the psychosocial aspects of palliative care</td>
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<tr>
<th>VOL</th>
<th>Volunteer Management</th>
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<tbody>
<tr>
<td></td>
<td>Volunteer Managers</td>
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<td>Volunteer Coordinators</td>
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101 Windsor-Essex Compassionate Community (WECC) Movement (Part 1) (continued in Session 201)

Deborah Sattler, Lead, Windsor Essex Collective Impact Coalition, Windsor, ON
Michael Bennett, Project Manager, the Windsor-Essex Compassionate Community Initiative, The Hospice of Windsor & Essex County, Windsor, ON

Windsor-Essex county is challenging itself to improve life and living for all aging, end-of-life, and vulnerable citizens. This workshop will demonstrate the steps we have taken to build and implement a compassionate, citizen-driven community care system in this county from the ground up. In a compassionate community, people and services are motivated to take responsibility for and care for each other, as they would like to be cared for. In the WECC model, citizens and care partners are empowered to organize life-long care around the things that are most important to them, bringing together self-help, natural care, formal providers and technology – care that is truly encompassing. Caring neighbourhoods will flourish, and will proactively reach out in meaningful ways to people in distress or who are vulnerable. Built-in, systematic and comparable learning will make it easier for communities to improve population outcomes, equity and community prosperity.

This workshop will explain our process for community and volunteer mobilization, how we are orchestrating our community assets to ensure all people with life-altering conditions receive help to achieve their important goals, and how we are evaluating ourselves in terms of improved access, equity, and reduction of year over year costs for community populations. We are experiencing first hand that a community where compassion is fully alive is a thriving, resilient, and dynamic place to live, work, raise children and grow old.

Learning Objectives:
1. Understand the planning, building, and implementation process for creating a comprehensive, citizen-driven compassionate care system;
2. Identify creative ways to engage citizens and provide them the tools to self-organize, ask for the help they really need, and offer help to their neighbours;
3. Demonstrate possible frameworks and evaluation methodology for orchestrating formal care with informal supports within a community.

Workshop Stream: Leadership/Systems/Integration

102 A Rural Palliative Care Community Team Model

Jill Sadler, Community Care City of Kawartha Lakes, Lindsay, ON
Jodi Dunn, Ross Memorial Hospital, Lindsay, ON

The newly formed Kawartha Lakes Palliative Care Community Team (PCCT), located in rural southern Ontario, has been operating for 1-year now and successfully working with local health partners to provide comprehensive palliative care to clients and caregivers across 3,000 square kilometers. Focusing on delivering a holistic model, beginning at time of diagnosis to providing follow-up bereavement care, the program leverages the skills of a Hospice Team Lead, Hospice Clinical Navigator,
Clinical Resource Nurse and Supportive Care Counsellor. This model integrates current hospice visiting volunteer programs with the new PCCT, and also leverages a unique partnership with our local Ross Memorial Hospital. Partners include the local hospital, CCAC, Family Health Teams, Hospice, EMS and the Palliative Pain & Symptom Management Consultation Service. The Team also works with local physicians to provide a 24/7 on-call system and introduces clients to the “My Care Diary”, a resourceful binder that each client in the program receives upon admission. Come hear about our lessons learned, successes and challenges to get this program moving.

**Learning Objectives:**
1. Learn the process of multiple health care partners coming together to determine the best model for our community;
2. Learn and share with participants the successes and challenges that they encounter in their region;
3. Learn how to develop your own program in your area, and how you can modify a model that fits your community.

**Workshop Stream:** Leadership/Systems/Integration

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103 **Do Your Advance Care Planning Materials Comply with Ontario Law? You May be Surprised!! (Part 1)** (continued in Session 203)

The Health Care Consent Advance Care Planning Community of Practice Leadership Team, Hospice Palliative Care Ontario, Toronto, ON

Ensuring the right information is given to the right person, at the right time, in the right way, is critical to safeguard compliance with Ontario law. Meeting the legislated professional obligations for all health practitioners, and accredited health organizations (e.g., hospitals, long term care homes, community agencies) is vital to reducing the risk of complaints and legal liability. This innovative workshop will offer participants a thought-provoking and energetic session that highlights Health Care Consent and Advance Care Planning (HCC ACP) Best Practice Guidelines and Initiatives that comply with the Ontario Legal Framework. This two-part session will provide critical information to assist in clearing confusion and dispelling misconceptions; include activities to support knowledge translation in your role related to HCC and ACP; lastly, the opportunity to interact with a showcase of some of the best HCC ACP projects in Ontario. Participants will increase their knowledge of Ontario’s legal framework, learn to utilize consistent language and practice, and gain Ontario specific tools and supports. Participants will begin to know what they don’t know…. and be able to make changes to improve outcomes!

**Learning Objectives:**
1. To understand and appreciate the value an importance of HCC ACP in healthcare decision making;
2. To build knowledge about HCC and ACP within an Ontario legal framework – the level being one that every clinician and provider would ideally achieve some competence and comfort;
3. To become more aware, learn about, and link with best practice HCC and ACP projects and initiatives currently underway across Ontario, and know where to access resources.

**Workshop Stream:** Leadership/Systems/Integration
104 Palliative Care Units: Establishing Definitions and Standards in Ontario Through an Evidence-Based and Participatory Process

Dr. Christopher Klinger, Postdoctoral Fellow, the University of Ottawa’s Department of Medicine, Division of Palliative Care and the Ottawa Hospital Research Institute (OHRI), Ottawa, ON
Dr. José Pereira, Full Professor, University of Ottawa, Department of Medicine, Division of Palliative Care and Medical Chief of the Department of Palliative Medicine at Bruyère Continuing Care and Bruyère Research Institute, Ottawa, ON
Lisa Malbrecht, Director of Complex and Ambulatory Care, St. Joseph’s Health Care London, London, ON

Jurisdictions recognized for the full integration of palliative care stress a systems approach and service provision across sectors – including palliative care units (PCUs). While highly regarded and utilized for in-patient interventions above the hospice-level, Ontario facilities increasingly seem to be facing systemic challenges, including health human resources and remuneration.

This interactive workshop, by members of the interdisciplinary Provincial PCU Expert Panel - is geared mainly toward an intermediate learning level audience of administrative and clinician leaders from the in-patient palliative care sector and set to introduce the PCU Survey conducted in collaboration with Cancer Care Ontario; describe the work of the Provincial PCU Expert Panel (and Reference Group); and facilitate discussion around proposed definitions and standards for PCUs.

Building upon the PCU Survey (including health human resources, utilization statistics and services provided) of all Ontario facilities identified as likely to be hosting PCUs/palliative beds, a PCU Day was hosted and a Provincial PCU Expert Panel established. Synthesizing the literature and incorporating survey results/expert advice, draft definitions for different types of PCUs were established and suggestions toward standards (staffing levels and professions, etc.) prepared.

These documents will help to stimulate interaction with the audience to: Enhance awareness and generate feedback; Potentially modify definitions and standards; and Foster the communication flow from the healthcare provider side. The learnings are transferable across the Province and set to further service provision across the continuum and facilitate holistic, patient-centered care while informing health policy and remuneration practice.

Learning Objectives:
1. Introduce the PCU Survey conducted in collaboration with Cancer Care Ontario;
2. Describe the work of the Provincial PCU Expert Panel (and Reference Group);
3. Facilitate discussion around proposed definitions and standards for PCUs.

Workshop Stream: Leadership/Systems/Integration
105  Death Midwifery in Canada

Olga Nikolajev, RN, MA, CT, Dying Matters, Eldorado, ON

The rise in the interest of death midwives in Canada highlights the rise of death awareness in our collective. As more and more people in Canada demand high quality hospice palliative care, and as more and more people lose confidence in our current health care system in being able to deliver this care, people will search for other ways to have quality in their dying and death. Death midwifery offers the opportunity for lay individuals to gain fundamental knowledge in death, dying, bereavement, as well as spiritual care, ritual and ceremony. Many death midwives also gain knowledge in home funerals, and knowledge in new emerging burial practices. Many training opportunities have emerged on the scene to offer midwifery training across Canada. The workshop will provide participants with the history, current state and future development in the field of death midwifery. Participants will learn the diversity of knowledge in training death midwives, and explore in discussion how death midwifery can be integrated into the present practice of hospice palliative care in Ontario.

Learning Objectives:
1. Learn history, current and future development of death midwifery;
2. Learn what knowledge death midwives obtain via their training;
3. Explore how death midwives can be integrated into HPC in Ontario.

Workshop Stream: Leadership/Systems/Integration

106  Prolonged QT Interval in Palliative Care. Should We Care?

Dr. Ahmed Al-Awamer, Palliative Care Physician, Princess Margaret Cancer Center, Toronto, ON
Bahar Nemati, BScPhm, Clinical Pharmacist, University Health Network, Toronto, ON.

The long QT syndrome (LQTS) is a disorder of myocardial repolarization characterized by a prolonged QT interval on the electrocardiogram, and associated with an increased risk of life-threatening ventricular tachyarrhythmia and sudden cardiac death. Many drugs have the potential to induce QT interval prolongation. Up to 25% of drugs used in PC have the potential to induce LQTS.

Research shows that 28% of PC patients with advanced cancer patients have baseline QT prolongation. The prevalence is higher in cardiac PC patients. Furthermore, PC patients may be at particular risk of prolonged QT given the high prevalence of multiple drug use, malnutrition, and metabolic disturbance. While the relevance of LQTS is questionable in patient’s final days, PC have expanded and become more involved with patients with longer prognoses and cardiac disease. So far there are no clear guidelines to guide PC practitioners on the risk of QT prolongation and if screening and monitoring are warranted. Our interprofessional team analyzed drug-induced LQTS in PC. We will present an overview of LQTS and its implications from clinical, ethical and legal perspectives. We will also discuss a framework that will assist in prescribing medications with a high risk of inducing LQTS in PC.
Learning Objectives:
1. Examine the ethical, legal and clinical concerns with prescribing drugs with a high risk of inducing long QT syndrome in palliative care;
2. Apply framework for prescribing medications with higher risk of inducing long QT syndrome in palliative care;
3. Demonstrate an approach to address long QT syndrome for individual prescriber and pharmacist in palliative care.

