



*Serving Erie St. Clair and
the South West LHINs*

CAPCE

Comprehensive Advanced Palliative Care Education for Registered Nurses and Registered Practical Nurses

***“Affecting practice change
and enhancing care at the bedside.”***

2012 – 13 CAPCE Program Information and Application Process

**Southwestern Ontario
*Serving Erie St. Clair and the South West LHINs***

How to Contact Us

The Comprehensive Advanced Palliative Care Education (CAPCE) Program is designed to align with the Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice (CHPCA 2002). CAPCE is a program developed and delivered by the Palliative Pain and Symptom Management Consultation Program (PPSMCP) of Southwestern Ontario, funded by the Ministry of Health and Long-Term Care, through the Local Health Integration Network.

For information regarding the CAPCE Program or general information regarding the Palliative Pain and Symptom Management Consultation Program of Southwestern Ontario email betty.tucker@sjhc.london.on.ca or call 519-685-4086, fax 519-685-4087.

Current Support

- Lisa Malbrecht, Director Complex Care and Ambulatory Care, St. Joseph's Health Care London.
- Denise Eppel, Cabhru Solutions, Ontario.
- Pat Hodgson, M P Hodgson Enterprises, Courtland, Ontario.
- Julie Johnston, Coordinator, Palliative Pain and Symptom Management Consultation Program, Southwestern Ontario.
- Betty Tucker, Administrative Assistant, Palliative Pain and Symptom Management Consultation Program, Southwestern Ontario.
- CAPCE Program Co-Facilitators of Southwestern Ontario.
- Nurse Educators for the Palliative Pain and Symptom Management Consultation Program of Southwestern Ontario (<http://www.palliativecareswo.ca/>).

We gratefully acknowledge the mentorship provided by the following individuals in the development of the CAPCE Program:

- Dr. Charmaine Jones.
- Dr. Dwight E. Moulin, Associate Professor, Department of Clinical Neurological Sciences and Oncology, London Regional Cancer Program. London Health Sciences Centre.
- Diane Harris and Associates, Tillsonburg, Ontario.
- Pat Shanahan, London, Ontario.

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Important Dates to Remember!

- **May 16, 2012:** deadline for completing the online Senior Leader Candidate Criteria & Registration form
- **June 20, 2012:**
 - **deadline for submission** of registration fee and copy of The Fundamentals of Hospice Palliative Care certificate or evidence of equivalency in experience in hospice palliative care and understanding of the Model to Guide Hospice Palliative Care (CHPCA 2002), c/o Betty Tucker, Room A257, St. Joseph's Health Care London, 801 Commissioners Rd. E., London, ON, N6C 5J1. (Cheque or money order are payable to: St Joseph's Health Care London).
- **July 5, 2012:** Applicant letters of acceptance into the program will be Emailed on this date.
- **August 2012:** Mentorship meeting (to be arranged by local PPSMCP Nurse Educator).

For Assistance with:

CAPCE Program information contact Betty Tucker at 519-685-4086 or
betty.tucker@sjhc.london.on.ca

Purpose of this Information Booklet

Thank you for your interest in the CAPCE Program!

This information booklet provides you with:

- an overview of the CAPCE Program and the course content
- an outline of responsibilities for participation in the CAPCE Program
- support strategies available to CAPCE participants before, during, and after participating in the program
- **senior leader responsibilities (page 10)**
- **application and registration process information (page 20 and 21)**

For ongoing, up-to-date information regarding the CAPCE Program please visit the website:

<http://www.palliativecareswo.ca/LearningInitiatives/SouthwestLearningInitiativeCAPCE.htm>

Please Note:

1. *the enrolment numbers are **limited for the 2012-13 program;***
2. *registration details and deadlines will be strictly imposed!*

Developing Hospice Palliative Care Expertise

Framework for Development of Hospice Palliative Care Expertise

The chart on the next page describes the settings, qualifications and role expectations of health care providers practising as:

- Primary Formal Caregivers
- Resource Professionals
- Secondary Consultants / Educators
- Tertiary Consultants / Educators.

The framework also identifies the education opportunities available to care providers involved in the delivery of hospice palliative care. This framework has been adapted from the Canadian Hospice Palliative Care Association “A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice” (CHPCA 2002). The March 2002 document outlines the roles of providers involved in delivery of hospice palliative care and was produced after 10 years of collaboration and consensus building. (Please visit: <http://chpca.net/Home>).

The current funding provides for hospice palliative care education programs in every county and supports the development of education opportunities aimed at the Primary Formal Caregiver level of expertise. As in all healthcare situations, when these primary providers encounter care issues and situations beyond their level of confidence and expertise, they must be able to seek help and support from practitioners with greater knowledge and expertise.

The CAPCE Program

To enhance expertise in the Erie St. Clair and South West Local Health Integration Networks (LHINs), the Comprehensive Advanced Palliative Care Education (CAPCE) Program for nurses was developed and launched in 2003. This CAPCE Program focuses on the development of Hospice Palliative Care Resource Nurses in long-term care homes, agencies, hospitals and communities throughout Southwestern Ontario. The CAPCE Program is also being adopted and implemented in many regions across Ontario.

