



Continuing Education  
and Professional Development



NNPCN - PCIEF Palliative Care  
Interdisciplinary Education Funding

# 2023 PALLIATIVE CARE WINTER CONFERENCE CONFERENCE REPORT

## The 2023 Palliative Care Winter Conference

A collaboration between the NOSM University – SPC – CEPD and the NNPCN Near North Palliative Care Network – PCIEF, partially supported by Ontario Health.

Northern Ontario, Canada

### Territory Acknowledgement

*The NOSM-SPC CEPD and the NNPCN-PCIEF respectfully acknowledge that the entirety of the organization's catchment area of Northern Ontario is on the homelands of First Nations and Métis Peoples.*

*[Nishnawbe Aski Nation](#) (NAN) represents 49 First Nation communities from Treaty 9 and 5 over an area of 210,000 square miles, with a total population of about 45,000 Ojibway, Cree and Ojicree. Nishnawbe Aski Nation has a main office in Thunder Bay and a branch office in Timmins.*

*The [Anishinabek Nation](#) represents 42 First Nation communities from Robinson Huron, Robinson Superior, Manitoulin Island Treaty and other areas in Southern Ontario over an area of 52,400 square miles, with a total population of about 42,000 Odawa, Ojibway, Pottawatomi, Delaware, Chippewa, Algonquin and Mississauga. The Anishinabek Nation has a main office in Nipissing First Nation, and branch offices in Fort William First Nation, Curve Lake First Nation and Munsee-Delaware Nation.*

*[Grand Council Treaty #3](#) represents 26 First Nation communities in Ontario and two in Manitoba over an area of 55,000 square miles, with a total population of about 25,000 Anishinaabe (Ojibway). Grand Council Treaty #3 has a main office in Kenora.*

*The [Métis Nation of Ontario](#) (MNO), initially formed in 1994, represents about 49,000 members situated in nine regions and 32 communities across Ontario at the provincial and national levels within Canada and at the international level. The Métis are recognized in Canada's Constitution Act, 1982, as an Indigenous people. The MNO has a main office in Ottawa and regional offices in Amherstburg, Brampton, Fort Frances, Penetanguishene, Thunder Bay, Timmins, Searchmont, and Sudbury.*

*Northern Ontario consists of six treaty areas:*

- Robinson-Huron, 1850, north of Lake Huron including Manitoulin Island;
- Robinson-Superior, 1850, north of Lake Superior;
- Manitoulin Island Treaty, 1862, Manitoulin Island excepting Wikwemikong Unceded Indian Reserve #2;
- Treaty 3, 1873, southern part of Northwestern Ontario;
- Treaty 5, 1875, portion of area extends into western Ontario from Manitoba; and,
- Treaty 9, northern two-thirds of Northern Ontario.

*Visit the Government of Ontario website for [maps of the First Nations and treaties](#).*



## NOSM SPC CEPD - NNPCN PCIEF WINTER CONFERENCE 2023

*Broader Horizons in Palliative Care*

February 03<sup>rd</sup>, 2023 – 8:30 am to 4:15 am – Webex Platform

### RESULTS AND SATISFACTION SURVEY

#### I. COMPARATIVE NUMBERS

##### NOSM SPC CEPD CONFERENCE 2021 – WebEx Report

Number of Individuals Registered: 56

People in Attendance: **109**

##### NNPCN PCIEF Conference 2022 – Zoom Attendee Report

Number of Individuals Registered: 467

Total of Unique Viewers\*: 346

Total Users\*\*: **636**

Maximum Concurrent Views\*\*\*: 302

##### NOSM SPC - NNPCN PCIEF Conference 2023 WebEx Report

Number of Individuals Registered: 784

Total of Unique Viewers\*: 567

Total Users\*\*: **851**

Maximum Concurrent Views\*\*\*: 491

**\*Total of Unique Viewers:** number of people who viewed the webinar on their computer. It does not include panelists and attendees who only listened by phone. Viewers who joined multiple times or from multiple devices are counted only once.