Workshop Stream: Research/Scientific/Advanced Clinical Practice

107 Including the Ethics Piece: A Good IDEA for Health Care Providers

Dr. Christopher De Bono, PhD, Clinical Ethicist, Toronto Central CCAC, Toronto. ON.
Kath Murray, RN, BSN, MA, CHPCN(C), FT, Life and Death Matters, Saanichton, BC.

Hospice palliative care providers practice in challenging situations all the time, many of which include profound ethics issues. And while health care providers may feel a certain amount of stress or distress, they may not actually recognize that they are in the midst of an ethical dilemma. The fact is some ethical dilemmas present as messy experiences which are dishearteningly chaotic. Without a way to sort this through ethical complexity, the experiences can be overwhelming.

The purpose of this session is to offer a practical way to use ethics to bring clarity to these complex situations because simply put, good ethics helps identify what, why and how things need to be done. This workshop will introduce a simple tool for ethics called “IDEA.” It helps staff recognize, think about and work through ethical issues. This four step method, promoted by the Community Ethics Network, also supports supervisors in coaching their staff. This approach, which has been picked up nationally and internationally, can also help organizations meet the requirements of Accreditation Canada.

Case studies, using the ethical experiences of Personal Support Workers, will illustrate both the use of the tool and some common challenges faced in practice. Examples will be drawn from home, community and long term care. Participants will enjoy playing with the IDEA tool and be able to take it home to their health care sand box.

Learning Objectives:
1. To learn how to recognize an ethics issue;
2. To develop skills and be familiar with easy to use tools to resolve ethics issues;
3. To learn about the unique ethics issues health providers, especially PSWs, encounter in their practice.

Workshop Stream: Research/Scientific/Advanced Clinical Practice
108 The Reflection Room: Adopting Storytelling to Create Space for Reflection (Part 1) (continued in Session 208)

Karen Oikonen, BID, M.Des., Research Associate, Saint Elizabeth Research Centre, Saint Elizabeth Health Care, Markham, ON

Dr. Paul Holyoke, LL.B., M.Sc.(Econ.), Ph.D., Director, Saint Elizabeth Research Centre, Saint Elizabeth Health Care, Markham, ON

Human beings are storytellers. Understanding complex challenges through narrative builds empathy. Stories also trigger the imagination for future possibility. At the CHPCA conference in October 2015, we transformed a room that invited conference attendees to pause, recharge and remember a recent experience with hospice palliative care. Elements of the physical space drew from research on end-of-life spiritual care and examples of interactive public installation art inspired the reflection experience. An invitation was extended to write a memory, or story, on a reflection card and pin it to a ribbon on the reflection wall to build a collective story.

We will use innovative engagement methods within the immersive experience of a Reflection Room. We will share observations from the stories left in the Reflection Room installation and then, through a guided experiential workshop using stories and storytelling, we will pose the questions: How might we incorporate reflection and storytelling into palliative care practice? How might we engage patients and families in shared storytelling as they navigate decision-making at end-of-life? At the end, participants will be invited to take a few moments to reflect on their own experiences and add them to the reflection wall to continue building the collective story.

Learning Objectives:
1. Workshop participants will have the opportunity to reflect on an experience that has impacted their practice and take the time to honour that experience by sharing a reflection and contributing to the Reflection Wall;
2. Learn strategies for incorporating reflection and storytelling into their practice;
3. Learn how reflection and storytelling might support patient and family communication in palliative care.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

109 Improving The Quality of Spiritual Care to End-of-Life: Alleviation of Suffering

Rev. Elaine MacInnis, Chaplain in Oncology and Palliative Care, Trillium Health Partners, Credit Valley Hospital, Mississauga. ON.

Spirituality has been found to play a key role in health and illness, however, the spiritual domain is often neglected, overlooked or forgotten when patients are diagnosed with a terminal illness. One cannot care for the dying without encountering suffering. Patients are struggling not only with physical pain, but also emotional, psychological, and spiritual pain or suffering.
In clinical rounds, health care professionals regularly talk about pain and symptom management, a major emphasis of care, however, in their encounters with dying patients and their families, conversations about suffering and spirituality are rarely brought forward.

This research based presentation examines the depth and pervasiveness of existential and spiritual suffering from the time of diagnosis of a life-threatening illness, throughout the illness trajectory until death. Narrative Inquiry and Phenomenological methodology served as the rationale to explore the Heideggerian concept of “what it means to be a person diagnosed with a terminal illness.”

Participants attending this workshop will gain insights into: (a) The prevalence and inseparable connection between suffering, beliefs and spirituality from the time of diagnosis, throughout the illness trajectory until death. (b) Factors contributing to internal and external experiences of pain or suffering, and loss of dignity (c) A culturally sensitive approach to determine patients’ needs using “I HOPE FOR” Spiritual History and Needs Assessment Guide. Health Care is relational – out of our loving presence to those whom we serve healing is possible. What is healing? Helping patients to live without fear, be at peace with life, and ultimately death.

Learning Objectives:
1. Key guidelines for communicating with dying patients and their families along with general principles for communicating with patients from another culture;
2. “Seven Sensitivities" of effective caregivers that exemplify the A, B, C, and D’s of Dignity Conserving Care;
3. Health Care Team’s “Seven Caring Interactions” that help alleviate or diminish suffering and promote healing.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

110 The Power of Story: Making Hospice Connections Through Life Stories

Linda Sunderland, Executive Director, Hospice Peterborough; and Chair, Central East LHIN Hospice Palliative Care Network; Peterborough, ON
David Kennedy, Bereavement Coordinator and Spiritual Care Director, Hospice Peterborough, Peterborough, ON

This workshop will focus on the power of storytelling to engage our communities and educate people about the work of Hospice. The workshop will examine the crucial aspects of how to do this ethically and effectively. Participants will become aware of the power of the individual’s story in developing a hospice promotional video and the importance of understanding that fundamentally the video will not tell the organization’s story but the individual’s story. The workshop will identify appropriate goals for video media and the process of determining what stories get chosen and how the stories are told. The video created for Hospice Peterborough will be the foundation for the discussion and we will explore how the video is currently being used to advance the Every Moment Matters Campaign and to engage the community and health care professionals in the work of Hospice.
Learning Objectives:
1. To understand the nature of deep connection made through storytelling;
2. To identify ethical issues that will guide the telling of story;
3. To embrace and explore the opportunities to do this in the learners’ context.

Workshop Stream: Volunteer Management

111 Holding the Space - Opening up to All the Complex Emotions

Linda Hochstetler, RSW, Private Practice, Toronto, ON

Really good palliative care professionals know that how they speak to patients and family members is more important that what they do for them. And that done well, patients and family members actually experience an intensity of complex emotions that go way beyond the limited expression of grief typically thought of as appropriate end of life emotions.

This workshop will invite you to learn about and practice some of the basic principles of "holding the space" for someone else. You will hear stories about what appears when you create a container to hold the space for someone else. You will understand why we need to stop sending people who are dying, or have family members who are dying, to grief counsellors. Grief counselling is an out-of-date idea that assumes that death brings only sadness, helplessness, and anger. And you will practice some of the conversational tasks involving dying persons that brings resolution and greater peace for all involved.

By learning to hold the space for patients and family members, everyone involved can learn to open up to a wider range of complex emotions, including, joy, gratitude, and deep satisfaction. Space can be made to include sadness and mourning, but not be limited by these.

Learning Objectives:
1. To understand what it means to "hold the space" for others;
2. To practice the 5 conversation tasks for end of life;
3. To learn to invite conversations that ignite the range of complex emotions.

Workshop Stream: Volunteer Management
**CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200**

**Sunday, April 17, 2016**

**201**  
**Windsor-Essex Compassionate Community (WECC) Movement (Part 2)**  
(continued from Session 101)

Deborah Sattler, Lead, Windsor Essex Collective Impact Coalition, Windsor, ON  
Michael Bennett, Project Manager, the Windsor-Essex Compassionate Community Initiative, The Hospice of Windsor & Essex County, Windsor, ON

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**202**  
**Palliative Care Training for Nurse Practitioners - A Unique CCAC-Community Hospital Collaboration**

Dr. Brian Berger, Physician Lead, Palliative Care, Mackenzie Health Hospital, Richmond Hill, ON  
Jon Garcia, Nurse Practitioner, Central CCAC, Toronto, ON.

As part of a provincial initiative, Central CCAC launched a palliative Nurse Practitioner service to improve care quality by creating a direct link between home care teams and primary care physicians and palliative care physicians. Nurse Practitioners have very little training in palliative care in their core curriculum and have poor access to practicums. The authors describe the challenges, the process, and then the ultimate success of a community hospital-community care access centre collaborative initiative that gave a nurse practitioner training tools that benefitted the Hospital, the caregivers and ultimately the patients

**Learning Objectives:**
1. To break down barriers between Hospitals and Community care;
2. To share how valuable a palliative care practicum can be for an NP;
3. To encourage dialogue for future training in community hospital settings.