Local Expertise

Local professionals with expertise in hospice palliative care are used to assist with the facilitation of the local components of the CAPCE Program. Delivery of the majority of the components of this program at the local level will meet the needs identified by our stakeholders for education close to home. Incorporating a mentorship role into the program will promote transfer of knowledge and skill to practice at the bedside and assist individuals and organizations in their aspirations to deliver exemplary hospice palliative care.

Funding

The Ministry of Health and Long-Term Care Palliative Care Interdisciplinary Education funding in the Erie St. Clair and the South West LHINs is directed at the Primary Formal Caregiver and Resource Professional Levels of Expertise with the expectation that new knowledge and skill will be transferred to practice and applied at the bedside.

Framework for the Development of Hospice Palliative Care Expertise

Palliative Care Expertise	Expectations	Relevant Education Opportunities
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Primary Formal Caregivers



Front line staff / volunteers with some knowledge of hospice palliative care.

E.g., physician, nurse, volunteer, social worker, pharmacy, clergy, etc.

Qualifications: Fundamentals or equivalency recommended

- Manage disease
- Identify Issues
- Provide core competencies
- Advocate for patient and family

- The Fundamentals of Hospice Palliative Care
- Advanced Hospice Palliative Care Education for Support Workers (**AHPCE**)
- Conferences and In-services
- Discipline Specific Sessions
- Other

Resource Professionals



All settings

E.g., physician, nurse, social worker, pharmacy, clergy, etc.

Qualifications: (see next page for more details)

- Demonstrate proficiency in core concepts
- Promote and champion hospice palliative care within their role and work setting
- Assist mentors and peers in identifying issues and problem solving
- Advocate for best possible care for patients and families

- Comprehensive Advanced Palliative Care Education (**CAPCE**)
- Ian Anderson Continuing Education Program in End-of-Life Care
- Learning Essential Approaches to Palliative and End of Life Care (**LEAP**), Pallium
- Canadian Association of Pastoral Practice and Education (**CAPPE**)
- Developing Spiritual Care Capacity for Hospice Palliative Care, Pallium
- Other

Secondary Consultants/ Educators



District:

Experienced members of a designated hospice palliative care team / unit / program employed on a full time or part time basis in palliative care and associated with a secondary or tertiary level facility. Regional Palliative Pain and Symptom Nurse Educators.

Qualifications: Discipline specific certification in hospice palliative care or equivalency in knowledge, skill and experience.

Minimum requirement: Comprehensive Advanced Palliative Care Education (**CAPCE**) for nurses or discipline specific Ian Anderson Program in End-of-Life Care modules.

Regional:

Experienced member of a designated hospice palliative care team / unit / program in a large urban centre employed exclusively or primarily in Palliative Care.

Qualifications: Discipline specific certification in Hospice Palliative Care or equivalency in knowledge, skill and experience.

District:

- Support formal primary providers and resource professionals in all settings
- Consult on difficult to manage cases
- Educate primary providers and resource professionals
- Advocate at district and regional program development level

- Comprehensive Advanced Palliative Care Education (**CAPCE**)
- RAO Advanced Practice Nurse Fellowship in Palliative Care
- Physician Fellowship
- Canadian Association of Pastoral Practice and Education Supervisory Level
- Other

Regional:

- Support secondary consultants and educators working at the district level
- Advocate at district and regional program development level

Tertiary Care Consultants/Educators



Expert practitioners and researchers in hospice palliative care with teaching responsibilities in a university.

- Consult on difficult to manage cases
- Educate and train secondary and tertiary experts and develop advocacy strategies
- Design and conduct research

Hospice Palliative Care Expertise: The Resource Professional

The Hospice Palliative Care Resource Professional is any professional health care provider:

- with advanced level hospice palliative care education and skill.
- who is a member of an agency/long-term care home/acute care hospital palliative care team or has been designated as a hospice palliative care resource professional within the agency/long-term care home/acute care organization.

Expectations of the Hospice Palliative Care Resource Professional include:

- Demonstrate proficiency in core concepts.
- Promote and champion hospice palliative care within his or her role and work setting.
- Assist in identifying local hospice palliative care issues.
- Contribute to local problem solving.
- Advocate for best possible care for the person and his or her family.

Education opportunities available for a Hospice Palliative Care Resource Professional:

- Comprehensive Advanced Palliative Care Education (CAPCE) for nurses acting as hospice palliative care resource nurses in an agency/long-term care home/acute care.
- Canadian Association of Pastoral Practice and Education for individuals acting as hospice palliative care resource persons in pastoral care.
- Learning Essential Approaches to Palliative and End of Life Care (LEAP). Inter-professional palliative care education and mentorship program, developed by Pallium, delivered in various regions of Ontario, including Southwestern Ontario.
- For additional educational opportunities refer to:
 - www.thehealthline.ca
 - www.esceolcn.ca

CAPCE Performance Objectives

Following active participation in all modules, completion of practical application assignments and mentoring the learner will serve in the capacity as a Resource Nurse (see page 4) practising as a competent primary hospice palliative care clinician and supporting the development of skills among his or her peers. She or he will demonstrate an understanding of the essential and basic steps of a Therapeutic Encounter and be able to:

