

An Online Journal Club for Palliative Care Professionals: Early Results From a Canadian Demonstration

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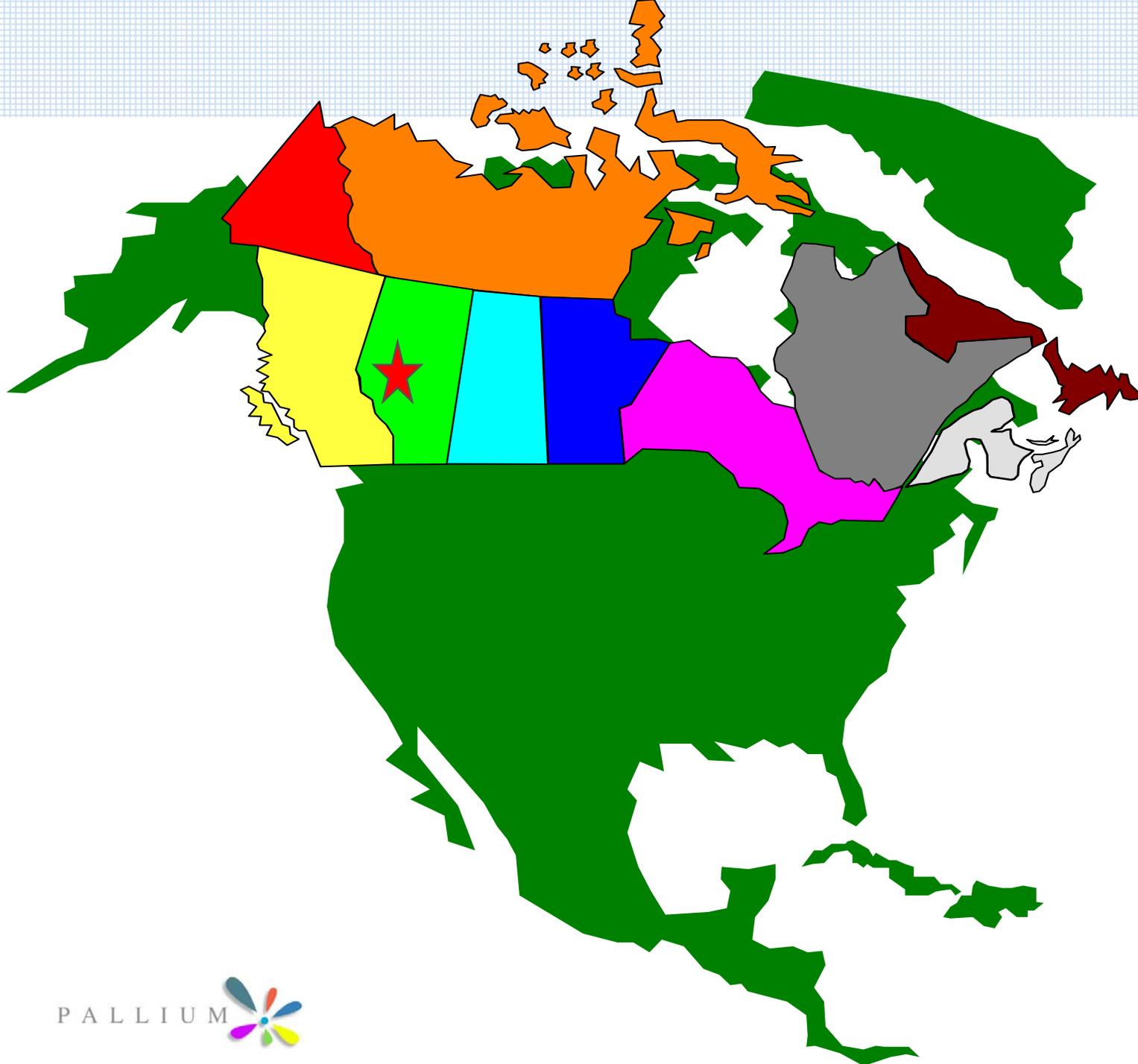
3 University of Alberta, Institute for Professional Development

