



Developing Competency-Based Emotionally Intuitive Palliative Care Skills for Home Care Providers and Caregivers

FINAL PROJECT REPORT

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ABOUT THE CANADIAN HOME CARE ASSOCIATION

The Canadian Home Care Association (CHCA) is a national membership organization that fosters integrated, person-centred care in home and community settings. Representing a diverse membership of public and private organizations that fund, manage, and deliver services and products, the CHCA provides a unified voice to advance the integration of health care. Through advocacy, collaboration, and knowledge sharing, the CHCA champions a vision of an accessible, integrated, accountable, and evidence-informed healthcare system that prioritizes patients and their families while ensuring long-term sustainability. www.cdnhomecare.ca

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Executive Summary

The eiCOMPASS Project (2023–2025), led by the Canadian Home Care Association (CHCA), represents a significant national initiative to improve the delivery of home-based palliative care by embedding competencies and emotional intelligence (EI) into the education and practices of home care providers. To enhance awareness, promote adoption, and facilitate lasting change, the project aimed to implement the Canadian Interdisciplinary Palliative Care Competency Framework (Canadian Competency Framework) by co-developing new learning tools, implementation strategies, and evaluation models.

A Response to Sector-Wide Gaps

Informed by research and engagement with more than 250 stakeholders, CHCA recognized a systemic gap in workforce readiness. Frontline staff—mainly nurses (RNs) and personal support workers (PSWs)—lacked consistent training in core palliative care areas like communication, a palliative approach to care, collaborative care planning and culturally safe care. Compounding these competency gaps were emotional challenges: discomfort with end-of-life conversations, stress, grief, and low confidence in managing highly emotional care situations. To address this dual challenge of skill and attitude, the eiCOMPASS Project introduced a first-of-its-kind emotional intelligence learning that introduced EI skills and practical behaviours that aligned with and enhanced the core competency domains in the Canadian Competency Framework.

Key Innovations and Impact

The eiCOMPASS Project was structured around three interrelated objectives:

1. Raising Awareness of the Canadian Competency Framework

A national awareness campaign promoted the Canadian Competency Framework through testimonial videos, endorsements from palliative care thought leaders, and a centralized website. Social media engagement, bilingual content, and dedicated eiCOMPASS webpages drove over 8,200 page views, 1,600 unique active users who spent an average of 2 minutes per visit, and 2,600 file downloads. Seventeen prominent thought leaders shared their experiences, affirming the Canadian Competency Framework's relevance and advancing its credibility within the sector. The testimonials featured on the dedicated eiCOMPASS web pages received over 2,000 views. Furthermore, 14 organizations providing home-based palliative care implemented the Canadian Competency Framework through the SPRINT Implementation Collaborative.

2. Creation of Educational Resources to Support Adoption

To support the adoption of the Canadian Competency Framework, the eiCOMPASS Project developed two key educational tools: the EI Microlearning Courses and the Be Prepared Conversation Guides.

Emotional Intelligence Microlearning Courses

A total of 23 short EI courses were developed for RNs and PSWs, each aligned with the domains of the Canadian Competency Framework. Grounded in three validated EI models—Goleman's Performance Model, Bar-On's Competency Model, and the Mayer-Salovey-Caruso Ability Model—the courses bridge the gap between emotional intelligence and healthcare delivery, specifically competency-based palliative care. Over 3,000 course registrations were completed—1,778 by RNs

and 1,322 by PSWs. Evaluation results confirmed their effectiveness, with 98.4% of nurses and 99.3% of PSWs finding the content relevant, and 99% from both groups intending to apply what they learned.

Be Prepared: Palliative Emergencies in the Home (Conversation Guides)

The CHCA partnered with the Montreal Institute for Palliative Care to develop the Conversation Guides, addressing the urgent need to enhance preparedness and communication regarding six common palliative care emergencies that can occur at home. Designed using a “Head-Heart-Hands” approach, each guide includes a conversation checklist, clinical information, and a plain-language summary for patients and caregivers. Evaluation findings show substantial impact: 96% of nurses found the guides easy to follow and relevant, 93% improved their understanding of emergency symptoms, and 83% said the guides changed how they approach these conversations. The guides are now gaining international adoption, including a national rollout in Switzerland.

3. Implementation Through the SPRINT Collaborative Model

The third and most impactful phase was the SPRINT Implementation Collaborative, which engaged 14 home care organizations in a structured, nine-month implementation program. A follow-up SPRINT Accelerator extended this work for another six months. Through coaching, virtual learning, peer support, and practical tools, we empowered teams to test and implement educational strategies that enhanced the competencies of frontline healthcare providers delivering home-based palliative care.

The SPRINT Collaborative produced measurable improvements in provider competency and positively impacted the quality of home-based palliative care. Across the participating organizations, teams used the Canadian Competency Framework and self-assessments to identify knowledge gaps and guide training. Staff showed significant growth in key domains such as Domains 3: Communication, 5: Care Planning and Collaborative Practice and 8: Self-Care—with some teams reporting 30–40% increases in self-assessed competency levels after training interventions.

Examples include Interior Health staff improving from 40% to 92% in communication and 68% to 96% in Care Planning, while Newfoundland Health Services saw a jump from 54% to 86% in Self-Care. Teams like CarePartners noted that staff progressed from “novice” to “competent” or “proficient” in five domains.

Beyond individual gains, teams observed improved team collaboration, enhanced communication with patients and families, and increased staff confidence—laying a foundation for sustainable, emotionally intuitive care grounded in national standards.



Outcomes and Impact



Alberta Health Services (AHS) – Edmonton Zone embedded the Canadian Competency Framework and EI Courses into multiple education pathways, including home living orientation, palliative rounds, and mentorship. Initially focused on Edmonton Zone, their approach now includes expansion into acute care, hospices, and other zones. AHS aligned its strategy with internal palliative leaders and mentorship processes, ensuring broad exposure among care teams. Peer champions organically extended the reach of the Conversation Guides into informal coaching and training. Despite staff turnover and system restructuring, the team maintained momentum through strategic leadership engagement and integration into clinical workflows. AHS was also invited to present its model at provincial rounds, reflecting growing interest in replicating their approach across Alberta.

Seven Unique Enablers for Change

Unique enablers that supported meaningful change across individual, team, and organizational levels drove the eiCOMPASS Project's success and sustainability. These enablers went beyond traditional training methods by fostering emotional intelligence, strengthening leadership engagement, promoting peer learning, and aligning tools with system priorities.

1.

Framing Competency as Skills + Knowledge + Attitude

This "Competency Equation" encouraged teams to move beyond checklists and focus on dynamic behaviours. It supported attitudinal shifts essential for emotionally intuitive care and provided a foundation for adopting the Canadian Competency Framework.

2.

Leadership Engagement through EI Assessment

Using the EQ-i 2.0 Emotional Intelligence Assessment with clinical leaders enhanced understanding of EI and the application of these abilities. Leaders reported a greater knowledge of EI concepts and were committed to modelling emotionally intelligent behaviours.

3.

Structured, Layered Learning Tools

The EI Courses offered practical, accessible education for busy RNs and PSWs. Supported by the EI Essentials Toolkit and Conversation Guides, these online self-learning resources enabled consistent learning across teams, linking EI directly to palliative care competencies in a sustainable, scalable format.

4.

Self-Assessment as a Catalyst for Insight and System-Level Change

A key enabler of change was the strategic use of the Canadian Competency Framework's self-assessment tools. Redesigned by CHCA into user-friendly digital forms and a simple data collection tool, this approach supported reflection and strategic planning at multiple levels. It has transformed from a standalone tool into a catalyst for operational planning and sustainable workforce development.

5.

Coaching and Peer Learning

Coaching was central to guiding implementation, helping teams interpret data, refine actions, and apply behavioural models. Peer exchange through Virtual Learning Sessions, Capstone presentations, and a Knowledge Translation event facilitated information sharing and the rapid spread of innovations.

6.

The SPRINT Model: Rapid, Focused Implementation

The structure encouraged focus, pace, and team accountability, resulting in stronger engagement, more efficient decision-making, and faster integration of the Canadian Competency Framework into practice.

7.

Strategic Knowledge Mobilization Partner

The Ontario Palliative Care Network (OPCN) amplified the project's reach by integrating eiCOMPASS tools into its provincial strategy. Over 350 OPCN-affiliated providers engaged with the EI Courses, representing a substantial share of learners. This collaboration helped accelerate the uptake of evidence-based practices and positioned knowledge mobilization as a key driver of sustainable, system-level impact.

Sustaining Impact: Advancing Change and Future Opportunities

The eiCOMPASS Project produced tangible, system-level outcomes that extended well beyond its original scope. By embedding the Canadian Competency Framework into clinical and organizational structures, teams nationwide saw measurable improvements in provider confidence, communication, and care coordination.

Spreading and Scaling the Canadian Competency Framework

Many organizations are now expanding the reach of the Canadian Competency Framework. Some are extending it into long-term care and Francophone services, while others are applying it in Indigenous care contexts. Efforts by Medavie Health Services (NB) and Southern Health (MB) to position the Canadian Competency Framework as a provincial standard reflect its growing policy relevance and sustainability.

Empowering Providers and Patients

The project strengthened frontline practice with improved teamwork, family engagement, and readiness to manage palliative emergencies at home. Over 60% of nurses at Health PEI were trained in the Conversation Guides, while Southern Health and Newfoundland Health Services integrated them into emergency and bereavement protocols. VHA Home HealthCare tailored the guides for PSWs, reinforcing cross-disciplinary collaboration.

Leveraging Data for System Improvements

SPRINT teams used the self-assessment data to inform strategic decisions—reshaping onboarding, guiding resource allocation, and setting internal education priorities. This shift from individual reflection to organization-wide planning marked a key step in aligning workforce development with system needs and sustaining the Canadian Competency Framework as an operational standard.

Cultivating Emotionally Intelligent Care Cultures

By promoting core EI behaviours—such as self-awareness, empathy, and boundary-setting—eiCOMPASS contributed to a culture of person-centred care. Peer champions and team-based reinforcement helped normalize emotionally intelligent practices, creating conditions for long-term culture change that will persist beyond the project's funding period.

As the healthcare system continues prioritizing home-based palliative care, the momentum built through eiCOMPASS presents an opportunity for broader application. The project demonstrated that meaningful change is possible when education, practice, and policy are aligned, and it laid the foundation for continued progress toward emotionally intuitive, competency-driven care for all Canadians living with life-limiting illnesses.

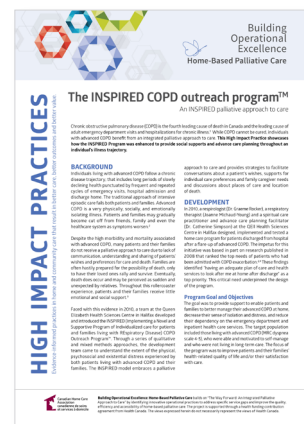
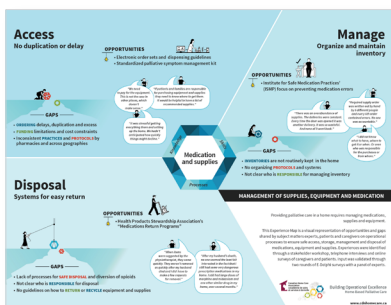
Background and Context

The CHCA, a national not-for-profit membership association established in 1990, has long recognized home-based palliative care as a critical component of its strategic vision. Representing a diverse membership—governments, service providers and administrators—the CHCA serves as a national voice to promote clinical excellence and system improvement in home care. Guided by client-centred, accountable, evidence-informed, integrated, and sustainable principles, the CHCA has prioritized advancing home-based palliative care. We demonstrate our commitment by leading knowledge translation, developing tools, and building workforce capacity through various initiatives.

As part of a national Health Canada funded “*Operational Excellence in Home-Based Palliative Care*” project, the CHCA conducted consultations with more than 250 healthcare providers, educators, policymakers, and caregivers in 2018–2019. These consultations revealed significant challenges in care delivery. Both regulated (e.g., nurses, therapists) and non-regulated providers (e.g., personal support workers) lacked standard competencies and the confidence to manage communication, care planning, interdisciplinary collaboration, and other core operational requirements of home-based palliative care.

To better understand these challenges, the CHCA used experience mapping to explore the lived experiences of patients, caregivers, and providers. These maps uncovered major disconnects between the goals of palliative care and the capacity of the workforce to deliver on them. The CHCA identified knowledge gaps in emotional support, advance care planning, communication, collaborative care planning, and team-based care. The findings strongly highlighted the need for improved competency development, especially around communication, empathy, and coordination—laying the groundwork for future CHCA led competency initiatives. In 2020, the CHCA released a suite of practical resources based on these findings:

- **Palliative Care Experience Maps:** Co-created with patients, caregivers, and providers to identify operational and knowledge gaps.
- **Implementation Framework and User Guide:** Designed to support health organizations in adopting leading practices.
- **High Impact Practices Series:** Highlighting innovative models of home-based palliative care, including Whole Community Palliative Rounds.

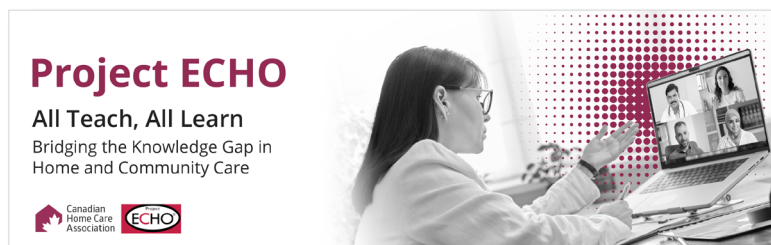


Following this seminal work, the CHCA collaborated with national partners to develop two additional tools addressing common challenges in home-based palliative care:

- *Home and Community-Based Palliative Care: Shaping the Future from Lessons Learned during the COVID-19 Pandemic* compiled over 100 field-tested tools to strengthen palliative care at home—covering caregiver support, equitable access, workforce training, and grief and bereavement strategies.
- *Advance Care Planning in Canada: Resource Guide for Home and Community Care Providers* offered actionable tools to help providers initiate and document care preference conversations with clients and families.



Recognizing the need to enhance healthcare providers' competencies, the CHCA launched Project ECHO: Home-Based Palliative Care, engaging more than 1,000 healthcare providers across Canada in interactive learning sessions. This initiative provides expert instruction and case-based learning to enhance healthcare providers' skills, knowledge and attitudes in delivering home-based palliative care.



In 2023, to address these challenges, the CHCA launched the *eiCOMPASS Project*—a Health Canada-funded initiative designed to build workforce capacity by adopting the Canadian Interdisciplinary Palliative Care Competency Framework and integration of EI.



Project Goals and Approach

The eiCOMPASS project aimed to:

- Raise national awareness of the Canadian Competency Framework among home care providers.
- Create EI Microlearning Courses aligned with the Canadian Competency Framework domains.
- Develop Be Prepared Conversation Guides (Conversation Guides) to strengthen provider communication during palliative care emergencies at home.
- Engage home care organizations through the SPRINT Implementation Collaborative to test, adapt, and embed the Canadian Competency Framework, EI Courses, and Conversation Guides into practice.

The eiCOMPASS Project was structured into three interrelated phases to build momentum, drive implementation, and support sustainable change.

Phase 1: Building Awareness of the Canadian Competency Framework

The first phase focused on raising awareness of the Canadian Competency Framework among home care providers, leaders, and system stakeholders. The CHCA used information briefs, expert testimonials, social media campaigns, and Project ECHO learning sessions to explain and demonstrate the Framework's relevance, promote endorsement, and highlight the benefits of competency-driven palliative care. The CHCA developed an eiCOMPASS website section featuring resources, video endorsements, and practical examples, making the Canadian Competency Framework accessible to organizations of varying sizes and capacities. This awareness campaign laid the foundation for subsequent action by creating widespread recognition of the need for a structured approach to competency development.

Phase 2: Development of Emotional Intelligence Training and Practical Tools

The CHCA leveraged its experience from a previously funded Health Canada project, "Partners in Restorative Care," to adapt and apply EI in competency development and supporting person- and family-centred care. Recognizing that attitudes and interpersonal behaviours are as critical as clinical competencies, the CHCA developed a suite of EI courses aligned with the Canadian Competency Framework domains. These self-directed courses targeted nurses and personal support workers. In parallel, the CHCA partnered with the Montreal Institute for Palliative Care to create six Be Prepared Conversation Guides. These guides provided information to enhance healthcare providers' skills, knowledge, and attitudes regarding emotionally challenging conversations about potential emergencies in the home.



Outcomes and Impact



VON Canada (Nova Scotia and Ontario) scaled from a pilot site in Pictou, Nova Scotia, to organizational implementation across Nova Scotia and Ontario. With over 6,000 staff serving 10,000 clients daily, VON embedded Domains 1 and 8 of the Canadian Competency Framework into clinical leadership development, staff orientation, and hospice onboarding. They used a train-the-trainer model to empower leaders and embedded the EI Courses into learning pathways for RNs and PSWs. VON aligned this work with organizational policies, service expansions, and its status as a Best Practice Spotlight Organization, using practice councils and continuous quality processes to drive adoption.

Phase 3: SPRINT Implementation and Accelerator Collaboratives

The core of the project's implementation strategy was the SPRINT Implementation Collaborative, launched in September 2023. Fourteen home care organizations across Canada were selected to participate in a nine-month collaborative aimed at testing, adapting, and integrating the Canadian Competency Framework, EI courses, and Conversation Guides into practice. Using rapid-cycle quality improvement methods, teams identified priority competency gaps, conducted self-assessments, piloted change ideas, and tracked outcomes.

Building on the initial collaborative, the CHCA undertook a six-month SPRINT Accelerator phase (supported by funding from the Canadian Partnership Against Cancer), from September 2024 to March 2025. Thirteen teams continued their work, deepening adoption efforts, expanding access to EI training, and participating in targeted knowledge seminars. Practical tools such as the Accelerator Plan Book and the Sustainability Planning Toolkit supported teams in embedding changes into organizational structures, ensuring long-term integration of competencies into onboarding, training, and clinical practice.

By combining structured competency training with EI skill development, eiCOMPASS provided a scalable and sustainable model for enhancing palliative care delivery at home. The project aligned with national priorities outlined in the Action Plan on Palliative Care and supported the modernization of home and community care systems, as defined in federal, provincial, and territorial health priorities. Through this phased, structured approach, the eiCOMPASS Project effectively supported organizations in translating national standards into measurable practice improvements—strengthening the capacity and competencies of healthcare providers delivering home-based palliative care.



Outcomes and Impact



VHA Home HealthCare (Ontario) focused its sustainability efforts on personal support workers (PSWs), aiming to build emotional intelligence and foundational palliative care understanding. Their strategy involved EI Champions, targeted PSW meeting attendance, and integration of the EI Essentials Toolkit. Using Domain 1 and EI Module 1, the team addressed knowledge gaps in family inclusion, interdisciplinary roles, and palliative care principles. VHA emphasized accessibility and awareness of paid learning opportunities, with up to 50% coverage of external courses. They identified challenges in staff engagement during unpaid time and suggested alternative motivators like prize draws and competition. Moving forward, the organization plans to expand microlearning at team huddles and reinforce the value of EI and client-centred care as a cultural norm.

Building Awareness and Engagement

The Canadian Interdisciplinary Palliative Care Competency Framework

As part of the eiCOMPASS Project, the CHCA undertook a strategic initiative to build awareness and support for the Canadian Interdisciplinary Palliative Care Competency Framework. Central to this effort was developing and promoting a comprehensive testimonial campaign featuring voices from thought leaders, clinicians, and advocates across Canada.