**Workshop Stream:** Leadership/Systems/Integration

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**203**  
**Do Your Advance Care Planning Materials Comply with Ontario Law? You may be Surprised!! (Part 2)**  
(continued from Session 103)

The Health Care Consent Advance Care Planning Community of Practice Leadership Team, Hospice Palliative Care Ontario, Toronto, ON

**Note:** Attendance to this part-2 workshop is restricted to participants who attend Part 1 of this session.
204  Cannabinoid Therapies - More than a "Tokin" Effect

Dr. Vincent Maida, MD, MSc, BSc, CCFP, FCFP, ABHPM, Associate Professor, University of Toronto, William Osler Health System, Brampton and Toronto, ON

Cannabinoids are naturally occurring compounds derived from the Cannabis plant. Although more than 70 distinct cannabinoids have been discovered, the two most studied are THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol). Cannabinoids exert their clinical effects by interacting with cannabinoid receptors that are located both extracellularly and intracellularly. CB1 receptors govern neuromodulatory pathways while CB2 receptors govern immunomodulatory pathways.

Cannabinoid therapies have demonstrated efficacy in both malignant and non-malignant diseases for the treatment of multiple symptoms including pain, nausea, spasticity, anorexia, and anxiety. Whether used as monotherapy or adjuvants, they have the capacity to significantly enhance the quality of life among patients with advanced illness referred for palliative care. Emerging research is demonstrating an evolution in the utility of cannabinoids from polysymptom management to potential disease modulating effects.

In Canada, patients may access cannabinoids through 2 pharmaceuticals, Sativex™ (Nabiximols: THC 2.7mg + CBD 2.5mg) and Cesamet™ (Nabilone), and in the botanical form, Medicinal Marihuana. Effective April 1, 2014, Canada has enacted new regulations that simplify access to Medicinal Marijuana while allowing for customization of cannabinoid mixtures that are most appropriate for individual patient needs. In June 2015, the Supreme Court of Canada ruled that Medicinal Marijuana may also be utilized through methods and routes other than smoking and vaporization, thus allowing Medicinal Marijuana extracts to be administered through edible and topical methods.

Learning Objectives:
1. Discuss the scientific basis for cannabinoid therapies and their potential for disease modulation;
2. Integrate cannabinoids as effective agents for poly-symptom management in malignant and non-malignant diseases;
3. Reflect on the range of cannabinoid products and their routes of administration.

Workshop Stream: Research/Scientific/Advanced Clinical Practice

205  Improving End-of-Life Care Through Quality Improvement

Tracey Dasgupta, University of Toronto, Toronto, ON
Kalli Stilos, University of Toronto, Toronto, ON
Bill Ford, University of Toronto, Toronto, ON
Danielle Takahashi, University of Toronto, Toronto, ON

Patient and family feedback highlighted the need to enhance the quality of end of life care at Sunnybrook. An interprofessional Quality Dying Initiative was established and foundational work included family member focus groups, staff engagement survey, literature review and development of a satisfaction survey routinely sent to family following the death of a patient.
The first intervention, piloted within the oncology program, focused on improving care of imminently dying patients for whom care goals are comfort. Quality improvement methodology and capacity building through champion development was imperative to the success. The aim was to improve the overall satisfaction of patients who die at Sunnybrook to greater than 75%.

Core elements of the pilot intervention included 1) staff engagement, 2) standardized comfort assessment, 3) spiritual care consultation, 4) standardized family education, and 5) coaching and education of staff by experts from the Palliative Care Consult Team (PCCT). These were augmented by the roll out of ‘No CPR’ and ‘Comfort Measures Only’ standardized pre-printed order sets.

This workshop will provide participants with the opportunity to review and discuss the quality improvement methodology that was used, including tools and resources for customization and application within their own organization. Participants will be provided with the opportunity to reflect upon the practices and process within their clinical settings for each of the five core elements, for the purpose of interprofessional collaboration and translation of knowledge across the health care system.

**Learning Objectives:**
This workshop will provide participants with the opportunity to actively review the core elements of an organizational approach to improve quality dying through the Comfort Measures pilot including:
1. staff engagement 2. comfort assessment, 3. spiritual care consultation, 4. family education, and 5. coaching of staff by experts.

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

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**206 A Clinical Nurse Specialist Discusses How to Deal with the Life and Death Fears and Concerns**

**Dr. Paul-André Gauthier**, RN, CNS; B.Sc.N., TTC, MDM, MN, PhD (Nursing), Palliative Care Consultant, Sudbury, ON.

The objective of this interdisciplinary presentation is to discuss and exchange with participants about the concerns and fears that individuals may have while facing a terminal diagnosis. When doing consultations, professionals may be challenged and unsure on how to discuss these preoccupations as such. The presenter will do an exercise to identify these concerns and how to address these despite the emotional charge that they may contain. These concerns may be present until the end if they have not been identified with patients/clients and family members and prevent them from moving forward if they wish to do so. For the past 25 years, the presenter has seen that nurses and other health care providers can make a major impact and improve the condition in which patients/clients are experiencing at the end of life by providing professional “accompaniment.”

During this presentation, he will discuss how to enable professionals to act in a more confident manner when topics may be delicate to initiate. In conclusion, he will argue that the intervention of health care professionals can make a significant difference in the lives of dying patients/clients and their families while helping them dealing with life and death fears and concerns.
Learning Objectives:
1. Identify life and death fears and concerns;
2. Discuss how to deal with these fears and concerns;
3. Answer some specific fears and concerns that participants may have.

Workshop Stream: Research/Scientific/Advanced Clinical Practice

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207  **Thanatology: The Study of Death, Dying and Bereavement**

*Olga Nikolajev, RN, MA, CT, Dying Matters, Eldorado, ON*

The workshop will focus on providing the participants with the history, current state and future development of Thanatology, a robust field of study of death, dying and bereavement. Participants will learn about the Body of Knowledge (BOK) Matrix, that is comprised of 6 key categories and 10 indicators that help illustrate the knowledge in the field of death education, counselling, and research.

Participants will explore how the knowledge of hospice palliative care within Ontario can contribute to the field of Thanatology, and how Thanatology and specifically the BOK can add knowledge to HPC in Ontario. The workshop will also introduce participants to the Association of Death Education and Counselling: The Thanatology Association, and its resources, including the *Handbook of Thanatology*. Through an experiential process participants will have an opportunity to engage in discussion about the new emerging themes in the field of Thanatology, such as Cyber Memorials, the use of social media, and the rise of Thanadoulas.

Learning Objectives:
1. Learn the history, current state and future development of Thanatology;
2. Explore how Thanatology can add to HPC in Ontario;
3. Discuss new emerging themes in Thanatology.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

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208  **The Reflection Room: Adopting Storytelling to Create Space for Reflection (Part 2)**

(continued from Session 108)

*Karen Oikonen, BID, M.Des., Research Associate, Saint Elizabeth Research Centre, Saint Elizabeth Health Care, Markham, ON*

*Dr. Paul Holyoke, LL.B., M.Sc.(Econ.), Ph.D., Director, Saint Elizabeth Research Centre, Saint Elizabeth Health Care, Markham, ON*
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 17, 2016

209 A Compassionate Communities Model of Bereavement Care: Moving Beyond The Bereavement Support Group

Rachelle McGuire, M.A., CT, Bereavement Support Clinician, McNally House Hospice, Grimsby, ON

McNally House Hospice’s Community Bereavement Program has expanded to include many local partnerships. Programs are hosted in the community by local businesses & organizations, outside of the hospice setting, and include a wide variety of options for participants. Some of these options include cooking classes, yoga classes, book clubs, film events, poetry & narrative therapy workshops, gardening clubs & author series events.

The idea behind the Compassionate Communities model is that grief & loss are ALL of our responsibilities, not just the responsibility of the palliative care/hospice professionals. If we keep waiting for more health care dollars, our programs are doomed to fall short of our communities needs. The Compassionate Communities Model requires that all who are able contribute, ensuring that programs are financially sustainable all while growing the capacity of the community itself to care for their bereaved. This workshop will illustrate the philosophy of our program and take participants through an exercise to see how they might begin something similar in their own communities.

Learning Objectives:
1. To share with participants how to build a bereavement program using a community development/compassionate communities model;
2. To help participants explore their own communities needs and how they might be met outside of a traditional support group model;
3. To inspire participants to think outside of the box when it comes to offering bereavement support for the folks they serve in a way that is sustainable and cost-effective.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy Volunteer Management

210 Managing Difficult Conversations in Palliative Care

Dr. Michael Gagnon, MB, BCH, BAO, CCFP, Palliative Care Physician, Palliative Medical Co-Lead, CW LHIN CCAC; Medical Director, Bethell Hospice, Inglewood, ON.

Dr. Naheed Dosani, MD, CCFP, BSc, Palliative Care Physician, William Osler Health System; Inner City Health Associates, Toronto & PEACH (Palliative Education and Care for the Homeless) Initiative, Toronto, ON.

Healthcare providers are often confronted with difficult conversations. When dealing with patients who have palliative care needs, the healthcare provider-patient relationship can become especially strained. The aim of this workshop is to dissect the complexities associated with difficult conversations surrounding goals of care, in patients with palliative care needs.
We will discuss a well-established ethical framework to guide in these conversations and have small group as well as didactic learning opportunities. End of life cases to be discussed include: conversations surrounding feeding at the end of life, truth-telling, do not resuscitate orders and transitions in goals of care.

(2) Community Ethics Toolkit, Ethical Decision-making in the Community Health and Support Sector, Toronto Central Community Care Access Centre, July 2002

Learning Objectives:
1. To provide an ethical framework to assist health care providers in difficult ethical decisions;
2. To assist health care providers in gaining comfort with complex decisions that don’t always end how the care provider might think they should;
3. To give practical feedback and ‘pearls’ for making difficult ethical decisions.

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

211 Introduction to HPCO’s Accreditation Program - Visiting Hospice Services

Annalise Stenekes, MSW, Project Manager, Standards and Accreditation, Hospice Palliative Care Ontario, Toronto, ON

Accreditation is all about demonstrating credibility – it assures stakeholders that your organization is meeting a high standard of care. This workshop will introduce HPCO’s Accreditation Program, with a focus on the Visiting Hospice component.