**\*\*Total Users:** all panelists and attendee count.

**\*\*\*Maximum Concurrent Views:** maximum number of online viewers at the same time, excluding panelists.



## PERFORMANCE REPORT

### Attendance Metrics

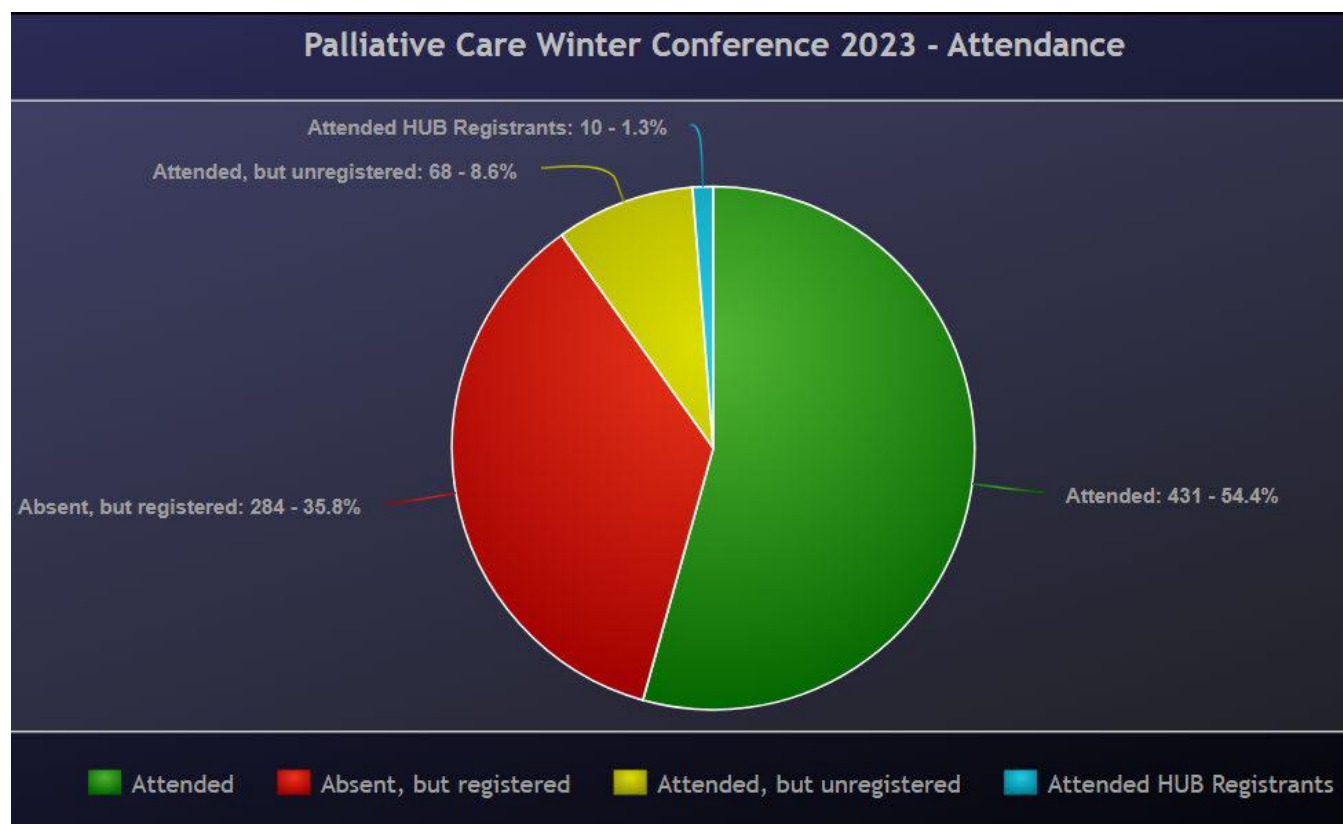
# Registered - 784

# Attended - 567

% Attendance Rate - 54.4% - 71% with Unknown and Hub Viewers

# Q&A Questions Asked –

\*Note that statistics are not perfect, as unregistered viewers and unverified names/numbers increase the number of attendees without lowering the number of those who did not. In short, the red section below is likely smaller, and the attendance rate may be higher as a result.



## Attendees by Agency

Total Number of Agencies = 281	Registered	Attended
1. Unknown/Individual/Unemployed	154	97
2. HCCSS	31	27
3. VON Durham Hospice Services	23	9
4. NNPCN	18	15
5. Maison McCulloch Hospice	14	10
6. North Bay Regional Health Center	13	8
7. Retired	12	7
8. Nipissing University	11	8
9. ParaMed	11	2
10. Health Science North	10	8
11. Self-Employed	10	7
12. Circle of Care	9	7
13. Alzheimer Society	9	5
14. Care Partners	8	1
15. Heart House Hospice	7	5
16. Beth Donovan Hospice	6	6
17. Kenora Visiting Hospice	6	5
18. NOSM	6	5
19. HSN	6	3
20. Community Care City of Kawartha Lakes	6	2
21. Nipissing Serenity Hospice	6	2
22. Algoma Residential Community Hospice	6	0
23. MICs Group of Health Services	6	0
24. NOTL Community Palliative Care Service	5	5
25. Sienna Living Waters Edge	5	5
26. Community Support Center of Essex County	5	4
27. Elliot Lake Family Health Team	5	3
28. Niagara on the Lake Community Palliative Care Service	5	3
29. Nova Scotia Health Authority	5	3

30. Espanola Regional Hospital and Health Centre	5	2
31. ARCH Hospice	5	0
32. Hospice Halifax	4	3
33. HOSPICE WELLINGTON	4	3
34. Keewaytinook Okimakanak	4	3
35. McNally House Hospice, Grimsby, Ontario	4	3
36. Ontario Health	4	3
37. Sault College	4	3
38. Student	4	3
39. Laurentian University	4	2
40. West Nipissing General Hospital	4	2
41. Brockville General Hospital	4	1
42. Good Shepherd Community Services	3	3
43. NSMHPCN	3	3
44. Pembroke Regional Hospital	3	3
45. Philip Aziz Centre for Hospice Care & Emily's House Children's Hospice	3	3
46. Sensenbrenner Hospital	3	3
47. St. Joseph's Hospital	3	3
48. Bereaved Families of Ontario - South Central Region	3	2
49. Eastholme	3	2
50. Erickson & Area Palliative Care Program	3	2
51. Hospice Lennox and Addington	3	2
52. Nurse on Board Inc.	3	2
53. St. Joseph's Health Care London	3	2
54. Timmins and District Hospital	3	2
55. VHA Home HealthCare	3	2
56. Hospice Muskoka	3	1
57. Lake of the Woods District Hospital	3	1
58. Lisaard & Innisfree Hospice	3	1
59. The Sisters of St. Joseph of Sault Ste. Marie	3	1
60. West Parry Sound Health Centre	3	1



61. Acclaim Health	2	2
62. BZA Anishinabek	2	2
63. Canadore College	2	2
64. Carpenter House Hospice	2	2
65. Doane House Hospice	2	2
66. Huron Shore Family Health Tam	2	2
67. M'Chigeeng Health Centre	2	2
68. Noojmowin-Teg Health Centre	2	2
69. Palliative Manitoba	2	2
70. St. Joseph's Care Group	2	2
71. St. Joseph's Hospice of London	2	2
72. Stevenson Memorial Hospital	2	2
73. Sunnybrook Health Sciences Centre	2	2
74. Superior Family health	2	2
75. The Dorothy Ley Hospice	2	2
76. The Friends	2	2
77. Wikwemikong Health Centre	2	2
78. Alberta Health Services	2	1
79. Algonquin Nursing Home	2	1
80. Anglican Diocese of Algoma	2	1
81. Community Living	2	1
82. Hospice Kawartha Lakes	2	1
83. Metis Nation of Ontario	2	1
84. Northern Health	2	1
85. Norwest Community Health Centres	2	1
86. NSHA	2	1
87. Prince Rupert & District Hospice Society	2	1
88. Revera-Elmwood place Long term care	2	1
89. SE Health	2	1
90. Waters Edge Care Community, North Bay	2	1
91. WPSHC NPLC	2	1
92. Bayshore	2	0