The objective was to elevate the visibility of the Canadian Competency Framework, demonstrate its practical relevance, and encourage broad adoption across the home care sector. These written testimonials validated the Framework's impact and promoted its integration into home-based and community palliative care. The collection and production of the testimonials followed a well-coordinated, multi-phase approach:

Engagement of Thought Leaders

CHCA identified and contacted 17 respected individuals from diverse geographies, disciplines, and roles—including physicians, nurses, academics, provincial leaders, and former caregivers. The CHCA chose these individuals based on their expertise, credibility, and leadership in promoting palliative care in Canada. The testimonial series brought together a diverse group of thought leaders across Canada, showcasing the widespread support for the Canadian Interdisciplinary Palliative Care Competency Framework. Contributors included:

- **Healthcare Executives:** Erika Nicholson (Canadian Partnership Against Cancer), Laurel Gillespie (Canadian Hospice Palliative Care Association), Dr. Louise Clément (Health Standards Organization), Kathleen Yue (BC Centre For Palliative Care), and Jeffrey Moat (Pallium Canada) emphasized the Framework's role in standardizing palliative care across the country.
- **Medical Professionals:** Dr. Ebru Kaya (Canadian Society of Palliative Care Physicians), Dr. Charlie Chen (Alberta Health Services), Dr. David Henderson (Nova Scotia Health Authority), Dr. Gordon McDonald (New Brunswick), and Dr. Cathy Faulds (St. Joseph's Health Centre, Ontario) highlighted its applicability in patient care and clinical education.
- **Educators and Researchers:** Kelli Stajduhar (University of Victoria), Kath Murray (Life and Death Matters), and Nadine Valk (Hospice Palliative Care Ontario) discussed its integration into education and training programs.
- **Spiritual Care Providers:** Vivian Stang (Canadian Association for Spiritual Care) underscored the Framework's inclusion of spiritual care.
- **Community Leaders:** Pablita Thomas (BC Hospice Palliative Care Association) and Jennifer Gurke (Palliative Manitoba) spoke to its relevance in community-based care.
- **Caregivers:** Paul Adams shared personal insights, reinforcing the Framework's impact on patient and family experiences.

INTERVIEW AND CONTENT DEVELOPMENT

CHCA staff conducted structured interviews with each thought leader to gather personal reflections on the value and impact of the Canadian Competency Framework. The interviews sought to gather insights and personal stories highlighting how the Framework supported their efforts and the larger system.

CONTENT REVIEW AND DESIGN

Following the interviews, the CHCA team transcribed and curated the content into compelling written testimonials. Contributors reviewed and approved the content, ensuring authenticity and alignment with their views. Graphic design and formatting elements were applied to enhance readability and visual appeal, reflecting the professionalism of the eiCOMPASS brand.



Promotion and Outreach

The CHCA published and strategically promoted the testimonials on our dedicated eiCOMPASS web pages (www.cdnhomecare.ca/eicompass), through CHCA's integrated social media channels, and newsletters. For National Hospice Palliative Care Week and other targeted campaigns, the CHCA promoted the testimonials using a special video montage campaign, highlighting quotes from nurses, nurse educators, and caregivers—underscoring the Framework's value in nursing practice, education, and person-centred care.

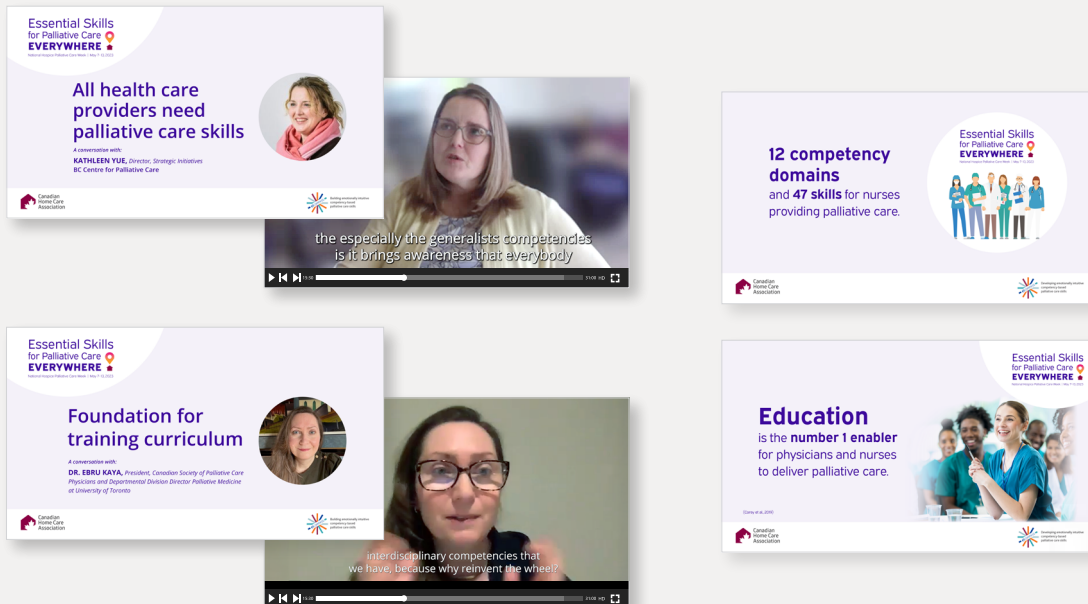
Our testimonial strategy is a prime example of how storytelling and expert insight can powerfully support knowledge translation and facilitate practice change. By curating and sharing these voices, CHCA has championed the Canadian Competency Framework's value and laid the foundation for deeper engagement and broader adoption.

A Successful National Awareness Campaign

- ✓ Featured **17 thought leaders in palliative care** from across Canada
- ✓ Written and video testimonials **showcasing value** for providers, educators, patients and caregivers
- ✓ **4,567 testimonial views** and 2,117 user interactions across campaign platforms
- ✓ Bilingual reach: **high French engagement** with several testimonials exceeding 100+ views

National Hospice Palliative Care Week 2023 Campaign: Building Awareness and Driving Impact

During Hospice Palliative Care 2023, the CHCA launched a national digital campaign to raise awareness of the Canadian Competency Framework. The campaign centred on showcasing testimonials from national thought leaders who emphasized the critical role of competencies and EI in delivering high-quality home-based palliative care.



During the campaign, the CHCA shared videos and written testimonials across its website, Twitter, and LinkedIn channels daily. These personal stories and endorsements highlighted how the Canadian Competency Framework supports skill development, improves communication with patients and families, and strengthens interdisciplinary care delivery.

The campaign achieved significant results.

- Over **1,200 eiCOMPASS page views** were recorded during National Hospice Palliative Care Week alone.
- The campaign generated over **128,000 Twitter impressions, with a 3.9% engagement rate** and 1,657 impressions on LinkedIn.
- **Video storytelling was an effective strategy**, with 212 video views on Twitter and 174 video views on LinkedIn.

The campaign's success demonstrated that healthcare leaders, providers, and policymakers see clear value in structured, skills-based approaches to home care. It laid a strong foundation for ongoing efforts to embed the Canadian Competency Framework into education, training, and everyday palliative care practice.

eiCOMPASS Website: Building Awareness and Supporting Practice

One of the most effective awareness and engagement strategies of the eiCOMPASS Project has been the creation of dedicated web pages on the CHCA website. The pages are designed as a centralized digital experience and serve as an interactive engagement hub that attracts, informs, and mobilizes users across the home care sector.

With intuitive navigation, bilingual content, and clear calls to action, the website functions as a high-impact touchpoint—connecting healthcare providers to the tools, training, and peer insights needed to advance emotionally intuitive, competency-based palliative care in the home care sector.

The website's value lies in its ability to scale knowledge and build community. With over **8,200** page views, **1,600+ active users** spending an average of two minutes on the site, and more than **2,600 all-time file downloads**, the site has become a trusted go-to source for educational content and implementation support.

At the heart of the site is a collection of carefully curated materials that align directly with the goals of the eiCOMPASS Project. These include:

- The Canadian Competency Framework, available in both complete and 'At a Glance' formats.
- EI Practice Aids used to reinforce learning (188 downloads).
- Be Prepared Conversation Guides (500 downloads).
- Knowledge Seminar Series recordings.
- The SPRINT Team Hub inclusive of a range of helpful tools and resources.

As the work shifts toward sustaining and scaling, this eiCOMPASS web page remains a cornerstone of knowledge translation, collaboration, and collective impact.

The screenshot displays the eiCOMPASS website interface, which is designed to provide healthcare providers with resources for enhancing emotional intelligence in palliative care. The top navigation bar includes links for 'ABOUT THE CHCA', 'MEMBERSHIP', 'ADVOCACY', 'EDUCATION', 'IMPLEMENTATION', 'PROJECT TEAM', 'PROJECTS', and 'KNOWLEDGE CENTRE'. The main header features a banner with the text 'Developing emotionally intuitive competency-based palliative care skills' and the eiCOMPASS logo.

The content area is organized into several sections:

- Enhancing Emotional Intelligence in Palliative Care:** This section highlights the project's goal of helping care providers improve their emotional intelligence skills. It includes three main resource categories: 'Be Prepared Conversation Guides' (offering essential information on palliative care emergencies), 'Emotional Intelligence Practice Aids' (providing tools for self-reflection, communication, empathy, stress tolerance, relationship building, and shared decision-making), and 'EI and Palliative Care Knowledge Seminars' (offering 5 webinars to strengthen home care providers' emotional resilience, communication skills, and compassionate care delivery).
- Setting the Standard for Palliative Care:** This section introduces the Canadian Interdisciplinary Palliative Care Competency Framework, which establishes a minimum national standard for palliative care in Canada. It provides a comprehensive suite of core competencies for offering exceptional palliative care, serving as a roadmap for ensuring holistic, individualized, and culturally sensitive care.
- Expert Perspectives on the Framework:** This section features insights from recognized leaders in the field of palliative care in Canada, who are championing the Competency Framework as a tool for planning and excelling in team-based care, educating and inspiring new providers, and ensuring equitable access to care, among other patient-centered compassionate care and setting a benchmark standard for palliative care in Canada.

The bottom section, titled 'eiCOMPASS SPRINT COLLABORATIVE HUB FOR SPRINT TEAMS', lists upcoming and past learning sessions:

- Learning Session March 22, 2024**
- Learning Session April 10, 2024**
- Learning Session November 22, 2023**

Below the sessions, there are three columns of resources:

- IDENTIFYING KNOWLEDGE GAPS:** Includes 'The Canadian Interdisciplinary Framework', 'Self assessment package', and 'Palliative Care Experts/Testimonials on the Competency Framework'.
- DEVELOPING COMPETENCIES:** Includes 'Palliative Care Education Resources', 'Be Prepared Conversation Guides', 'Knowledge Seminars', 'EI Microlearning Courses', and 'EI Essentials Toolkit'.
- TESTING CHANGE IDEAS:** Includes 'PDSA Method of Testing', 'COM & Model for Behaviour Change', and 'Strategies to Address Barriers and Facilitators to Change'.

The 'DEVELOPING COMPETENCIES' section is further detailed with a list of resources for 'Palliative Care Education Resources' and 'Be Prepared Conversation Guides'. It also includes a 'Need Help Using the Guides?' section and a 'Knowledge Seminars' section, which lists upcoming seminars and provides information on how to access them.

Impact and Outcomes of the Social Media and Engagement Strategy

Over the past two and a half years, the CHCA successfully elevated national awareness of the Canadian Competency Framework through a strategic, data-driven digital engagement approach. The CHCA's multi-channel strategy effectively engaged healthcare providers, sector leaders, educators, and policymakers:



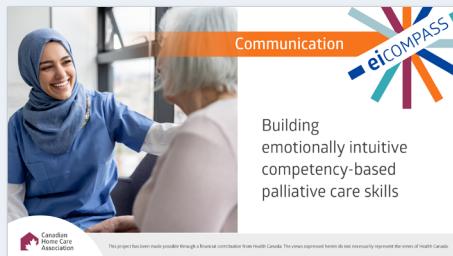
On LinkedIn, CHCA grew its audience from just over 300 to more than 1,000 followers, achieving an average **engagement rate of 5.89%**, well above the industry average of 3.3%.

Engagement rates on LinkedIn further improved during key campaigns, reaching 6.7%–7.3% for high-performing posts such as testimonials, SPRINT highlights, and team endorsements.



Although tweet frequency declined on Twitter (X), post quality improved. CHCA maintained a strong **4%–7% engagement rate**, exceeding healthcare benchmarks.

Using visuals, personal quotes, and hashtags like #eiCOMPASS and #HomeCareMatters helped amplify reach and brand consistency.



The integrated digital approach—blending social media campaigns with a well-designed website—contributed to long-term engagement and brand growth:

- The CHCA achieved a sitewide engagement rate of 64.01% from Sept 2023 to April 2025, 11.6% higher than healthcare industry benchmarks. The overall site achieved: 450,000 total page views, 126,000 unique users, and more than 6,900 file downloads
- The specific eiCOMPASS pages contributed to this impressive result with 8,200 page views, 1,600 unique users and, 2,600 downloads.

Key Factors Contributing to Success

1. Consistent storytelling using testimonials and real-life impact examples.
2. Campaign alignment with national awareness days and relevant sector themes.
3. Cross-platform content planning, including video, infographics, and written content.
4. High-value webpages structured for clarity, return visits, and sustained learning.
5. Strong data tracking, which enabled adaptive decision-making and optimization.

Creating Practical Tools

Emotional Intelligence Microlearning Courses

Canadian Interdisciplinary Palliative Care Competency Framework

The Canadian Competency Framework was developed through a partnership between the Canadian Partnership Against Cancer (CPAC) and Health Canada (2021) to support a consistent, high-quality approach to palliative care nationwide. Designed to guide and enhance palliative care delivery in all settings, the Canadian Competency Framework outlines a shared set of competencies that represent the foundational expectations—or minimum national standard—for both generalist and specialist providers across 12 core domains:

- | | | |
|--|---|--|
|  1. Principles of a Palliative Approach to Care |  5. Care Planning and Collaborative Practice |  9. Professional and Ethical Practice |
|  2. Cultural Safety and Humility |  6. Last Days and Hours |  10. Education, Evaluation, Quality Improvement, and Research |
|  3. Communication |  7. Loss, Grief, and Bereavement |  11. Advocacy |
|  4. Optimizing Comfort and Quality of Life |  8. Self-Care |  12. Virtual Care |

The Canadian Competency Framework builds on the important work already done at the provincial level, benchmarking established models in Ontario, British Columbia, Nova Scotia, Quebec, and Alberta. Building upon these efforts is a flexible, interdisciplinary tool that can be adapted to reflect the needs, roles, and contexts of providers and organizations across Canada. The Canadian Competency Framework aligns with established provincial frameworks for organizations providing home-based palliative care in these jurisdictions. It presents an opportunity to evaluate potential adoption and scaling in provinces and territories without an existing framework.

The Canadian Competency Framework sets a national benchmark for what all healthcare providers should know and be able to do to deliver high-quality, person-centred palliative care. It aims to reduce longstanding variability in how palliative care is understood and practiced across the country, helping to ensure more equitable, timely, and compassionate care for people with life-limiting illnesses.

The eiCOMPASS Project facilitated the adoption of the Canadian Competency Framework. It used this foundational document to inform the creation of new resources and tools for organizations providing home-based palliative care.

Integrating Emotional Intelligence into Palliative Care Competencies

While the Canadian Competency Framework sets a national standard for skills and knowledge across twelve core domains, there is increasing recognition among health system leaders, educators, and frontline providers that a greater understanding and use of EI is foundational to translating competencies into practice. Emotional intelligence enables healthcare providers to navigate the emotional complexities of providing palliative care by:

- Recognizing and regulating their emotional responses.
- Understanding and responding to patients' and families' emotional needs.
- Knowing how to use emotions when working as part of a multidisciplinary care team.

In response to this need and to help promote the adoption of the Canadian Competency Framework, the CHCA developed a series of EI microlearning courses specifically for RNs and PSWS providing home-based palliative care. These courses aim to introduce EI abilities in a clear, practical, and relevant manner.

Evidence Base and Course Structure

The content of the EI Courses was grounded in decades of EI research and aligned with three foundational models: Goleman's Performance Model, Bar-On's Competency Model, and Mayer, Salovey, and Caruso's Ability Model. Together, these models offer a scientifically validated foundation for connecting emotional intelligence to healthcare delivery and, most specifically, to competency-based palliative care.

Goleman's Emotional Intelligence Performance Model

Daniel Goleman's model conceptualizes EI as a skill set that directly influences workplace performance. It focuses on four major domains:

1. Self-awareness (understanding one's emotions)
2. Self-management (controlling disruptive emotions)
3. Social awareness (understanding emotions in others)
4. Relationship management (managing interactions effectively)

These domains are further divided into twelve specific competencies including but not limited to: emotional self-awareness, adaptability, empathy, teamwork, and conflict management. Goleman's model emphasizes that EI is critical not only for leadership but also for the healthcare sector. It can be applied to frontline providers who must maintain resilient, empathetic communication under emotional strain.

Bar-On's Emotional-Social Intelligence Competency Model

Reuven Bar-On defined EI as an array of interrelated emotional and social competencies that impact personal effectiveness. His model groups EI into five composite scales:

- Self-Perception
- Interpersonal Relationships
- Stress Management
- Self-Expression
- Decision Making

Bar-On's model introduced fifteen subscales, including reality testing, impulse control, emotional expression, stress tolerance, and optimism. His research emphasized that emotional and social intelligence skills are critical to adapting and thriving in challenging environments. For our application in developing EI Courses, this approach was an essential requirement for healthcare providers delivering palliative care who are navigating highly emotional care situations.

Mayer, Salovey, and Caruso's Emotional Intelligence Ability Model

Mayer, Salovey, and Caruso introduced the ability model of EI, which views EI as an actual cognitive ability: the capacity to reason about emotions and use emotions to enhance thought. Their model outlines four branches:

1. Perceiving Emotions (accurately recognizing emotions in oneself and others)
2. Facilitating Thought (using emotions to prioritize thinking)
3. Understanding Emotions (comprehending emotional language and transitions)
- 4 Managing Emotions (regulating emotions in oneself and relationships)

This ability-focused model informed our content, which focused on the need to teach healthcare providers not just emotional regulation but also active emotional perception and understanding—skills that are critical to interpreting nonverbal cues and facilitating sensitive conversations about end-of-life preferences.

Below is a visual summary of the models informing CHCA's EI Courses.

EI Model	Key Elements	Reflected in CHCA EI Courses
Goleman's Performance Model	<ul style="list-style-type: none">• Self-awareness• Self-management• Social awareness• Relationship management	Courses on Self-Awareness and Mindfulness, Social Skills and Adapting, Empathy and Reframing, promoting resilience, teamwork, and communication under emotional pressure.
Bar-On's Competency Model	<ul style="list-style-type: none">• Self-Perception• Self-Expression• Interpersonal Relationships• Decision-Making• Stress Management	Courses on Decision-Making and Reality Testing, Stress Tolerance, and Shifting Perspective supporting balanced decision-making and emotional resilience.
Mayer, Salovey, and Caruso's Ability Model	<ul style="list-style-type: none">• Perceiving emotions• Facilitating thought• Understanding emotions• Managing emotions	Courses on Conflict Management and Inner and Outer Listening, Emotional Expression and Setting Boundaries, enhancing perception, emotional regulation, and communication.