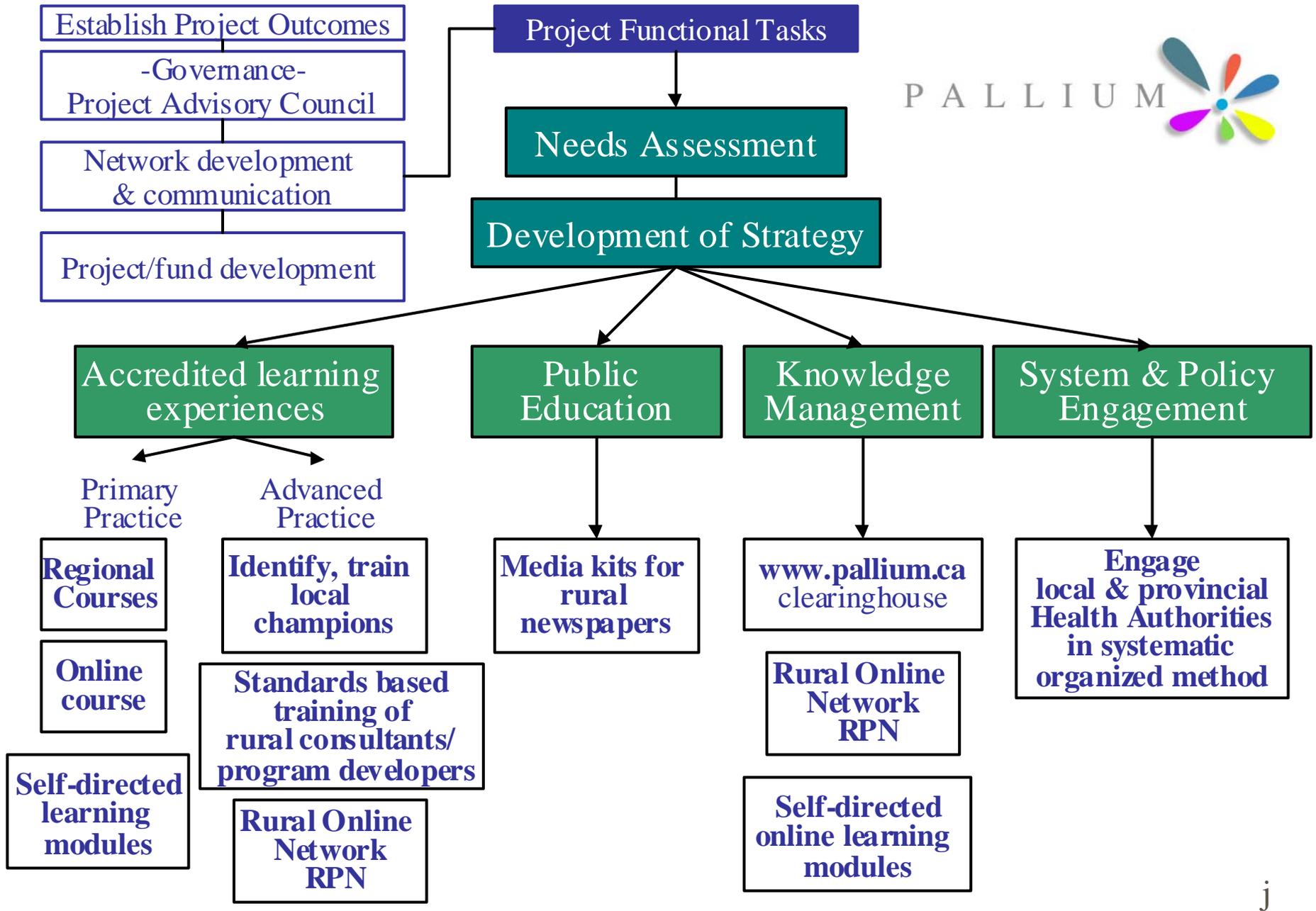
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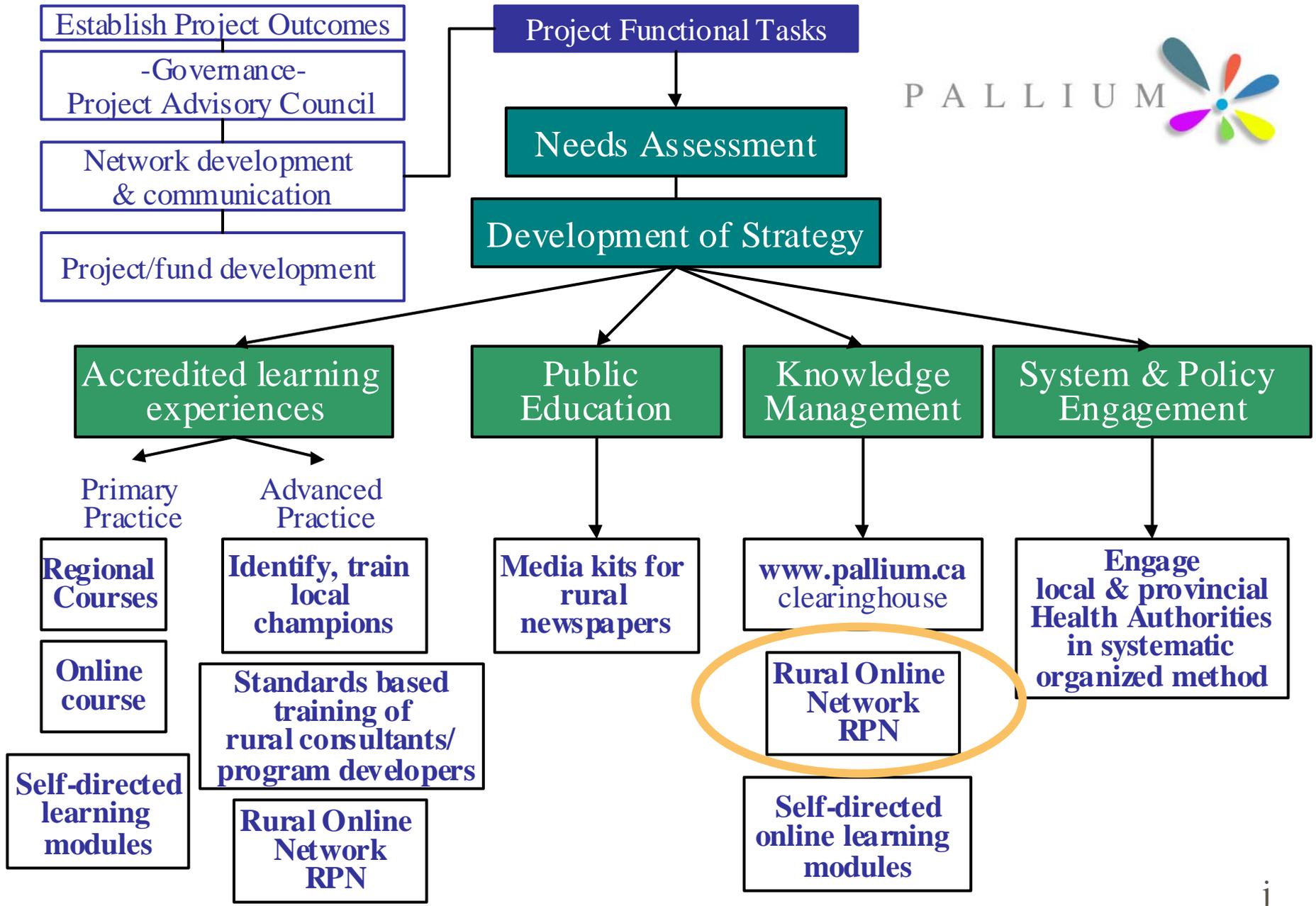
“I want to go like my grandfather went- in his sleep...not screaming like the others in his car”.