93. City of Greater Sudbury- Pioneer Manor	2	0
94. Hospice Northwest Thunder Bay	2	0
95. March of Dimes Canada	2	0
96. Matthews House Hospice	2	0
97. Nexim Healthcare Consultants	2	0
98. Prairie mountain health	2	0
99. Anishinabek Nation	1	1
100. Bayfield Manor	1	1
101. BGH	1	1
102. Biinjitiwaabek Zaaging Anishinabek First Nation	1	1
103. Bingwi Neyaashi Anishinaabek First Nation	1	1
104. Bluewater Health	1	1
105. Bob Kemp Hospice	1	1
106. Bruyere Continuing Care	1	1
107. Care for Hospice	1	1
108. Caring Hearts Support Network	1	1
109. Cassellholme	1	1
110. CERAH, Lakehead University	1	1
111. Christian Horizons	1	1
112. Cochrane Temiskaming Resource Centre	1	1
113. COLFHT	1	1
114. Community of Essex County	1	1
115. Compassionate Communities Kingston Canada	1	1
116. Cumberland Hospice & Palliative Care Society	1	1
117. Dignity House Hospice	1	1
118. Doreen Potts Health Centre	1	1
119. Dr Bob Kemp Hospice, Hamilton	1	1
120. Dundas County Hospice	1	1
121. ELFHT	1	1
122. Elizabeth Bruyere Hospital	1	1
123. Elizabeth Centre	1	1
124. Elliot Lake Palliative Care Program	1	1



125.	Equietude Wellness Centre	1	1
126.	Espanola & Area Family Health Team	1	1
127.	Espanola Nursing Home	1	1
128.	Evergreen Pastoral Charge United Church	1	1
129.	Family Councils Ontario	1	1
130.	Foyer des Pionniers	1	1
131.	Georgian College	1	1
132.	Glenwood United Church	1	1
133.	Good Grief	1	1
134.	GP Palliative Care Society	1	1
135.	Halton District School Board	1	1
136.	HELP Ottawa	1	1
137.	HNHB-HCCSS	1	1
138.	Hospice Community Care City of Kawartha Lakes	1	1
139.	Hospice Kingston	1	1
140.	HRUBA, Halifax Hospital Chaplaincy Committee	1	1
141.	Huntington society of Canada	1	1
142.	Huron Perth Healthcare Alliance	1	1
143.	Kawartha Lakes Hospice	1	1
144.	Kingston Health Science Centre	1	1
145.	KO NORTHERN CHIEFS	1	1
146.	KOZE Nursing Services inc	1	1
147.	Lady Minto Hospital	1	1
148.	Lakeridge Health	1	1
149.	LHSC University Hospital	1	1
150.	LWDH	1	1
151.	Marathon Family Health Team	1	1
152.	Medical Priorities	1	1
153.	Michael Garron Hospital	1	1
154.	Mohawk Council of Akwesasne	1	1
155.	Montfort Hospital	1	1
156.	MSL & RN Consulting	1	1