1. Utilize **screening questions and tools** to identify active (unresolved or new) and potential issues in the domains associated with illness and bereavement including: disease management, physical, psychological, social, spiritual, practical, end-of-life care /death management, and loss and grief.
2. Complete an **assessment** to the extent she or he:
 - a) Gathers detailed information about each identified issue including the status, potential cause, associated expectations, needs, hopes and fears
 - b) Utilizes appropriate assessment tools and scales in data collection related to the issues identified
 - c) Includes information gleaned from physical examination and results of laboratory and radiology procedures being aware that only techniques with the potential to provide beneficial information without undue risk or burden are appropriate
 - d) Determines the perceived benefits and burdens of any previous therapeutic interventions
 - e) Notes any adverse reactions and allergies
 - f) Determines difficulties adhering to therapeutic regimens.
3. **Share information** to the extent she or he:
 - a) Determines, documents and respects confidentiality limits defined by the person*
 - b) Determines what the person and the informal caregivers already know
 - c) Assesses and documents the desire and readiness for information
 - d) Develops a process and documents a plan for sharing information in a timely manner, in a setting where privacy can be ensured and in a language and manner understandable and acceptable to the person and his or her family
 - e) Determines and documents the need for translation
 - f) Observes and documents the physical and emotional reaction to information provided
 - g) Assesses understanding of information shared and its implications by requesting feedback
 - h) Determines and documents the desire for additional information.
4. Assist in the **decision-making** process to the extent she or he:
 - a) Demonstrates through documentation that the components of consent, disclosure, capacity and voluntariness, have been met whenever consent to a treatment or a plan of care is sought
 - b) Assesses and documents decision-making capacity regularly and in particular when cognitive ability is questionable

- c) Determines and documents the legal Substitute Decision-Maker and demonstrates knowledge of surrogate decision-making legislation and regulations
 - d) Determines who the person wants to include in the information sharing and decision making process
 - e) Determines and documents the existence of previously expressed wishes (written or verbal) and encourages discussion related to advance care planning between the person, his or her Substitute Decision Maker, family and other members of the health care team
 - f) Discusses current wishes and clarifies the person's and/or family's goals for care on a regular basis
 - g) Collaborates with the person and/or family to prioritize the importance of each of the identified issues
 - h) Offers and explains therapeutic options to modify the disease, relieve suffering and improve quality of life outlining risks as well as benefits and burdens
 - i) Assists the person and/or family to select treatment priorities from the options offered and obtains consent to treatment / plan of care
 - j) Discusses and documents requests for:
 - withholding, withdrawing therapy
 - therapy with no potential for benefit
 - hastened death, euthanasia or assisted suicide
 - k) Develops a plan for conflict resolution when indicated.
5. Engage in **care planning** to the extent that she or he:
- a) Determines and documents wishes related to preferred setting of care
 - b) Develops a process to negotiate and determine a plan of care that:
 - Addresses issues and opportunities and delivers chosen therapies
 - Includes a plan for:
 1. Care of dependents
 2. Backup coverage
 3. Respite care
 4. Emergencies
 5. Discharge planning
 6. Bereavement care
 - c) Regularly reviews and adjusts the plan of care throughout the illness trajectory to compensate for changes in the person's and/or the family's status, needs and choices.
6. Engage in **care delivery** to the extent that she or he:
- a) Assesses the learning aspirations and needs of formal and informal care team members, relative to skill sets required to deliver the chosen therapeutic options
 - b) Documents that care is aimed at meeting the goals of the person and that the person, family and extended support network are at the heart of the team
 - c) Identifies team members who will provide leadership, coordination, facilitation and support; a particularly important process when potential conflict is identified
 - d) Organizes learning strategies to meet the aspirations and needs of caregivers enabling them to be competent and confident in providing care.
 - e) Identifies community resources including secondary level hospice palliative care consultants/educators and demonstrates knowledge of how to access services

- f) Develops a written plan of care
 - g) Ensures that mechanisms are in place to communicate the plan of care and information among all caregivers and across all settings of care
 - h) Regularly reviews care delivery and adjusts approaches to compensate for changes in the person's and his or her family's status and choices.
7. **Confirm** understanding and satisfaction of the treatment plan to the extent that she or he:
- a) Documents the person's and his or her family's understanding of the disease process and the expected course of the illness
 - b) Documents the level of satisfaction in relation to the plan of care and the delivery of care
 - c) Determines the perceived complexity of the treatment regime and documents concerns, questions and issues raised
 - d) Determines and documents the expressed level of stress
 - e) Determines and documents the ability of formal and informal care providers to participate in the plan of care
 - f) Documents the effects of therapeutic interventions and advocates for further intervention when goals and expectations are not met.
8. Serve as a **Resource Nurse** sharing knowledge by engaging in the following activities:
- a) Identifies gaps in care delivery both at the bedside and within the organization and considers strategies in response to identified gaps and needs
 - b) Communicates organizational gaps and issues and possible problem solving strategies to management in an effort to enhance delivery of hospice palliative care within the organization
 - c) Collaborates with peers in problem solving and development of an individualized plan of care that responds to the identified needs of the person / family
 - d) Champions hospice palliative care within the organization
 - e) Advocates for improved delivery of hospice palliative care services within the organization.