Overview

- The need
- OJC: a stream of the Rural Palliative Network (RPN)
- Developing the process
- Evaluation: preliminary results







Rural Canada Practice Realities

- Little educational opportunities locally.
- Physician as generalist (multiple priorities).
- Low volume of palliative patients.
- Service resource & geography works against inter-/multi-disciplinary care models.
- Limited studies integrating rural context.
- Skills-based, continuous learning and mentorship is a constant challenge

Rural Canada Practice Realities

- Increasing rural palliative programs
 - Secondary-level leaders & consultants isolated
- Limited \$\$\$ for resources (e.g., journals).

So what did we want

Rural Palliative Network!

Major Drivers of RPN

- Informal network of rural palliative care providers
- Need to stay connected, discuss common issues
- Ongoing need for mentorship with tertiary PC and academics
- “Face to face” meetings impractical

Evolution of OJC

- Ongoing discussions among rural colleagues starting October 2000
- Linkages with colleagues/mentors in tertiary centers
- Preliminary planning via tele-conferences/e-mail
- Funding & support source- PALLIUM!

Rural Palliative Network

- Three streams identified by the core group
 1. Online Journal Club (OJC) sessions
 2. Rural Pain & Symptom Mgmt. Forum
 3. Rural Pgrm. & Service Develop. Forum

Why an Online Journal Club

- Increase interaction among rural, remote, tertiary and academic professionals.
- Provide flexible continuing learning
- Share information and professional judgement on current issues of palliative care among rural colleagues.
- Promote use of best evidence and create culture of evidence-based palliative care.
- Increase skill and comfort level with reviewing and analyzing literature.

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Features

- **Practical** - Learners choose articles driven by their perceived needs & interests.
- **Topical & Informative** - Active & critical review of current research studies and emerging thinking on best practice.
- **Interactive** - Content derived from learners, convenor, and expert resource working together.

Initial questions

- Who to include?
- Small group vs large group?
- Ongoing vs sessional?
- Addressing copyright issues?
- Liability issues?

Initial questions

- Technology platform?
 - Synchronous vs asynchronous?
 - Web-based? WebBoard
- Support structures? Training to use technology
- Coordinating centre?

Overview of OJC

- Rural providers - focus on secondary level
- Alberta, Manitoba, Saskatchewan and NWT
- Academic Resource
- Multi-disciplinary
- Small group - “session” philosophy/convenor
- Coordinating Centre - PALLIUM
- Participant Manual developed
- Technical Support secured

Key Roles & Responsibilities

- **Convenor** - links with coordinating centre; recruits & communicates with participants; selects articles with participants; orients; assigns article duties; guides discussion.
- **Academic Resource** - Models first article review; guidance & expertise as required; poses reflective questions for discussion.
- **Participants** - Participate in each article discussion; complete one review/summary

Process Overview

- Letter of invitation to participate
- Pre-registration deadline & pre-survey.
- Distribute long-list of articles/choose top 6.
- Orientation to OJC/online collaboration.
- Article Distribution 1st & 2nd Thursday of each month for 3 months (total 6 articles).
- 1st article faxed, all other 5 digitized & sent as PDF for “research & education” use only.
- Post-session survey.

Enter OJC Anywhere with Access to the WWW

PALLIUM a professional community of clinicians, educators and academics engaged in building Canada's palliative care capacity together.

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Welcome to the Rural Palliative Network (RPN)

Welcome to the Rural Palliative Network (RPN) access page. The RPN is a demonstration project of The PALLIUM Project, a Canadian-based health human resource project intended to significantly improve access to education and other professional development resources in palliative and end-of-life care for Canadian health care professionals.

The aim of the RPN is to promote inquiry- and problem-based learning and collegial interaction and dialogue. We expect this to enhance best and emerging best practice, and evidence-based practice in palliative and end-of-life care in rural and remote areas, by developing an online Community of Practice of rural and remote health care professionals with links among each other and to academic health science centres.

The structure of the Rural Palliative Network is comprised of:

1. An Online Journal Club (OJC) session,
2. A Rural Pain and Symptom Management forum, and
3. A Palliative Service and Program Development forum.

