

CHCA Project ECHO Home-Based Palliative Care

All Teach, All Learn

Bridging the Knowledge Gap in
Home-Based Palliative Care



BY
Pallium Canada



Holistic Spirituality and Care at End of Life

Simon Lasair PhD, CASC/ACSS Certified Spiritual Care Practitioner

Robert Steane Holistic Research Chair, St. Paul's Hospital and
Visiting Researcher/Research Associate, St. Thomas More College
St. Paul's Hospital on Treaty 6 Territory

Host: Jennifer Campagnolo, Canadian Home Care Association
June 11, 2025

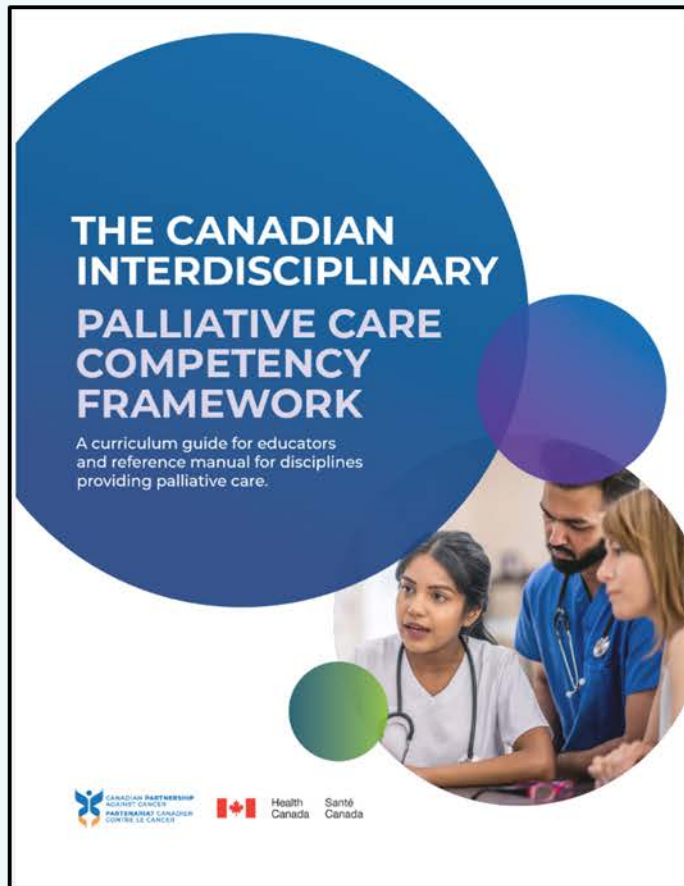
Land Acknowledgement



Artist Credit: Patrick Hunter

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK



THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

A curriculum guide for educators and reference manual for disciplines providing palliative care.

What this framework seeks to achieve, and how to use it

This framework establishes a minimum national standard for palliative care in Canada.

It is written with several readers in mind:

- Individuals, managers and human resources personnel** will use it to fill skills gaps and guide hiring practices.
- Educators** will use it to identify minimum standards for palliative care competencies, weave the development of essential skills into existing curricula, or build new curricula to teach the competencies.
- National accreditation and regulatory agencies** will use it as a guide for establishing minimum national standards in palliative care.

Specifically, the disciplines with competencies in the framework:

**Nurses**

**General Physicians**

**Social Workers**

**Personal Support Workers**

**Volunteers**

The framework includes:

a. Twelve domains of competency:

**1. Principles of a palliative approach to care**

**2. Cultural safety and humility**

**3. Communication**

**4. Optimizing comfort and quality of life**

**5. Care planning and collaborative practice**

**6. Last days and hours**

**7. Loss, grief, and bereavement**

**8. Self-care**

**9. Professional and ethical practice**

**10. Education, evaluation, quality improvement, research**

**11. Advocacy**

**12. Virtual care**

b. Discipline-specific skills self-assessments:

- provide the health care practitioner with a snapshot of their own competencies;
- provide managers with tools to gauge the levels of palliative care competencies within a team;
- can guide professionals and managers as they customize continuing education plans.

c. Education resources

**Health Canada / Santé Canada**

Compassionate Care in Last Days and Hours



Domain 6: Last Days and Hours

Particular care should be paid to addressing the person's and their designated family or caregiver's care needs that are unique to the last days and hours of a person's life.¹

Related competencies:

- Anticipating changes as death nears
- Supporting death rituals
- Involving and supporting the designated family or caregiver(s)
- Participate in the care of the dying person and their designated family or caregiver(s)

Compassionate Care in Last Days and Hours



Domain 6: Last Days and Hours

For members of the Interdisciplinary Team (nurses, SW, PSWs, generalist physicians and volunteers) competency is a combination of the SKILLS, KNOWLEDGE and ATTITUDES needed to:

- Provide compassionate support and information to help persons and designated family cope emotionally, access resources, and honor spiritual or cultural preferences before and after death.
- Encourage people and their designated family to express needs, preferences, and desired level of control; ensure these are respected and communicated to the care team.
- Involve the broader care team as needed to provide holistic, person- and family-centered support throughout the dying process and post-death care.