By blending these three foundational EI models, the CHCA designed courses that address:

- Cognitive abilities (perceiving, understanding, managing emotions),
- Behavioural skills (emotional self-regulation, communication, conflict resolution),
- Personal and interpersonal competencies (resilience, empathy, adaptability).

"I think Emotional intelligence changes practice. How we approach conversations, being present, being aware, and remembering that we're working with people."

— Royanne Gale, SPRINT Team Lead, Care Partners

Mapping EI Skills to Competency Domains

A cornerstone of creating the EI Courses was the deliberate mapping each course to one of the twelve domains of the Canadian Competency Framework. This integration ensures that EI is recognized as essential to palliative care, addressing the often-overlooked “Attitude” component of competency development.

Each course was carefully designed to introduce one EI skill supported by one practical behaviour that RNs and PSWs could immediately apply in real-life situations. The mapping reinforces the competency domains and offers targeted emotional development aligned with practical actions. Below are examples of how this was operationalized:



Palliative Care Domain	EI Ability	Behaviour Strategy
Principles of a Palliative Approach to Care	Emotional Self-Awareness	Practice Mindfulness to recognize emotions and practice holistic, patient- and family-centred care.
Cultural Safety and Humility	Acceptance	Recognize and Manage Biases and seeking diverse perspectives to foster culturally safe interactions.
Communication	Social Skills	Adapting listening and talking styles (using a DISC model) to improve communication.
Optimizing Comfort and Quality of Life	Decision-Making	Practice Reality Testing (using the F.A.C.T.S. model) to help make better, more balanced, and evidence-informed shared decisions.
Care Planning and Collaborative Practice	Interpersonal Relationships	Valuing Voices (with the B.O.N.D.S. approach) to build trust and value all perspectives when planning care.
Last Days and Hours	Empathy	Reframe emotional situations (using the “Catch it, Check it, Change it” technique) can help us see other views.
Loss, Grief, and Bereavement	Emotional Expression	Set Emotional Boundaries by expressing your emotions appropriately and knowing when to act.
Self-Care	Stress Tolerance	Shift your Perspective (by navigating your river of wellbeing) and learn how to identify and manage emotional triggers.
Professional and Ethical Practice	Conflict Management	Use Inner and Outer Listening to understand and address conflict and ethical concerns.
Education, Evaluation, Quality Improvement, and Research	Self-Actualization	Practice with Intent through deliberate steps to promote internal growth and achievements.
Advocacy	Motivation	Use Priority Setting (through the G.R.A.D.E model) to guide your advocacy efforts.
Virtual Care (Nurses Only)	Self-Regulation	Maintain focus (by applying the Pomodoro method) to remove distractions and be present.

El Course: Content Design, Development, and Validation

The EI Courses were intentionally designed to introduce core emotional abilities to RNs and PSWs developing their competencies in providing home-based palliative care. The 15–20 minute course length was purposefully chosen to accommodate the busy schedules of home care providers. The short, focused format enables learners to complete a course in a single sitting while offering a meaningful introduction to an EI ability. Rather than overwhelming learners with large volumes of content, this bite-sized approach allows for better retention and more frequent application in daily care situations.

Each course is structured using adult learning principles and Bloom's Taxonomy, ensuring a progression from knowledge acquisition to real-life application. Course content is available in a narrated or visual reading format to facilitate accessibility.

Each course includes:

- A domain-specific introduction linking to the palliative care competency being addressed
- A definition and explanation of the targeted EI skill and its relevance to palliative care
- A practical behaviour strategy aligned with the EI skill
- Reinforcement through interactive quizzes, memory check
- A case-based scenario applying the EI skill in context
- A summary of key takeaways and a certificate of completion

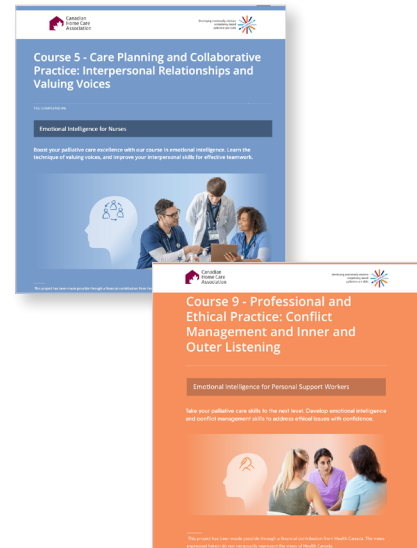
To support interdisciplinary learning, both PSW and RN versions are based on duplicate core content but adapted to reflect their scopes of practice. The PSW version underwent a Flesch-Kincaid readability review, targeting a Grade 5–7 reading level to ensure accessibility across diverse educational backgrounds. These courses are not intended to deliver complete training on EI abilities. Instead, they focus on one EI skill and behaviour that will enhance the attitude component of competency development.

Each EI course can be layered with complementary courses to deepen understanding and reinforce EI within a specific competency domain. This layered approach allowed learners to gradually build EI in a structured way aligned with their broader competency development goals for the priority domain.

Example: Domain 1: Principles of a Palliative Approach to Care can be supported by:

- EI Course 1: Emotional Self-Awareness and Mindfulness—introduces the foundational EI skills of self-awareness and presence, helping providers recognize and manage their own emotional responses while staying attuned to the needs of others.
- EI Course 2: Acceptance and Acknowledging Biases—Builds self-reflection and openness by addressing unconscious biases that may impact palliative care delivery.
- EI Course 3: Social Skills and Adapting Communication Styles—Reinforces relational skills and introduces techniques for adapting communication to meet patient and family needs.

The CHCA engaged RNs and PSWs from SPRINT teams to review and refine the course content during pilot testing to ensure relevance and practicality. Participants assessed clarity, applicability, and feasibility, providing feedback that shaped the final version. The result was a set of bite-sized, high-impact courses that filled the EI training gap—equipping providers with practical skills and behaviours that complement their existing clinical training.



Impact and Outcomes of the Courses

The success of the CHCA's EI Courses demonstrates the value of embedding emotional and behavioural skill-building into competency-based palliative care training. It better prepares healthcare providers to deliver compassionate, emotionally intuitive care to patients receiving home-based palliative care and their families.

NURSING PARTICIPATION AND OUTCOMES

Nurses completed 1,778-course registrations.

- The most popular courses among RNs were:
 - Course 1: Emotional Self-Awareness and Mindfulness (Domain 1: Principles of a Palliative Approach to Care)
 - Course 3: Social Skills and Adapting (Domain 3: Communication)
 - Course 8: Stress Tolerance and Shifting Perspective (Domain 8: Self-Care)
- 97% of nurses planned to use new communication strategies.
- 86% gained new insights into emotional self-awareness for palliative care and 96% intend to apply them in their daily practice.
- 98% learned stress management techniques to better manage burnout.

Nurses consistently found the content relevant to their daily practice and affirmed that they had acquired new practical strategies to improve emotional resilience, communication, and patient care.

PERSONAL SUPPORT WORKER PARTICIPATION AND OUTCOMES

PSWs completed 1,322-course registrations.

- The most popular courses for PSWs were:
 - Course 1: Emotional Self-Awareness and Mindfulness (Domain 1: Principles of a Palliative Approach to Care)
 - Course 3: Social Skills and Adapting (Domain 3: Communication)
 - Course 6: Empathy and Reframing (Domain 6: Last Days and Hours)
- 88% of PSWs gained new insights into emotional self-awareness and 96% intend to apply these new skills to their daily practice.
- 96% of PSWs reported that Empathy and Reframing training equipped them to support grieving families better.
- 91% learned new stress management strategies for dealing with compassion fatigue.

PSWs overwhelmingly reported that the EI Courses helped them build emotional resilience, support patients with empathy, and adapt communication styles in highly emotional care situations.

"I felt the modules made me think about the palliative approach from a different perspective."

— Palliative Care Nurse, AHS Edmonton Zone

Be Prepared: Palliative Care Emergencies in the Home

As part of the eiCOMPASS Project, the CHCA, in partnership with the Montreal Institute for Palliative Care, developed the Be Prepared Conversation Guides (Conversations Guides) to help healthcare providers better manage six common palliative care emergencies in the home: dyspnea (breathing), hypercalcemia (balance), massive hemorrhage (bleeding), seizures (brain), spinal cord compression (bones), and superior vena cava obstruction (blockage).



These Conversation Guides were created in response to a clear and urgent need to improve preparedness and communication around palliative care emergencies in the home. A key influence in developing these resources was the work of Dr. Cornelius Woelk, a Canadian palliative care physician, who advocated for proactive and compassionate conversations to help families and patients anticipate and respond to serious events at home. His research and clinical guidance highlighted the distress caused by unmanaged emergencies and the essential role of healthcare providers in guiding families through these moments with clarity and care.

96% of nurses reported that the guides were easy to follow and relevant, with many noting improved communication and confidence in emergency situations.

Co-designed through a collaborative process involving palliative care experts, home care providers, and caregiver reviewers, the Conversation Guides balance clinical information with EI skills. The guides use a “Head-Heart-Hands” lens, combining cognitive understanding, emotional awareness, and practical action. This approach ensures that conversations and actions reflect not only what people need to know but also what they feel and what they can do.

Each guide includes three main sections:

- **Section 1: Conversation Checklist** – A step-by-step tool to help healthcare providers initiate and navigate difficult conversations with empathy and structure.
- **Section 2: Emergency Information** – Clear summaries of symptoms, risk factors, and clinical management strategies, including pharmacological and non-pharmacological options. This section is for healthcare providers to refresh their knowledge and provides sample language they can use when discussing clinical content with patients and caregivers.
- **Section 3: Patient & Caregiver Tool**—This one-page, easy-to-understand summary offers immediate guidance and actions that can be taken at home to deal with an emergency. This final page is designed to be a “pull-out” section that is left in the home and easily accessible to patients and caregivers when they need it.

To ensure the Conversation Guides are easily adopted, the language for the first two sections used by clinicians is tailored to professional-level information for nurses (Grade 10 reading level), and the third section for patients and caregivers uses a Grade 5 reading level with clear information and instructions.

The Impact of the Be Prepared Conversation Guides



The Be Prepared: Palliative Care Emergencies in the Home Conversation Guides are changing how healthcare providers and caregivers prepare for and respond to serious health events in the home setting.

Survey results from home care nurses who piloted the guides highlight their effectiveness:

- 96% found the format easy to follow and the content relevant.
- 93% said their understanding of emergency signs and symptoms improved.
- 87% reported enhanced communication with patients and caregivers.
- Most notably, 83% indicated they would change how they discuss emergencies moving forward.

“I used the breathing guide to discuss/teach with workers in a personal care home. Workers were receptive, and the guide was left in the office for future reference.” – Palliative Care Nurse.

INTERNATIONAL ATTENTION

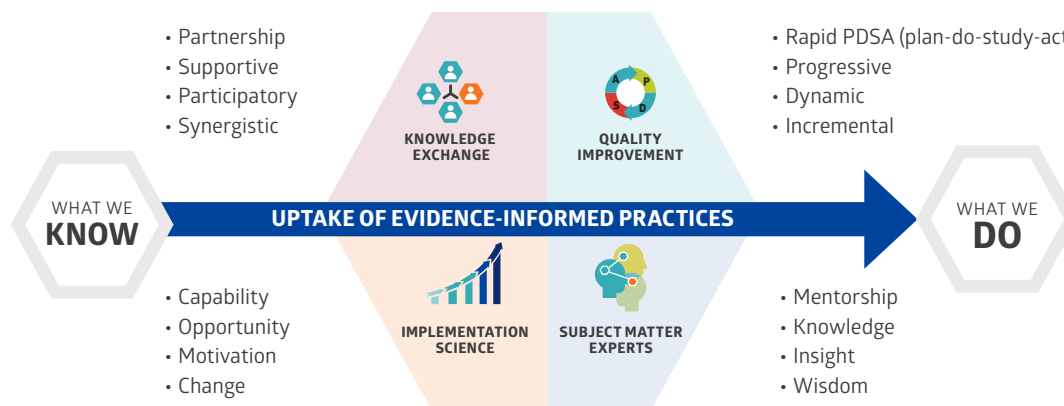
In October 2024, the CHCA, in partnership with Health PEI, presented the Conversation Guides during a nursing workshop at the McGill International Palliative Care Congress. They were praised as “a critical tool for building emotional and clinical readiness.” The presentation underscored how these resources reinforced core domains in the Canadian Competency Framework such as communication and last days and hours.

Building on this success, organizations are now adopting the Conversation Guides internationally. The national palliative care organization of Switzerland, palliative.ch, is customizing the guides for use within its healthcare system. Plans are to distribute them through its professional journal, social media platforms, and summer school curriculum. The guides will be promoted as required competencies for nurses across Switzerland.

Facilitating Adoption

SPRINT™ Implementation Collaborative

The CHCA SPRINT Implementation Collaborative™ (SPRINT Collaborative) was created to address the need for a rapid approach to testing and adopting evidence-informed practices in home and community care. The design and strategy of the SPRINT Collaborative are based on the Institute for Healthcare Improvement Collaborative Model for Achieving Breakthrough Improvement¹ and the evidence-based system for innovation support². The SPRINT Implementation Collaborative integrates quality improvement, implementation science, and collaborative learning elements.



Over a nine-month timeframe, SPRINT teams apply evidence-based strategies to effectively transition from “what we know” (learning and information) to “what we do” (testing and application). The model is grounded in the belief that focused, coordinated, collaborative efforts can lead to meaningful, lasting change—even in complex care systems.

Engaging Home-Based Palliative Care Providers

Adopting the Canadian Competency Framework, EI Courses, and tools begins with engaging the right teams. For the eiCOMPASS SPRINT Collaborative, the CHCA used a structured, multi-step approach to recruit organizations committed to meaningful change. In spring 2023, CHCA issued a national call for Expressions of Interest (EOI). Organizations were invited to demonstrate:

- Experience delivering home-based palliative care
- Capacity to engage regulated (RNs) and/or non-regulated (PSW) providers
- Evidence of interprofessional collaboration
- Commitment to quality improvement and sustainability
- Organizational leadership sponsorship
- A clear plan for staff engagement and evaluation

1 *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement. Retrieved from www.IHI.org

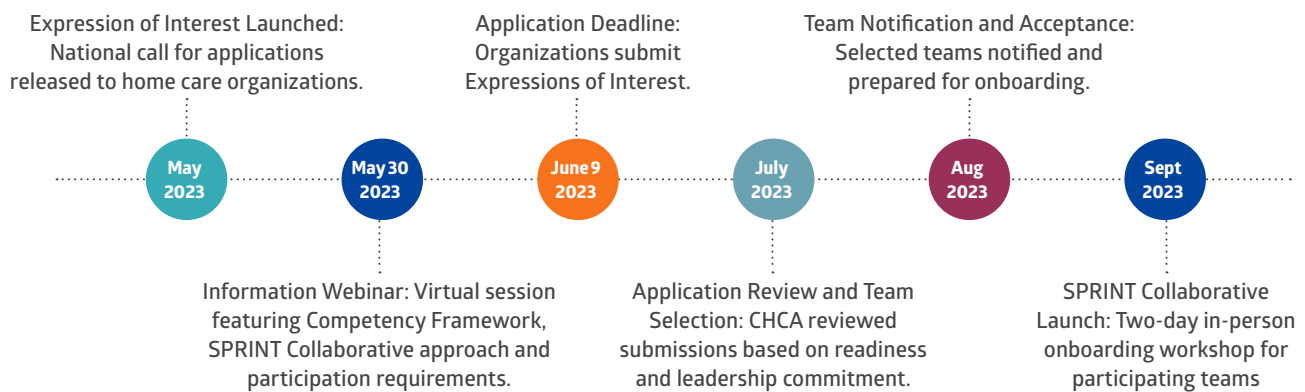
2 Wandersman, A., Chien, V.H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50(3-4), 445-450. doi: 10.1007/s10464-012-9509-7.

CHCA specifically targeted organizations with the potential to operationalize the Canadian Competency Framework, integrate EI skill development, and embed the Be Prepared Conversation Guides into everyday clinical practice. To support this engagement process, CHCA provided:

- A comprehensive application package with clear criteria and timelines
- A national information webinar (May 30, 2023) outlining the initiative's objectives, expectations, benefits, and the Canadian Competency Framework
- One-on-one consultation opportunities to address questions from interested organizations

Applications were evaluated using a standardized rubric that assessed readiness, leadership commitment, interprofessional capacity, and a demonstrated focus on home-based palliative care. Through this process, 14 teams across Canada were selected to participate in the initial SPRINT Collaborative (September 2023 – June 2024). These teams represented a diverse range of geographies, organizational structures, and home care delivery models.

A Visual Timeline: Engaging and Onboarding SPRINT Teams



SPRINT Collaborative Team Structure and Commitments

The SPRINT Collaborative engaged individuals at multiple levels to facilitate frontline behaviour change and broader organizational alignment. Teams accessed expertise from senior leadership, clinical educators, palliative care program directors and clinical managers, data evaluation and measurement specialists, and information technology and communications departments, as well as resource and implementation support.

Team members committed approximately 6–15 hours per month and participated in onboarding, five virtual learning webinars, monthly coaching sessions, and a Capstone Summit. Organizations provided in-kind support for engagement by offering protected time or backfill coverage, reinforcing their commitment to sustainable practice change in home-based palliative care.

Teams Involved in the SPRINT Collaborative

The eiCOMPASS SPRINT Collaborative engaged 14 organizations providing home-based palliative care from across the country. Teams represented various providers, including government health authorities and private service providers. The teams involved in the SPRINT Collaborative included:

- **Alberta Health Services - Central Zone:** Serves approximately 482,000 residents across a diverse region, from Two Hills to Drumheller, and Lloydminster to Rocky Mountain House, offering comprehensive healthcare services through a network of hospitals, clinics, and community health centers.
- **Alberta Health Services - Edmonton Zone:** This service area serves over 1.2 million residents in Edmonton and the surrounding capital region, providing a comprehensive range of healthcare services across nine diverse subzones.
- **CarePartners:** Provides in-home care and nursing services to thousands of clients across Ontario, employing a large team of healthcare professionals dedicated to improving patient outcomes.
- **Health PEI:** Serves the approximately 160,000 residents of Prince Edward Island, offering a full range of healthcare services across the Island's hospitals and community health centers.
- **Interior Health (BC):** Covers the interior region of British Columbia, serving over 801,000 residents with a wide array of healthcare services, from acute care hospitals to community-based programs.
- **Medavie Health Services (NB):** Serves over 750,000 residents, delivering emergency medical services, home health care, and other health solutions to enhance community health.
- **Newfoundland Health Services:** Provides integrated healthcare services to around 520,000 people across Newfoundland, ensuring accessible and high-quality care through a network of hospitals and community health centers.
- **ParaMed Home Health Care:** Provides home care and wellness solutions since 1974 and serves over 65,000 clients across Canada, ensuring comprehensive and compassionate care.
- **Saskatchewan Health Authority:** Provides health services to over 1.1 million residents across Saskatchewan, with a comprehensive network of hospitals, clinics, and community health services.
- **SE Health:** Serves over 8,000 clients daily across Canada, focusing on delivering personalized health care and support services in the home and community settings.
- **Southern Health (MB):** Serves a population of approximately 207,000 in southern Manitoba, delivering diverse healthcare services focused on enhancing health outcomes and community wellbeing.
- **VHA Home Health Care:** Provides home health care services to over 75,000 clients in Ontario, supported by a team of more than 2,700 professionals committed to high-quality, compassionate care.
- **VON (Victorian Order of Nurses):** Serves thousands of clients across Canada with a network of dedicated healthcare professionals, offering home and community-based healthcare services.
- **Yukon Health and Wellness:** Delivers healthcare services to approximately 42,000 residents of the Yukon, focusing on community-based care and health promotion to ensure optimal health outcomes.