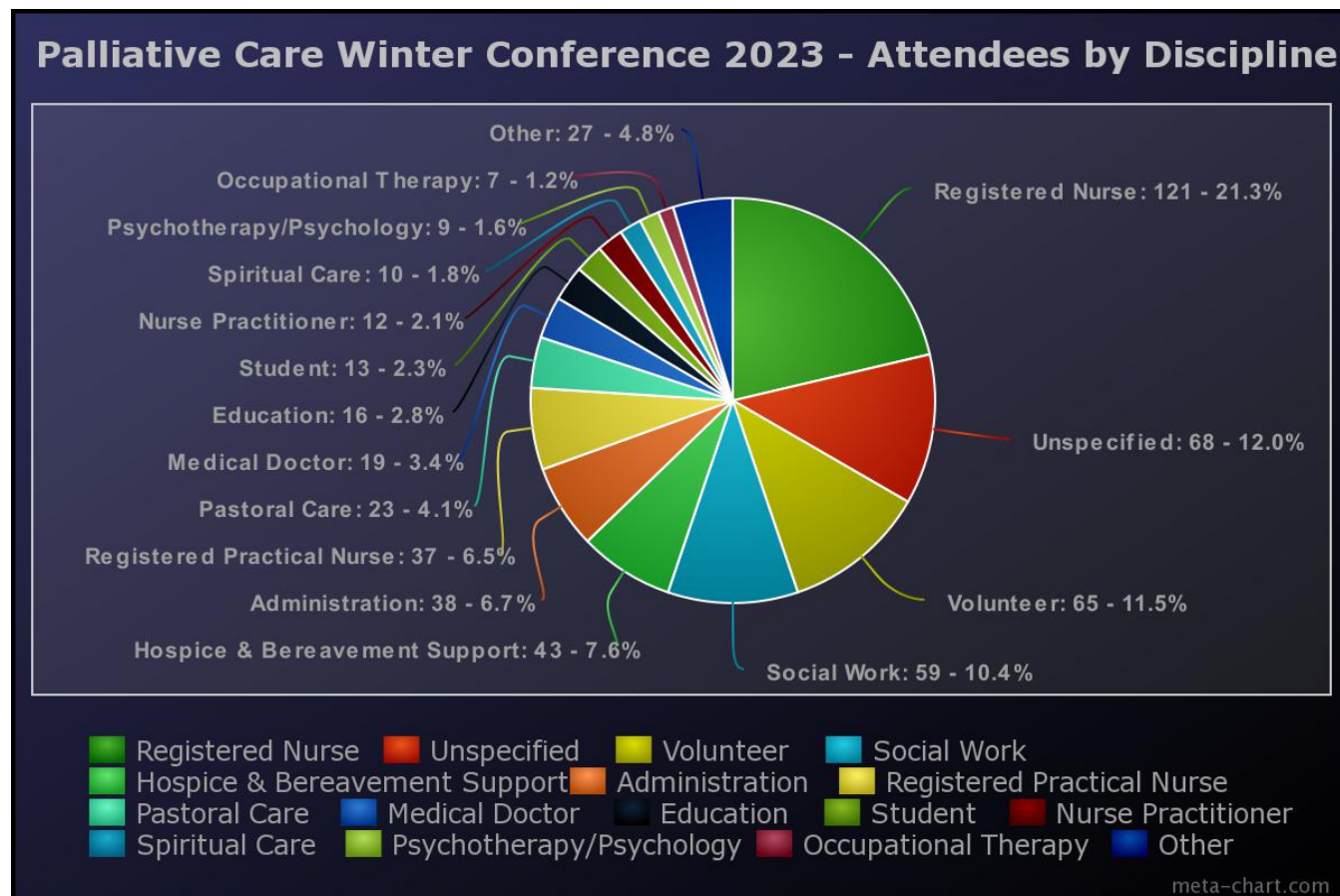
157.	Muskoka Algonquin Health Care (Huntsville)	1	1
158.	My Name is Grace Ministries	1	1
159.	National Cancer Center, South Korea	1	1
160.	NELHIN	1	1
161.	Netaawgonebiik Health Services	1	1
162.	Nord Aski Family health team	1	1
163.	North Bay Military Family Resource Centre	1	1
164.	North of Superior Health Care Group	1	1
165.	North Shore Health Network	1	1
166.	Northern College	1	1
167.	Ohana Yoga and Wellness Centre	1	1
168.	Ontario Finnish Resthome	1	1
169.	Paawidigong First nation Forum	1	1
170.	Palliative Care Prairie Mountain Health	1	1
171.	Palliative Pain & Symptom Management Program	1	1
172.	People Care Communities Inc	1	1
173.	Pinecrest Home for the Aged	1	1
174.	PMH	1	1
175.	Precious Days End-of-Life Support, Planning and Education	1	1
176.	Providence Care/Hospice Kingston	1	1
177.	Providence Living	1	1
178.	Registered Nurses Association of Ontario	1	1
179.	Ross Memorial Hospital	1	1
180.	Salvation Army	1	1
181.	Scarborough Centre for Healthy Communities (SCHC)	1	1
182.	Schlegel Villages	1	1
183.	Seven Generations/Lakehead University	1	1
184.	Shepherds Care Foundation	1	1
185.	SJCG	1	1
186.	SJHC	1	1
187.	Sothea SOK	1	1

188.	Southlake Regional Health Center	1	1
189.	SQ Counselling	1	1
190.	ST ANDREWS ANGLICAN HOSPITAL	1	1
191.	St Joseph's Health Center, Chelmsford	1	1
192.	St Joseph's Health Center, Sudbury	1	1
193.	St. David's United Church	1	1
194.	St. Joseph's Continuing Care Center	1	1
195.	St. Joseph's Health Centre, Toronto	1	1
196.	St. Michael's Hospital	1	1
197.	Superior Children's Centre	1	1
198.	SW HCCSS	1	1
199.	TADH	1	1
200.	TBRHSC	1	1
201.	The Community Counselling Centre of London	1	1
202.	The North of Superior Healthcare Group	1	1
203.	The Ontario Caregiver Organization	1	1
204.	The Ontario-Finnish Resthome Association	1	1
205.	Thornhill Therapy & Assessment	1	1
206.	Thunder Bay Health Sciences Centre	1	1
207.	University of Ottawa	1	1
208.	Victim Witness Assistance Program	1	1
209.	Victorian Order of Nurses	1	1
210.	Waaseeghizhig Nanaandawe'iyewigamig	1	1
211.	WECCC	1	1
212.	William Osler Health System/Medical Council of Guyana	1	1
213.	Yee Hong Centre for Geriatric Care	1	1
214.	Zen Studio	1	1
215.	Alio	1	0
216.	ANGKOR HOSPITAL FOR CHILDREN	1	0
217.	Aquilon foot clinic	1	0
218.	Beacon Hospital	1	0

219.	Birtle & Area Palliative Care	1	0
220.	Canadian Mennonite University/St. Margaret's Anglican Church	1	0
221.	CCCKL Hospice Palliative Care	1	0
222.	Cedarbrook lodge retirement residence	1	0
223.	Central East Correctional Centre	1	0
224.	CSCN	1	0
225.	Detour	1	0
226.	DLH	1	0
227.	Dokis Health Centre	1	0
228.	Dorothy Ley Hospice	1	0
229.	Emily's House	1	0
230.	Emmanuel College at the University of Toronto	1	0
231.	Extendicare Mapleview	1	0
232.	Fairhaven	1	0
233.	Grace Hospital	1	0
234.	Grand River Hospital	1	0
235.	Grief and spiritual care	1	0
236.	Guelph General Hospital	1	0
237.	Healthy End of Life Project, Ottawa	1	0
238.	Henley Place Long Term Care	1	0
239.	Highview Residence	1	0
240.	Hope House Hospice	1	0
241.	Hospice SENB	1	0
242.	Hospice West Parry Sound	1	0
243.	Huron View	1	0
244.	Kadence Music Therapy	1	0
245.	Kensington Place, Sharon Village homes	1	0
246.	Kensington Village	1	0
247.	Kettle & Stony Point First Nation	1	0
248.	Koskamp	1	0
249.	Maison Sudbury Hospice	1	0