An overview of the Accreditation Program will be provided, including steps of the process and the evidence that will be collected to demonstrate compliance with HPCO Standards. The tools and methods used to collect this evidence will also be introduced. It is recommended that participants bring a laptop.

Learning Objectives:
1. Understand the process of becoming accredited by HPCO;
2. Become familiar with the tools used throughout the accreditation process;
3. Become aware of the upcoming initiatives to further develop HPCO’s Accreditation program.

Workshop Stream: Volunteer Management
301  It Takes A Compassionate Community: Palliative Care is Everyone's Business

Dr. Denise Marshall, B.Sc., MD, CCFP, FCFP Pallium Canada, Ottawa, ON
Dr. Kathryn Downer, MSc., EdD, National Director, Pallium Canada, Ottawa, ON
Dr. Kathy Kortes-Miller, MSW, PhD, Consultant, Pallium Canada; Lecturer, Lakehead University, Thunder Bay, ON

People living with life-threatening illness, their caregivers, and the bereaved are often segmented social groups, living their experiences hidden and disenfranchised from the wider community. Outside of health services that deal with their immediate problems, these populations suffer from a range of other troubles that are separate but linked to their health and social circumstances - including loneliness, isolation, job loss, stigma, depression, anxiety and fear. Compassionate communities publicly recognize, and seek to support and care for one another, our vulnerable and often hidden community members at times of health crisis and personal loss. The Compassionate Communities model upholds principles of healthy communities where health is everyone’s responsibility, and therefore palliative and end of life care is everyone’s responsibility.

The Health Promoting Palliative Care (HPPC) approach, based on the philosophy of the World Health Organization’s (WHO) Ottawa Charter for Health Promotion 1986 view is that healthcare should be participatory and involve the wider community. It aims to provide education, information and policy-making that support well-being and optimal health despite illness and up to the very end of life. As a community partnership approach to care, it involves co-creation by all community members. Compassionate Communities models are critical to normalizing the experiences and needs of our aging citizens, and ultimately producing sustainable care systems. This interactive workshop will explore tenants and examples of Canadian compassionate communities plus activities to nurture and build your compassionate community.

Learning Objectives:
1. Describe the Big 7 check list (Kellehear) key tenants that frame development of Compassionate Communities;
2. Explore Canadian made examples of Compassionate Communities;
3. Learn how to become the Compassionate Community of Practice and promote activities/actions to nurture and build your compassionate community.

Workshop Stream: Leadership/Systems/Integration
302  Developing a Centre of Excellence

Stephen Brennan, MSW, RSW, Consultant, The Hospice of Windsor & Essex County, Inc., Windsor. ON.
Lisa Paolatto, MHA, Director, Centre of Excellence, The Hospice of Windsor & Essex County, Inc., Windsor, ON.

The “Strengthening Ontario’s End-of-life Continuum: Advice Regarding the Role of Residential Hospices – Final Report of the Residential Hospices Working Group” (January 2015) report recommended that each Hospice becomes a Centre of Excellence (COE) supporting their community in palliative and end-of-life-care. The COE at the Hospice of Windsor and Essex County is an example of how this recommendation has been implemented.

Essential components supporting the development of a COE include:
• the core mission and purpose of the organization (realizing internal goals and strategies);
• the development of partnerships and relationships with community organizations and the citizens of the community (fostering creative system of care);
• the translation of knowledge (meeting the needs within a community); and
• the aligned goals of all care providers (providing optimum care to those persons served).

Essential steps important to bringing a COE into reality are:
• BEGIN where you are at;
• USE other existing COEs as models rather than templates;
• ASK questions, ASK again, then ASK continually while building the structures and processes – “a never ending story”;
• CLARIFY your current expertise that supports the system you want to develop.

This interactive session will assist participants to achieve the following goals:
• Identify how their Hospice can develop a COE congruent with their current stage of development;
• Identify their organization’s current key components that will lay the foundation for their CAPACITY for excellence; and
• Discover their present building blocks relevant to bringing their COE into reality.

Learning Objectives:
1. Identify how a Hospice can develop a COE congruent within their current stage of development;
2. Identify their organization’s current key components that will lay the foundation for their CAPACITY for excellence;
3. Discover their present building blocks relevant to bringing their COE into reality.

Workshop Stream: Leadership/Systems/Integration
303 Reducing Emergency Department Utilization by Home-Based Palliative Patients

Dr. Marnie Howe, Physician, Home Care Lead, Toronto-Central, The Temmy Latner Centre for Palliative Care, Toronto, ON
Dr. Russell Goldman, Physician, Director, The Temmy Latner Centre for Palliative Care, Toronto, ON.
Natalie Parry, Senior Manager, Quality Improvement and Strategic Initiatives, The Temmy Latner Centre for Palliative Care, Toronto, ON.

For patients requiring home-based palliative care, our goal is to provide 24/7 access to care, with a belief that ED visits can lead to unnecessary tests, disruption in comfort care, and can even lead to death in an unpleasant environment. However, we also recognize our patients present along the spectrum of palliative care with mixed goals of care. Using quality improvement (QI) methodology, we have been working to better understand what influences home-based palliative patients to go the ED and how these visits can possibly be avoided.

We implemented an “ED Visit” template within our EMR to collect data on our patients’ emergency department utilization. Our working group aimed to reach consensus on criteria that would define an “avoidable” ED visit. While we reached agreement on what constituted “unavoidable” visits, defining an “avoidable” visit in our patient population proved to be more difficult. Through analysis of the data collected, we have identified factors that lead a patient to visit the ED and categorized them into medically appropriate, situationally appropriate, or consistent with goals of care.

Through brainstorming exercises, we will share knowledge around data collection and ED visits in our collective patient populations. We will work together to define “avoidable” ED visits, discuss factors that influence these visits and identify practice modifications that could potentially impact the number and types of ED visits. By the end of this workshop, participants will be able to look for similar opportunities to collect data and develop tests of change in their own setting.

Learning Objectives:
1. To gain understanding of QI methodology and how it can be used to improve data collection, develop operational definitions and modify patient instructions to reduce ED visits;
2. To appreciate the complexities of defining an “avoidable” ED visit in the palliative population;
3. To identify what factors influence palliative patients to go to ED and explore interventions directed at these factors.

Workshop Stream: Leadership/Systems/Integration
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 300

Monday, April 18, 2016 Time: 10:45 – 12:00 pm

304  Palliative Care In Non-malignant Diseases (Part 1)
(continue in Session 404)

Dr. Ebru Kaya, MD, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON
Dr. Kirsten Wentlandt, MD, Palliative Care Physician, Toronto General Hospital, University Health Network; Assistant Professor, University of Toronto, Toronto, ON.
Dr. Jenny Lau, MD, Palliative Care Physician, University Health Network, 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 inter-professional 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.

Learning Objectives:
1. Discuss the symptom burden for patients with end stage cardiac, pulmonary and renal disease;
2. Review symptom management strategies for these patients;

Workshop Stream: Research/Scientific/Advanced Clinical Practice

305  The Patient with Amyotrophic Lateral Sclerosis (ALS): Meeting their Needs and Those of Their Family/Caregiver Throughout Their journey - A Team Approach

Dr. Tony Kerigan, Palliative Care Physician, Good Shepherd Emmanuel House, Hamilton, ON
Kerry Ann Bracewell, Clinical Navigator, Hamilton Palliative Care Outreach Team, Hamilton, ON
Mary Beer, Psychosocial/Spiritual/Bereavement Clinician, Hamilton Palliative Care Outreach Team, Hamilton, ON
Donna Lawrence, Staff Development Coordinator, Dundurn Place Care Centre and Good Shepherd Emmanuel House, Hamilton, ON

This workshop will outline the challenges faced by the patient with ALS in each of the following stages of their journey and the contribution of each of the members of an interdisciplinary team in enabling the patient and family to meet those challenges: Early involvement with palliative care; Living with ALS in the community; Transition to residential hospice care; Care at the end of life; and Bereavement - care of the family beyond death.
The workshop will be interactive in nature and will allow the participant to better recognize and meet the needs of the patient and family, to co-ordinate care with the palliative care team and other disease-specific supports in the community and to manage transitions of care.

**Learning Objectives:**
1. Understanding the role of each member of the interdisciplinary team in meeting the needs of the patient and family;
2. Acquiring skills in managing the symptoms found at each stage of the illness;
3. Becoming more aware of the psychospiritual and social dimensions of ALS.

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

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**306 Prognostication: It’s Time to Reframe the Discussion in Long Term Care**

**Dr. Giulia Perri**, Geriatric Palliative Care Physician, Consultant, Baycrest Health Sciences; Clinical Lecturer, Division of Palliative Care, Department of Family and Community Medicine, University of Toronto, Toronto, ON  
**Dr. Irene Ying**, Palliative Care Physician, Sunnybrook Health Sciences Center and St. Michael’s Hospital; Assistant Professor, Division of Palliative Care, Department of Family and Community Medicine and the Joint Center for Bioethics, University of Toronto, Toronto, ON

Prognosticating for geriatric patients with co-morbid progressive, life-limiting illnesses, is a unique challenge. A person’s or SDM’s understanding of prognosis greatly affects both their decisions made around care and overall outcomes. Because of the rapid growth in this population, developing communication skills to address prognosis is increasingly important for clinicians caring for this population. Despite this, prognosticating has become a lost clinical competency.

The current concept of prognostication focuses on the unidirectional communication of survival estimates. Through an interactive case-presentation focused in the LTC setting, the overall theme of this session will be on reframing prognostication as a more broad, dynamic and personalized discussion.

