



HOW TO ORDER PALLIUM PROJECT-RELATED RESOURCES

The Pallium Project works in partnership with the Canadian Hospice Palliative Care Association (CHPCA) for national resource distribution.

FAX: Fax complete order forms to 1-613-241-3986

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	RESOURCE INFORMATION
Resource Name	CLINICAL COMMUNICATION IN HOSPICE PALLIATIVE CARE: REFLECTIVE VIDEOS DVD [Individual Segment Use Edition] and Instructional Video Teaching Guide
CHPCA Item Order #	CHPCA Item# 623 (\$39.95 + CHPCA Shipping & Handling fee); Currently only licensed for use in Canada
Intended Instructional Uses	<ul style="list-style-type: none"> • An instructional DVD of sociodrama-based scenarios with 11 – 4 to 8 minute segments. Includes companion teaching points designed to promote critically-reflective dialogue about many common communication challenges associated with providing quality Hospice Palliative Care in primary health care settings. Segment names, running times and suggested uses published below. • Discussion and reflection-oriented staff development, continuing medical education and continuing professional development. • Health science education (medical education, nursing education and select inter-professional education)
Resource Format	DVD [Individual Segment Use Edition] NTSC and Instructional Video Teaching Guide The Instructional Video Teaching Guide is a coil-bound 8.5”x11” print-based guide which contains, for each of the segments listed below, the text of the “segment set up/introduction” narration, a verbatim text script of the dramatic presentation, text of the suggested teaching points for each segment and DVD Playback unit prompts for the PLAY, PAUSE and STOP points for each segment.
Alternate/Other Formats	A courseware edition of the DVD segments is included in the Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) courseware kits (CHPCA Item#618 and #619), however these alternative format editions shipped with LEAP do not come with the Instructional Video Teaching Guide as they are designed to support communication issues within the context of LEAP Module #5 (Communication) and select other modules.
Availability/License Information	This is a licensed product governed by the License Agreement published below
Resource Development History	Produced in 2004 based on a collaborative script development process between professional writers and experienced palliative care clinicians, pilot tested throughout 2004 and final post-production based on formative evaluation information in 2005.

Peer-review Status	Initial peer-review by the LEAP courseware external peer reviewers in Spring 2004 and extensive evaluation amongst 40 clinical educators in August 2004 at the Phase II Facilitator Orientation.
Product Features	Professionally duplicated DVD with a Main Menu title screen, presentation of reflective discussion questions prior to the dramatic scenario and screen-delayed prompts for Pause for Discussion points.
Special Instructions/Notes	<p>NTSC format (i.e., North America format DVD play back units) for use in DVD playback machines with <i>Progressive Scan</i> capability and/or capable of playing DVD +/- discs.</p> <p>Segments can be previewed on broadband networks at http://video.google.ca. Search "Pallium Project" in the search string box, wait for the search returns and then select the segment title in which you are interested from the available Pallium Project productions (note the preview segment videos are in a compressed format for on-demand web pre-viewing and are not of suitable resolution for classroom-based instruction). Some institutional information technology departments may bar access to Google video and YouTube as part of their employee internet access policies.</p>

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10. Inquiries regarding this license agreement can be made in writing to Pallium Project Development Office, Box 60639, University of Alberta RPO, Edmonton, Alberta T6G-2S8.

*The Alberta Cancer Board through it's Medical Affairs and Community Oncology (MACO) Division is the Administrative Hosting Authority for the Pallium Project – Phase II. The Pallium Project is an intersectoral community of academic, health services delivery, voluntary sector, government leaders and citizens working together to building hospice palliative care capacity as part of Primary Health Care Renewal in Canada. Major funding from Health Canada through the Primary Health Care Transition Fund (PHCTF).

HOW ARE THE MATERIALS DESIGNED AND ORGANIZED?

There are eleven instructional media segments in this kit. These instructional media segments vary from a few moments (i.e., Compassion in Less than a Minute) through to some eight minutes (i.e., Discussing Goals of Care with a Conflicted Family).

- The segments cover several clinical communication issues in hospice palliative care. The segments can also be used to not only address issues likely to occur in circumstances of life-threatening and life-limiting illness, but broader patient/family and provider relationship issues. The principal thematic focus of the segments is on building and keeping constructive relationships with patients and families amid a variety of very challenging and difficult communication scenarios.
- The instructional media segments are designed using an approach called “ill-structured, sociodrama.” So, what is this?
 - Problems in professional practice are often ill-structured. That is, problems which possess multiple solutions, solution paths, fewer parameters which are less manipulable and contain uncertainty about which concepts, rules and principles are necessary for the best solution or how they are organized and which solution is best¹. Dr. Donald Schön² has described this as “the problems of real-world practice do not present themselves to practitioners as well-formed structures. Indeed, they do not tend to present themselves as problems at all but as messy, indeterminate situations” (p. 4).
 - Sociodrama³ is a form of socio-therapy transcending individual personalities to present human social behaviour in general and focus on the “group-as-a-whole.” Within these segments common clinical communication challenges/situations in Hospice Palliative Care have been identified.
- Sociodrama helps to simulate what happens in life to explore social issues, develop greater understanding between groups of people, problem solve and make decisions; observe roles and strategies and predict outcomes. Sociodrama is oriented to the wider social, political and cultural influences operating in any particular situation. It provides an opportunity for learners to explore situations from a variety of ill-structured (e.g., “messy”) viewpoints, to explore these through reflection and discussion, to gain a better understanding of why decisions are taken in a “safe” educational environment and to consider what options might be available in practice.
- Each segment is designed with a voice-over narrative “set up” and screen text to situate a context for the socio-drama. Four reflective questions are used to help frame discussion. Following the “set up” is a dramatic enactment. At the end of the scenario there is the opportunity to use the PAUSE key on the DVD playback unit to stop and debrief. Several segments have a second scenario which enables people to discuss variations in practice. Again there is an opportunity to PAUSE and debrief at the end of the second scenario. Each segment has a set of optional *Teaching Points* to support consistent debriefing/summation of the sociodrama segment.