OJC Participant's manual

Articles Learners' Chose

- Bruera, E., & Sweeney, C. (2011). Hydrate or dehydrate. Support Cancer Care 9,139-140.
- Gagnon, P., & Mâsse, B. (2000). Delirium in terminal cancer: A prospective study using daily screening, early diagnosis, and continuous monitoring. Journal of Pain and Symptom Management, 19 (6), 412-426.
- Hegarty M (2001). The dynamic of hope:Hoping in the face of death. Progress in Palliative Care 9:42-46.
- Johnson, I. (2001). Use of bisphosphonates for the treatment of metastatic bone pain. A survey of palliative physicians in the U.K. Palliative Medicine, 15, 141-147.
- Norman, A., Sisler, J., Hack, T., & Harlos, M. (2001). Family physicians and cancer care: Palliative care patients' perspectives. Canadian Family Physician, 47, 2009-2016.
- Rousseau, P: Existential suffering and palliative sedation:A brief commentary with a proposal for clinical guidelines. American Journal of Hospice Palliative Care, 18, 151-153.

Participant Characteristics

- 6 family physicians; 5 RNs; 1 pharmacists
- All rural practice-based - Alberta, Saskatchewan, & Manitoba
- Convenor from 2⁰ Rural Palliative Program
- Academic resource from U of Calgary/CHR
- Range of roles include - clinical consultation, program coordination, primary care of palliative patients.

Evaluation Results

- Improved my practice of palliative care 3.77
- ↑ awareness of current science 4.00
- Improved literature appraisal skills 3.66
- ↑ access to palliative care CPD 3.66
- Improved ability to manage pain/symptoms 3.77
- ↑ ability to develop/implement local prgm. 2.66
- Made me feel less professionally isolated 4.11
- Increased interaction - tertiary/special P.C. 4.22
- Increased interaction - rural colleagues 4.22

Evaluation Results - Key Themes

How did participating in the OJC improve your palliative care practice?

- ↑ and improved awareness of specific treatment approaches, psycho-social issues of care (e.g., delirium, bisphosphonates, hope).
- Discussion with colleagues encouraged reflecting on my own practice and what I do.
- Provided information that can be shared with physician and nursing colleagues locally.

Evaluation Results - Key Themes

How did participating in OJC provide you with an educational opportunity?

- Provided access to current articles not easy to access in a rural setting.
- Read articles outside area of obvious interest (i.e., self-reports of unintended learning).
- It was accessible, available anytime, and required no travel.
- Structure forced learners to sit down and actually study current literature.

Evaluation Results - Key Themes

How did participating in the OJC meet, or not meet, your expectations?

- Hoped for more information on management of palliative problems.
- It was more difficult to find time to review articles and participate than initially expected.
- Technical problems with CMC WebBoard platform stability became a significant "irritant."
- More flexibility in article discussion format, longer times for discussion of each article.

Evaluation Results - Key Themes

What did you like most and what worked well?

- Opportunity to interact with others “doing” palliative care on a more direct and routine basis.
- Interesting articles, considerable variety.
- Interaction with specialists and others experiencing similar “challenges” in palliative care.
- Respect for busy rural professionals schedule (e.g., “enjoyed ability to attend to discussion from home as time allowed”; “it could be fit into my schedule”).

Evaluation Results - Key Themes

What did you like least & what did not work?