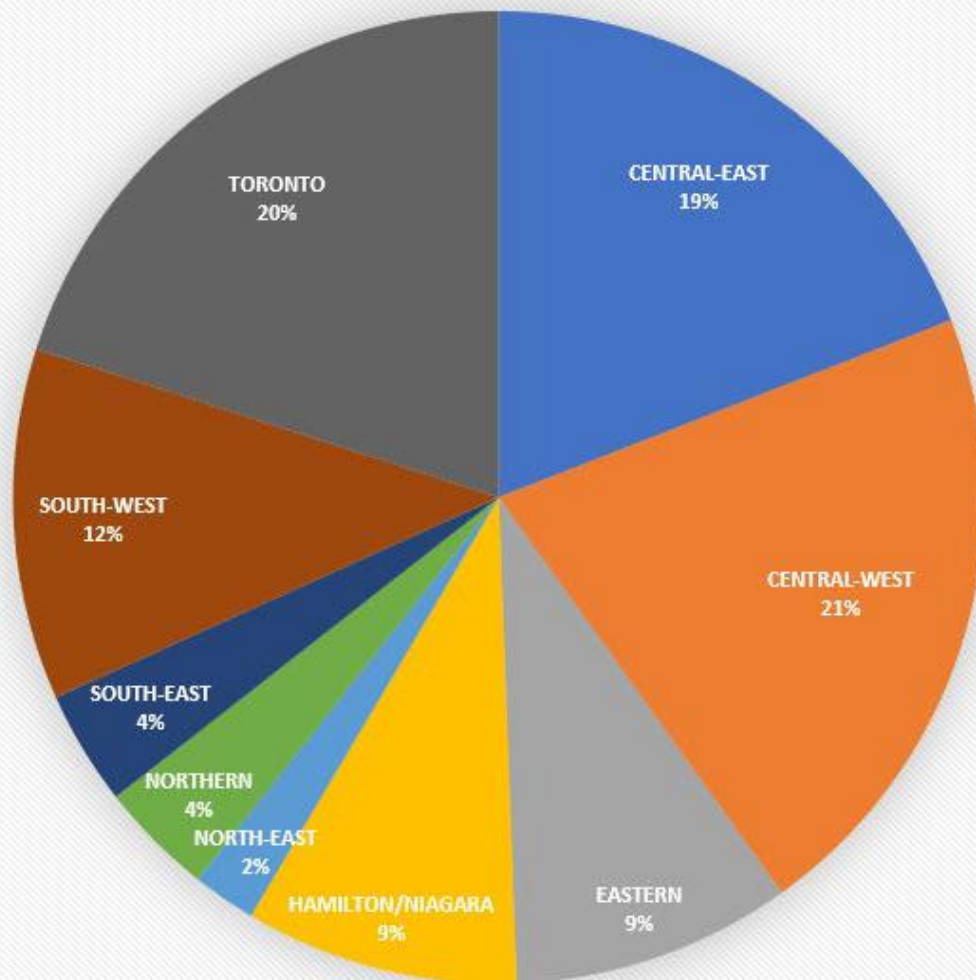
250.	Mattawa Algonquin Nursing Home	1	0
251.	Medigas	1	0
252.	My Care Palliative and Geriatric Care Centre	1	0
253.	NANTUCKET COTTAGE HOSPITAL	1	0
254.	Neshama Hospice	1	0
255.	North Bay Heritage Gardeners	1	0
256.	North Bay Indigenous Hub my	1	0
257.	North Dundas Medical Clinic- Office	1	0
258.	Northern Lights Parish	1	0
259.	Norview Lodge	1	0
260.	Oxford College/Sir Sanford Fleming College	1	0
261.	PAFP	1	0
262.	Pioneer Manor	1	0
263.	PLAN A	1	0
264.	Promise Home Care	1	0
265.	Providence Health Care	1	0
266.	Region of Peel-Tall Pines	1	0
267.	Renfrew county district health unit	1	0
268.	Riverdale Palliative Care	1	0
269.	S.D.#52	1	0
270.	Saint James United Church, Woodstock, NB	1	0
271.	Scarborough Health Network	1	0
272.	Shared Health	1	0
273.	SJGH	1	0
274.	SLMHC	1	0
275.	Southbridge Care Homes	1	0
276.	Stone Hedge Transitions	1	0
277.	TAFHT	1	0
278.	The Saul and Claribel Simkin Centre	1	0
279.	UNAM	1	0
280.	VAC	1	0
281.	Westway	1	0