* the use of "person" refers to patient, resident or client

Remember! The Comprehensive Advanced Palliative Care Education (CAPCE) Program is designed to align with the Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice (CHPCA 2002) and supports the outcomes of the Palliative Care stakeholder planning day November 27, 2002. To learn more about the National Principles and Norms of Practice, visit the CHPCA website <http://chpca.net/Home>.

CAPCE Candidate Selection Criteria

Each organization is responsible for selecting one or more qualified Registered Nurse(s) or Registered Practical Nurse(s). The following checklist contains the requirements for the person(s) selected by the organization.

Please note: A senior leader will be responsible for providing evidence of these requirements as part of the application phase.

CAPCE Candidate Selection Criteria Checklist

In order to be eligible to participate in the CAPCE program, the Registered Nurse(s) or Registered Practical Nurse(s) **must have:**

- Demonstrated passion for hospice palliative care
- Knowledge, experience, and/or responsibility for hospice palliative care
- Sensitivity to the impact of attitudes, behaviours, life experiences, values, thoughts and feelings on the well-being and quality of life from the perspective of all partners in care
- Capability and willingness to serve as a role model, facilitator, coach and agent for change
- Ability to listen, to question self and others, and identify new approaches and solutions
- Dedication and commitment to solving problems and taking action to provide the best care possible
- Willingness to be open and flexible and learn from others
- Awareness of the ability to learn and develop, both personally and at a team / organizational level

To help ensure his or her success, the Registered Nurse(s) or Registered Practical Nurse(s) also **requires:**

- The commitment of those in positions of authority (e.g., Administrators, Directors of Care, Medical Directors) i.e., to implement policies, protocols and accountability for pain and symptom management and end-of-life care
- Ongoing support and encouragement from those in leadership positions as well as peers i.e., paid time for pain assessment, management and staff education
- Removal of barriers to learning i.e., work with the most appropriate physician to be a part of the team, scheduling of staff to facilitate attendance at education sessions
- Assistance with the transfer of new skills and knowledge to the work place

Additionally, the Registered Nurse(s) or Registered Practical Nurse(s) **must**:

- Have access to and experience with the internet and, **at minimum**, be able to retrieve and print documents and complete online assessments and evaluations
- Be a part-time or full-time employee working with persons requiring hospice palliative care
- Have completed The Fundamentals of Hospice Palliative Care or evidence of equivalency in experience in hospice palliative care and understanding of the Model to Guide Hospice Palliative Care (CHPCA 2002) as determined by the CAPCE Program Team
- Be available to attend **each** of the scheduled sessions of the program
- Be available to CAPCE Mentor (via teleconference, one-to-one, etc.)

Practice Change and the Responsibility of Senior Leaders

We know that while training is not the answer to the complex issues faced in hospice palliative care; it is part of the solution. *The Framework for Development of Palliative Care Expertise in Southwestern Ontario* is a multi-faceted approach to improving care at the bedside with mentoring, practical application, long-term commitment, and learning networks complementing and strengthening the knowledge and skills gained through education opportunities such as CAPCE.

In addition, based on experiences since 2003, we know that CAPCE graduates who have successfully implemented their role as Resource Nurses have improved hospice palliative care because they were supported by a number of factors:

1. The willingness of peers to take on additional work tasks;
2. Peer acceptance of the Resource Nurse's use of time to enhance hospice palliative care;
3. Management willingness to allow the Resource Nurse to do new things;
4. Management willingness to give the Resource Nurse the time needed to enhance hospice palliative care;
5. Clear communication of management support of the Resource Nurse's efforts throughout the workplace;
6. Management belief in hospice palliative care as a priority; and,
7. Sufficient authority to the Resource Nurse to make changes.

To support the CAPCE learner and increase the likelihood of his or her success, senior leaders have the responsibility to understand and act on the key factors influencing staff performance.

Broad, M. (2005) *Beyond Transfer of Training: Engaging systems to improve performance*. San Francisco, CA: Pfeiffer.
Rummler, G. & Brache, A. (1995) . *Improving Performance*. San Francisco, CA: Jossey-Bass.

Senior Leader Responsibilities

1. **Ensure a clear understanding of what learners are expected to accomplish on the job** (e.g., personal performance expectations, CAPCE Project, developing policy and procedure) and outline "start points" for change.
 - To develop a shared understanding of the full scope of CAPCE and its potential impact within the organization it is important to review the performance objectives with the new learner prior to the 1st CAPCE session. The performance objectives are based on the Principles and Norms of Practice outlined in the Model to Guide Hospice Palliative Care (CHPCA 2002). This joint review will:
 - identify ways in which the management team can assist the learner to personally meet the learning objectives
 - inform the process of developing and refining organizational goals related to hospice palliative care