Target Audiences

Primary Audience

The eiCOMPASS Project was designed for healthcare providers delivering home-based palliative care, focusing on registered nurses and personal support workers. These providers are often the first point of contact for individuals and families navigating life-limiting illnesses, and they play a critical role in delivering timely, compassionate, and person-centred care. The Canadian Competency Framework outlines in detail the skills, knowledge, and attitudes expected of these providers.

Secondary Audiences

While frontline RNs and PSWs were the primary audiences for the eiCOMPASS Project, clinical leaders, educators, managers, and senior organizational leadership also played vital roles in ensuring its successful implementation and sustainability. Recognizing the influence of leadership in shaping workplace culture and supporting behaviour change, the CHCA introduced the EQ-i 2.0 Emotional Intelligence Assessment as a leadership development tool.

Leaders from participating SPRINT teams engaged in the assessment to strengthen their understanding of core EI competencies—such as self-awareness, communication, and collaboration—and to build the capacity to model emotionally intuitive, competency-based palliative care. By involving this secondary audience, eiCOMPASS expanded its reach beyond frontline providers, contributing to cultural transformation and organizational alignment with the Canadian Competency Framework.

The Value of the EQ-i 2.0 Emotional Intelligence Assessment

To support leadership engagement and recognition of the value of EI, the CHCA implemented the EQ-i 2.0 Emotional Intelligence Assessment, a globally recognized, research-based tool used to measure and develop EI. The assessment provided selected individuals (i.e., clinical leads, educators, and senior leaders) with detailed insights across five key areas:

- | | | |
|--------------------|-------------------------|----------------------|
| 1. Self-Perception | 3. Interpersonal Skills | 5. Stress Management |
| 2. Self-Expression | 4. Decision-Making | |



Participants completed a secure, 133-question self-assessment online. They then received a personalized report outlining their strengths and areas for development and participated in a 90 minute confidential debrief session with a certified CHCA EQ-i 2.0 coach.

Key outcomes from the leadership cohort included:

- 53% of participants rated the self-assessment as very helpful and 47% rated it as extremely helpful in understanding emotional intelligence.
- 74% found the coaching debrief helpful in connecting EI concepts to palliative care practice.
- 100% reported an increased intention to apply EI skills in their leadership roles.

Only 11% of participants reported familiarity with EI before the assessment. Following the process, participants demonstrated a more substantial commitment to EI application, greater self-awareness, and increased confidence in supporting emotionally intelligent care teams.

By embedding the EQ-i 2.0 process into the SPRINT Collaborative, CHCA strengthened leadership capacity across organizations—reinforcing the critical link between EI, competencies, and delivering compassionate, high-quality palliative care.

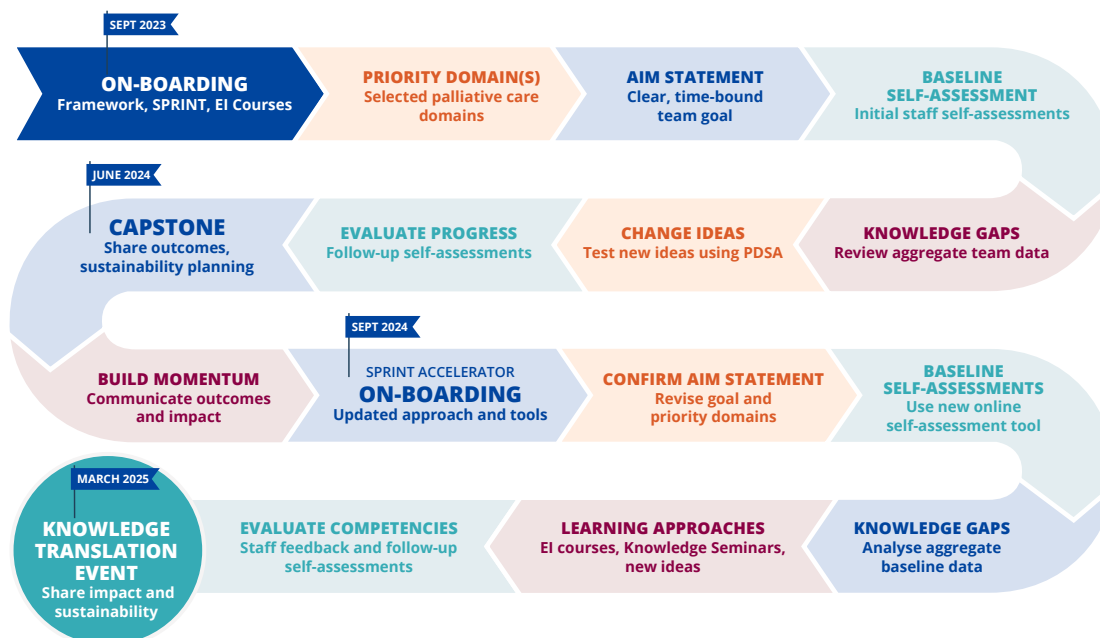
eiCOMPASS SPRINT Collaborative Road Map

The eiCOMPASS SPRINT Collaborative provided a structured, supportive environment to help teams drive sustainable practice change. Through coaching, virtual learning, peer support, and practical tools, teams were empowered to test and implement educational strategies that enhanced the competencies of frontline healthcare providers delivering home-based palliative care.

Each participating team engaged in a focused change process built around the Canadian Competency Framework, supported by a customized Planning Tool and educational resources. Teams followed a clear “Roadmap,” moving from onboarding and planning to rapid-cycle testing, evaluation, and sustainability planning.

Key elements of the SPRINT experience included:

- **Rapid Testing:** Use of short PDSA cycles to quickly test and refine interventions.
- **Expert Learning:** Access to subject matter experts in palliative care, quality improvement, and emotional intelligence.
- **Coaching:** Pairing with a SPRINT Coach to provide tailored support and ensure teams were well-prepared to achieve their implementation goals.
- **Behaviour Change Support:** Application of the COM-B behaviour change model to guide intervention design and reinforce team strategies.
- **Collaborative Learning:** Peer exchange, shared problem-solving, and mutual support with other home care teams from across Canada.
- **Sustainability Planning:** Development of clear strategies to maintain improvements and embed new practices into organizational routines over time.



Supporting and Enabling SPRINT Teams

To encourage momentum and support new teams in achieving this shift, the CHCA created tools and offered customized resources to support teams through the SPRINT Accelerator Phase. These tools helped turn a national framework into meaningful, day-to-day practice. The SPRINT Accelerator strengthened teamwork and confidence by supporting providers in building skills, knowledge, and attitudes needed for emotionally intuitive care. It helped embed consistent, high-quality, home-based palliative care.

PLANNING

Workbook and Charter: Tools for planning, goal setting, and implementation alignment.

Change Tools:

Evidence-based tools to understand, test, and sustain behavioural change.

COLLABORATION

Virtual Learning Sessions:

Structured meetings for learning, reflection, and collaboration.

Capstone Event:

A forum to celebrate accomplishments and learn from peers and experts.

EVALUATION

Competency Self-Assessments:

Identify knowledge gaps and inform training and outcomes.

Kirkpatrick Model:

A framework for evaluating the impact of EI courses on learning, behaviour, and applied practice change.

COACHING

Tailored Support: Guidance in goal-setting, data use, change ideas, and sustainability.

Leading Practices: Evidence-based tools supporting skills, knowledge, and attitudes in palliative care.

EXPERTISE

Knowledge Seminars:

Targeted webinars on emotional intelligence and application to palliative care.

Expert Testimonials:

Clear, concise endorsements to promote the Competency Framework across audiences.

RESOURCES

SPRINT Team Hub:

Centralized, user-friendly platform for accessing tools and resources.

EI Essentials Toolkit:

Reinforcing EI skills through learning aids, group activities, and daily tips.

“They [our Nurses] just felt like they had more tools in their toolbox... and were able to use those in order to provide what they considered to be better care.”

— Lindsay Novak, SPRINT Team Lead, ParaMed Home Health Care

PLANNING

Workbook and Charter

To facilitate structured implementation during the SPRINT Collaborative, each team received a set of practical planning tools developed by the CHCA. These tools offered clarity, consistency, and direction across all phases of the Collaborative—from onboarding and goal setting to testing and sustainability. The SPRINT Planning Workbook and SPRINT Project Charter were introduced during the in-person onboarding workshop held in September 2023. During this two-day session, teams were guided through structured planning exercises and used the tools to begin shaping their implementation plans.

SPRINT Planning Workbook

The SPRINT Planning Workbook was foundational for reflection, prioritization, and strategy development and prompts teams to:

- Reflect on their program's culture, strengths, and challenges.
- Review the domains of the Canadian Competency Framework.
- Prioritize one or two palliative care domains based on their understanding of operational and staff challenges.
- Review the self-assessment tools within the Canadian Competency Framework to familiarize themselves with the logic and approach.
- Familiarize themselves with the Plan-Do-Study-Act (PDSA) rapid-cycle improvement methodology and discuss potential small-scale change ideas to test.
- Explore the COM-B model for behaviour change and consider the Capability, Opportunity, and Motivation factors that could influence implementation.

The workbook also included guided worksheets for aligning team goals, mapping available resources, and beginning to plan for sustainability. It served as a living document throughout the Collaborative, helping teams stay focused and aligned during coaching and virtual learning sessions.

SPRINT Project Charter

The SPRINT Project Charter acted as a concise summary of each team's implementation plan. Developed during the first month of the Collaborative, the Charter required teams to articulate:

- A problem statement rooted in identified local care gaps
- A SMART AIM Statement detailing the intended improvement and timeline
- Outcome, process, and balancing measures for tracking progress
- Team roles and leadership commitments
- Potential change ideas using the COM-B model (e.g., skills, opportunities, motivation)

The Charter served as a key reference during coaching sessions and internal team check-ins, ensuring a shared, goal-oriented approach to implementation. Teams finalized their Project Charters with support from their assigned SPRINT Coaches. They shared their AIM Statements during the first scheduled Virtual Learning Session, where they received feedback from quality improvement expert Mike Hindmarsh and other SPRINT team leads.

Change Tools

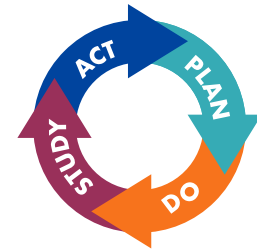
Behaviour Change and Implementation Tools

The CHCA provided teams with three evidence-informed change tools: the PDSA Method of Testing, the COM-B Model for Behaviour Change, and the StrategEase Pathway for Identifying Barriers and Facilitators to Change. These tools informed core components of the SPRINT approach and were introduced during the onboarding workshop. They were then reinforced throughout the Collaborative through Virtual Learning Sessions and individualized coaching.

Rapid Tests of Change

The **Plan-Do-Study-Act (PDSA) cycle**, introduced by quality improvement expert Mike Hindmarsh, encouraged teams to test change ideas quickly and effectively in real-life settings. Unlike large-scale evaluation studies, the PDSA approach emphasized small, rapid tests allowing adaptation, learning, and iterative improvement. Teams used this method to:

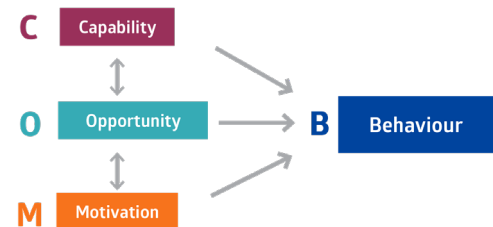
- Test small changes with minimal disruption
- Quickly gather data to assess whether a change led to improvement
- Adjust strategies in response to frontline feedback and outcomes



This rapid testing method fostered a culture of experimentation and minimized risk during implementation. By starting small and learning quickly, teams built confidence to try new ideas without fear of failure. As teams tested and refined change ideas, they experienced early wins, reinforcing momentum, staff engagement, and leadership buy-in. The approach accelerated achieving measurable results and laid a foundation for sustained success.

Behaviour Change

The **COM-B model** (Capability, Opportunity, Motivation – Behaviour) offered a clear framework for understanding what influences healthcare provider behaviour. By assessing whether staff had the knowledge and skills (Capability), the resources and context (Opportunity), and the confidence or emotional readiness (Motivation), teams were able to design educational and operational strategies that effectively addressed real barriers to change. Teams used COM-B to:



- Guide the development of change ideas aligned with local needs and knowledge gaps
- Inform training strategies, engagement plans, and cultural improvement efforts
- Align team goals with priority domains

The **StrategEase Pathway**, developed by implementation science expert Dr. Julia Moore, complemented the COM-B framework by helping teams identify and respond to individual, team, and organizational behavioural barriers. By pairing COM-B analysis with practical intervention strategies—such as training, modelling, and persuasion—teams were better equipped to:

- Recognize hidden or systemic challenges to implementation
- Select strategies with higher chances of success in their specific context
- Motivate change through storytelling, peer influence, and reward systems

COLLABORATION

Virtual Learning Sessions

As a key part of the SPRINT Collaborative, the Virtual Learning Sessions (VLS) provided structured, interactive learning opportunities to support teams. One-hour VLS were scheduled every six to eight weeks and featured:

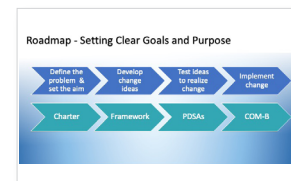
- Content presentations based on team needs
- Peer sharing and discussion opportunities
- Updates on project milestones
- Coaching on implementation tools like the Plan-Do-Study-Act (PDSA) or COM-B
- Practical insights to overcome barriers and sustain change

SPRINT Coaches selected topics and content based on trends, questions, and emerging needs identified through coaching calls and ongoing feedback. This flexible, needs-driven approach ensured sessions were relevant, timely, and directly applicable to each team's context.

October 25, 2023 VLS: Setting Clear Goals and Purpose

This first session established a shared understanding of competencies and supported refining teams' AIM statements. Facilitated by **Marg McAlister (CHCA)** and **Mike Hindmarsh (Centre for Collaboration, Motivation, and Innovation)**, the session introduced key quality improvement principles.

A highlight was "Speed Peer Sharing," where teams presented their AIM statements in one-minute segments and received live feedback. Mike Hindmarsh provided targeted advice to enhance clarity and feasibility, and peers shared ideas with each other..



November 22, 2023 VLS: Applying the Competency Equation and Emotional Intelligence

The second Virtual Learning Session focused on applying the Competency Equation—Skills + Knowledge + Attitude. Participants learned how the EI Courses and Be Prepared Conversation Guides supported specific domains in the Canadian Competency Framework.

Royanne Gale (CarePartners) shared how EI courses helped boost staff confidence and engagement. **Jennifer Campagnolo (CHCA)** introduced the six Conversation Guides, emphasizing their relevance in managing palliative care emergencies and supporting domains like Communication and Cultural Safety.



January 17, 2024 VLS: Translating Self-Assessment into Targeted Education

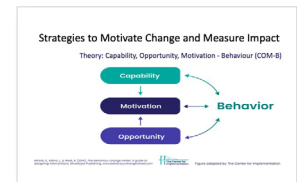
This session helped teams interpret their self-assessment findings and translate them into actionable education strategies. Objectives included reviewing self-assessment data, identifying priority domains, and promoting peer learning through team presentations.

Guest speakers—**Susan Blacker (Ontario Palliative Care Network)**, **Nadine Valk (Team Coach)**, and **Kathleen Yue (BC Centre for Palliative Care)**—shared learning resources aligned with key competency domains. The CHCA provided a curated resource list on the SPRINT Team Hub.



February 28, 2024 VLS: Strategies to Motivate Change and Measure Impact

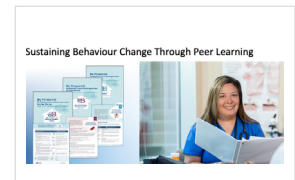
This session focused on behaviour-informed tools and evaluation strategies to support successful implementation. **Jennifer Campagnolo (CHCA)** demonstrated how the Be Prepared Conversation Guides enhance communication, deepen clinical knowledge, and promote compassionate care. **Dr. Julia Moore (The Center for Implementation)** presented the COM-B model and StrategEase Pathway, offering teams practical techniques for identifying and addressing behaviour change barriers.



March 20, 2024 VLS: Sustaining Behaviour Change Through Peer Learning

This session emphasized sustaining emotionally intelligent, competency-based practices through peer exchange and real-life strategies. Teams presented successful methods for engaging staff in EI Courses—such as protected time, structured onboarding, and group learning approaches.

CHCA highlighted sustainability supports, including EI Practice Aids, Group Activities, Everyday EI Tips, and the Be Prepared Conversation Guides.



May 15, 2024 VLS: Reflecting, Preparing, and Sustaining the Momentum

The final session focused on reflection, preparation for the Capstone event, and sustaining progress. Teams reviewed their journey, milestones, and use of core tools such as the EI Courses, Conversation Guides, and self-assessments. CHCA previewed upcoming EI Essentials resources—Practice Aids, Group Activities, and Everyday EI Tips—designed to maintain behaviour change. Teams also received guidance on preparing Capstone presentations, including templates and panel assignments.



CHCA presented key findings from the EQ-i 2.0 assessments, with 100% of participants reporting increased knowledge and intention to apply EI in their leadership roles. The session closed with renewed momentum and clear expectations for sustaining emotionally intuitive, competency-based care beyond the Collaborative.

Feedback on the Virtual Learning Sessions

The sessions served as critical touchpoints for teams to reflect on progress, share experiences, and refine strategies—reinforcing their role in building competency-based, emotionally intuitive care across participating organizations.

- 94% of attendees rated the sessions as “very helpful” or “extremely helpful” in supporting them.
- Peer presentations and practical examples helped teams connect ideas to their context.
- The emotional intelligence content was considered “extremely useful” by 95% of participants.
- Teams highlighted the value of structured tools such as the PDSA and COM-B models.



“Being able to take part in a SPRINT initiative is great because we’re learning from our peers, we’re finding out what’s happening across Canada... you’re sharing with your peers across Canada, you’re getting so much more. It’s like totally worth it.”

—Jennifer Malley, SPRINT Team Lead, Medavie Health Services, New Brunswick Extra-Mural Program

Outcomes and Impact



Southern Health (Manitoba) expanded its SPRINT implementation from a focused palliative team to include 58 staff across three pods, including case coordinators, nurses, and direct service providers. A formal palliative orientation pathway was created using the Canadian Competency Framework and EI Courses, with pre/post self-assessments guiding learning. The team’s work aligns with Manitoba’s Provincial Clinical Network priorities, giving the project provincial relevance and influence. EI Essentials were integrated into palliative rounds and reflective practice. Their comprehensive, measured approach positions Southern Health to lead the development of a province-wide palliative care strategy and roll-out of the Canadian Competency Framework.

Capstone Event

Celebrating Progress and Planning for Sustainability

The eiCOMPASS Capstone Event, held virtually on June 11 and 12, 2024, marked the culmination of the nine-month SPRINT Implementation Collaborative. This final event brought together home care organizations from across Canada to celebrate their efforts to implement emotionally intuitive, competency-based palliative care practices. The Capstone served as a two-day forum for reflection, recognition, peer learning, and sustainability planning. Key Activities Included:

Team Presentations: Each SPRINT team shared their journey, progress, and results. These presentations showcased the diverse ways teams applied the Canadian Competency Framework and EI resources to improve care delivery.

Sustainability Planning: Through a facilitated workshop, teams used a customized sustainability planning tool to assess their readiness to sustain and expand their work. Discussions focused on organizational culture, leadership support, staff engagement, and resource availability.