## Attendees by Discipline / Field of Work





## Population Distribution of Ontario - 9 Regions

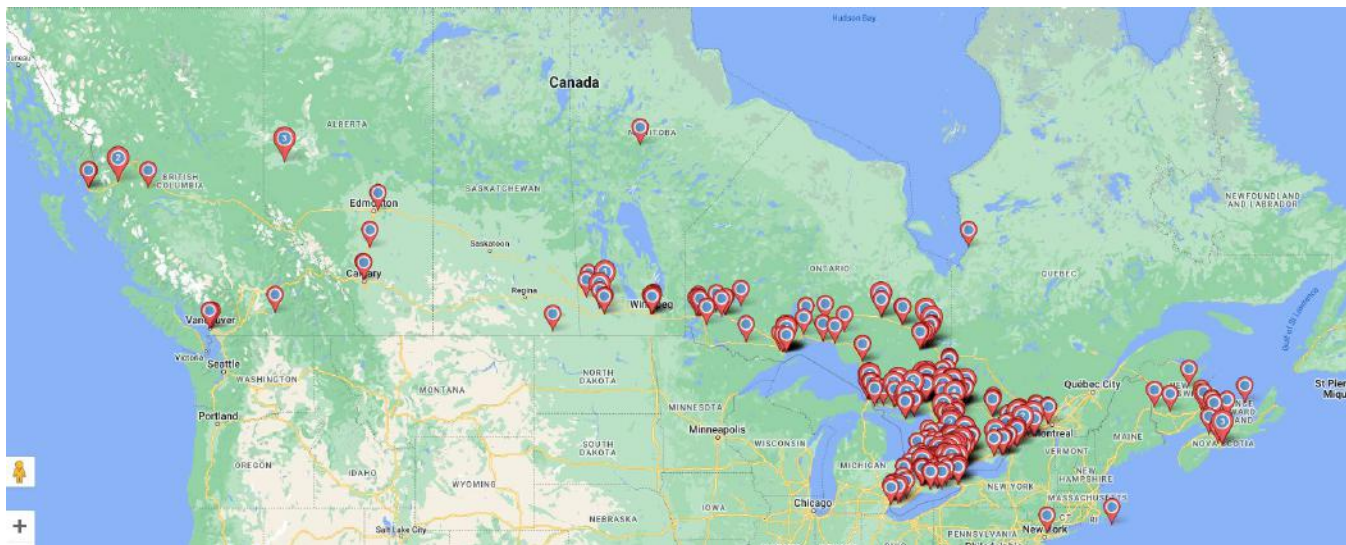


■ CENTRAL-EAST ■ CENTRAL-WEST ■ EASTERN ■ HAMILTON/NIAGARA ■ NORTH-EAST ■ NORTHERN ■ SOUTH-EAST ■ SOUTH-WEST ■ TORONTO

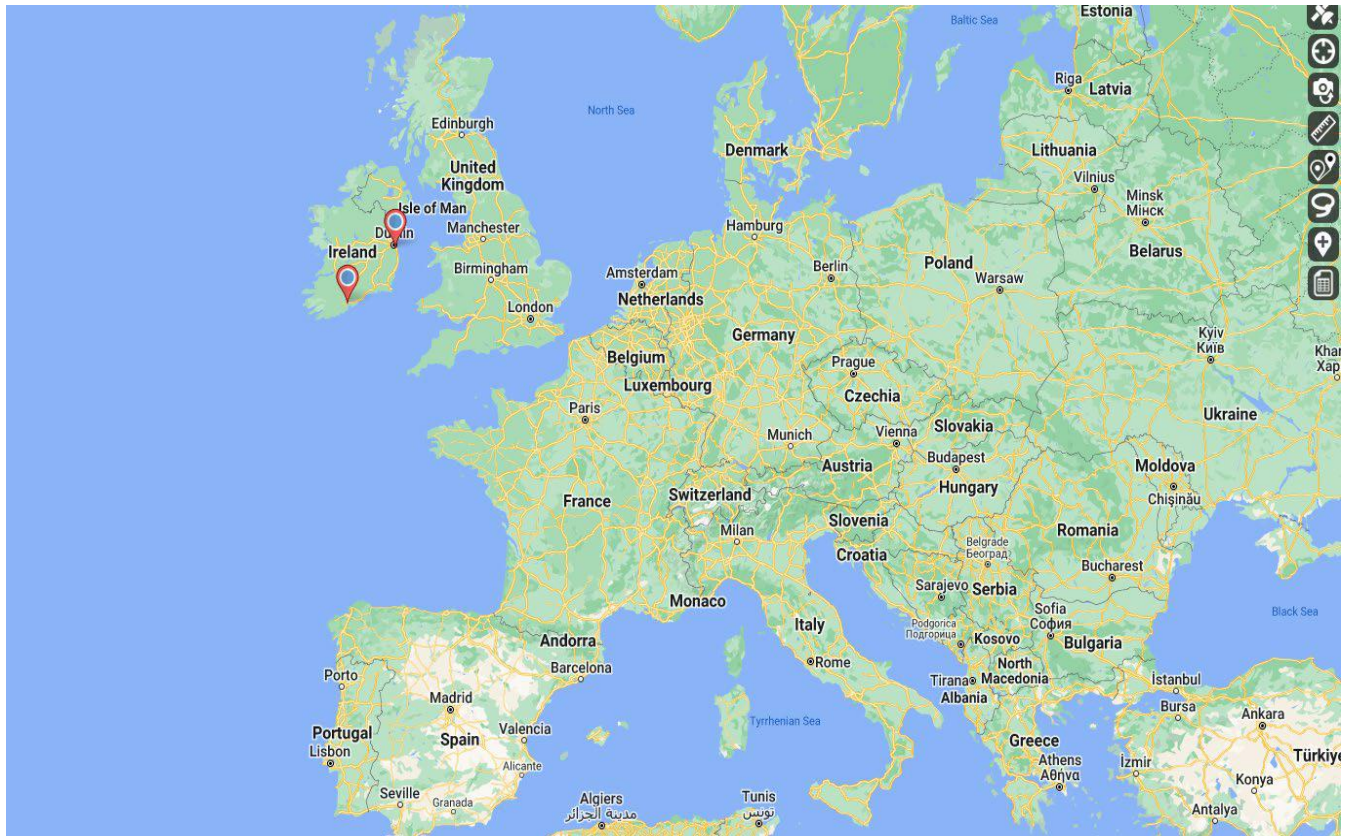
## Countries of Registrants

Online interactive map: <https://fortress.maptive.com/ver4/1a2755db4bd17e0f80663455ef7ad059/553039>