- stimulate thinking related to the CAPCE project which is aimed at improving delivery of Hospice Palliative Care in the organization.
2. **Provide the support required to accomplish the job expectations** (e.g., resources, responsibility, authority, time).
 - Ensure other team members know the role/function of the Resource Nurse (including staff, physicians, volunteers, Personal Support Workers, etc.).
 - Work with the Resource Nurse to identify the opportunities for practising what has been learned. Don't leave this to chance! Keep in mind, the sooner the learner tests out what has been learned the better the chance of making changes to practice. For example, facilitate the assignment of patients requiring palliative care to the CAPCE learner.
 3. **Ensure individual capability to do the job** (physical, mental, emotional capacity, experience).
 - Ensure the Registered Nurse(s) or Registered Practical Nurse(s) that is selected to attend CAPCE is the right person(s) for the job. Refer to CAPCE Candidate Selection Criteria on pages 8 and 9 of this information guide.
 4. **Provide the appropriate consequences for reinforcement, incentives, and rewards.**
 - Encourage staff to utilize the Resource Nurse.
 - Encourage dialogue among all team members to share learning.
 - Encourage the Resource Nurse to reconnect with other CAPCE participants and learn more about innovations across the region.
 5. **Provide timely feedback in terms of how well the learner is meeting the expectations set out in #1.**

Meet with your CAPCE learner to:

- gain an appreciation of how the learner is applying CAPCE learning in his or her practice. Go back to the performance objectives, and previous conversations in terms of measuring his or her success in achieving the objectives.
- Determine progress made in initiating organizational change (e.g. the CAPCE project, development of policies and procedures, etc).

Learning transfer can't be taken for granted or left to chance. The learner, mentor, senior leaders and other team members must work together to improve practice at the bedside!

Remember! CAPCE is an investment... nurture the learner!

CAPCE: 2012-13 Program Overview

Recognizing that a nurse wants to continue his or her education amidst a busy career and home life, the learner will fast-track through this comprehensive program.

1. There are 6 mandatory local sessions. Local sessions are held at an accessible site within your district.
2. In Huron-Perth and Grey-Bruce counties only, there will be mandatory teleconferences, each one hour in length.
3. Learners are selected from various health care settings, hospitals, community agencies, and long-term care homes across Southwestern Ontario.
4. There are no exams; however, there are a number of other requirements:
 - a **mandatory** pre-read prior to each session.
 - mandatory online** learner reflections to be completed after each session.
 - mandatory practical application assignments** include documented evidence of completion of clinical assessments and written reflections on the application of knowledge to clinical practice with the expectation that this will be discussed at the following learning session. The mentor will provide personal feedback to each learner related to the assignments.
 - a **mandatory** organizational project; a template for project submission will be provided.
5. The local CAPCE mentor will provide support to the learner throughout the course via phone, email, or face-to-face meetings.
6. The mentor will provide senior management and the learner with support for the development and implementation of a project plan within each participating organization.

Please refer to page 13 for a complete listing of CAPCE session dates for each county of Southwestern Ontario

2012-13 CAPCE Session Dates

Session Dates by County							Content	Location
Session	London / Middlesex	Lambton / Kent	Windsor/ Essex	Oxford/ Elgin	Grey/ Bruce	Huron/ Perth		
1	Sept. 11	Sept. 11	Sept. 12	Sept. 13	Sept. 12	Sept. 11	<ul style="list-style-type: none"> • Program overview and expectations • The CAPCE Vision • Leadership and the Resource Nurse • Introduction to the National Model: The Square of Care, Domains of Issues and the Therapeutic Encounter (CHPCA 2002) The holistic team approach to providing person directed care	Details provided upon acceptance
2	Oct. 2	Oct. 16	Oct. 3	Oct. 4	Oct. 3	Oct. 4	Therapeutic Encounters dealing with Issues in the Physical Domain: Pain	Details provided upon acceptance
3	Nov. 6	Nov. 6	Nov. 7	Nov. 1	Oct. 24	Oct. 25	Therapeutic Encounters dealing with Issues in the Physical Domain: Other Conditions/Symptoms	Details provided upon acceptance
4	Dec. 4	Nov. 27	Dec. 5	Dec. 6	Nov. 14	Nov. 14	Therapeutic Encounters dealing with issues in the Psychological and Spiritual Domains	Details provided upon acceptance
5	Jan. 15	Jan. 29	Feb 6	Feb. 7	Apr. 3	Dec. 3	Therapeutic Encounters dealing with issues in the Social, Practical and End of Life Care Domains	Details provided upon acceptance
6	Feb. 12	Mar. 5	Mar. 6	Mar. 7	Apr. 24	Feb. 14	Therapeutic Encounters dealing with issues in the Death Management, Loss and Grief Domains	Details provided upon acceptance
Teleconferences					Grey / Bruce	Huron/ Perth	<ul style="list-style-type: none"> • Networking • Continuous learning and development through case studies 	Teleconferences
(Grey/Bruce & Huron/Perth <u>only</u>)					Jan. 16	Jan. TBD		
(Grey/Bruce & Huron/Perth <u>only</u>)					Feb. 13	Feb. TBD		

CAPCE Candidate Information: Q&A

1. Why am I the right person for this course?

- I am passionate about hospice palliative care
- I want to improve my own practice
- I want to become an expert in this specialty
- I want to positively influence practice in my workplace
- (To learn more about the National Principles and Norms of Practice, visit the CHPCA website <http://chpca.net/Home>)