Peer Learning: The Capstone reinforced the value of inter-team exchange by providing space to share practical tactics, lessons learned, and real-world strategies developed throughout the Collaborative.

Framework Reflection: Teams revisited the core tools introduced during the Collaborative—including the Canadian Competency Framework, self-assessment tools, EI Courses, and Be Prepared Conversation Guides—and explored ways to embed them into routine organizational practice.

Knowledge Reinforcement: Sessions emphasized integrating the COM-B behaviour change model, the Competency Equation (Skills + Knowledge + Attitude), and quality improvement methodologies to drive and sustain meaningful change.

The Capstone event provided a dynamic, supportive environment for SPRINT teams to celebrate their accomplishments, strengthen their understanding of the tools, and gain constructive feedback from peers and CHCA facilitators. It reinforced the collective momentum built throughout the Collaborative, encouraged continued learning and innovation, and aligned team efforts with broader system transformation goals.



EVALUATION

Competency Self-Assessments

Identifying Knowledge Gaps and Training Priorities

The self-assessments, distributed as fillable PDFs for RNs and PSWs, were used to identify individual strengths and knowledge gaps across each team's priority palliative care domains.

Staff Engagement

As a first step in using the self-assessments, SPRINT teams focused on engaging frontline staff in completing them. Teams implemented strategies tailored to their organizational contexts and staff needs to encourage participation. These included:

- Integrating the self-assessments into onboarding activities
- Offering dedicated time or compensation for completion
- Facilitating group sessions to support real-time completion
- Linking assessments to weekly team meetings or in-person education

Several teams also leveraged leadership support, early adopter testimonials, and participation incentives—such as gift cards—to boost engagement and completion rates. These approaches helped teams build awareness of the Canadian Competency Framework and optimize engagement in the self-assessment process and future training initiatives.

Knowledge Insights

The results of the self-assessments provided valuable insights into staff knowledge gaps and helped teams focus training initiatives on the most relevant needs. The assessments also revealed skill variations between less experienced and more experienced staff and helped identify individuals who could act as champions within their organizations.

Although the self-assessments were paper-based, the process fostered meaningful reflection and engagement. Several SPRINT teams used Excel templates developed by the CHCA to analyze aggregate results and prioritize educational resources by region or branch. By reviewing the results, SPRINT team leads experienced firsthand how individual insights could inform collective learning.

To support this work, teams shared strategies for facilitating self-assessment completion and analyzing results during the Virtual Learning Sessions. Throughout the Collaborative, SPRINT Coaches focused on promoting understanding of the self-assessments and emphasizing their value—not only as a baseline measure but also as a tool to evaluate the outcomes of training initiatives and remain connected to the evolving learning needs of frontline staff.



Static, paper-based self-assessments restricted teams' ability to analyze data and track changes over time. Although these tools facilitated reflection and dialogue, a more dynamic and interactive format was necessary. This experience led to creating an online version of the self-assessment approach, which was implemented in the subsequent SPRINT Accelerator phase.

Self-Assessments in Action — What Teams Discovered

Identifying the Needs

Before training began, teams used the self-assessments to identify where staff felt least confident. Key insights included:

- There is low awareness of palliative care competencies, particularly in domains such as Cultural Safety, Self-Care, and Grief and Bereavement.
- Nurses and PSWs frequently rated themselves as “novice” or “beginner” in core areas like communication and symptom management.
- There is a disconnect between manager assumptions and frontline staff confidence. Many leaders believed their teams were already competent, but self-assessments revealed that staff often felt underprepared or uncertain.

Putting Insights into Action

Teams used the assessment findings to enhance the training and education of staff:

- Yukon used assessment results to inform team-wide sessions and identified the need to adapt training for rural areas and First Nations populations.
- AHS Edmonton Zone used self-assessment to increase awareness of the Canadian and Alberta Competency Frameworks and mapped gaps in future educational strategies.
- Medavie NB linked self-assessment data to customized support strategies like “Wellness Bingo” and peer coaching.
- Health PEI developed strategies to support sensitive communications based on gaps uncovered through assessments and feedback.

“We sent out the baseline self-assessment via email. We did it through our Whole Community Palliative Rounds. We had QR codes. So we tried to get it out as much as we could.”

— Heather Morris, SPRINT Team Lead, AHS Edmonton Zone

Measuring Improvements

- The self-assessments weren’t just for baseline measurements but were repeated after training to evaluate impact and competency growth.
- **Interior Health** Community Health Workers’ levels of competence increased:
24% → 83% competency in Domain 1: A Palliative Approach to Care
40% → 92% in Domain 3: Communication
68% → 96% in Domain 5: Care Planning and Collaborative Planning
- After completing EI training, **CarePartners** staff moved from “novice” to “competent/proficient” in five domains.

The self-assessments were more than a measurement tool—they catalyzed reflection, guided learning, and supported broader awareness of the value of competency frameworks.

“In one region, all nurses were invited to a group session where they finished the competency assessments together, leading to 100% participation and completion.”

— Rosalyn Straw, SPRINT Team Lead, SE Health

Kirkpatrick Model³

Evaluating the Impact of the EI Courses

To assess the impact of the EI Courses, the CHCA applied Levels 1–3 of the Kirkpatrick Model—an internationally recognized framework for evaluating learning effectiveness. This structured approach enabled CHCA to measure participants’ reactions (Level 1), knowledge gains (Level 2), and intended behaviour changes (Level 3), aligning evaluation with the goals of competency enhancement. The Kirkpatrick Model is especially valuable in competency-based education as it goes beyond simple participation metrics to assess whether learners found the training relevant, understood the material, and are likely to apply it in their practice. By capturing insights at multiple levels, the model provides a well-rounded view of how training influences real-world performance and informs future improvements in course design.

Level 1–Reaction

This level measured participant satisfaction, focusing on whether the course content was relevant, easy to navigate, and engaging.

- Across all courses, 99% of PSWs and RNs agreed that the content met their expectations and was relevant to their practice.

Level 2–Learning

This level measured the degree to which participants acquired new knowledge and confidence due to the course content.

Responses showed significant improvements in self-rated knowledge and confidence. For example:

- Across all courses, 97% of PSWs reported increased understanding, and 98.5% reported increased confidence.
- Among RNs, 94% reported acquiring new knowledge, and 98% reported increased confidence in applying EI within the specific palliative care domain.

Level 3–Behaviour

This level addressed a key question: Will staff use what they’ve learned in practice? It measures the degree to which participants intend to apply what they learned from the course content.

Evaluation data revealed a strong intent to change behaviour.

- Across all courses, 99% of PSWs and RNs intend to use their EI skills to enhance competencies within the specific domain.
- For the most popular course - Course 1: Emotional Self-Awareness, 98% of RNs and 97% of PSWs intend to use this EI skill to enhance their palliative approach to care.
- Course 2: Acceptance and Recognizing Biases, 99% of RNs and PSWs intend to use this EI skill when providing culturally safe care.

CHCA’s Director of Research and Evaluation provided customized team-level reports summarizing engagement, course completion, and learning outcomes to support understanding and using the evaluation data. These reports broke down trends by course and provider role, offering insights into areas of strength and identifying potential gaps that required further support.

SPRINT Coaches reviewed these reports with team leads during scheduled coaching calls. They helped teams interpret the data, explore learning needs, and identify strategies to encourage the application of EI concepts in practice. This one-on-one review process was instrumental in transforming raw data into actionable insights—bridging the gap between learning and practice change.

³ <https://www.kirkpatrickpartners.com/>

COACHING

Tailored Support

Throughout the SPRINT Collaborative, teams received tailored and continuous support through dedicated coaching. Each team was assigned a CHCA SPRINT Coach who provided consistent guidance, expertise, and motivation to help them reach their implementation goals. The coaching framework included several key components, including:

- Monthly coaching calls (typically 30 minutes) with the SPRINT Team Lead and other members
- As-needed coaching sessions to address emerging challenges or respond to new opportunities
- Continuous feedback between coaches, SPRINT Team, and the CHCA project team to adjust and tailor support strategies based on evolving team needs

SPRINT Coaches were vital in guiding teams through adopting the Canadian Competency Framework and integrating the EI Courses and other resources into educational processes. Coaches helped teams:

- Clarify their goals and target audiences
- Interpret self-assessment data to identify knowledge gaps within priority competency domains
- Identify and select learning resources to enhance skills, knowledge, and attitudes
- Determine change ideas and use PDSA cycles and COM-B approaches
- Monitor progress and sustain momentum to achieve SPRINT Road Map milestones



Outcomes and Impact



**NL Health
Services**

Newfoundland and Labrador Health Services implemented the Canadian Competency Framework across the Eastern region, training home care nurses. They integrated EI Courses into ongoing training and created localized Conversation Guide workshops. The team distributed laminated tip sheets and bookmarks and used coaching to support uptake. Their results were presented to provincial leadership and aligned with the Health Accord's goals around compassionate, culturally safe care. By embedding the tools into broader education and organizational priorities, they are building a sustainable, provincial model for competency-based palliative care.

Coaching Calls

Monthly coaching calls were key to supporting SPRINT teams throughout their implementation journey. These 30-minute sessions provided a regular forum to review progress, address challenges, and refine the next steps. Typically, two team representatives—often the Team Lead and the Measurement Lead or Educator—participated in monthly coaching calls. Additional participants could join depending on the team's needs and session objectives. While the CHCA did not require frontline staff to participate directly in coaching calls, they benefited from strategies developed and refined during these sessions.

Coaches worked with teams to:

- Set or revise AIM Statements
- Brainstorm and refine change ideas based on evaluation data and other feedback.
- Discuss implementation barriers and identify solutions
- Share and discuss new resources and tools
- Suggest connections with other SPRINT teams to access and share successful strategies.
- Facilitate discussions with subject matter experts for additional insights if needed.
- Update team members on new additions to the SPRINT Team Hub.

Coaches regularly met internally to debrief, exchange feedback, and adapt their approaches to ensure support remained relevant and responsive. This adaptive coaching model respected each team's context, strengths, and challenges, enabling real-time adjustments. The consistent, customized support provided by the SPRINT Coaches was instrumental in helping teams embed emotionally intuitive, competency-based practices into home-based palliative care, build internal capacity, and sustain meaningful improvements beyond the Collaborative timeline.



Outcomes and Impact



The **Interior Health Shuswap Home and Community Care** team at Interior Health implemented a locally adapted palliative orientation pathway to strengthen staff competencies. Focusing on three priority domains—Cultural Safety and Humility, Optimizing Comfort, and Loss, Grief and Bereavement—RNs completed self-assessments and were guided through tailored learning modules, EI courses, and Indigenous-specific education. Post-assessment scores improved across all domains, especially in Cultural Safety and Grief Support. The pathway, customized by local leadership and completed within a defined timeframe, offers a replicable model for sustained staff development and supports alignment with broader organizational goals in seniors' care and quality improvement.

Adaptive Coaching in Action: How Coaches Accelerated Change

SPRINT Coaches met regularly to debrief, review team progress, and exchange insights from their monthly calls and ongoing conversations. These internal discussions were critical to identifying cross-cutting needs, surfacing emerging challenges, and tailoring resources to ensure support remained timely and relevant. This adaptive coaching model allowed the CHCA to respond in real-time to team feedback and adjust strategies based on what was working on the ground.

For example, feedback from NL Eastern Health and VON – Nova Scotia led to the development of tailored survey questions to assess staff confidence and the impact of the Conversation Guides.

- **Shaped Virtual Learning Session (VLS) content to match team challenges.**

Teams struggling to complete self-assessment or generate change ideas informed future VLS content, where other teams were invited to share successful staff engagement strategies.

- **Requested expert input in response to data challenges**

During a VHA coaching call, the team shared difficulties collecting self-assessment data. Coaches consulted with the Saskatchewan team, who had engaged a data expert. Saskatchewan's approach was adapted and simplified for VHA, and both teams joined the next VHA call to review the new tool together.

- **Guided the design of post-surveys and follow-up strategies**

Teams like AHS Edmonton (AB) and Southern Health (Manitoba) received support in planning rollout and feedback mechanisms, drawing on strategies such as group discussions used effectively by other teams.

- **Adapted the delivery of resources for accessibility**

Coaches worked with teams like CarePartners and Yukon to address technology and literacy barriers by sharing simplified EI tips and motivational strategies for engaging hard-to-reach staff.

This iterative, feedback-informed process ensured the SPRINT Collaborative was not a fixed model but a responsive implementation approach—continuously improved through active dialogue between coaches, teams, and the CHCA.



Outcomes and Impact

Health PEI

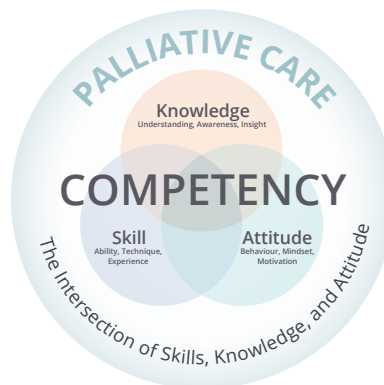
As the province's single health authority, **Health PEI** implemented a coordinated, province-wide approach to embedding the Canadian Competency Framework. Ten palliative care coordinators led the initiative across eastern, western, and central regions. They embedded self-assessments and EI Courses into orientation, trained 75% of home care nurses on end-of-life competencies, and integrated the Conversation Guides into medication kit use. Education was delivered through Moodle, and resources were adapted for settings like group homes. Their work is now part of presentations at provincial forums and linked to Indigenous and geriatric care strategies. This centralized, inclusive model supports sustained, equitable access to competency-based palliative care.

EXPERTISE

The Competency Equation: A Foundation for Holistic Learning

A core philosophy guiding the eiCOMPASS Project was the recognition that competency in palliative care requires more than technical skill or clinical knowledge. It demands a holistic integration of skills, knowledge, and attitude—a concept referred to as the “Competency Equation.” This concept was central to the SPRINT Collaborative approach, encouraging teams to view competencies not as isolated tasks but as dynamic abilities demonstrated in practice through clinical and emotional skill sets.

For the SPRINT teams, the development of palliative care skills was supported through a curated list of external educational resources identified by subject matter experts. These resources were shared with the teams during a Virtual Learning Session and on the SPRINT Team Hub. Additionally, opportunities to expand their knowledge were provided through the Knowledge Seminar Series and other learning events facilitated by the SPRINT teams or the CHCA Project ECHO initiative. To change healthcare providers’ attitudes, teams actively utilized the EI courses and accessed the various resources in the complementary EI Essentials toolkit.



Knowledge Seminars

The CHCA hosted a series of Knowledge Seminars that provided targeted learning opportunities aligned with the priority domains of the Canadian Competency Framework. Responding to feedback from the SPRINT team, the CHCA created these seminars to enhance participants’ understanding of EI and its application in palliative care.

Three 60-minute webinars were delivered by Nadine Valk, a palliative care expert and certified team coach:

Domain 1: Principles of a Palliative Approach to Care

This session explored the foundational principles of a palliative approach and emphasized the role of emotional self-awareness and mindfulness. Participants learned strategies to remain grounded and present in high-pressure clinical situations, fostering emotional resilience and person-centred care.

Domain 6: Last Days and Hours

This seminar focused on empathy and reframing in end-of-life care. It guided participants to identify emotional cues and adjust their responses to support patients and their families during their final hours. A practical behaviour strategy called “Catch It, Check It, Change It” was introduced to help healthcare providers use empathy effectively and manage emotionally intense moments with compassion and composure.

Domain 8: Self-Care

This session addressed the prevention of burnout through the EI skill of stress tolerance and shifting perspective. Participants were introduced to the psychological and physiological effects of stress and learned how to recognize emotional triggers and apply models like “Finding CALM” to develop personalized self-care plans. The session reinforced the importance of “navigating your river of well-being” to manage compassion fatigue and enhance Domain 8: Self-Care competencies.

Expert Testimonials

As part of the eiCOMPASS initiative, the CHCA collected and shared 17 testimonials from healthcare leaders, educators, clinicians, and policymakers to increase awareness and encourage the adoption of the Canadian Competency Framework. These testimonials featured insights from respected palliative care specialists such as Dr. Cathy Faulds, Dr. Charlie Chen, and other recognized palliative care thought leaders. By providing SPRINT teams with credible, experience-based endorsements, these testimonials became powerful tools for introducing the Framework within their organizations.

Supporting Awareness and Adoption of the Canadian Competency Framework

To support the practical use of the testimonials, the CHCA developed an information piece that synthesized the key themes across the testimonials into a clear, accessible format. This resource featured short excerpts from each contributor, aligned under core messages reinforcing the Canadian Competency Framework's value, relevance, and applicability. The team created the information piece to engage various internal audiences, including senior leadership, clinicians, and education leads. It equips them with ready-to-use messaging that they can easily integrate into presentations, staff meetings, internal newsletters, or onboarding materials.

SPRINT teams used this tool to support internal communication, especially in organizations with low awareness of the Canadian Competency Framework.

- **Alberta Health Services – Edmonton Zone** used testimonials to orient leadership and frontline staff to the Framework's purpose and impact. Their internal survey showed that only 15% of staff were initially aware of the Alberta and the Canadian Competency Frameworks; this increased significantly after using the testimonial materials.
- The **CarePartners** team used national endorsements to secure staff buy-in and validate the Framework's credibility, reporting increased engagement in competency-based learning.
- **Southern Health (Manitoba)** used the testimonials and CHCA messaging tools to build awareness and create a case for scaling the Canadian Competency Framework beyond their region. Senior leadership endorsed their work and is currently exploring integration into a province-wide implementation strategy.
- **Health PEI** identified a strong alignment between the Canadian Competency Framework and their provincial home care standards. They began by building awareness among their clinical educators and leadership, with plans to embed the Framework into orientation, annual education planning, and future curriculum across the province.

The testimonials framed the Canadian Competency Framework as a tool and a foundational element of consistent, high-quality palliative care. They helped teams reflect on the wide range of applications and how competencies can guide improvement, encourage shared language across disciplines, and embed standards into everyday practice.

Knowledge Seminar Highlights

- 124 attendees from all 14 SPRINT teams
- Top regions represented: Newfoundland, New Brunswick, and Alberta
- 100% said the content met their expectations
- 96.4% gained new insights into EI and palliative care
- 100% found the session beneficial and intend to apply their new skills in daily practice

"Very insightful. Reinforces the learning already acquired through the EI Course on Domain 1, with added tips and points for reflection."

— Knowledge Seminar participant

RESOURCES

SPRINT Team Hub

As part of the SPRINT Collaborative, the CHCA launched a secure, centralized digital platform—the SPRINT Team Hub (Hub)—to provide teams easy access to tools, resources, and videos. Built to support the unique needs of participating organizations, the Hub served as a one-stop centre for planning resources, educational content, and practice tools to facilitate the adoption of the Canadian Competency Framework, EI Courses, and other implementation supports.

The Hub prioritizes user experience with its visual and straightforward layout, allowing users to easily navigate resources by topic, staff role, and competency domain. At the top of the page, a feature banner highlights important, time-sensitive content, including on-demand recordings of Virtual Learning Sessions, newly released Knowledge Seminar videos, and urgent practice tools like the Conversation Guides.