### Northern US & Canada



## Europe

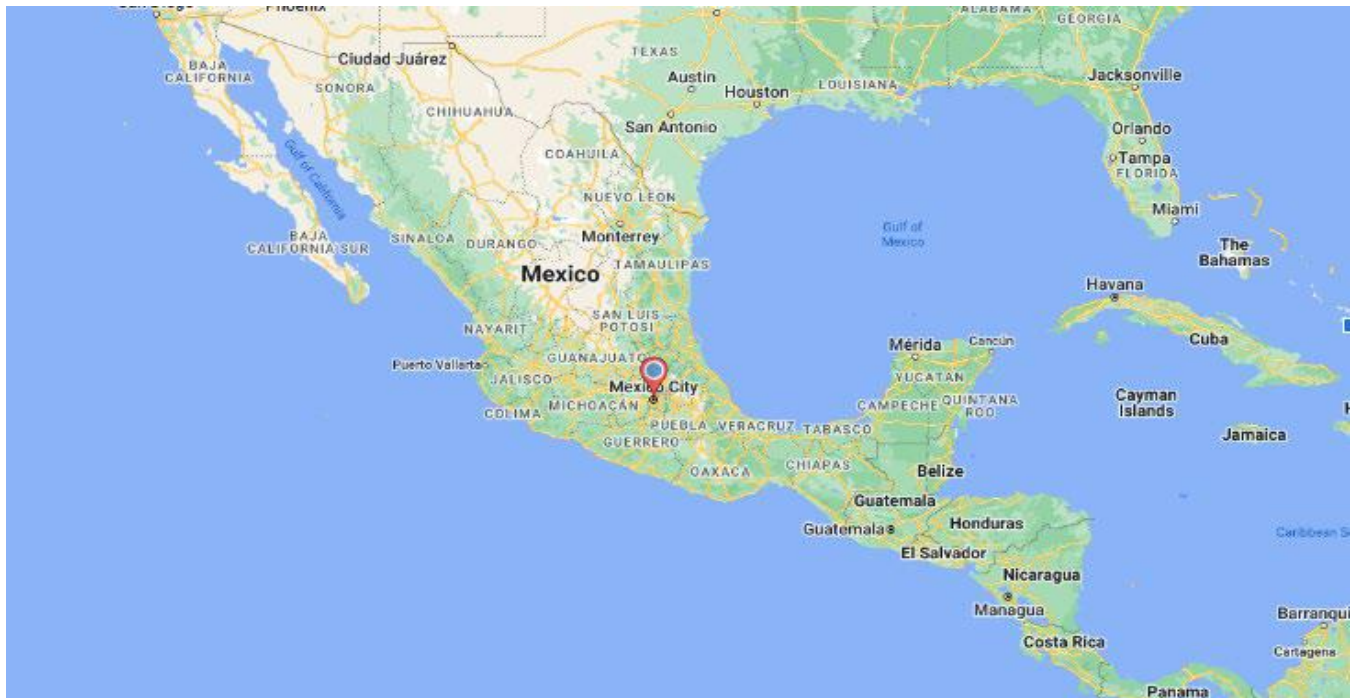




## Africa & Southeastern Asia



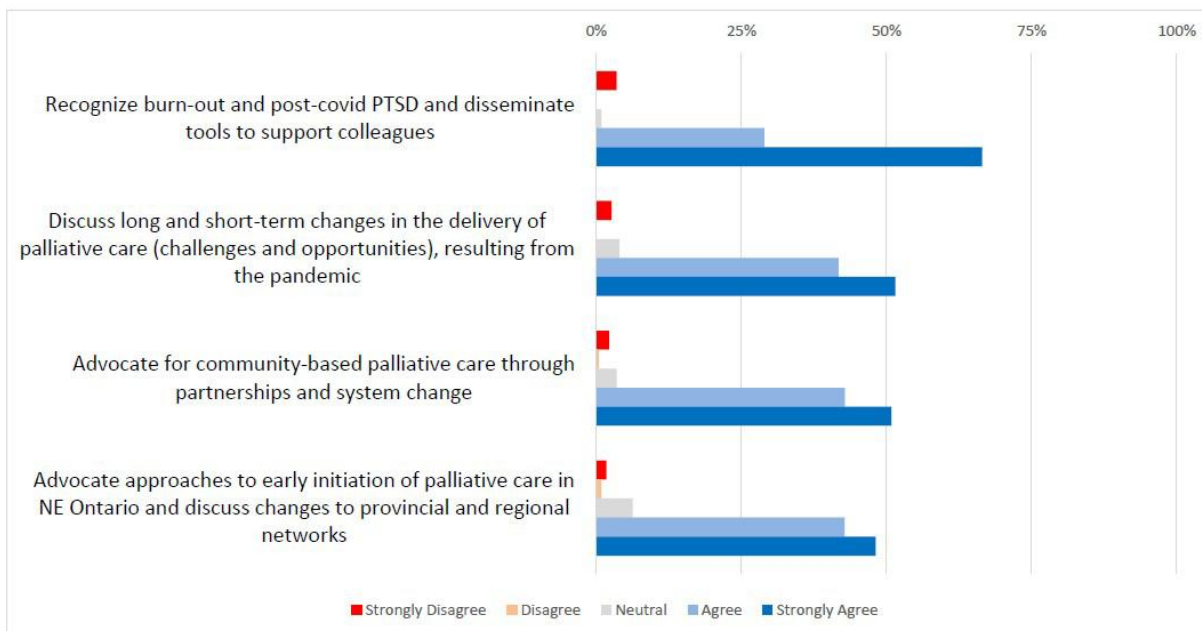
## Central America



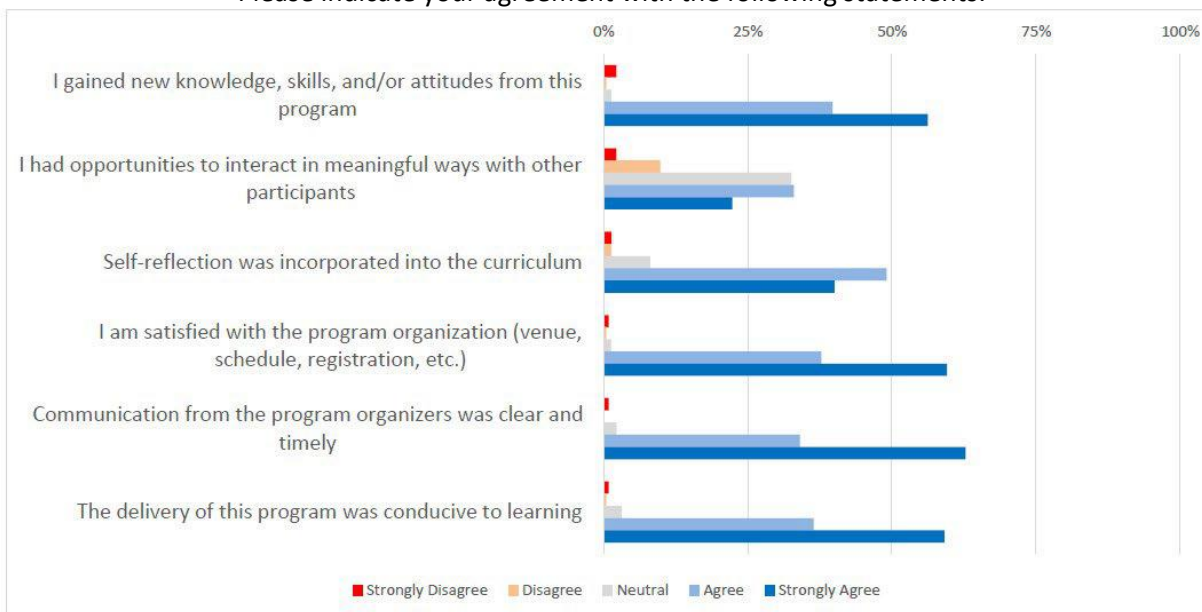
Canada Total		772
Alberta:		7
British Columbia		10
Manitoba		20
New Brunswick		6
Nova Scotia		13
Ontario		706
Quebec		5
Saskatchewan		1
Prince Edward Island		1
Unknown		0
Dhaka, Bangladesh		1
Dublin, Ireland		1
Kampala, Uganda		1
Mexico City, Mexico		1
Sta Rosa, Leguna, Philippines		1
Nantucket, Massachusetts, USA		1
Malawi, East Africa		1
New York, USA		1
Phnom Penh, Cambodia		1
Siem Reap, Cambodia		1
Telengana, India		1

## EVALUATION SUMMARY

The presenter(s) met the stated learning objectives:



Please indicate your agreement with the following statements:



\*Percentages represent valid responses for a given question

\*\*Comments may be edited for clarity and/or relevance



### Which of your learning goals do you feel were met by this program?

Recognizing caregiver burnout in myself.

Recognizing burnout in myself.

Recognize burnout.

Recognizing burnout and LTC changes in palliative care.

Understanding the burnout created by the recent Covid pandemic on healthcare staff.

Learned more about the impact of the pandemic and ways to identify and prevent burnout.

I feel that I came away with a better sensitivity and reflection regarding effects of the pandemic on burnout.

To have a better awareness of burnout in my practice and also how the pandemic has affected my practice.

Increase knowledge regarding about recognizing burnout, update on COVID and palliative care needs.

Recognizing burnout post-Covid.

Recognizing the signs of burn-out and post-Covid PTSD.

Recognizing burnout and post-COVID PTSD and the tools to support colleagues, the long and short-term challenges to the delivery of palliative care resulting from the pandemic, the need for community-based palliative care to communicate and the need for system changes, encouraging an understanding for an early approach for palliative care and its benefits.

Learning to recognize the effect of COVID on burnout, tools to apply to every day practice as well as long term to minimize the effects of burnout and PTSD.

All of them were met, however, the one that really struck me was: recognizing burnout and post-Covid PTSD and the tools to use to support co-workers.

Recognize burnout and COVID-related PTSD in self and colleagues.

Better understanding of caregiver burnout in COVID-19 and how to support myself and my colleagues.

Recognizing burnout and finding some tools to help deal with same.

Understanding burnout and identifying tools.

How to identify symptoms of subtle burnout and take action.

The ability to recognize burnout and how to use various tools to support colleagues.

Learning more about the different types of burn out and how to recognize the signs.

Learned more about burnout.

Learning how to deal with burnout.