Introductions



Simon Lasair PhD, CASC/ACSS Certified Spiritual Care Practitioner

Robert Steane Holistic Research Chair, St. Paul's Hospital and
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St. Paul's Hospital on Treaty 6 Territory



Caring for Patients' and Families' Spiritual Needs in Palliative Settings

Simon Lasair, PhD, CASC/ACSS
Spiritual Care Practitioner

Roadmap

- Spiritual concerns in palliative settings
- Defining spirituality
- Spirituality's everydayness
- Caregivers' responsibilities





Spiritual Concerns in Palliative Care

- What will dying be like?
- What will happen after I die?
- What kind of legacy will I leave behind?
- Will my family and loved ones be taken care of?
- Who will care for me as my body dies?

The Consensus Healthcare View

- “Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.”
- (Puchalski, Vitillo, Hull & Reller, 2014, p. 646)





“ . . . through which
”
■ ■ ■

- Process oriented
- Depends on relationships
- Intuitive, emotional, *and* cognitive
- Locates the individual *within* all reality
- Communicates using various means

Spirituality's Everydayness

- Relationships with all of reality
- Emotional connection
- Theory of mind
- Ascriptions of consciousness





Spiritual Concerns in Palliative Care

- What will dying be like?
- What will happen after I die?
- What kind of legacy will I leave behind?
- Will my family and loved ones be taken care of?
- Who will care for me as my body dies?

Caregivers' Responsibilities

- Holding space for meaning
- Not getting in the way
- Tuning in to intuition and emotion
- Accompanying rather than fixing





Conversation

Case Discussion / Q&A



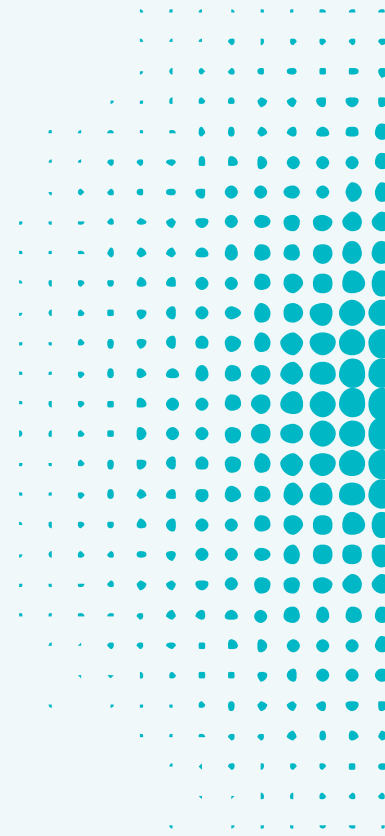
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Case Study: M.M.

Meet M.M.:

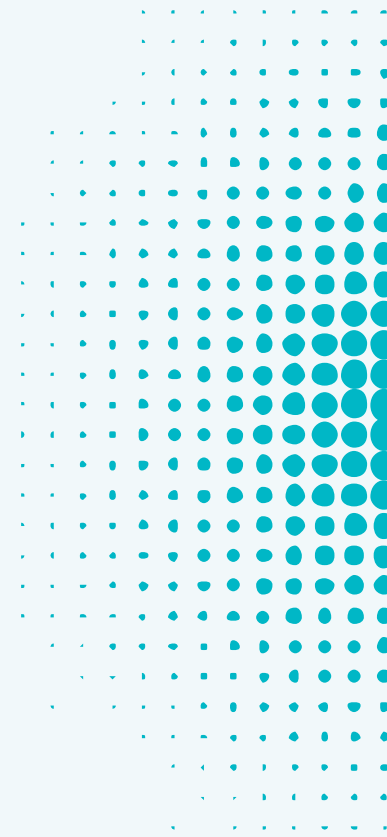
- 36 year old man, living with Cystic Fibrosis, diagnosed shortly after birth.
- Over the past 18 months M.M. has experienced a decline in his health status with a significant decline noted in the past 6 months.
- It is clear that his systems are showing signs of failure and his end-of-life care is being anticipated by his medical and care teams.
- M.M. has been receiving palliative and home care supports initiated by his specialist team.



Case Study M.M.