Active Use of the SPRINT Team Hub

- 277 unique active users with an average engagement time of 3.5 minutes
- 441 page views across all content
- 757 resource downloads, with the most accessed items:
 - Be Prepared Conversation Guides (527 downloads)
 - EI Practice Aids (188 downloads)
 - Knowledge Seminars (42 downloads)

Key Sections of the Hub Included:

Identifying Knowledge Gaps

- Competency Self-Assessments to help teams identify strengths and gaps across all twelve competency domains
- The Canadian Competency Framework, downloadable in a full version or “At a Glance” support tool
- Expert Testimonials summary sheet with key messages and value statements from recognized thought leaders in palliative care

Developing Competencies

- Overview of EI courses and instructions for accessing the 23 online courses. A summary of the EI courses enhances awareness and understanding of the content
- EI Essentials Toolkit with access to individual tools such as EI Practice Aids, Group Activities, and Everyday EI Tips to reinforce learning and help healthcare providers practice new EI skills and behaviours
- Knowledge Seminar videos featuring a range of topics
- Be Prepared Conversation Guides backgrounder and downloadable guides available in English and French

Testing Change Ideas

- PDSA Guide for using the Plan-Do-Study-Act method for rapid testing
- COM-B Model resources and a detailed guide to address barriers and facilitate change strategies

The CHCA regularly updates the Hub to reflect feedback and meet emerging team needs. Updates were communicated through coaching calls, direct email communications, and announcements during Virtual Learning Sessions. Coaches also guided teams through the Hub to ensure they could locate and apply the resources most relevant to their goals.

EI Essentials Toolkit

The CHCA developed the EI Essentials Toolkit in response to feedback and learning needs from teams involved in the SPRINT Collaborative. These tools strengthen key palliative care competencies through the lens of EI and support individual learning and team development.

The toolkit includes four learning resources:

Practice Aids: These one-page handouts provide prompts, reflection exercises, and memory supports to reinforce key EI behaviours. Designed for easy use, the Practice Aids help healthcare providers apply EI concepts such as mindfulness, empathy, and effective communication during patient care.

Group Activities: These training materials feature 10–15 minutes of content and structured activities designed for integration into team meetings or education sessions. Each PowerPoint presentation focuses on a specific EI skill and supports team-based learning, discussion, and practical application. The six topics align with priority competency domains identified by SPRINT teams. The EI Group Activities reinforce:

- Course 1: Emotional Self-Awareness and Mindfulness
- Course 3: Social Skills and Adapting Communication
- Course 4: Decision-Making and Reality Testing
- Course 5: Interprofessional Relationships and Valuing Voices
- Course 6: Empathy and Reframing
- Course 8: Stress Tolerance and Shifting Perspectives

Everyday EI Tips: These concise, action-oriented, bite-sized messages provide quick reminders and insights to build awareness and support the use of EI in daily interactions. Shared via email or printed as handouts, the tips encourage consistent application of EI practices—especially when providing home-based palliative care.

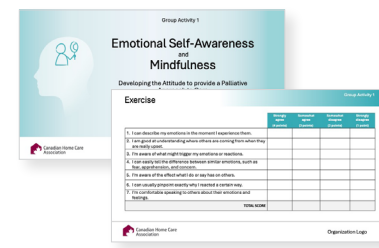
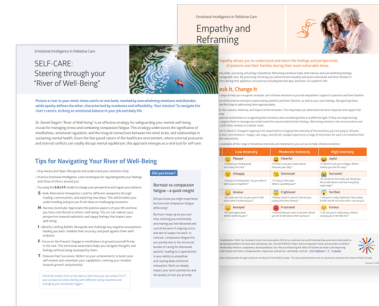
How the Toolkit Adds Value

The EI Essentials Toolkit helps teams bridge the gap between training and practice. Developed in response to real challenges SPRINT teams encounter, the toolkit provides accessible, adaptable content for daily practice, education planning, and reflective learning. It supports:

- Reinforcement of EI skills and behaviours
- Customization of team education based on identified knowledge gaps
- Increased staff confidence and motivation through small, practical actions
- Integration of EI into onboarding, supervision, and team meetings



EI training is most impactful when accessible, relevant, and integrated into everyday routines. Embedding EI into team culture, even in small ways, reinforces emotionally intuitive care and builds staff competencies.



Scaling Impact: The SPRINT Accelerator Collaborative

The SPRINT Accelerator marked the second phase of the CHCA's eiCOMPASS initiative, targeting deeper integration of the Canadian Competency Framework and EI Courses and tools across organizations providing home-based palliative care. Funded by the Canadian Partnership Against Cancer, this six-month effort was built on the foundations of the original SPRINT Collaborative (Sept 2023 – Aug 2024), shifting focus from initial adoption to embedding, sustaining, and scaling emotionally intuitive, competency-based palliative care practices.

Strengthening Engagement and Driving Change

Thirteen home care organizations participated in the SPRINT Accelerator phase, including 11 returning teams and two new entrants (Spectrum Health and the Ontario Palliative Care Network). The teams represented various geographies and care contexts, from provincial health authorities to private care providers. The CHCA streamlined expectations and supports to suit the shorter timeline and more experienced cohort, focusing on team autonomy, sustainability planning, and refined implementation.

A new onboarding structure, tailored coaching and SPRINT approach were used to support each team to:

- Select one or two priority competency domains to focus on through the collaborative.
- Use the new SPRINT Playbook, Planning Toolkit, and Sustainability Tool to embed practices in ongoing operations.
- Administer self-assessments to identify knowledge gaps to inform training strategies and measure impact.
- Access and use the EI Courses, Be Prepared Conversations Guides, and EI Essentials tools.
- Participate in shared learning opportunities (Knowledge Seminars and Virtual Learning Sessions).



Outcomes and Impact



Health

SE Health – Central Toronto engaged RNs and RPNs with three or more months of experience in structured learning focused on communication and end-of-life care. Using EI Courses, Conversation Guides, and a Community of Practice, the team aimed for 60% of participants to show improved competency in the Last Days and Hours domain. Their Hope Model of Care supported emotionally present, client-centred conversations. Staff reported increased confidence and compassion during difficult interactions. Sustainability plans include expanding to other disciplines, embedding content into standards and performance expectations, and revising education offerings to support continuous learning across the care team.

➔ Enhancing Knowledge Translation and Reach

OPCN Engagement in the SPRINT Accelerator

As a provincial leader in coordinated hospice palliative care, the Ontario Palliative Care Network (OPCN) played a key role in the SPRINT Accelerator as a strategic knowledge user. With a mandate to support regional implementation and system-level improvement, OPCN partnered with the CHCA to promote emotionally intelligent, competency-based palliative care education across Ontario.

CHCA developed customized access guides, presentations, and information materials tailored to OPCN's structure to support engagement. These resources made it easier for nurses and PSWs to access the EI Microlearning Courses and Be Prepared Conversation Guides. Resources were distributed via OPCN's provincial knowledge portal to support integration into local onboarding and education systems.

Knowledge Seminars were open to all OPCN-affiliated providers, with high participation in sessions such as “Navigating Your River of Well-Being” and “Communication and Shared Decision-Making,” which aligned with key domains in both the Canadian and Ontario Palliative Care Competency Frameworks.



As of March 2025, over 350 OPCN-affiliated providers registered for the EI Courses - 15.8% of nurse participants and 8.85% of PSWs across all participating SPRINT teams. Survey data showed that in Domain 1: A Palliative Approach to Care, 76% of participants gained new insights and 96% planned to apply their learning; in Domain 3: Communication, 97% intended to use the communication strategies; and in Domain 8: Self-Care, 98% reported gaining new strategies to manage stress. Participants consistently rated the EI content as relevant and practical, with high intent to apply tools like “S.H.I.F.T.” for changing perspectives and the “River of Wellness” for managing compassion fatigue, into practice.

Scaling EI Course Participation and Application

Over 700 RNs and PSWs completed one or more of the EI Courses during the Accelerator. The alignment of the EI Course content further reinforced the Canadian Competency Framework (and provincial frameworks). It helped teams maintain their focus on building skills, expanding knowledge, and changing attitudes to achieve high competencies in their RNs and PSWs who deliver home-based palliative care.

The Kirkpatrick evaluation model (Levels 1–3) demonstrated measurable impact:

LEVEL 1: RELEVANCE (REACTION)

Assesses how participants perceived the relevance and value of the training.

Nurses consistently rated the EI courses as highly relevant. Across all surveyed domains:

- 95% of nurses agreed or strongly agreed that the courses were relevant to their work.
- Course 1: Emotional Self-Awareness and Mindfulness (aligns with Domain 1: A Palliative Care Approach to Care), 95% agreed the course was relevant to their practice.
- Course 3: Social Skills and Adapting Communication (aligns with Domain 3: Communication), 94% found the content relevant to their practice.

PSWs also reported strong alignment with their roles:

- 94% agreed or strongly agreed that the EI courses were relevant.
- Course 1: Emotional Self-Awareness and Mindfulness (aligns with Domain 1: A Palliative Care Approach to Care, 94% of PSWs felt the content was relevant to their practice.
- Course 4: Decision-Making and Reality Testing (aligns with Domain 4: Optimizing Comfort and Quality of Life), 91% said it applied to their daily responsibilities.



LEVEL 2: LEARNING AND CONFIDENCE

Captures what participants learned and how confident they feel in applying the knowledge.

Nurses reported measurable learning gains and increased confidence:

- Across all domains, 89% reported feeling more equipped to integrate EI concepts into practice.
- Course 1: Emotional Self-Awareness and Mindfulness (aligns with Domain 1: A Palliative Care Approach to Care), 87% reported increased knowledge, and 85% felt more confident delivering care.
- Course 2: Acceptance and Recognizing Biases (aligns with Domain 2: Cultural Safety and Humility), 84% agreed their understanding improved.

PSWs also demonstrated improved knowledge and confidence:

- Course 1: Emotional Self-Awareness and Mindfulness (aligns with Domain 1: A Palliative Care Approach to Care), 88% said they gained new knowledge, and 86% felt more confident responding to patients.
- Course 4: Decision-Making and Reality Testing (aligns with Domain 4: Optimizing Comfort and Quality of Life), 90% learned something new, and 88% felt more confident providing comfort care.

LEVEL 3: INTENT TO APPLY

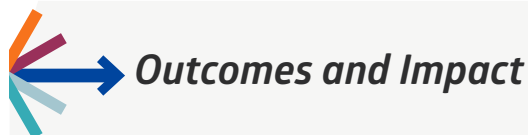
Evaluates participants' intention to change or improve their behaviour based on what they learned.

Nurses showed strong intent to apply course content. Nurses emphasized plans to apply emotional self-awareness and mindful communication in clinical practice.

- Across all domains, 85% said they planned to use what they learned.
- Course 6: Empathy and Reframing (aligns with Domain 6: Last Days and Hours), 83% of participants intend to apply their new EI Skills.

PSWs also intend to practice new EI skills and behaviours daily.

- Course 1: Emotional Self-Awareness and Mindfulness (aligns with Domain 1: A Palliative Care Approach to Care), 86% intended to apply their learning in practice.
- Course 4: Decision-Making and Reality Testing (aligns with Domain 4: Optimizing Comfort and Quality of Life), 84% of PSWs commit to using course strategies with patients.



Outcomes and Impact



Spectrum Health Care (ON) focused on Domain 8: Self-Care, supporting nurses and PSWs in managing burnout and emotional strain. Staff completed self-assessments and engaged with EI Courses, Conversation Guides, and self-reflection exercises to build emotional resilience. All participants reported behavioural changes and improved coping. While early in their implementation of the Canadian Competency Framework, the team is exploring ways to sustain momentum—using email prompts, knowledge seminars, and team meetings to reinforce learning. Plans include engaging leadership and embedding competencies into policy and orientation across Ontario and newly added Quebec sites to support future provincial expansion.

Facilitating Collaborative Learning

The SPRINT Accelerator's cross-team learning strategy focused on two interrelated approaches: the Knowledge Seminar Series and Virtual Learning Sessions (VLS). Together, these served as vital spaces for content and collaboration, enhancing skill development, emotional awareness, and teamwork.

Building Confidence: Knowledge Seminar Series

The Knowledge Seminar Series offered five targeted sessions between October 2024 and March 2025, hosted by palliative care expert and Integral Professional Coach™ Nadine Valk. The seminars created a space for all frontline providers from the SPRINT Accelerator teams to learn how EI skills influence the delivery of high-quality, person-centred palliative care. Topics were aligned with domains prioritized by SPRINT teams (Domains 3, 7, and 8) and included:

- Navigating compassion fatigue and emotional well-being (Domain 8: Self-Care)
- Reframing difficult conversations and supporting shared decision-making (Domain 3: Communication)
- Supporting children through illness and loss (Domain 3: Communication)
- Attending to grief and loss with presence and empathy (Domain 7: Grief, Loss and Bereavement)

Each seminar featured expert speakers, including RNs, social workers, grief counsellors, and child life specialists. These thought leaders brought forward a blend of clinical knowledge, emotional insight, and practical strategies—enabling participants to apply emotional intelligence concepts directly to their practice.

Knowledge Seminars: Key Evaluation Insights

363 healthcare providers (68% RNs) participated, with 55% attending multiple seminars. Participants came from across Canada, notably ON, BC, SK and the Atlantic provinces.

- 99% of participants found the content relevant to their daily practice
- 97% felt the seminar provided practical examples and application of the content
- 93% gained a better understanding of the topic after the seminar
- 93% intend to apply their learnings in their daily practice



Outcomes and Impact



Medavie Health Services – New Brunswick scaled its initiative from a single pilot unit to full implementation across the Anglophone sector and is planning expansion into Francophone areas. The team aligned their work with the Department of Health and translated key resources into French, with plans to extend EI training to interdisciplinary roles beyond nursing. With over 27,000 palliative visits annually, the integration of the Canadian Competency Framework into care planning and quality improvement has significant system impact. Medavie's use of pre/post assessments, regional training leads, and planning for province-wide bilingual rollout shows a commitment to embedding competencies into standard practice across New Brunswick.

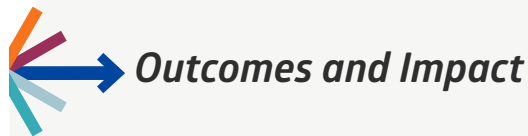
Sharing Experiences: Virtual Learning Sessions (VLS)

Running monthly throughout the SPRINT Accelerator, the VLS allowed teams to share progress, refine strategies, and receive real-time support from the CHCA coaches and peers. Highlights included:

- **October 2024 – “Building on Your Success”:** Teams reviewed the updated Playbook, planning tools, and EI courses while confirming their priority domains and AIM Statements.
- **November 2024 – “Setting the Pace”:** Practical tips for integrating the Be Prepared Conversation Guides and tailoring implementation to staff roles and learning needs.
- **January 2025 – “Finding Your Stride”:** Teams from NL Health Services, Interior Health, and CarePartners shared strategies for analyzing self-assessment data and adapting training.
- **February 2025 – “Pushing Forward”:** Teams showcased change ideas and discussed embedding EI into onboarding, reflective practice, and interdisciplinary collaboration.

The VLS structure was designed to be both instructive and reflective, providing organized content and opportunities for informal peer exchange. Teams discussed challenges—such as staff turnover and data fatigue—through open conversations and Zoom chat forums.

This dual learning strategy (Knowledge Seminars + VLS) facilitated high engagement and enthusiasm among the SPRINT teams. It bridged gaps across jurisdictions, encouraged the sharing of best practices, and maintained a focus on practical applications and competency development within the frame of skills, knowledge, and attitudes.



The **Saskatchewan Health Authority (SHA)** team used the SPRINT initiative to expand access to the Conversation Guides and embed EI into ongoing education. They adapted presentations to group home settings and partnered with Indigenous health teams, aiming to promote culturally safe care. Their education delivery strategy includes modular content for various care settings, showcasing adaptability. Looking ahead, SHA aims to institutionalize palliative care education into annual license renewal processes and strengthen connections with provincial associations. Their work has led to increased staff confidence in end-of-life conversations, and the organization is positioning itself as a provincial leader in palliative care competency development.

Optimizing Self-Assessment Tools

A defining feature of the SPRINT Accelerator was its intentional shift toward sustainability and systems-level change. Teams were not only focused on new training strategies such as the EI Courses but also on embedding competency development into broader organizational directions. A key component of this shift was the enhanced use of the Canadian Competency Framework self-assessment tools.

Building on learnings from the initial SPRINT Collaborative, the CHCA redesigned the self-assessment process to move beyond individual reflection and create strategic value at the organizational level. Recognizing the need for practical, scalable tools, the CHCA redesigned the original self-assessment form into streamlined, user-friendly Microsoft Forms, tailored for both RNs and PSWs. This digital format enabled individual providers to complete the assessments independently while automatically compiling their responses into centralized Excel files for each team.

To support interpretation and planning, the CHCA developed a detailed data extraction guide. This allowed teams to synthesize individual results into meaningful trends, highlighting strengths, gaps, and areas of opportunity within priority domains. Teams used this data not just as a pre/post measure but as a strategic input for identifying and setting educational priorities, informing human resource strategies, and planning region and jurisdictional interventions.

As a result, the self-assessment became a multi-purpose tool:

- **At the individual level**, it supported learning and reflection by helping providers assess their knowledge, skills, and confidence within selected domains.
- **At the team level**, it informed the design of group training sessions and learning objectives tailored to team-based care and identified potential champions to reinforce knowledge.
- **At the organizational level**, aggregate data enabled leaders to identify workforce competencies, guide onboarding and continuing education, and align efforts with organizational priorities in health human resources and operational excellence.

This structured and repeatable approach to data collection and use created a powerful foundation for sustainable change. Teams reported 30–40% increases in self-assessed competencies within targeted domains after implementing focused interventions—demonstrating the effectiveness of integrating assessment with training strategies.

By leveraging the redesigned self-assessment tools, SPRINT Accelerator teams were able to shift from one-time training events to a continuous learning model that supports long-term competency growth. This approach enables ongoing benchmarking, supports workforce planning, and promotes consistency across jurisdictions—reinforcing the broader goal of advancing competency-based, person-centred home-based palliative care.



Self-assessments are more than just a baseline or final measure. They are a valuable tool for continuous learning and tracking progress, identifying persistent gaps, and guiding ongoing skill development and support.

Facilitating Knowledge Translation

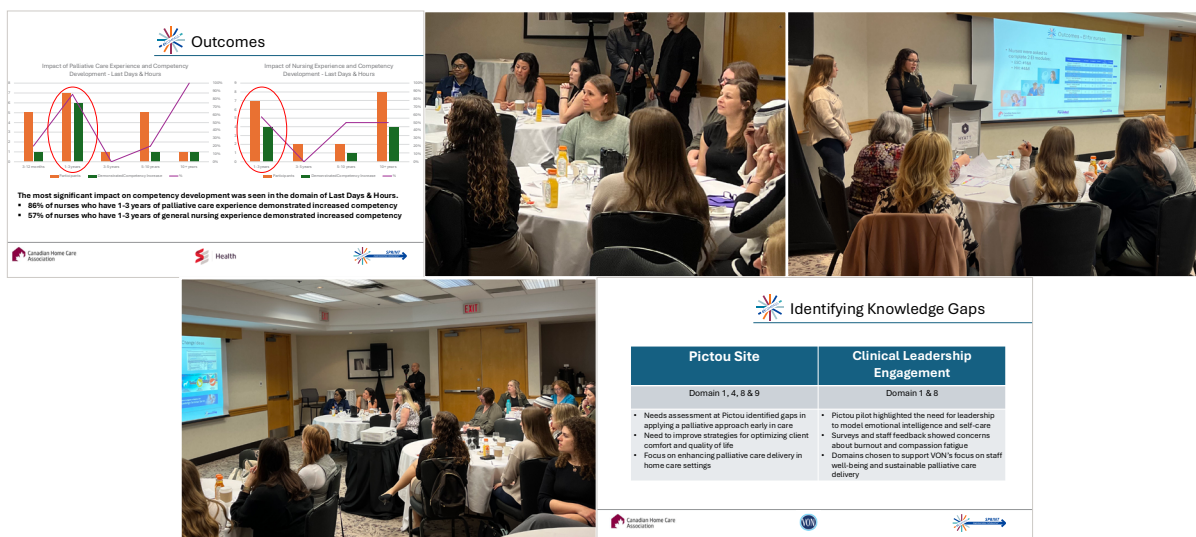
The SPRINT Accelerator concluded with a two-day Knowledge Translation Event held on March 31 and April 1, 2025, in Toronto. The event brought together palliative care leaders, practitioners, and researchers to showcase and consolidate the outcomes of the eiCOMPASS Project and McMaster University's The Seven Keys Roadmap (both projects funded by Health Canada). This Knowledge Translation event marked a foundational moment in the CHCA's work to promote the adoption of the Canadian Competency Framework and reinforce the importance of EI in home-based palliative care.