2. Who else will be involved with CAPCE this year?

- Registered Nurses, Registered Practical Nurses

3. What commitment is required of me?

- Actively participate in all aspects of the program! The design of the CAPCE Program is based on the assumption that participants will take part in all the program components:
 1. study the written materials prior to the sessions
 2. **actively participate in each of the 6 full day sessions**
 3. **in Huron-Perth and Grey-Bruce, actively participate in each of the teleconferences for your area**
 4. engage in dialogue, case-based learning strategies
 5. complete the practical application assignments prior to the next designated session
 6. collaborate with CAPCE Mentor a minimum of 4 times during program for a maximum of 2 hours/meeting
 7. complete the required aspects of the project as per agreed upon timeframes
 8. complete the required online learner reflection forms
 9. collaborate with your senior leader throughout the program
 10. complete the 3-month online follow-up survey

4. Does my organization need to make any commitment?

- Yes! Each organization will clearly define the level of organizational commitment for the learner in respect to the course requirements including plans for:
 - a. attendance at sessions
 - b. allocated time to complete assigned assessments
 - c. participation in mentorship meetings with learner and senior leader
 - d. project development and implementation
 - e. participation in the evaluation process

See “Practice Change and the Responsibility of Senior Leaders” pages 10 and 11 for more information.

- Each learner and employer should negotiate in advance the compensation expectations during the course especially relating to the day-long classroom sessions.
- Senior leaders will also be required to submit an online learner profile during the application process.

5. What is the cost?

- The CAPCE Investment is \$300.00 per learner and includes:
 - a. 6 local sessions in each the following areas (lunch and refreshment breaks included):

1. Grey and Bruce	4. Huron and Perth
2. Oxford and Elgin	5. Kent and Lambton
3. Windsor and Essex	6. London and Middlesex
 - b. Teleconference participation for Huron-Perth and Grey-Bruce only
 - c. Mentor support throughout the course and consultation thereafter
 - d. CAPCE Resource Guide
 - e. Online support and additional learning resources

6. Can I apply for financial assistance?

- You may apply for the RNAO education assistance program. Please refer to www.rnao.org or educationfunding@rnao.org

7. What support is in place for me during and after the formal education program?

- The CAPCE Mentor will provide phone, email, and hands on guidance at a convenient location during the CAPCE Program. Some may prefer to receive emails, etc. at home.
- You will connect with the mentor for your area on or before the September session and will get to know her on a more personal level at local sessions.
- You will work out a communication strategy and a reasonable timetable for meetings with your mentor.
- The CAPCE Mentor will be available for consultation following the program.

8. Will I receive a certificate for continuing education?

Certificates will be granted to CAPCE learners when **all** of the following criteria are met:

1. Attendance at **all** local sessions
 2. For Huron-Perth and Grey-Bruce learners, participation in **all** required teleconferences
 3. Successful completion of **all** practical application assignments
 4. Completion of required aspects of the organization project as per agreed upon timeframes
 5. Successful completion of **all** online learner reflections
 6. Completion of **3-month** online follow-up survey
- The successful completion of the program will help Registered Nurses in quality assurance efforts and in preparation to write the exam for a specialty certificate in hospice palliative care (annual opportunity). Visit: <http://www.cna-nurses.ca>.

9. What if I have to cancel my registration?

- Individuals whose withdrawal notice is received in the CAPCE Office after August 1st and prior to September 1st will be required to pay a \$50 administration fee. The remainder of the registration fee will be reimbursed.
- Registration fees are NOT refundable should you withdraw on or after September 1st.
- Extenuating circumstances will be reviewed on an individual basis.

10. What if I miss a session?

- **100 % attendance is a requirement to receive a CAPCE certificate for continuing education. In situations where a learner misses a session due to an adverse personal emergency, the CAPCE Program Team will determine the learner's status.**

Online Application and Registration Process

The application process for CAPCE candidates has **3 simple steps**:

1. CAPCE Senior Leaders

- Go to <http://www.surveymonkey.com/s/SWONTcapce2012> and complete one form for each candidate name you are submitting. Be sure you have a valid e-mail address for each candidate as this is the primary means of contact between the CAPCE office and individual candidates.
- The information asked on this form is as outlined in the “CAPCE Candidate Selection Criteria” pages 8 and 9 of this guide.
- Once the Senior Leader completes the online Selection Criteria/ Candidate Registration form and after the “Done” button is selected, a “thank you” page appears outlining the next steps in the 2012-13 registration process. If the page remains at the online form it means that there is an incomplete question – scroll to the top of the form and look for the message “* This question requires an answer” above all questions requiring an answer.

2. CAPCE Candidates

- Once the Senior Leader has submitted the candidate’s name and has completed the online Candidate Selection Criteria/ Registration form, the CAPCE Facilitation Team reviews the submission and accepts the candidate into the program. The senior leader will be sent a **conditional acceptance** email for each candidate.

3. Final Step in Registration

- To **complete the registration process**, the registration fee and copy of required certificate are submitted **before the deadline date (June 20, 2012)**.

Registration Process for CAPCE 2012-13

After the Senior Leader has submitted the required online form (by **May 16, 2012**), the CAPCE Candidate has until **June 20, 2012** to submit the following:

1. **Registration Fee for participants: \$300.00**

Please make cheques or money orders payable to: **St Joseph's Health Care London**.
Please note: cheques may be cashed anytime from time of acceptance into program up to August 2012.

