

The Pallium Project Resource Development Model (Collaborative, Peer-reviewed Normative Resource Development)

BACKGROUND

Since 2001, the Pallium Project has used collaboration, innovation and shared knowledge development/dissemination as three key strategies for new Hospice Palliative Care (HPC) capacity development in Canada.¹ Over the decade a model has emerged.² It supports the rapid, iterative development of new educational resources and decision-support tools to help improve service delivery, enhance quality, and strengthen local supports for safe, effective, ethical, and accountable services and collaborative professional practice.³

The resource development model facilitates access to, and the respectful use of, the expertise and wisdom⁴ of acknowledged local service and academic health leaders, also known as ‘reference leaders’ or ‘clinical champions’ or ‘local opinion leaders.’ It also affords the broad, open participation of persons engaged in HPC related work and who use Pallium collaboratively-developed resources, to provide input and feedback about how these materials facilitate clinical, service, and community-capacity (i.e., in the emerging age of social media this approach is sometimes referred to as “crowdsourcing”). This includes opportunities for open, networked participation which is fair, transparent, and accountable over-time, and that serves to inform the ongoing improvement and renewal of educational and decision-support resources.^{5,6}

Active reference leadership and generosity in sharing practice and service insights/wisdom has been a critical success factor (CSF) to generate a comparatively large volume of widely-accessible resources that enjoy broad use at the local service delivery level throughout Canada.

The Pallium Project Resource Development Model is:

- practice/service needs-based and process-oriented,
- informed by a descriptive (or normative view) of contemporary HPC professional practice and service delivery,
- grounded in the current available evidence,
- draws on peer-review practices used in the vetting of indexed research literature, and
- supports/requires a collaborative, interactive negotiation amongst academic health “experts” and those who are in primary-care practice/accountable for local access, quality and capacity improvements when adopting resources.

METHODOLOGY

The model draws on Action Science traditions from social science and educational scholarship, combined with methods from industrial engineering (i.e., real world problem-defined, workable solutions, prototyping/refinement, solution-realized), clinical research practice (i.e., adapted blind peer-review processes) and continuous quality improvement (CQI) in health services delivery (i.e., adaptation of W. Edwards Deming’s *Plan, Do, Check, Act* [PDCA] quality model).

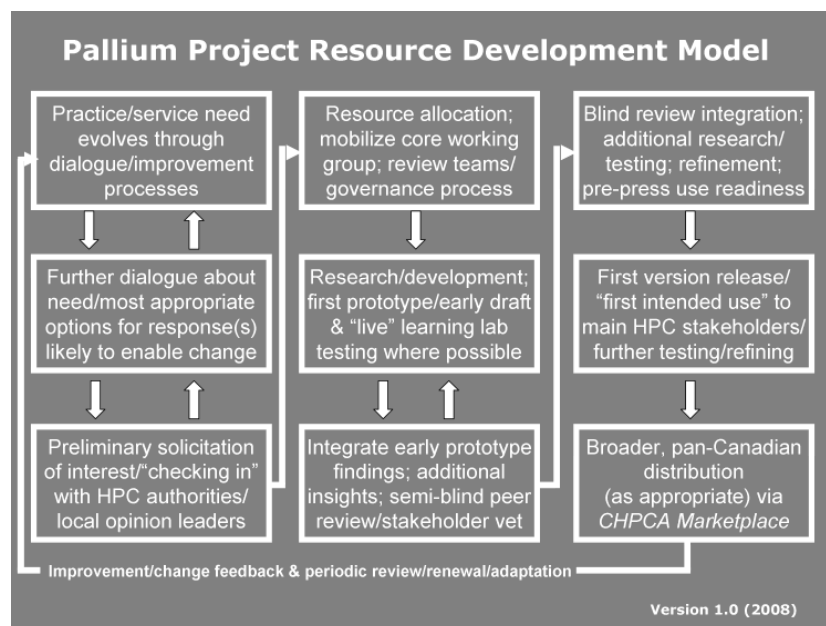
Process steps that have evolved since 2002, include:

- A practice/service need emerges through dialogue/CQI
- Further dialogue to assess options for responses/change
- Assess interest of HPC authority sources/local leaders
- Mobilize financial resources/core working group/reviewers
- Development of early draft/first prototype/learning labs
- Integrate prototype findings/engage semi-blind peer review

- Blind review integration/additional research/testing/refining
- First version/“First Intended Use” to key stakeholders
- Further testing/refining and final development
- Broad, pan-Canadian distribution via *CHPCA Marketplace*
- Use feedback/periodic review and renewal/adaptation

The Pallium Project Resource Development Model has enabled the following:

- *Learning Essential Approaches to Palliative & End-of-Life Care* (LEAP) courseware (v1.0/v1.1)
- *Responsive Hospice Palliative Care (HPC) with Aboriginal clients and families* courseware
- *Developing Spiritual Care Capacity for Hospice Palliative Care: A Canadian Curricular Resource*
- *CHPCA Home Support Worker Training Kit (2nd Edition)* [with/for CHPCA]
- *In Our Own Voices* – Aboriginal communication videos
- *Clinical Communication in Hospice Palliative Care* videos
- *A Caregiver’s Guide: Handbook for the Inuktitut-speaking family member* [Nunavut Territory/Arctic community resource with/for Order of St. Lazarus]
- *Medically-at-Risk Driving* (MARD) Courseware Package
- *99 Common Questions (and more) about Hospice Palliative Care: A Nurses Handbook* (3rd Edition) [in partnership with/for AHSB Capital Health]
- *Conversations on Caring* CPD audio-book series
- *The Pallium Palliative Pocketbook* (1st Canadian Edition)



¹ Aherne, M., & Pereira, J. (2008). Learning and development dimensions of a pan-Canadian primary health care capacity-building project. *Leadership in Health Services*, 21(4), 229-266. [Access](#)

² Pereira, J., Aherne, M., & Pallium Phase II collaborators (2008, October). *Collaborative, peer-reviewed normative resource development*. [Juried poster](#) at the 2008 Canadian Hospice Palliative Care Conference, Charlottetown, PEI.

³ Cooper, D., Aherne, M., Pereira, J., & The Pallium Spiritual Care Providers DACUM Group (2010). The competencies required by professional hospice palliative care spiritual care providers. *Journal of Palliative Medicine*, 13(7), 869-875. [PubMed](#)

⁴ Hanson, G. (2010). Working with elders and advisors in Aboriginal palliative care: A story from the Canadian Pallium Project. *Journal of Palliative Care*, 26(1), 37-40. [PubMed](#)

⁵ Zucker, D. R. (2009). What is needed to promote translational research and how do we get it? *Journal of Investigative Medicine*, 57(2), 468-470. [PubMed](#)

⁶ Braithewaite, J., Runciman, W. B., & Merry, A. F. (2009). Towards safer, better healthcare: Harnessing the natural properties of complex sociotechnical systems. *Quality & Safety in Healthcare*, 18(1), 37-41. [PubMed](#)