¹ For further readings on this the facilitator is directed to Jonassen, D.H. (1997). Instructional design models for well-structured and ill-structured problem-solving learning outcomes. *Educational Technology: Research and Development*, 45(1), 63-85 and Murphy, E. (2004). Identifying and measuring ill-structured problem formulation and resolution in online asynchronous discussions. *Canadian Journal of Learning and Technology*, 30(1).

² See Schön, D. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.

³ Perhaps one of the best current discussions of sociodrama can be found in Kellerman, P.F. (1998). Sociodrama. *Group Dynamics*, 31, 179-195.

VIDEO SEGMENT OVERVIEWS

SEGMENT NAME – **ORIENTING OURSELVES FOR THE WORK**

Running Time (without participant discussion) – 5 min, 20 sec.

Suggested Use - Reflecting on our own state of being in relation to patient/family in Hospice Palliative Care-related clinical work

SEGMENT NAME - **DISCUSSING GOALS OF CARE FOR AN INCAPACITATED PATIENT**

Running Time (without discussion) – 9 min, 1 sec

Suggested Uses

- Communication challenges in situations where goals of care and intentions have not been anticipated or clearly articulated prior to a patient's incapacitation
- Predictable communication challenges in the absence of advanced planning
- Facilitating communication in cases of patient incapacitation

SEGMENT NAME - **TALKING ABOUT END OF LIFE CARE**

Running Time (without participant discussion) – 6 min, 38 sec

Suggested Uses

- Recognizing patients seeking to engage end-of-life conversations for progressive chronic illness
- The importance of creating "safe" spaces for patients and families to commence end-of-life planning/life closure work
- Provider/patient leadership and accountability for engaging end-of-life care planning conversations
- Progressive heart disease-related end-of-life care conversations

SEGMENT NAME - **COMPASSION IN LESS THAN A MINUTE**

Running Time (without participant discussion) – 3 min, 32 sec

Suggested Use

- Facilitating reflection and discussion about the perceptual nature of time and the impact our perceptions and attitudes about time and time management can have on patient care and the patient/family-provider relationship

SEGMENT NAME - **ENGAGING CULTURE**

Running Time (without participant discussion) – 6 min, 55 sec

Suggested Use

- Communication issues in effectively engaging and managing diversity of values, practices and cultural protocols in contemporary clinical culture

SEGMENT NAME - DISCUSSING BAD NEWS

Running Time (without participant discussion) – 7 min, 50 sec

Suggested Uses

- Exploring the importance of primary-care professionals communicating with specialist and other colleagues about life-changing information
- Reflecting on the importance of framing clinical information sharing in ways patients can readily engage and around which understanding can be built

SEGMENT NAME - DISCUSSING CARE WITH A CONFLICTED FAMILY

Running Time (without participant discussion) – 13 min, 39 sec

Suggested Uses

- Issues in navigating care when there is divergence within the family unit
- Issues with complications associated with possible existential suffering
- Exploring the importance of dynamics operating at family meetings
- Exploring the importance of mental health considerations in assessment

SEGMENT NAME - MAINTAINING HOPE IN ADVANCED ILLNESS

Running Time (without participant discussion) – 7 min, 8 sec

Suggested Uses

- Exploring opportunities that exist to help patients and families reframe hope
- Discussing issues for leadership and support at those times in the provision of care when there is an identifiable transition point from curative or disease modifying therapy to palliative care service
- Recognizing the importance of patient feelings of abandonment when curative treatment is no longer viable and facilitating a “reverse referral” back to a primary-care physician/team when a specialist disengages treatment
- Discussing issues in managing boundaries in relationships with providers and patients, including what is reasonable and realistic to commit to and how the specific context of a patients’ circumstances operate as mitigating factors

SEGMENT NAME - A REQUEST TO HASTEN DEATH

Running Time (without participant discussion) – 8 min, 31 sec

Suggested Uses

- Discussing common issues operating in patient-family/provider dynamics that might present and manifest in a request to hasten death
- Discussing the importance of recognizing the prospect of Existential Suffering or Total Pain/Suffering as part of continual assessment and diagnosis
- Exploring the potential for well-intended family dynamics/expectations in to contribute in complicating life closure and contributing to existential suffering

SEGMENT NAME - FAMILY SUFFERING IN THE LAST HOURS

Running Time (without participant discussion) – 7 min, 4 sec

Suggested Uses

- Exploring the importance of communicating to family members common physiological changes with which many patients will likely present during the last hours of life
- Discussing predictable dynamics associated with suffering which family members might present with during end-stage (i.e., last hours) vigils with a dying family member

SEGMENT NAME - WORKING AS A TEAM

Running Time (without participant discussion) – 5 min, 39 sec

Suggested Uses

- Discussing the value of inter-professional case conferencing as a way of joint problem-solving for complex patient care issues
- Exploring the possibility of a broad definition of team in primary-care settings to achieve goals of care
- Discussing how failure to achieve advanced care planning as a family unit can manifest and complicate patient care during the decline process