2. **Certificate:**

Please send a copy of The Fundamentals of Hospice Palliative Care certificate or evidence of equivalency in experience in hospice palliative care and understanding of the Model to Guide Hospice Palliative Care (CHPCA 2002).

Please mail registration fee and certificate to:

Betty Tucker, Room A257
Palliative Pain and Symptom Management Consultation Program
St. Joseph's Health Care
801 Commissioners Road East
London, Ontario N6C 5J1

Deadline: The registration fee and certificate must be received in the CAPCE office by **June 20, 2012**. **Due to the high interest in this program, there are no exceptions to this deadline for the 2012-13 Program.**

Acceptance and Next Steps

Entrance Package

Applicant letters of acceptance into the CAPCE Program will be emailed from the CAPCE Office on **July 5, 2012**. This will contain important information about participation in the 2012-13 CAPCE Program. If you have any questions about the acceptance or registration process, please contact Betty Tucker at betty.tucker@sjhc.london.on.ca or (519) 685-4086.

CAPCE Learner Evaluations

Throughout the program, each CAPCE learner will be required to complete online surveys within a week of completing each session. You must provide the CAPCE office with a valid email address in order to receive the link to the online survey forms. Completion of these online forms is a requirement for obtaining the CAPCE certificate.

Remember! Participants must have access to the Internet and must have a valid email address. **Please contact us at betty.tucker@sjhc.london.on.ca should your email address change.**

APPENDICES

Appendix One: Palliative Pain and Symptom Management Consultation Program

Focus of our Program

The goal of the *Hospice Palliative Care education* is to ensure that persons living *with advanced illness and their families have access to* health care providers who *have expertise* in hospice palliative care and the management of pain and other symptoms.

Many agencies and facilities in our region offer hospice palliative care services. As in other centres across Ontario, these programs may vary in structure, services provided and accessibility. The purpose of the Palliative Pain and Symptom Management Consultation Program is not to duplicate existing services. Our purpose is to develop a process to ensure that care providers and persons in our counties have:

- access to hospice palliative care services;
- access to expertise in pain control and symptom management;
- access to hospice palliative care education.

The Services

The Palliative Pain & Symptom Management Nurse Educator:

- Assists service providers in the application of the Model to Guide Hospice Palliative Care (CHPCA 2002), assessment tools and best practice guidelines
- Offers consultation to service providers in person, by telephone, by videoconference or through e-mail regarding care (e.g., assessment and management of pain and other symptoms)
- Helps build capacity amongst front line service providers in the delivery of palliative care
- Links with specialized hospice palliative care resources.

Having such a resource enables access to hospice palliative care services and facilitates quality of life and best possible end-of-life care in the setting of choice.

This program is not an Emergency Response Service!

Accessing Services

- Health care providers (from long-term care homes, home care agencies, community support services and primary care) can contact the Palliative Pain and Symptom Management Nurse Educator in their local area <http://www.palliativecareswo.ca/>

Palliative Care Education Programs

Multi-disciplinary Hospice Palliative Care Education Programs provide education at both the introductory and advanced levels. Contact the Program's Nurse Educator (<http://www.palliativecareswo.ca/>) in your area for more information.

In addition to CAPCE, the education programs are:

The Fundamentals of Hospice Palliative Care: a 30- hour introductory level course offered a few times annually in each county. A registration fee is charged.

Advanced Hospice Palliative Care Education (AHPCE): an advanced course for health care workers in a supportive role (e.g., Person Support Workers, Volunteers) is offered in each county. A registration fee is charged.

Learning Essential Approaches to Palliative and End- of- Life Care (LEAP): an inter-professional palliative care education program, developed by Pallium, delivered in various regions of Ontario, including Southwestern Ontario.

Topic-specific in-services and workshops are offered on a regular basis throughout Southwestern Ontario.

Appendix Two: Be Prepared for Your First Online CAPCE Experience!

**PLEASE NOTE: The responses to these questions will only be accepted ONLINE.
Please do NOT send by regular mail, as they will not be accepted!**

Senior Leader Selection Criteria/ Candidate Registration

Please Note:

Please review the registration process and associated information in the 2012-2013 CAPCE information Guide prior to completing this registration.

This registration form is to be completed by the candidate's senior leader with input from the candidate as required. A senior leader may submit more than one candidate for the CAPCE Program.

The registration form for each candidate must be completed in one sitting; it cannot be saved and retrieved at a later opportunity. Each candidate submission will take approximately 20 minutes to complete.

If you have not completed a required question, you will be directed back to the missed question. Once you have successfully answered all of the questions you will be taken to a thank you page outlining the next steps in the 2012-2013 CAPCE registration process.