**Learning Objectives:**
1. Identify when is the best time to discuss prognosis for patients living in LTC;
2. Review the case-specific prognosticating tools.
3. Acquire specific communication skill in disclosing prognosis, including identifying the most relevant personal barriers in communicating prognosis.

**Workshop Stream:** Research/Scientific/Advanced Clinical Practice
307  Grief Journeys in Music: Music Therapy and Bereavement Care

Sara Klinck, MMTm MTA, Music Therapist, Part-time Faculty, Wilfrid Laurier University, Waterloo, ON  
Adrienne Pringle, MMT, MTA, Music Therapist, The Carpenter Hospice, Burlington, ON; President, Canadian Association for Music Therapy (CAMT)

When we face the loss of a loved one, we often grieve in ways that words cannot describe. In music, we are able to express ourselves creatively, touching upon the depth of our response to loss. The intent of this workshop is to explore how music therapy can play a role in bereavement care for adults. Two different group models will be delineated: 1) a music therapy bereavement group model; and 2) a singing well model, including details of weekly topics, music therapy strategies and group protocols. Case examples, musical excerpts and research findings will be shared. There will be an experiential component in which workshop participants can engage in vocalizing and music-making. Considerations for further clinical practice and research regarding music therapy in bereavement care will also be discussed.

Learning Objectives:
1. Participants will gain understanding of how music therapy can play a valuable role in bereavement care;
2. Participants will learn about, and have the opportunity to experience, the use of music in expressing loss and developing coping resource;
3. Participants will have the opportunity to learn of research being done in the field of music therapy and bereavement care, and be introduced to two specific group models.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

308  Songwriting - Our Care Community

Sarah Pearson, MMT, Music Therapist, Clinical Supervisor, Wilfrid Laurier University, Kitchener, ON; Program Development Coordinator, Room 217 Foundation, Porty Perry, ON

What is your care community’s values? What are the stories you are telling and not telling? Whether you work at a hospital, hospice, community setting or at home, there are stories told and untold that shape the lived experiences of everyone involved.

Music can be a powerful tool for making meaning out of some of life’s most confusing situations, which we as hospice palliative care workers are often stewards of. Music and songs can also help shape identities of nations, families, groups, teams – and health care settings.

In this workshop, a music therapist will lead you through a series of engaging and confidential questions about your institution’s values, visions, fears and dreams. Using an adaptive model that was developed for a month-long songwriting project at a cancer centre, you will engage in writing and reflecting exercises that will lead to song creations. No musical experience is necessary – come only with a desire to tell the stories (anonymously, should you wish) of your HPC setting and an enthusiasm to see it turned into something musical!
Learning Objectives:
1. To encourage reflective practice as a means of ethical practice;
2. To learn about creative arts as an approach to self-care;
3. To explore values and cultures of settings where HPC workers are providing care.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

309  **Boundaries Before Best Friends! Sharing Cautionary Tales and Common Pitfalls That Volunteers Battle, and How to Exercise Best Practices in Direct Client Care**

Amanda Maragos, Manager, Volunteer Services, Philip Aziz Centre for Hospice Care and Emily's House, Toronto, ON

Volunteers who provide hospice care are well screened and trained. They uphold a client's right to dignity, provide emotional and practical support, address somebody's needs on a holistic level and they deliver compassionate care in the face of many illnesses. To serve in that capacity, by nature, this special role suggests a level of closeness, relationship and care between a volunteer and client - and that's why having appropriate and clear boundaries within the delivery of service is more than a suggestion, it's a critical practice and must be exercised always! For the benefit of all involved, having good boundaries is imperative.

In this workshop, we'll discuss some of the challenges volunteers face in maintaining good boundaries and why they exist. We will learn how to enforce some great techniques, in a gentle and non-offensive way to clients, to ensure boundaries aren't being crossed when caregiving.

When you're a visiting hospice volunteer is can be difficult going out into the community alone to serve when you have no immediate support to call on should a situation arise. Residential hospice volunteers also have similar challenges. The best practice is to prepare volunteers with some guidelines to follow so they have emotional tools, specific words to use, and clear rules to remember when providing hospice care. Everybody benefits from good boundaries in hospice care!

Learning Objectives:
1. Identify various boundary types and methods to enhance or create boundaries;
2. Practice tools to maintain and strengthen your boundaries;
3. Understand why boundaries are so important in hospice care through cautionary tales.

Workshop Stream: Volunteer Management
310  Medical Marijuana in the Workplace

Carolyn Cuthbertson, Consultant, Public Services Health & Safety Association, Toronto, ON
Alex Revich, MedReleaf, Markham, ON

Since 2001, specific medical marijuana regulations have governed cannabis use for medical purposes in Canada. Medical marijuana refers to cannabis used to relieve symptoms and minimize treatment side effects of various medical conditions. Examples of therapeutic uses include managing neuropathic pain in individuals with multiple sclerosis and preventing chemotherapy/radiotherapy-induced nausea and vomiting. Patient options for cannabinoids include dried marijuana, cannabis oil, fresh marijuana buds and leaves, nabiximols and nabilones.

In its Information for Health Care Professionals, Health Canada notes that the use of cannabis in palliative care has grown over the years as the quality of life and relief from pain is important to patients in these settings. According to Health Canada, the number of Canadians authorized to use medical marijuana is increasing and is expected to reach approximately 1% of the Canadian population by 2024 under the Marihuana for Medical Purposes Regulations (MMPR). This is expected to become a real issue in the workplace. Issues that may arise include how to protect the health of workers or volunteers passively exposed to second-hand marijuana smoke from their clients in hospice and palliative care settings.

Learning Objectives:
1. Gain an understanding of the relevant legislation, publications and guidelines related to cannabis;
2. Become familiar with recent changes in the industry;
3. Learn about practical ways to ensure the health and safety of workers and volunteers in hospice and palliative care settings.

Workshop Stream: Volunteer Management

311  A Gentle Touch: Therapeutic Touch™ Integrated into Hospice Palliative Care

Nancy Hall, RN, BScN, Bethell Hospice, Inglewood, ON
Arlene Cugelman, RN, Recognized Practitioner/Teacher of Therapeutic Touch™, Member of Complementary Therapies Wellness Team, Hospice Simcoe, Barrie, ON

Therapeutic Touch™ is a holistic, evidence-based therapy that incorporates the intentional and compassionate use of universal energy to promote balance and well-being. Therapeutic Touch™ has been shown to be effective in populations often thought to be fragile, such as the elderly, people with cancer, and dementia, and has been used extensively in the palliative care setting for decades. The philosophy and goals of Hospice Palliative Care and Therapeutic Touch™ are similar and complementary.
Therapeutic Touch™ can be offered to anyone who is open to improving their health and sense of well-being. It can be taught to anyone with compassion and an intention to help others. Through experiential exercises, a demonstration of Therapeutic Touch™ and the use of case studies to highlight some of the many benefits, participants will see how Therapeutic Touch™ can be responsive to the unique needs of an individual with a life threatening illness as well as their families. Notably for us as caregivers the decided benefit of practicing Therapeutic Touch™ is one of deep satisfaction countering possible burnout.

Therapeutic Touch™ is a holistic, evidence-based therapy that incorporates the intentional and compassionate use of universal energy to promote balance and well-being. Therapeutic Touch™ has been shown to be effective in populations often thought to be fragile, such as the elderly, people with cancer, and dementia. Therapeutic Touch has been used extensively in the palliative care setting for decades. The philosophy and goals of Hospice Palliative Care and Therapeutic Touch™ are similar and complementary.

**Learning Objectives:**
1. Experience energy field and observe a demonstration of Therapeutic Touch™;
2. Understand the benefits of integrating Therapeutic Touch™ as part of the care plan throughout the palliative care experience from diagnosis to bereavement;
3. Explore how through Therapeutic Touch™ we can become a human support system in healing one another;
4. Learn how to access Therapeutic Touch™ practitioners and Therapeutic Touch™ Workshops.

**Workshop Stream:** Volunteer Management
401  Dying to Know: Situating Death in Education

Dr. Kathryn Downer, MSc., EdD, National Director, Pallium Canada, Ottawa, ON
Dr. Kathy Kortes-Miller, MSW, PhD, Consultant, Pallium Canada; Lecturer, Lakehead University, Thunder Bay, ON

This workshop will describe an initiative of Pallium Canada using a public health approach to promote the development of compassionate schools and increased access to death education. Informal education about death occurs regularly throughout our daily lives in the context of “teachable moments, the unplanned life events from which important lessons can be drawn” (Kastenbaum, 2007, p. 483). Dying and death as a topic of study, did not come into its own until the 1970s and since then has been sorely neglected at all levels of our education system. Education as a result of the death awareness movement has challenged people to develop an acknowledgement of their personal mortality. The intention of the inclusion of death within education is one of primary prevention (DeSpelder and Strickland, 2009).

Education will not prevent death as a normative life event but rather it will work to prevent some of the negative side effects of not understanding dying and death. Through educating about death, the goal is to inform students of all ages about dying, death and related experiences to reduce a sense of unfamiliarity (DeSpelder and Strickland, 2009, Wass, 2004, Morgan, 1995, Eddy and Alles, 1983) or fear of the unknown.

Learning Objectives:
1. To examine the difference between death education and palliative care education;
2. To explore innovative ways of enhancing death education in schools;
3. To encourage a discussion around strategies to move towards developing compassionate schools in Canada.

Workshop Stream: Leadership/Systems/Integration

402  Introduction to HPCO's Accreditation Program (Residential Hospices)

Annalise Stenekes, MSW, Project Manager, Standards and Accreditation, Hospice Palliative Care Ontario, Toronto, ON

Accreditation is all about demonstrating credibility – it assures stakeholders that your organization is meeting a high standard of care. This workshop will introduce the Residential Hospice module of HPCO’s Accreditation Program. An overview of the Accreditation Program will be provided, including steps of the process and the evidence that will be collected to demonstrate compliance with HPCO Standards. The tools and methods used to collect this evidence will also be introduced. It is recommended that participants bring a laptop.