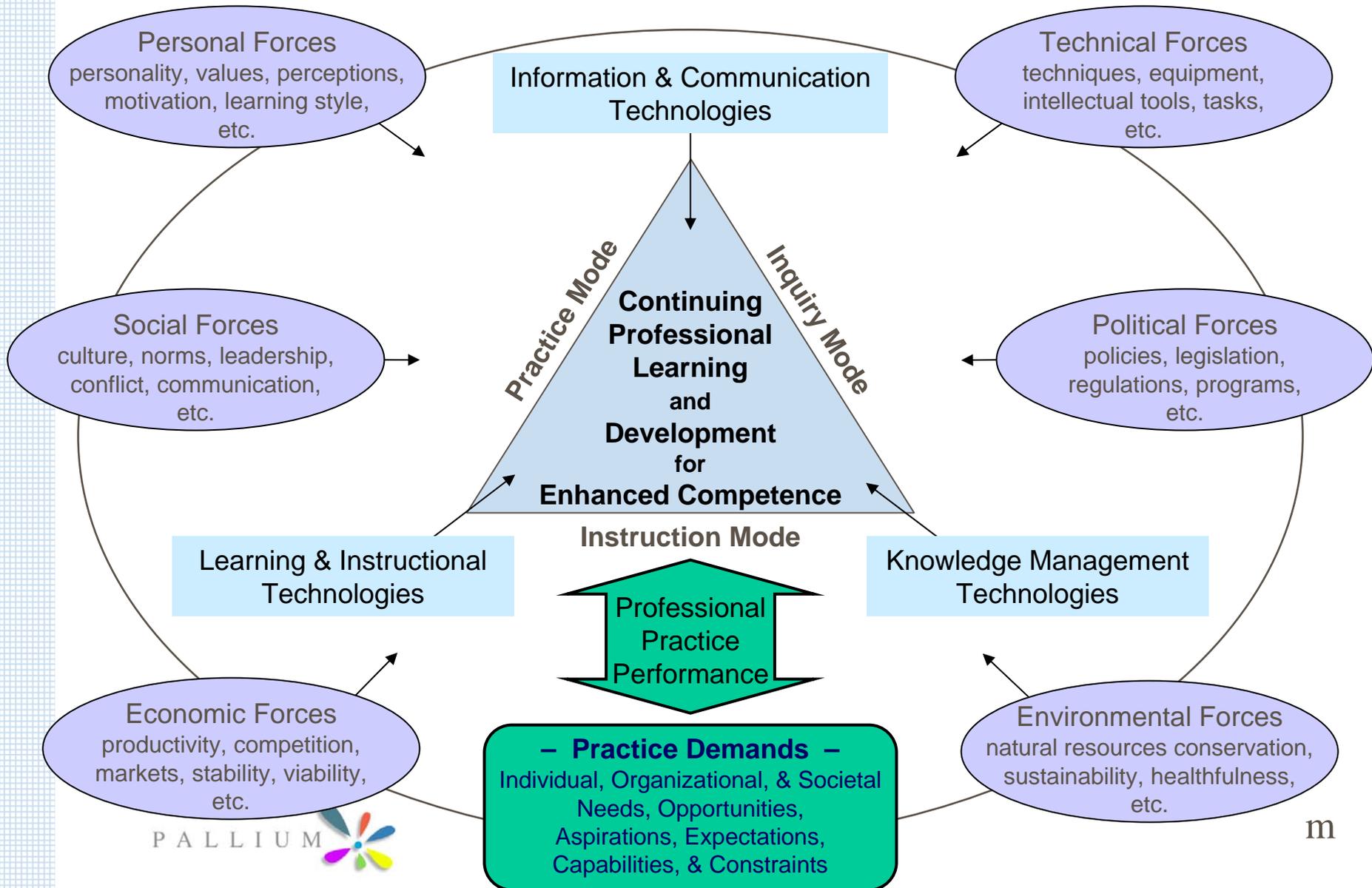
- Technical issues with stability and availability of the WebBoard computer mediated conferencing tool.
- Tight timelines for reviewing articles (2 weeks too short).
- Lack of “permission” to continue discussing an article once the next one is scheduled.
- Some accessibility restriction depending on where computer with access to Web is located (e.g., office too busy, home compete with kids, etc.).

Evaluation Results - Key Themes

How would you improve the OJC?

- Find a stable CMC software solution.
- More time to review articles (2 weeks too tight).
- Overlap discussion/support continued discussion of current articles even when moved onto next article.
- Further increase the problem-based component of the learning interaction and format.
- Keep number of participants manageable.

Early Thinking - An Advanced Learning System



Lessons Learned

- OJC model is a viable option for promoting evidence-based practice & LLL for busy rural professionals... with some modifications!!!
- Adequate consideration of the technical issues and infrastructure required to support web-based OJC.
- Assure clarity of purpose... OJC is primarily a self-directed learning platform, not a discussion forum.
- Practical approach for network building and building links between urban-based, specialists and rural-based primary-care professionals.

Lessons Learned

- Nature of articles
 - review articles & commentaries not optimal
 - Serendipitous articles: “Hope” article
- More guidance into reviewing an article
- Does not work for everyone
 - Expectations
 - Learning styles
 - Discomfort with technology
- Lurking

RPN: The future

- Expansion of other streams in RPN
 - Clinically-based discussions
 - Program development discussions
- Coordination centre
 - Centre for Distance Learning in Palliative Care, Calgary
- Expansion of RPN to larger participation.

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