1. Candidate Information (required)

First Name:

Last Name:

Home Address line 1:

Home Address line 2:

City/Town:

Postal Code:

Work Phone Number:

Email Address (required):

Home Phone Number (required):

2. What is the candidate's position within the organization?

Title:

3. What is the candidate's professional designation?

RN

RPN

NP

4. Is the candidate a regular part-time or full-time employee working with persons requiring hospice palliative care?

- Yes
- No

5. Senior Leader/ Manager to whom the candidate reports and who is completing this form.

First and Last Name:

Title:

Email Address:

Phone Number:

6. Organization Information

Organization Name:

Organization Address:

Address Line 2:

City/Town:

Postal Code:

Organization Phone Number:

7. Which area in Southwestern Ontario does the candidate work?

- Grey
- Bruce
- Huron
- Perth
- Lambton
- Kent
- London-Middlesex
- Oxford
- Elgin
- Windsor-Essex

8. Which best describes the candidate's primary work setting?

- Teaching hospital
- Non-teaching hospital
- Chronic/long-term care home
- Office practice
- Community
- Residential Hospice
- Other: please specify:

9. Which of the following best describes the candidate's practice area? (choose all that apply)

- Geriatrics
- Internal Medicine
- Oncology
- Palliative Care
- Pediatrics
- Chronic Care
- ICU, Critical Care
- Other; please specify:

10. Has the candidate completed (in the process of completing) the Fundamentals of Hospice Palliative Care Program? (Note: the Fundamentals must be completed prior to the beginning of the CAPCE program.)

- Yes
- No

11. What year did the candidate complete the course?

12. Is the candidate able to attend each of the scheduled sessions of the CAPCE Program?

- Yes
- No

13. Does the candidate have access to and experience with the internet and, at minimum, is able to retrieve and print documents and complete online assessments and evaluations?

- Yes
- No

14. Is the candidate available to meet with the CAPCE Mentor at various mutually agreed upon times throughout the course?

- Yes
- No

15. Describe the candidate's ability to learn and develop, both personally and at a team/ organizational level.

16. Has the candidate reviewed the performance objectives (located in the 2012-13 CAPCE Application and Information Guide) for this CAPCE education program with his/her senior leader?

- Yes
- No

If not, why not?

17. Did the senior leader and the candidate discuss the candidate's desired participation in CAPCE? (check all that apply)

- No
- Yes, the logistics were discussed (time, travel, staff coverage, and cost)
- Yes, the candidate's goals and expectations for CAPCE
- Yes, the organization's expectations for the candidate's performance, support, and evaluation of learning

18. Describe the candidate's passion for hospice palliative care (e.g. candidate has participated in palliative care related workgroups, committees, or activities within workplace).

19. How many years of on-the-job experience does the candidate have working in hospice palliative care and/or end-of-life care?

20. What percentage of the candidate's time is currently spent providing hospice palliative care and/or end-of-life care?

21. Overall, how much authority does the candidate have to make changes to clinical practice within the organization? Please select the ONE number that best represents the authority of the candidate where 1 = no authority and 5 = full authority.

- 1 no authority 2 3 4 5 full authority

22. Describe the candidate's ability to listen, to question self and others, and identify new approaches and solutions.

23. How did the candidate find out about CAPCE?

- From department head/manager/supervisor
- From a peer
- CAPCE Information Guide
- Palliative Pain and Symptom Management Consultation Program
- Other, please specify:

24. Was the candidate asked to participate in CAPCE? (please select one)

- No, the candidate requested to participate
- Yes

If yes: who asked the candidate and why was the candidate asked to participate?

25. Does the organization have a designated Palliative Care unit?

- No
- Yes, the candidate works there
- Yes, but the candidate does not work there
- Not applicable

26. Does the organization currently have any workgroups or committees related to hospice palliative care?

- Yes, but the candidate is not involved
- Yes, the candidate is involved
- No

27. If the answer to question #26 was no, how receptive would the organization (management and peers) be to forming a workgroup or committee related to hospice palliative care? Please select the ONE number where 1= not at all receptive and 5= extremely receptive.

- 1 - not at all
- 2
- 3
- 4
- 5 –extremely

28. How receptive would the organization (management and peers) be to changing policy or treatment guidelines? Please select the ONE number where 1= not at all receptive and 5 = extremely receptive.

- 1 - not at all
- 2
- 3
- 4
- 5 – extremely

29. To what extent will the organization be providing the following resources for the candidate to participate in CAPCE?

	1 - Not at all	2	3	4	5 - Fully
Paid time away from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff coverage while attending sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial support (e.g. registration fees, travel expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to computer resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other resources – please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Resources (please specify):

30. To help ensure his or her success, the candidate requires support from senior leaders. In the following questions, please provide information regarding Senior Leader and Organizational support.

If you are submitting more than one candidate name, questions 31-33 inclusive only need to be answered once for the first submission.

- I am submitting only one candidate
- I am submitting more than one candidate and this is the first submission
- I am submitting more than one candidate and this is not the first submission. (Please enter the name of the first candidate in the space below and then go to the end of the form and hit “Done”)

Questions 31-33 were submitted for the first candidate, namely:

31. Describe how the commitment of those in positions of authority (Administrators, Directors of Care, Medical Directors) demonstrates that palliative care is an organizational priority (e.g. implement policies, protocols and accountability for pain and symptom management and end-of-life care).

32. Describe the ongoing support and encouragement from those in leadership positions as well as peers (e.g. paid time for pain assessment, management and staff education).

33. Describe what assistance with the transfer of new skills and knowledge to the work site will be provided for the CAPCE candidate.(e.g. dedicated time to complete CAPCE assignments and workplace project, recognition of candidate's increased knowledge and skills to other team members, work schedule is conducive to application of learning, etc.)