Learning Objectives:
1. Understand the process of becoming accredited by HPCO;
2. Become familiar with the tools used throughout the accreditation process;
3. Become aware of the upcoming initiatives to further develop HPCO’s Accreditation program.

Workshop Stream: Leadership/Systems/Integration
Understanding Palliative Care Pathways for and with Indigenous Clients and Families: Making Room for Spirit

Dr. Bernice Downey, Regional Aboriginal Cancer Lead, Toronto-Central Regional Cancer Program, Cancer Care Ontario, Toronto Regional Cancer Program, Toronto, ON
Joanna Vautour, BSW, RSW, Aboriginal Patient Navigator, Toronto Regional Cancer Program, St. Michael’s Hospital, Toronto, ON

Indigenous narratives embody and pass on fundamental understandings, attitudes and insights about life, human conduct, character and quality in diverse forms. According to Anishinaabe Elders, one must also live out the truths contained in story and they must become part of the being of a person. The Anishinaabe Creation Story for example, represents a belief in Kitchi Manitou (God) and in creation. It explains the origin of things and emulates how people should live their lives in a good way. In this way, it can be said that hearing and emulating the Creation Story can assist them to make connections between the presence of Spirit and one’s life journey. One’s life journey includes passing on to the Spirit world.

A growing body of emerging literature indicates that there are diverse beliefs regarding end of life issues, there are also common themes among Indigenous people. Further, that Indigenous perspectives on palliative care may affect decision-making and how palliative care is provided; Tensions and feelings of isolation can occur. Non-Indigenous health care practitioners can advocate on behalf of their clients and families towards effectively mitigating the negative impact on the overall palliative care experience.

This workshop will assist non-Indigenous healthcare providers in understanding Indigenous perspectives on end-of-life through an experiential approach. Participants will engage in a talking circle knowledge sharing/observing activity towards gaining new skills related to an applied/reflective palliative care practice for Indigenous clients and families facing transition to the Spirit world. The Facilitators in their roles as the Regional Aboriginal Cancer Lead and the Regional Aboriginal Navigator for Toronto Central Region - will participate in the Talking Circle as well which promotes a more experiential and inclusive process for the participants.

An Indigenous process known as a Talking Circle will be facilitated to engage participants in a more experiential dialogue regarding the notion of spirit in the complex emotional, physical, mental and spiritual process we take when we pass over to the Spirit World.

Learning Objectives:
1. To increase awareness regarding Indigenous-centric palliative care;
2. To provide an Indigenous-centric experiential opportunity for participants to dialogue on both personal and Indigenous concepts of the life/death journey;
3. To inform the development of harmonized pathways of palliative care towards enhanced culturally relevant approaches for Indigenous people. (Print materials).

Workshop Stream: Leadership/Systems/Integration
404  Palliative Care In Non-malignant Diseases (Part 2)  
(continued from  Session 304)  

Dr. Ebru Kaya, MD, Palliative Care Physician, Toronto General Hospital, University Health Network,  
Toronto, ON  
Dr. Kirsten Wentlandt, MD, Palliative Care Physician, Toronto General Hospital, University Health  
Network; Assistant Professor, University of Toronto, Toronto, ON.  
Dr. Jenny Lau, MD, Palliative Care Physician, University Health Network, Toronto, ON.  

405  Establishing and Supporting Palliative Competency in Practical Nursing  

Jeanne Weis, RN, BN, Practice, Policy & Research Consultant, College of Licenced Practical Nurses of  
Alberta (CLPNA), Edmonton, AB  
Kath Murray, RN, BSN, MA, CHPCN(C), FT, Founder, Life and Death Matters, Saanichton, BC.  

The College of Licensed Practical Nurses of Alberta (CLPNA) recently completed a revision to the  
Competency Profile for Licensed Practical Nurses, 3rd Edition (June 2015). Through stakeholder  
consultation, data was collected on LPN education, roles, specialties and advancements. Palliative  
competencies were enhanced, promoting the integration of palliative care within practical nursing,  
reflecting current practice. Following this, CLPNA helped to support the development of an educational  
text addressing the learning needs of PNs.  

The intended audience of the session is nurses (RN, LPN, RPN), educators, regulators and employers.  
Presenting at a beginner to advanced learning level (dependent on learning needs of the individual),  
participants will gain knowledge of competency development, how the competencies informed the  
development of a learning resource, the process of resource development and the upcoming integration  
of the resource into curriculum and workplace learning. Participants will have the opportunity to review  
and discuss both the palliative care competencies and the palliative nursing resource.  

Learning Objectives:  
1. Discuss the development of the Palliative Competencies, sharing insights and changes to education  
and practice;  
2. Introduce the education resource that aligns with the competencies, preparing PN graduates to better  
care for people living and dying with life threatening illnesses;  
3. Discuss the practical applications of the competencies and the resource in core curriculum, continuing  
education and workplace education.  

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

Monday, April 18, 2016

406  Education in Palliative and End of Life Care - Dyspnea Management

Dr. Jiahui, Wong, PhD, Manager, Curriculum and Program Evaluation, de Souza Institute, University Health Network, Toronto, ON

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

Breathlessness or dyspnea has been described as one of the most frightening and devastating symptoms reported by patients. The symptom can result in profound physical, social and emotional suffering. It often increases in severity with progression of an underlying disease, such as cancer, and is one of the main reasons for emergency visits particularly in patients in the last year of life.

Dyspnea is a subjective symptom that has physical, emotional, psychological, social and environmental components. It is often under recognized and poorly controlled. Health care professionals play a pivotal role in dyspnea management through early identification, comprehensive assessment and evidence based management.

In this workshop, we will review clinical tools to identify underlying treatable causes as well as understanding the symptom from the patient’s perspective, with the emphasis that the experience of breathlessness is a result of a mind – body interaction. The workshop will also use case studies to illustrate how to identify early signs warranting medical attention, and how to work with patients and families to promote their participation in treatment. This includes physical exercises in breathing control, when to use oxygen, and how to address the emotional impact of dyspnea.

The content of this workshop is also available online, as part of the de Souza Institute education series to support comprehensive training in hospice palliative care. Standardized hospice palliative care approach is integral in increasing the quality and efficiency of palliative care services, relieving suffering and improving quality of life for patients and families across Ontario.

Learning Objectives:
1. List risk factors that contribute to dyspnea, and explain methods and tools used for assessing underlying causes and determining the severity of dyspnea;
2. List major non-pharmacological and pharmacological approaches for the management and treatment of dyspnea;
3. Explain the importance of a wholistic approach in the assessment and management of dyspnea and apply patient education principles to promote patient participation in treatment.

Workshop Stream:  Research/ Scientific/Advanced Clinical Practice
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 400

Monday, April 18, 2016  Time: 3:15 – 4:30 pm

407  Canadian Virtual Hospice: Knowledge Tools Addressing National Gaps

Shelly Cory, Executive Director, Canadian Virtual Hospice, Winnipeg, MB

Come learn about new, free, online tools developed by Canadian Virtual Hospice (CVH) to support individuals and families living with serious illness, and enhance your clinical practice. Funded by the Canadian Partnership Against Cancer, and created in collaboration with patients, families, health care providers and pan-Canadian partners, four comprehensive tools have been produced and launched on our new website in 2016.

Indigenous Voices: Living with Serious Illness is a suite of videos and print materials that aim to increase understanding and enhance access to culturally safe palliative care for First Nations, Metis and Inuit people. LivingMyCulture.ca is a series of videos sharing the voices and wisdom of respected leaders, patient and family members from various ethno-cultural communities about how culture and tradition are lived in practice in the context of serious illness, end of life and grief. MyGrief.ca, an online self-directed workbook, complements existing grief and bereavement services and is particularly beneficial for those who don't or can't access services.

Methadone for Pain in Palliative Care is a new online training course for physicians wishing to improve their knowledge and develop core competencies in methadone prescribing for pain management in palliative care. The course was developed by leading Canadian pain management specialists in collaboration with The Canadian Society of Palliative Care Physicians and Pallium Canada.

Join us to explore our new website, these new resources, lend your voice to the dissemination, discussion and evaluation of these tools, and enhance your day-to-day clinical practice.

Learning Objectives:
1. Increase the knowledge and utilization of the resources and support available on the Virtual Hospice website;
2. Increase awareness of the new education tools for health providers and the public available on the Virtual Hospice website;
3. Participate in the dissemination and evaluation of the tools and offer suggestions for future tool development.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

408  Living Moments and Legacy: Clinical Social Work in Palliative Care

Michael Bennett, Project Manager, the Windsor-Essex Compassionate Community Initiative, The Hospice of Windsor & Essex County, Windsor, ON

This workshop will emphasize the importance of focusing on the living process and life moments when working with patients who are receiving palliative care. Using examples of CBT, DBT, and existential psychotherapy techniques, this workshop will assist health care providers with addressing patient’s anxiety and sadness related to the dying process.
Examples will be provided of incredible moments of life, legacy, and final dreams that have been arranged, with the focus being on contrasting the role as a therapist and the role as an agent of change.

Beyond focusing on the living process, this workshop will outline original ideas and clinical skills that can be used for creating legacy pieces (with use of ceramic and paints, life stories, music/video recordings, etc.) and for facilitating final goals and dreams with the patient and their loved ones. It will examine ways to assist the patients and families with focusing on living, while at the same time addressing common end-of-life themes. Clinicians will learn ways to reframe the perspective often taken while providing therapy at end-of-life. Non-clinicians will be challenged to look at individuals receiving palliative care as living with a diagnosis as opposed to dying from one. All palliative care health care professionals will be able to identify the powerful role they play in attaching people to purpose and motivating them to continue living.