Spiritual and Social Context:

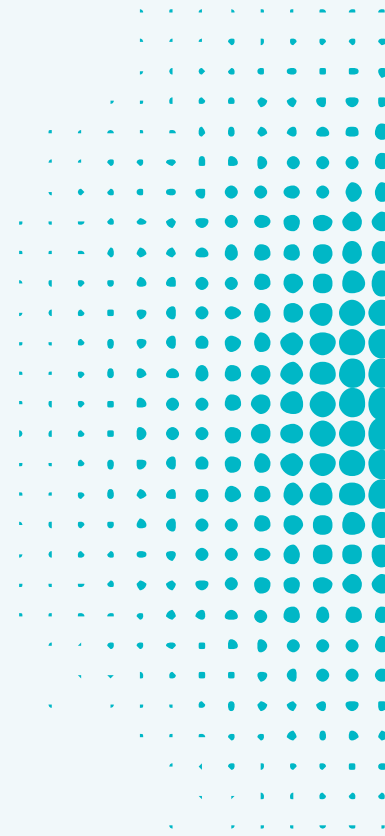
- He lives with his parents and has a support network of 1 older sibling and extended family members.
- His family is devout in their Catholic religious beliefs. M.M. describes his religious views as “I was raised Catholic and uphold my Catholic beliefs and honour my religion, but not as much as my parents and relatives.”
- M.M. relies on his immediate family and network of extended family for care, particularly as his health has declined, and especially during times when he has been hospitalized.



Case Study M.M.

Spiritual and Social Context:

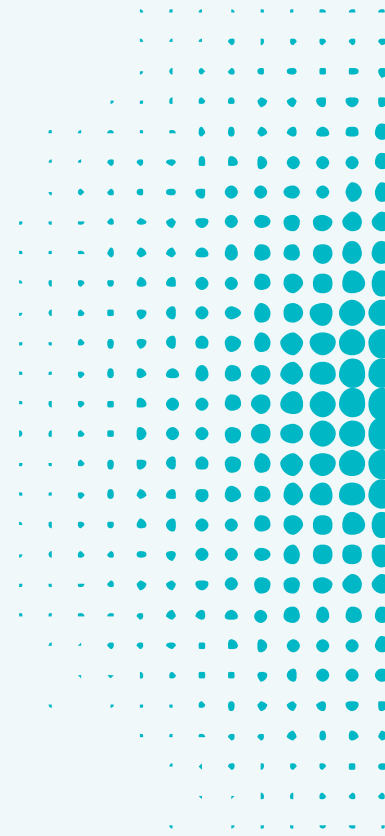
- Over M.M.'s lifetime, his family has seen him experience periods of poor health that he has recovered from, which they attribute to their religious beliefs, the power of prayer and medical intervention.
- M.M. has shared in conversations with his care team that he is aware of his “mortality” (his word), but his family believe his current “setbacks” are only temporary, and that through prayer, belief and devotion, he will recover or regain some of his health.
- M.M. says “he can’t change the future” and “my parents believe what they believe and I can’t let them down or think I’m not trying” (to recover).



Case Study M.M.

Care Challenges:

- End-of-life care planning for M.M. is impacted by his parents' and family's religious beliefs of divine intervention and healing. Medical evaluation indicates that his health is expected to deteriorate, with end-of-life expected within months.
- A nurse involved in his care is deeply concerned what M.M.'s end-of-life care will look like as he is less able to participate in care decisions and planning can't move forward as M.M. does not want to upset his parents and show disrespect for their beliefs and wishes.
- The nurse is concerned that M.M. will have unmet needs (medical and spiritual) with care that is “cobbled together” at end-of-life without proper planning.



Case Discussion / Q&A



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Upcoming TeleECHO Sessions

CHCA Project ECHO Personal Care Providers

All Teach, All Learn
Building Skills, Knowledge,
and Confidence



Preventing Wound, Promoting Comfort

June 17, 2025 12 – 1pm ET

Presenters:

Danielle Heisler RN, MSN, WOCC, Interior Health

Justine Lowry, Healthcare Aide, Interior Health

Whitney Kendrick, BSc. OT, Occupational Therapist, Interior Health

CHCA Project ECHO Integrated Seniors Care

All Teach, All Learn
Bridging the Knowledge Gap in
Home and Primary Health Care



Caring Together: Integrated Approaches to Support Responsive Behaviours in Dementia Care

June 25, 2025 12 – 1pm ET

Expert Presenter: Kim Schryburt-Brown MSc, BScOT, OT Reg. (Ont.), Clinical
Resource Project Consultant, Seniors Mental Health Behavioural Support Services,
Providence Care Community

Panelists: Claire Webster, Ashley Lewis, Jillian McConnell

Register: cdnhomecare.ca/chca-project-echo