SPRINT Accelerator Team Sharing

The event began on March 31 with a dedicated session for the 13 teams participating in the SPRINT Accelerator Collaborative. Over the course of the day, each SPRINT Team shared their impact stories, highlighting quality improvement initiatives, EI course implementation, and integration of the Be Prepared Conversation Guides. The format included 15-minute team presentations, peer discussions, and a thematic synthesis led by SPRINT Coaches. These sessions created space for reflection, cross-team learning, and actionable planning for sustainability.

Examples of SPRINT team achievements shared at the March 31 event include:

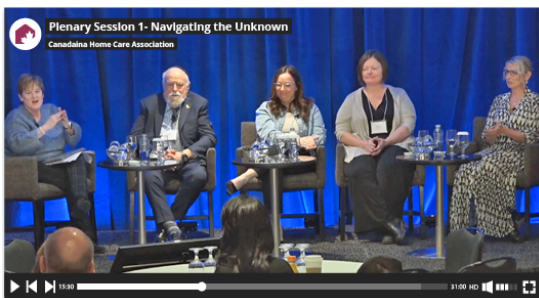
- **SE Health (ON)** engaged nurses with less than three years of experience, targeting Communication and Last Days and Hours domains. Post-course self-assessments showed a 20% improvement in competency scores, and 100% of respondents recommended the content be scaled across the organization.
- **AHS – Edmonton Zone (AB)** used the Be Prepared Conversation Guides and EI Courses to support complex patients returning home earlier from hospital. A grassroots mentoring project emerged, using case-based learning to build cultural and communication competencies.
- **VON (NS & ON)** scaled their Phase 1 success by embedding EI competencies into clinical leadership and orientation. Over 90% of PSWs reported a better understanding of emotional self-awareness and decision-making after completing EI Courses 1 and 4.



National Healthcare Provider Workshop

On April 1, the CHCA and McMaster University co-hosted the National Healthcare Provider Workshop on National Caregiver Day, welcoming over 85 in-person attendees and hundreds more virtually. Through plenary sessions and concurrent workshops, participants explored practical strategies for applying emotionally intuitive, person-centred palliative care. Sessions included real-world case studies from the SPRINT teams, interactive EI skill-building, and communication techniques from The Seven Keys.

The event served not only as a conclusion to the SPRINT Accelerator phase but also as a launchpad for continued collaboration and national spread. Teams left the session energized, connected, and equipped to champion the next phase of emotionally intelligent, competency-based palliative care.



"Hearing different organizations, their feedback and the [SPRINT] collaborative dialogue is really valuable."

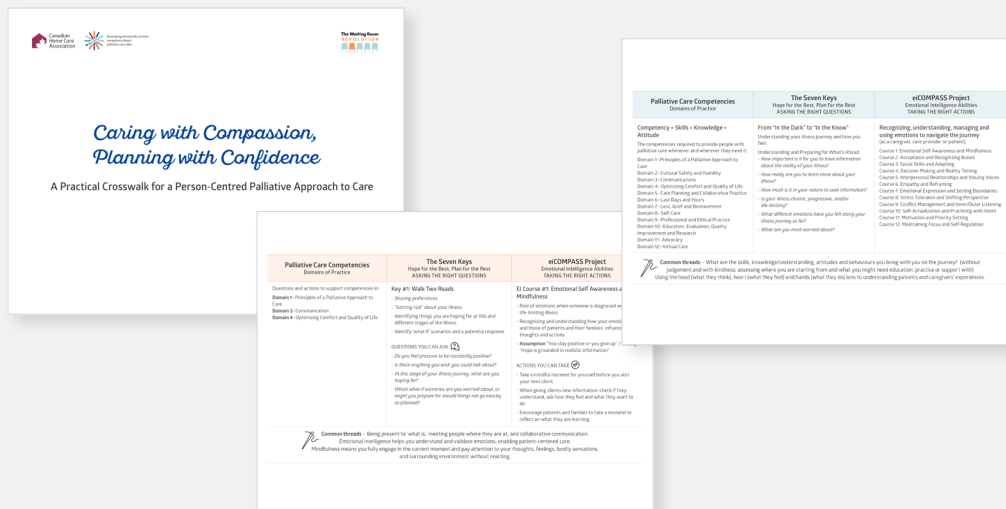
—Olesya Kochetkova, SPRINT Team Lead, VON Caada

The Crosswalk to Person-Centred Palliative Care: Turning Frameworks into Practice

The knowledge translation key messages were captured in the release of a final knowledge product: *Caring with Compassion, Planning with Confidence: A Practical Crosswalk for a Person-Centred Palliative Approach to Care*. This Crosswalk brings together three foundational initiatives—(1) the Canadian Interdisciplinary Palliative Care Competency Framework, (2) McMaster's Seven Keys for Early Conversations, and (3) the CHCA's EI microlearning courses—into a single, integrated guide for practice. Printed and digital copies were shared with event participants to support their continued use in clinical education, patient planning, and care team development.

The value of the Crosswalk lies in its ability to unify communication strategies, EI skills, and palliative care competencies into one actionable resource. It translates high-level frameworks into practical guidance by:

- Offering reflective questions rooted in The Seven Keys to help guide meaningful conversations with patients and families.
- Mapping these questions to EI abilities such as mindfulness, empathy, decision-making, and interpersonal skills.
- Recommending practical actions linked to core competency domains—like Cultural Safety, Communication, Self-Care, and Care Planning—that can be applied in real-life care situations.



For example, in Domain 1: Principles of a Palliative Approach to Care, the Crosswalk connects the key message “Walk Two Roads” with prompts like “What are you hoping for?” and EI skills such as emotional self-awareness. In Domain 5: Collaborative Practice, the Crosswalk emphasizes patient advocacy and shared decision-making, supported by EI abilities like valuing voices and reframing. Designed for self-reflection, team education, and ongoing quality improvement, the Crosswalk reinforces a consistent, EI approach to palliative care. It helps providers “ask the right questions” and “take the right actions”—ultimately enabling compassionate, coordinated, and aligned care that matters most to patients and their families.

Outcomes and Impact

Awareness of the Canadian Competency Framework

Throughout the duration of the eiCOMPASS Project (2023–2025), the CHCA significantly increased national awareness of the Canadian Competency Framework. Using a coordinated communication strategy, targeted digital outreach, engagement campaigns, and facilitating the adoption with home care organizations, the CHCA positioned the Canadian Competency Framework as a foundational resource for advancing competency-based palliative care in the home setting.

The eiCOMPASS webpage recorded 8,200 total page views and engaged more than 1,600 active users, with an average user engagement rate of 64%—surpassing healthcare sector benchmarks by over 11%.

Engagement with the Canadian Competency Framework specific content showed strong interest: 291 downloads of the whole Framework (a steady increase over the duration of the project) and 135 downloads of the At a Glance tool. In total, 2,117 web user interactions were linked directly to thought leader testimonials. This level of engagement reflects deliberate and growing interest in the Canadian Competency Framework and a desire to understand how it can be used, and the value it provides to stakeholders involved in palliative care.

The Canadian Competency Framework was actively applied by 14 organizations providing home-based palliative care through the SPRINT Implementation Collaborative. Through structured actions—such as prioritizing competency domains, facilitating completion of self-assessments, identifying knowledge gaps, and integrating EI Courses and other tools—frontline providers deepened their understanding of the Framework’s content and practical relevance. Teams in Alberta, Ontario, PEI, Newfoundland, BC, Manitoba, Nova Scotia, Saskatchewan, and Yukon adapted the Framework to their local contexts. Teams consistently reflected on how the structure and support of the eiCOMPASS Project made it possible to engage with the Competency Framework in meaningful, hands-on ways. While the Framework offered a shared language and direction, the EI tools enabled teams to apply it meaningfully in their own settings.



Outcomes and Impact

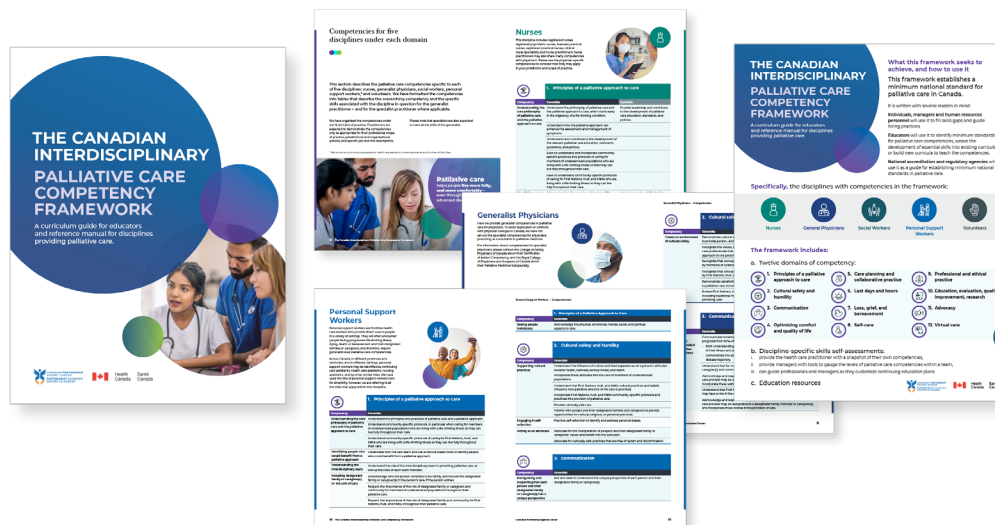
ParaMed

ParaMed (Mississauga Halton & Erie Saint Clair) integrated the Canadian Competency Framework and EI Courses across two Ontario regions, reaching 107 staff. In Erie Saint Clair, nurses and PSWs completed LEAP and EI training focused on communication, decision-making, and self-awareness. Mississauga Halton prioritized nurse training with a goal of 80% course completion. Self-assessments tracked progress, with reassessment planned for May 2025. Educators provided Q&A sessions to sustain engagement. Competency data will inform development plans and align with Ontario Health Team goals. This structured, role-specific education model supports long-term workforce capacity and enables scalable, interdisciplinary palliative care practices across the organization.

Building Competency and Confidence Across Core Domains

This section highlights the significant themes from team achievements, including how the Canadian Competency Framework was used, what teams valued, and how the work shaped staff experiences.

The eiCOMPASS Project demonstrated widespread improvements in palliative care competencies across all participating teams. Self-assessments and feedback revealed significant shifts in confidence and skill in key domains, notably Domains 1: Principles of a Palliative Approach to Care, 3: Communication, and 4: Optimizing Comfort and Quality of Life.



Teams reported substantial post-assessment gains, confirming that embedding structured assessments and targeted learning through the use of the Canadian Competency Framework, can lead to measurable improvements across geographically and organizationally diverse care settings.

Alberta Health Services–Edmonton Zone integrated the Canadian Competency Framework across multiple initiatives in their Urban Palliative Home Care (UPHC) team during the eiCOMPASS SPRINT Collaborative. Focusing on Domains 2: Cultural Safety and Humility, 3: Communication, and 8: Self-Care, they embedded the Framework into home care orientation. They revitalized their Whole Community Palliative Rounds (WCPR) with competency-based case discussions. Although only 8 of 28 nurses (30%) completed self-assessments, over 50% attended education on palliative emergencies—exceeding their initial target. The initiative also sparked grassroots mentoring projects and laid the groundwork for broader application across acute care and hospice settings.

Newfoundland and Labrador Health Services successfully implemented the Canadian Competency Framework across their Eastern Zone, significantly enhancing staff knowledge and confidence. 90% of staff improved their self-assessment ratings by one or two levels—especially in Domains 3: Communication and 8: Self-Care, where staff reported an increase in their ability to manage stress from 54% to 86%. Among 33 staff participants, 100% completed EI Courses in Emotional Self-Awareness (aligns with Domain 1: A Palliative Approach to Care), Acceptance (aligns with Domain 2: Cultural Safety and Humility), Social Skills (aligns with Domain 3: Communication), and Stress Tolerance (Aligns with Domain 8: Self-Care) with 94% confirming their intent to apply their EI skills in practice.

Medavie Health Services implemented the Canadian Competency Framework in 14 Extra-Mural units across New Brunswick to address gaps in communication, symptom management, and self-care. Using self-assessments, staff identified a low baseline understanding of the palliative approach and emotional resilience. EI Courses led to 82% of nurses finding Course 1: Emotional Self-Awareness, beneficial, with 100% intending to apply the skills in practice. For Courses 3: Social Skills and 4: Decision-Making, 92% found the content valuable.

Southern Health–Santé Sud in Manitoba used the Canadian Competency Framework to improve palliative care knowledge and confidence among home care coordinators and direct service nurses. Thirty staff participated, including 18 case coordinators who were identified as key influencers. Pre-assessments revealed most staff rated themselves as novices; post-assessments showed marked improvement in perceived competence. Education focused on EI Course 1: Emotional Self-Awareness (aligns with Domain 1: A Palliative Approach to Care), supported by the Be Prepared Conversation Guides and targeted webinars. The project positioned Southern Health as a provincial leader, with their approach now informing Manitoba's broader rollout strategy for the Canadian Competency Framework.

VON Canada applied the Canadian Competency Framework at its Pictou Nova Scotia site, focusing on Domains 1: Principles of a Palliative Approach to Care and 4: Optimizing Comfort and Quality of Life. Pre- and post-assessments showed marked improvements, with most nurses advancing to “proficient” or “expert” levels in the targeted domains. Nurses used the Framework to identify specific gaps in culturally safe care and symptom management, then addressed them through targeted EI Courses, with over 90% finding the EI content beneficial and planning to use it in practice. Building on the success of the Pictou pilot, VON Canada extended this work to clinical leaders and frontline staff across the organization (Nova Scotia and Ontario).



Outcomes and Impact

CarePartners

CarePartners (Ontario) is embedding the Canadian Competency Framework into its learning system for PSWs and RNs, enabling self-assessment and individualized learning. In their transitional care unit, a new care plan template centered on goals of care fosters team collaboration. Interprofessional palliative rounds support EI development and empathy, strengthening reporting and teamwork. Sustainability efforts include community education via Fireside Café sessions and sharing tools like the Conversation Guides through SharePoint. These strategies promote consistency, emotional resilience, and patient-centred care, with the aim of extending palliative competencies across teams and into broader community engagement.

Advancing Emotional Intelligence in Practice

The 23 EI Courses created through the eiCOMPASS Project provided flexible, domain-aligned learning for both RNs and PSWs. Across all SPRINT teams, 1,778 nurses and 1,322 PSWs enrolled in EI training. Outcomes revealed high engagement, with 94–96% of participants reporting the content as beneficial and over 96% intending to apply the skills in daily care.

Emotional Intelligence Training for PSWs

PSWs across multiple teams reported value from the EI Courses, which validate the project's central belief: EI is a core element of competency development, and when applied to palliative care, it can be learned, practiced, and sustained.

At **CarePartners**, 243 PSWs completed EI Courses in Emotional Self-Awareness (aligned with Domain 1: A Palliative Approach to Care), Acceptance and Recognizing Bias (aligned with Domain 2: Cultural Safety and Humility), and Stress Tolerance (aligned with Domain 8: Self-Care). Of those, 96% found the training beneficial and 98% intended to apply the skills in practice. Many PSWs reported moving from “novice” to “competent” or “proficient” in the self-assessments and shared that they now feel more confident in providing palliative care.

As part of the eiCOMPASS Project, 29 Community Health Workers (CHWs) from **Interior Health, BC**, completed EI Courses to enhance their competencies in delivering home-based palliative care. Key courses focused on emotional self-awareness (aligned with Domain 1: A Palliative Approach to Care), social skills (aligned with Domain 3: Communication), and interpersonal relationships (aligned with Domain 5: Care Planning and Collaborative Practice). Among participants, 94–96% found the training beneficial and intended to apply their new skills. Self-assessed competencies improved significantly, with 83% reporting proficiency in palliative care principles, 92% in communication, and 96% in collaborative care planning.

VHA Home Health Care's EI training focused extensively on PSWs, who make up the majority of their workforce. Out of 833 PSWs, 21% (175) participated in the initiative. Although only 25% completed EI Course 1, 87% of surveyed PSWs recognized emotional intelligence as “very important” to palliative care, and 77% intended to use emotional self-awareness in future interactions. PSWs reported feeling more equipped to handle grief and emotionally challenging situations. The training also uncovered gaps in understanding interdisciplinary roles and cultural inclusion. VHA addressed these through peer mentoring, WhatsApp resource sharing, and workshops co-led by client partners.



“Providing palliative support is easier when we are in touch with our thoughts and feelings and death and dying; we care to relate better this way. After attending these sessions, I have learned that I am practicing these important lessons, which feels good.”

—K Williams, PRN, Central, SE Health

Emotional Intelligence Training for RNs

ParaMed implemented EI Courses to improve palliative care competencies among nurses in the Mississauga Halton and Erie St. Clair regions, focusing on Course 1: Emotional Self-Awareness (aligns with Domain 1: Principles of Palliative Approach to Care); Course 4 Decision-Making (aligns with Domain 4: Optimizing Comfort and Quality of Life), and Course 6: Empathy (aligns with Domain 6: Last Days and Hours). Between 22–24% of nurses completed the assigned courses, with 29% responding to post-surveys. Nurses reported that the courses were practical and relevant to their work. Interestingly, post-assessment scores showed a decline in perceived competency—suggesting increased self-awareness and recognition of knowledge gaps. Staff testimonials confirmed the value of the training, with one nurse voluntarily completing all 12 EI Courses.

SE Health used the EI Courses to enhance communication and end-of-life competencies among nurses with limited palliative care experience. Two facilitated one-hour sessions, built around Course 3: Social Skills (aligned with Domains 3: Communication) and Course 6: Empathy (aligned with Domain 6: Last Days and Hours), resulted in measurable improvements: a 16% average increase in communication competency and a 26% increase in last days and hours. Among nurses with 1–3 years of palliative experience, 86% demonstrated growth in competency. Overall, 84 nurses achieved a competency rating of “competent” or higher. Participants reported feeling more emotionally present and confident, with 100% recommending the EI Courses for all palliative care providers.



“I lost three palliative clients in a month, including one I served for eight years. I felt so down, I missed my clients, and I always felt like crying. When I learned the EI modules about self-care, it taught me how to recover and accept these losses. This is important for PSWs to learn, especially if they are close to their clients”

Lilly Li, PSW, VHA Home HealthCare

Strengthening Communication, Care Planning, and Support for Families

The Be Prepared Conversation Guides were instrumental in improving staff confidence and competence in starting difficult, emotionally charged conversations with patients and caregivers. Health PEI used the guides alongside in-person sessions and a newly created Hemorrhage Kit. Teams in Yukon and Saskatoon Health Region distributed printed guides for bedside use and supporting care coordinators.