**Learning Objectives:**
1. Demonstrate the ability to critically assess their personal practice and reconsider their approach to end-of-life counselling and care;
2. Identify a practice framework that addresses the physical, psychosocial, and spiritual suffering, of dying persons (adults and children) and their loved ones, with a strong focus on life, living, dignity, and meaning-making;
3. Identify creative and innovative methods for facilitating dreams, final moments, and the creation of legacy items.

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

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**409  Grief Journeys and Musical Moments: Exploring Theoretical and Practical Connections Between Music Therapy and Bereavement Care**

**SarahRose Black**, MMT, MTA, Music Therapist, Kensington Health, University Health Network, Toronto, ON

**Debbie Emmerson**, RN, Director, Resident Care, Kensington Hospice, Toronto, ON

This workshop will contextualize and narrate the role of music therapy in grief and bereavement work. Participants will be guided through several case studies, highlighting the impact of music on anticipatory grief, legacy work, and short and long term bereavement. Regardless of one’s previous musical experiences, music therapy can be a powerful tool that connects people, creates relationships, and supports the dying process as well as bereavement.

Music therapy can support grief during a person’s dying process and familial bereavement processes in the following micro and macro ways: musical moments during the dying process can create meaning through creative self-expression (verbally and non-verbally); and musical moments can provide a source of comfort for families and loved ones during bereavement, as they remember the dying process as a time of meaning making.
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 400

Monday, April 18, 2016  Time: 3:15 – 4:30 pm

Learning Objectives:
1. Learn about the role of music therapy in hospice and palliative care and its micro and macro connections to grief and bereavement work;
2. Learn about the theoretical components of music therapy through narrative case examples, and how they relate to short term and long term grief and bereavement processes and anticipatory grief;
3. Learn ways of integrating music into one’s own clinical health care practice in hospice palliative care or other clinical/care-giving settings.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

410  The Healing Power of Nature

Lynn Leach, Horticultural Therapist, Stedman Community Hospice, Brantford. ON.

The Stedman Community Hospice is committed to integrating alternative therapies to compliment the more traditional systems of care. Our Horticultural Therapy Program was introduced in the spring of 2011 with the launch of our beautiful therapy garden. This workshop will introduce you to the benefits of implementing horticultural therapy in a hospice setting and how this type of program can benefit residents, families and also the staff. We hope to inspire other palliative care facilities to embrace horticultural therapy as a means to enhance the level of care and show how to easily initiate this type of program.

Learning Objectives:
1. Define what Horticultural Therapy is;
2. Introduce the programs offered and the benefits of the program to our community;
3. Discuss how to easily initiate this type of program in your community.

Workshop Stream: Volunteer Management

411  "Being" or "Doing" ?- Have we Medicalized Very End-of-Life Care Too Much?

Dr. Brian Berger, Physician Lead, Palliative Care, Mackenzie Health Hospital, Richmond Hill, ON
Anne-Marie Dean, Hill House Hospice, Richmond Hill, ON

Observing the dying and being present has integral value; its what hospice care is all about and why and where it all began. With all our medicalization of the process have we perhaps swung the pendulum too far in the opposite direction? The author addresses the value of bedside presence and integrating being present with doing medical care at the various phases of very end of life care.

Learning Objectives:
1. To recognize phases of the very end of life;
2. To show the power of presence;
3. To add compassion to medical care.

Workshop Stream: Volunteer Management
501 Leadership in Palliative Care Education: Becoming a Facilitator Coach in the Pallium Canada LEAP Program

Dr. Kathryn Downer, MSc., EdD, National Director, Pallium Canada, Ottawa, ON
Dr. Lori E. Teeple, MD, CCFP (EM), FCFP, BCEM, Associate Professor Medicine and Family Medicine, Schulich School of Medicine and Dentistry, Western University, London; Facilitator, Faculty Development Lead, Pallium Canada
Maryse Bouvette, RN, BScN, MEd, CON (C), CHPCN (C), Palliative Care Advance Practice Nurse, Bruyère Continuing Care, Ottawa, ON

In 2014/15 Pallium Canada (Pallium) initiated training for over 150 new Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) facilitators. Many went on to complete their full training by co-facilitating two LEAP courses with an experienced facilitator. These co-facilitation experiences have been excellent and we wish to extend this level of expertise and support across all settings of care to build palliative care community capacity.

Pallium invites potential facilitators to engage with us in a hands-on interprofessional educational workshop designed to hone facilitation and mentoring skills, and become agents of change in local communities. This workshop will explore constructive teaching approaches and inter-professional learning strategies utilizing Pallium’s LEAP ‘Being Aware’ and ‘Taking Ownership’ Modules.

Participants will strengthen their facilitation skills with the assistance of Master Facilitators to promote interprofessional competency based training, enhance learner engagement and mentoring/coaching strategies that support practical application of training. Experienced facilitators with additional coaching skills will become Pallium Canada “Facilitator Coaches” and will provide coaching/mentoring support to all new facilitators. Over the next two years it is our goal for each region in Canada to have adequate numbers of coaches to support newly trained facilitators. We invite you to join with us to build equitable access to palliative care knowledge, clinical decision-support tools and resources.

Learning Objectives:
1. Experience interprofessional teaching/learning facilitation strategies for generalist level palliative and end-of-life care;
2. Understand the Pallium LEAP Facilitator 'Coach' program and how this can support community capacity building;
3. Become a ‘champion' community capacity builder.

Workshop Stream: Leadership/Systems/Integration

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502 The Blending of Two Lens: Residential Hospice and Long-Term Care

Nadine Persaud, Director, Client Services, Kensington Health, Toronto, ON
Debbie Emmerson, RN, Director of Care, Kensington Health, Toronto, ON
Residential hospice and long-term care provide unique care in the healthcare system. We have seen the benefits of having a partnership between both residential hospice and long-term care. This workshop will demonstrate the collaboration between both of these models of care and how best practices are shared to improve the quality of life of the dying person and their families. Participants will better understand the value of shared expertise in both settings and how this will improve end-of-life care. This presentation will highlight the benefits of having a residential hospice linked to a larger entity to not only enhance quality of care but also provide sustainability in the provision of palliative care.

The improvement of palliative care in long-term care in one of the initiatives in the Toronto Central Palliative Care strategy and this presentation will demonstrate how residential hospice has helped to improve the end-of-life care provided in long-term care.

**Learning Objectives:**
1. Understanding the benefits of shared expertise between residential hospice and long-term care;
2. Understanding the integration of two different models of care;
3. How to apply the knowledge learned to your own healthcare practice.

**Workshop Stream:** Leadership/Systems/Integration

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**503 Developing Community Palliative Care Programs Using a Capacity Building Approach: The Northwestern Ontario Experience**

**Jill Marcella**, RSW, Coordinator, North West LHIN Regional Palliative Care Program, St. Joseph’s Care Group, Thunder Bay, ON

**Hilary Mettam**, Community Development Lead, North West LHIN Regional Palliative Care Program, St. Joseph’s Care Group, Thuder Bay, ON

The goal of the North West LHIN Regional Palliative Care Program (RPCP) is to create an integrated system of care that will serve all individuals who could benefit from a palliative approach, regardless of prognosis or diagnosis. To achieve this goal and increase access to high quality palliative care across the region, the RPCP has been using Dr. Mary Lou Kelley’s Conceptual Model for Developing Rural Palliative Care to guide the development of community palliative care programs in 5 rural communities in Northwestern Ontario. During this workshop, the RPCP team will describe the process of developing these community programs, introduce tools and resources that have been created to support this work, and share some lessons learned so far. Participants will discover how a community capacity building approach can be used to improve the delivery of a palliative approach to care in rural, remote, and northern communities.
Concurrent Workshop Descriptions - Series 500

Tuesday, April 19, 2016  Time: 10:30 – 11:45 am

Learning Objectives:
1. To learn how to use a community capacity building approach to create/strengthen community palliative care programs;
2. To become familiar with tools that can be used to guide communities through the process of creating their local palliative care program;
3. To understand the challenges and barriers to implementing a community capacity building approach and identify strategies to overcome them.

Workshop Stream: Leadership/Systems/Integration

504 Kids Too

Dr. Bernadette McNeil, Palliative Care Physician, Medical Director, Stedman Community Hospice, Brantford, ON
Jennifer Dennis, Residential Care Coordinator, Stedman Community Hospice, Brantford, ON
Shelly Groombridge, Clinical Nurse Outreach Team, Stedman Community Hospice, Brantford, ON

Stedman Community Hospice opened their doors 2005 and have always stated that support was available for "any age of someone with a life limiting illness". This workshop will show how our team has integrated with the acute care settings of Pediatric Specialists, how we build relationships to support and work collaboratively with the care team throughout the child’s journey and to provide end of life care in our Residential Care Beds.

You will be introduced with some of our most meaningful families and their journey through the loss of their child. Lessons learned and program building will be the focus of this workshop. We hope this workshop may open the doors for other adult hospices to consider admission to a child/family for end-of-life care. We will walk the participants through our programming from wellness through to bereavement enabling us to build relationships and trust with the child/parents and care team. We will also talk about the needs and partnerships formed to support the staff and volunteers when caring for a child.

Learning Objectives:
1. How to build relationships to support and work collaboratively with the care team throughout a child's journey;
2. How to build partnerships to support the staff and volunteers;
3. How to build trust with the child/parents and care team.