Health PEI integrated the Be Prepared Conversation Guides into training for home care staff to strengthen their ability to support patients and families during the last days and hours of life. Focused on Domain 6: Last Days and Hours of the Canadian Competency Framework, six education sessions were delivered province-wide, reaching 83 of 132 nurses (63%). The sessions addressed key gaps: only 20% felt competent in anticipating changes near death, and 18% in supporting caregivers. Post-training, staff confidence with the Hemorrhage Kit rose from 38% to 56%. Staff valued the real-life examples and praised the guides as practical tools for end-of-life care.

The Saskatchewan Health Authority continued to roll out the Be Prepared Conversation Guides across northern regions, integrating them into education for over 10 home care teams. While survey response rates were low, the qualitative feedback was consistently positive, with frontline nurses reporting that the guides were helpful, practical, and timely—particularly when navigating difficult end-of-life conversations. Coordinators used the guides to build confidence and support among nurses who lacked formal training in communication, especially in culturally diverse communities. The ongoing rollout has become a foundational component of their regional strategy to improve communication skills and patient-family support.

The Yukon team used the Be Prepared Conversation Guides—particularly the Dyspnea guide—to support compassionate communication in hospice and home care, improving clarity and confidence during end-of-life conversations. Integrated into training alongside the EI courses, the Conversation Guides helped standardize communication practices across urban and rural settings. Among those who completed the self-assessments, 54% of nurses and 77% of home support workers improved by one or two competency levels in Domains 3: Communication and 6: Last Days and Hours. The Conversation Guides also contributed to improved cultural competency, with staff learning to adapt communication approaches, particularly when working with First Nations communities.

“The guides have been incredibly useful. Families appreciate the written information—it gives them confidence and reassurance during moments of crisis.”

– Palliative Care Coordinator.

Putting Sustainability into Practice

Sustainability was a core focus of the eiCOMPASS Project and the SPRINT Implementation Collaboratives, ensuring that the improvements could be embedded into long-term practice. The SPRINT approach combined structured implementation support, team-driven planning, and practical tools, such as the Canadian Competency Framework self-assessments, EI Courses, Conversation Guides, and the EI Essentials Toolkit. These resources enabled teams to align their efforts with organizational priorities, build staff capability, and support emotionally intelligent, competency-based care across various care settings.

The value of the eiCOMPASS SPRINT approach lies in its flexibility, relevance, and support for integration at multiple levels—individual, team, and organizational. With the support of the CHCA coaches and the Sustainability Planning Tools, teams were equipped to reflect on their progress, identify what was needed to maintain momentum, and take practical steps to embed tools and practices into their existing systems. As the Collaborative concluded, many teams had already implemented forward-looking strategies to sustain learning and continue improving care, demonstrating the long-term value of the work.

While approaches varied, common sustainability strategies emerged across the Collaborative to ensure their work continues beyond the funded initiative.

Spreading and Scaling the Canadian Competency Framework

Several teams committed to championing the expansion and adoption of the Canadian Competency Framework. Through its work in the eiCOMPASS Project, Southern Health (Manitoba) is recognized provincially for its leadership in implementing the Canadian Competency Framework. Their experience will serve as a model for the rollout and adoption by other service delivery organizations across the province. Medavie is preparing to scale the Canadian Competency Framework to Francophone units and has introduced the Framework to Department of Health officials, increasing its visibility as a potential provincial standard. VON Canada scaled from a pilot in Pictou to a multi-province rollout, embedding domains into leadership training and onboarding for their leadership in Nova Scotia and Ontario.

Integrating Self-Assessments into Onboarding

Several teams embedded the Canadian Competency Framework's self-assessment tools and EI Courses into onboarding processes to promote early reflection and continuous learning. Health PEI, Interior Health, Medavie NB, and Newfoundland & Labrador Health Services are integrating the self-assessments into staff orientation and ongoing training. SE Health and Spectrum also included the tools in early-stage training for new staff. VHA Home Health embedded self-assessments and EI Courses in PSW onboarding to improve self-awareness and readiness. Saskatchewan Health Authority is using the self-assessments to support novice staff in tracking development. Southern Health adopted a formal palliative orientation pathway using the full Canadian Competency Framework.

Embedding into Existing Structures

Aligning tools with human resource management and education processes reinforced sustainability. Alberta Health Services integrated content into mentorship, palliative rounds, and palliative home care education, while VON Canada incorporated the Canadian Competency Framework into orientation and leadership development. Interior Health used continuing education hours and an existing model for shared decision-making, "Whole Community Palliative Rounds," to reinforce competencies.

Sustaining Learning Through EI Essentials

Teams sustained behaviour change using the EI Essentials Toolkit. CarePartners, Medavie NB and ParaMed used Practice Aids, EI Tips, and Group Activities in huddles and education. VHA Home Health promoted use through PSW team meetings and WhatsApp groups. Newfoundland and Labrador Health Services circulated daily EI tip emails with inspirational quotes and fun activities to reinforce the use of EI abilities.

Integrating Conversation Guides into Care Planning

Be Prepared Conversation Guides were widely adopted. Health PEI led the work in this area with targeted training and implementation involving over 60% of their nurses. Additionally, they adapted policies and created a Hemorrhage Kit to support caregivers managing massive bleeding emergencies. Representatives from Health PEI have co-presented with the CHCA to international audiences (Montreal International Palliative Care Congress), pan-Canadian audiences (CHCA Project ECHO Home-Based Palliative Care and the Canadian Palliative Care Nursing Association), and provincially (PEI Palliative Care Network).

Other SPRINT Teams focused on integrating the Conversation Guides as a support tool for their palliative care teams. Saskatchewan Health Authority trained ten palliative care coordinators; Interior Health and Newfoundland and Labrador Health Services incorporated the guides into clinical rounds and team education; and Southern Health added them to bereavement and emergency care protocols. VHA Home HealthCare created a training video for PSWs to understand the Conversation Guides, highlighting the importance of the Patient and Caregiver tool and how PSWs could help reinforce conversations initiated by nurses.

Building Peer Champions and Internal Networks

Peer-led models supported sustainability. SE Health encouraged future champions by identifying skilled facilitators during in-person and virtual sessions. Alberta Health Services, VON Canada, and CarePartners have developed palliative leaders and champions to model EI skills. Medavie NB and VHA Home HealthCare used EI champions to mentor peers and present at team meetings. Saskatchewan Health Authorities' coordinators integrated EI concepts into education across their networks, engaging primary care physicians and other members of the primary health care team.

“We’re hoping to spread the knowledge of the Be Prepared guides to... chronic diseases, cancer care programs, clinics, acute care... not just palliative care.”

—Brigitte Remillard, SPRINT Team Lead, Southern Health (MB)

Lessons Learned and Success Factors

What Worked Well: Enablers of Adoption and Behaviour Change

A combination of targeted strategies and enabling conditions made possible the adoption of emotionally intelligent, competency-based palliative care across SPRINT teams. These enablers helped organizations move from awareness to action, translating the Canadian Competency Framework into meaningful changes in care delivery. Grounded in EI, supported by structured tools, and reinforced through leadership, coaching, and system partnerships, these enablers ensured that learning translated into sustained practice improvements.

Framing Competency as Skills + Knowledge + Attitude (The Competency Equation)

A central insight of the eiCOMPASS project was that competency in palliative care must integrate clinical expertise with EI. This framing helped shift the perception of competencies from checklists to dynamic, practice-based behaviours. It encouraged SPRINT teams to target not just technical learning but also the attitudinal shifts necessary for emotionally intuitive, patient-centred care. The EI Courses supported the shift in attitudes.

Leadership Engagement through EI Assessment

Embedding the EQ-i 2.0 Emotional Intelligence Assessment among leaders helped bridge organizational alignment. Many clinical leads and educators reported an improved understanding of their own EI competencies, greater empathy for staff challenges, and a more substantial commitment to modelling EI behaviours in practice. This alignment across leadership and frontline staff was instrumental in reinforcing a shared culture and gaining commitment from all levels of the organization.

Structured, Layered Learning Tools

The success of the project hinged on practical, accessible tools that facilitated the adoption of the Canadian Competency Framework. The EI Courses design—of independent but inter-related 20-minute courses with content aligned to the Canadian Competency Framework and adult learning principles—allowed RNs and PSWs to engage in short, focused learning sessions. Each course introduced one EI skill with one corresponding behaviour directly tied to a palliative care domain within the Canadian Competency Framework. Complementary resources such as the EI Essentials Toolkit (Practice Aids, Group Activities, and Everyday EI Tips) and Be Prepared Conversation Guides further expanded knowledge, reinforced behaviour change and made the learning more practical and sustainable.

Self-Assessments as a Catalyst for Insight and Motivation

The Canadian Competency Framework's self-assessment tools proved to be pivotal in identifying knowledge gaps and informing targeted educational strategies. Many teams found that managers overestimated staff competency—only to discover, through the self-assessments, that many RNs and PSWs felt unprepared in areas like cultural safety, grief and bereavement, and symptom management. This “reality check” helped tailor education to frontline needs and fostered reflective engagement. Teams that embedded the self-assessments into onboarding and group learning (e.g., SE Health, Medavie NB, and AHS Edmonton) reported improved staff confidence and participation.

More importantly, the aggregated results of the self-assessments informed not only education planning but also broader program and organizational priorities. For example, some SPRINT teams used the data to justify shifts in resource allocation, introduce new training streams, or prioritize culturally safe care practices. This realization—that frontline staff input could shape organizational direction—proved to be a significant enabler. It validated the relevance of the Canadian Competency Framework at multiple levels and strengthened alignment between provider needs and strategic planning.

Coaching and Peer Learning as Sustained Enablers

The tailored coaching support provided to each SPRINT team was consistently cited as one of the project's most impactful elements. Coaches helped teams interpret data, refine change ideas, apply COM-B models, and troubleshoot real-time implementation challenges. Additionally, the Virtual Learning Sessions facilitated national peer exchange and rapid uptake of successful strategies. This combination of personalized and peer support created a culture of learning, adaptation, and motivation.

The SPRINT™ Model: Rapid, Focused Implementation that Sustains Momentum

One of the most powerful enablers of the eiCOMPASS Project was the structured, time-bound SPRINT Implementation Collaborative. Although the nine-month (and later six-month) timelines were intentionally short, this design proved to be an advantage. The SPRINT model emphasized small, rapid-cycle tests of change using the Plan-Do-Study-Act (PDSA) method, enabling teams to try out new ideas with minimal risk and visible results.

This approach helped teams build confidence, reduce inertia, and maintain focus by celebrating early wins. Small, frequent successes—such as completing self-assessments, launching EI Courses, or adapting a Conversation Guide—provided teams with concrete markers of progress and helped keep the initiative visible and prioritized amidst competing demands. By creating a rhythm of learning, action, and reflection, the SPRINT model sustained engagement and reinforced a culture of improvement.

The time-bounded approach of the SPRINT Collaborative encouraged clear goal-setting, efficient planning, and accelerated decision-making. Teams that embraced the pace and structure of the SPRINT process reported stronger engagement, greater clarity of purpose, and increased motivation to adopt the Canadian Competency Framework and EI tools.

Strategic Knowledge Mobilization Partner

The Ontario Palliative Care Network (OPCN) served as a key knowledge mobilization partner during the SPRINT Accelerator phase, significantly expanding the reach and impact of the eiCOMPASS Project across Ontario. As the provincial body responsible for advancing coordinated hospice palliative care, OPCN collaborated with the CHCA to integrate emotionally intelligent, competency-based education into regional systems. Participation from OPCN-affiliated providers was strong: over 350 individuals registered for the EI Courses, representing 15.8% of nurse learners and 8.85% of PSW participants across all SPRINT teams. By facilitating rapid uptake of evidence-informed tools and aligning education with both national and provincial competency frameworks, OPCN played an essential role in bridging provincial systems with frontline practice—positioning knowledge mobilization as a catalyst for sustainable change.

*“The staff felt engaged, they felt important... we called them champions...
and the client outcome was wonderful.”*

—Michelle Russell, SPRINT Team Lead, Newfoundland Health Services

Barriers and Mitigating Strategies

While the eiCOMPASS Project achieved broad uptake and sustained change, teams encountered several common challenges during implementation. Barriers included limitations in data collection tools, digital access and literacy gaps among frontline staff, time constraints, and change fatigue. These obstacles were met with adaptive strategies—such as simplified tools, responsive course formats, peer-led sessions, and sustainability planning—that enabled continued progress despite structural and resource-related pressures.

Data Collection and Evaluation Complexity

Static self-assessment tools (fillable PDFs) made it difficult to track longitudinal improvements or aggregate insights. Teams that created Excel dashboards or adopted team-based analysis (e.g., Interior Health, VON, Newfoundland Health Services) were better able to use the data to inform education and measure change. Based on this feedback, the CHCA developed an online self-assessment version for future implementation phases.

Digital and Literacy Barriers to Frontline Training

Technology access and reading level variability were particularly noted among PSWs and rural providers. The CHCA addressed this by adapting course content to a Grade 5–7 reading level and offering audio narration and simple visuals. The EI Courses were also developed in a responsive format so learners could access the content on laptops, tablets, and phones. Teams like Yukon and CarePartners shared simplified EI tips in newsletters and staff meetings to reach less digitally engaged staff. SE Health and Newfoundland Health Services facilitated in-person training sessions to complete the EI Courses as a group and encourage discussion and application of new EI skills during the session.

Limited Time and Competing Priorities

Time constraints for frontline staff were a significant barrier across teams. Many PSWs were part-time or not paid for training hours, limiting their ability to engage. To address this, some teams integrated EI learning into shift huddles or used incentives such as raffles and certificates. The EI Course format and mobile-compatible platform were particularly effective in supporting flexible access.

Motivation and Change Fatigue

In organizations facing staffing shortages (e.g., turnover) or structural issues (e.g., system reorganization, building maintenance), keeping up the momentum was a challenge. Teams found that storytelling (e.g., testimonials from early adopters), peer champions, and visible recognition helped maintain engagement. To address structural challenges, teams focused on achieving small, targeted wins and aligning their work with other ongoing initiatives. The Capstone Event and Knowledge Translation Event enabled teams to step away from daily challenges, recognize their progress, and maintain focus. Sustainability planning through the toolkit and discussions provided by the CHCA explored strategies for addressing turnover and unplanned change. Legacy resources such as video training for the Be Prepared Conversation Guides and self-guided tools like the Practice Aids and EI Course also help address this barrier.

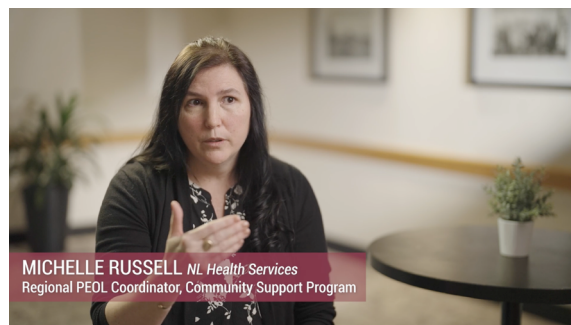
Final Reflections on the eiCOMPASS Project

The eiCOMPASS Project significantly advanced palliative care capacity in home-based palliative care across the country. By integrating the Canadian Competency Framework, EI training, and Be Prepared Conversation Guides into educational programming and clinical practice, the project addressed longstanding gaps in home care providers' competencies.

Over the course of three years, the project engaged 14 home care organizations through the SPRINT Collaborative and Accelerator phases. These organizations tested and implemented structured change using the Framework and emotionally intelligent approaches to palliative care through a rapid and targeted change management approach. Teams were able to identify their learning needs, implement targeted interventions, and embed national palliative care competencies into their day-to-day work. Frontline providers reported improved communication, greater preparedness for emergencies, increased teamwork, and stronger patient and family engagement.

Experiences from the eiCOMPASS: Insights from Team Leaders

To deepen understanding of how these changes unfolded, the CHCA interviewed leaders from each participating organization. These conversations revealed the practical impacts of the project—how it empowered teams, improved care, and redefined priorities.



"Only 36% agreed with self-care before EI learning... but after EI learning, it popped up to 62%. So it was amazing."

— Michelle Russell, Newfoundland and Labrador Health Services

Teams also valued the ability to benchmark their progress and align their local initiative with broader provincial and national directions.



"We will continue to work through them in hopes that we build comprehensive, holistic education... for all of our local teams, home care, acute care and long-term care."

— Jennifer Radloff, Saskatchewan Health Authority

Building Capacity, Reinforcing Systems

The eiCOMPASS Project helped teams enhance skills, knowledge, and attitudes through structured learning, coaching, and real-time testing. Self-assessments revealed gaps in domains like communication, cultural safety, and grief, which were then addressed through targeted training. For example, one team saw competency scores in communication improve from 70% to 90% following the introduction of the Conversation Guides.

As a result, teams reported greater confidence in managing emotionally complex situations, conducting end-of-life conversations, and delivering coordinated care to patients and families.



“Even in the smaller practices there was significant impact... they were able to see the value of how it could integrate into their practice and not only into their practice but their personal lives.”

— Katy Mol, VON Canada

The work also supported broader cultural shifts, reinforcing values of empathy, mindfulness, and collaboration.

Some teams expanded the tools into chronic disease and hospice settings or partnered with Indigenous communities for culturally safe care delivery.



“Focusing on personal support workers was especially impactful. Many had limited access to palliative care education and were eager to learn. Even though participation was voluntary, the PSWs were motivated. We promoted the value of the course certificates for their performance appraisals. For many, these were the first tangible items they could add to their files or resumes. It was a source of pride and validation.”

— Akil Ade, SPRPINT Team Lead, VHA Home HealthCare

Looking Forward: Extending the Impact of eiCOMPASS

While the eiCOMPASS Project finished in March 2025, its influence is still unfolding. Many organizations have begun integrating the Canadian Competency Framework, EI training, and Conversation Guides into orientation programs, mentorship strategies, and leadership development initiatives, signalling readiness for broader application.

The CHCA's commitment is to continue advancing this important priority. To engage new home care organizations and expand the model into long-term care settings. These future aspirations will build on the foundation established by the eiCOMPASS Project. By reinforcing national standards and supporting providers in delivering emotionally intuitive care, these efforts will add value to patients and caregivers by providing emotionally sensitive, person-centred care, increasing healthcare providers' satisfaction, facilitating team-based care, and positively impacting our healthcare system by reducing unplanned emergency visits, and provide palliative care in the home – the setting more Canadians choose.

The eiCOMPASS Project provided more than training. It built a scalable model that connected people, strengthened systems, and changed how palliative care is delivered at home. The success of this initiative lays the groundwork for continued progress—across jurisdictions, care settings, and provider roles—advancing the goals within the Action Plan on Palliative Care and addressing key priorities, including:

- Promoting consistent and quality care delivery by teams that integrate skills, knowledge, and attitude through the adoption of a national interdisciplinary palliative care competency framework.
- Supporting the development and implementation of tools and resources for health care providers to enable people living with life-limiting illnesses to stay at home or in home-like settings (including long-term care homes) and prevent unwanted and unnecessary transfers to emergency departments.
- Promoting improvements in home-based palliative care by disseminating knowledge, expanding leading practices, and promoting skill acquisition while emphasizing communication with people living with life-limiting illness, their families, and their caregivers.

"I think just the chance to be part of something national is a big opportunity—to see how other provinces are doing things, to network... you start to realize that you're not alone."

— Susan Doucette, Health PEI