Workshop Stream: Leadership/Systems/Integration
505  **Family/Relationship Centred Hospice Palliative Care - A New Approach**

**Lisa Levin**, B.A., M.Sc. Pl, Ontario Caregiver Coalition, ON  
**Dr. Sandy, Buchman**, MD, CCFP, FCFP, Palliative Care Physician, Temmy Latner Centre for Palliative Care, Toronto, ON; Associate Professor, Department of Family and Community Medicine, University of Toronto  
**Cathy Fooks**, BA (Hons), MA, President/CEO, The Change Foundation, Toronto, ON  
**Esther Green**, RN, BScN, MSc (T), Director, Person-Centred Perspective, The Canadian Partnership Against Cancer, Toronto, ON  

Patient centred care aspires to meet the needs of the individual, however is not inclusive of family. This workshop will discuss a proposed approach for HPC that builds on person and relationship centred care by providing empathetic care to the patient and their family caregivers. Data from the 2015/16 Change Foundation/Ontario Caregiver Coalition engagement – The Caring Experience –demonstrating the need for a new approach to health care focussing on family centred empathetic care, will be shared. Models of patient centred and relationship centred care will be presented. They will be broadened to include considerations of caregiver centred care, including the five burdens of family caregiving for end-of-life care. The perspectives/approach of family centred care used by a leading HPC physician will be shared, as well as experiences of a family caregiver whose loved one received hospice palliative care. Engaging patients and their families in co-designing the system will also be discussed. Participants will learn about this proposed new approach as well as some findings of the Caring Experience which could be applicable in all communities.

**Learning Objectives:**  
1. Learn about the model of family centred care in HPC;  
2. Learn some findings of the Caring Experience which could be applicable in all communities;  
3. Learn how to improve the patient/family experience.

**Workshop Stream:** Leadership/Systems/Integration

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506  **Tele-Palliation: Increasing Access to HPC at End-of-Life**

**Dr. Kathy Simpson**, MD, CFPC, Thunder Bay Regional Health Sciences Centre, Thunder Bay, ON  
**Robin Cano**, Hospice Palliative Care Telemedicine Nurse, St. Joseph's Care Group, Clinical Capacity Lead, North West Regional Palliative Care Program, Thuder Bay, ON.

The use of technology to enhance access to delivery of palliative care services is relatively new. The use of innovative technology such as Telemedicine, can address a barrier with access to palliative care consultation for those individuals unable to leave their homes due to the progression of their illness, or geographical location. The use of Telemedicine for planned physician appointments by the use of a tablet placed within the home environment eases patients and families’ fears by connecting with a health care professional and reducing the burden of travel. The use of this technology can support the patient and family in their home and reduce the negative consequence of isolation and fear when coping with their illness in the home environment.
Learning Objectives:
1. To become familiar with the use of Telemedicine technology as a method of care delivery in the homes of Palliative and End-of-Life care patients and their families;
2. To identify the ways that the Tele-Palliation Telemedicine program can benefit the client and family during the last months and weeks of life;
3. To identify the ways that the Tele-Palliation Telemedicine program can assist physicians and other members of the health care team to provide patient centered care at the end of life.

Workshop Stream: Research/Scientific/Advanced Clinical Practice

507 Urban Indigenous End of Life Care: Recommendations Voiced by Indigenous Peoples

Barbara Wilson, MSW, RSW, Wholistic Clinical Social Worker, Hospice Waterloo Region, White Owl Native Ancestry Association and Carizon Family and Community Services, ON
Gale Cyr, BSWLF, MSW, ABD, Wholistic Mentor, White Owl Native Ancestry; Casual MSW Instructor, Wilfrid Laurier University.

This workshop will summarize recommendations of qualitative research of urban Indigenous end-of-life care undertaken in 2014 by Hospice of Waterloo Region (HWR). The research applied Indigenous methodology which included Circle methodology and individual and collective experiences. The facilitators, Barb Wilson and Gale Cyr, will inform the workshop participants of the recommendations developed by project participants and the Elders Advisory Committee in this urban Waterloo Wellington Aboriginal palliative care needs assessment.

Our time together in this workshop will outline a wholistic model of palliative care voiced by Indigenous participates within this project. Local Indigenous community members identified a vision of Indigenous palliative care meeting the wholistic care needs of the Indigenous community that included accessibility to a blend of Indigenous Traditional Medicine and mainstream medical care within a Medicine Wheel framework that embraces the physical, mental, emotional and spiritual.

Our focus is on decolonizing health care practice and creating a culturally and spiritually safe end of life care model that has relevancy for Indigenous Peoples. It is the hope of the Indigenous project participants, the workshop facilitators and HWR that the findings of this needs assessment contribute to the awareness and respect for Indigenous worldviews and more importantly the implementation of meaningful and safe end of life care initiatives for urban Indigenous Peoples.

Learning Objectives:
1. Gain awareness of recommendations of a qualitative research project focused on End of Life Care for Urban Indigenous Peoples;
2. Gain knowledge of a wholistic model of palliative care voiced by Indigenous Peoples;
3. Deepen understanding of decolonizing end of life health care practice that is culturally and spiritually safe and relevant for Indigenous Peoples.

Workshop Stream: Research/Scientific/Advanced Clinical Practice
508  Companioning Suffering

Eugene Dufour, STAR Family Health Team, Stratford. ON.

“We turn pain into suffering by adding all kinds of beliefs, interpretation and judgments to it”.

Dr. Brenda Shoshanna

This workshop will apply Dr. Allan Wolfelt’s concepts of “Companioning” as it applies to the suffering of a dying patient and their family members. Participant will learn the concepts of companioning and how to: Honour the spirit of those suffering; Going into the wilderness of the soul of a suffering person; Bearing witness to a person’s suffering; The role of sacred silence as we accompany suffering; Being present to suffering without feeling responsible to take the suffering away.

The “Suffering Evaluation Tool” will be presented to give participants a practical way to work with a patient’s beliefs, interpretations and judgments that are fueling their suffering. All aspects of suffering, physical, emotional, social and spiritual, will be explored in this workshop. This workshop will give participants helpful and practical ways of dealing with suffering while reviewing their own understanding of suffering.

Learning Objectives:
1. Participants will review their own understanding of suffering;
2. Learn the "Companioning Model" to address suffering of patients and family members;
3. Learn how to use the "Evaluating suffering Tool".

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy

509  The Death Revival

Colleen Bone, Office Manager, Giffen-Mack Scarborough Funeral Home, Community Liaison, Dignity Memorial, Scarborough, ON

This workshop will explore how we can bring communities back together and reintroduce healthy dialogue around death, dying and bereavement. In days gone by, communities came together to support one another when someone had died, it was discussed openly and honestly, but in contemporary society these conversations have been replaced with silence.

We will discuss how to come together again and involve families with the entire death process, raising awareness of grief issues and talking about how to care for the caregiver and support ourselves and our communities as we face the inevitability of death and dying. The workshop content is relevant to those with a general interest, and those working or volunteering in a related field such as hospice, social services, education, health care, and funeral services.
Tuesday, April 19, 2016

**Learning Objectives:** Involvement in death and awareness and being with people in grief.

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

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**510 HUUG (Help Us Understand Grief) Program**

**Jodi Pereira,** Director, Community Programs, Heart House Hospice, Mississauga, ON  
**Kimberly Blackmore,** CAPCT, MA, CYCAA, HUUG Counsellor, Heart House Hospice, Mississauga, ON

4-5% of children will lose a parent before the age of 16. In 2011 there were 318,605 children and youth in the Region. This means at least 12,744 children in the Region will lose a parent before they are 16. Previously, there were no formal supports or services available to the families living with this reality but thanks to the Pendle Fund of the Community Foundation of Mississauga we have changed that!

Thanks to a generous one year grant from the foundation on April 1, 2015 Heart House Hospice started a new program to support children, youth and families who are living with the dying or the death of an immediate family member or primary caregiver, or who are facing death themselves. Heart House Hospice introduces the HUUG (Help Us Understand Grief) program.

The Purpose of HUUG:
- One of top 5 concerns identified by palliative individuals is concern for their family and where the person is a parent it is for their child(ren);
- To offer in home visits to children and youth living with the dying or death of a loved one;
- Provide one to one or family group support;
- Offer education and guidance about death and grief to children, youth and families;
- Offer education about dying, death and grief to community organizations, professionals and schools.

Heart House Hospice will talk about the HUUG program. We will share our experience, learning, resources and stories from our first year.

**Learning Objectives:**
1. To share our experience and learning with the initiation of the HUUG program;
2. To present the data and outcomes from our experience;
3. To share resources and ideas to help others create a HUUG program in their communities.

**Workshop Streams:**  
- Psychosocial/Spiritual/Bereavement/Complementary Therapy
- Volunteer Management
511  Pathways: Helping People with Dementia Find Their Voice Through Song

Bev Foster, MA, BEd, BMus, AMus, ARCT, Executive Director, Room 217 Foundation, Port Perry, ON.

The Room 217 Foundation delivers therapeutically viable musical resources and training programs for vulnerable populations using music as an integral and essential component of whole person care. Pathways is a singing program for dementia care that provides an opportunity for meaningful social interaction improving quality of life and care.

Key elements of the Pathways program include a video series with 13 themed episodes led by expert singing host; activity booklets with more than 300 activity ideas; online training include 6 short tutorials; audio CDs including instrumental and vocal tracks. A pilot study using Pathways was conducted testing the episode design in 2011 in 20 LTC facilities across Canada. A beta test was completed using the entire program within 30 sites in Ontario.

This workshop will focus on the benefits of singing in dementia care, key elements of the Pathways program, and key results from the beta test. Participants will have an opportunity to experience Pathways in a very hands-on way.

Learning Objectives:
1. Describe important facts about dementia;
2. Identify why singing is a powerful therapeutic intervention in dementia care;
3. Demonstrate knowledge of 3 key components of the Pathways program;
4. Integrate Pathways into HPC programming.

Workshop Stream: Volunteer Management