I feel this program met those goals. It was very informative. I learned new coping skills dealing with burnout, as well as a better understanding on how to recognize burnout and PTSD.

Strategies for managing feelings of exhaustion & discouragement "on the job".

Strategies for burnout.

Becoming more aware of strategies to recognize and deal with burnout.

Recognizing burnout, helpful strategies to maintain mental health.

On a personal level, my goal for 2023 is around self-care and taking better care of me, so the presentation on burnout absolutely checked many boxes.

How to improve self-care to avoid burnout.

I came in with very general goal of being open to new information to take away, which all presentations fulfilled, but my goal for 2023 personally and as a clinician is to better care for myself hence learning more about burnout and tools to take care of myself was particularly fulfilling.

Self-care to prevent burnout.

Prevention of burnout.

Burnout presentation was wonderful. I unfortunately missed the latter part of the program d/t family emergency.

Burnout and PTSD.

More knowledge on PTSD and burnout.

Tools and resources on burnout and Covid-related PTSD.

Learning about PTSD symptoms particularly since COVID 19 was so informative.

The importance of being aware of caregiver PTSD.

Learning more about the affects of PTSD on workers facing trauma.

Utilizing strengths to overcome PTSD and how to avoid negative outcome in the workplace.

Caring for yourself as well as your clients. Holistic care which helps bring things into focus. The goal of palliative care as a journey.

I wanted to learn how to take better care of myself while working within Palliative care, I feel I have a better understanding on how to regulate my emotions, identify my bodies warning signs, and how to actively work towards feeling and releasing the emotions that present themselves to me.

Learning to incorporate self-care into my professional practise, and as well, somatic orienting and awareness with patience in palliative care.

Learning new helping and self-care techniques.

To gain more knowledge on topics related to mental health care in palliative care was my focus and all the speakers did cover some part about the concepts related to mental health of an individual like burnout/ PTSD/ along with additional information on impact of covid 19 which helped me understand what was happening around the world .

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A broader understanding of the effects of covid 19 pandemic and palliative care around the world.

A broader view of palliative care and the impact of Covid.

Understanding impact of COVID broadly and to individual HCP's in the healthcare system.

The impact of COVID on delivering palliative care.

Impact / the covid 19 experience.

Understanding relationship between COVID 19 and Palliative care.

I learned about effects of the Covid response and new approaches for the future.

The ability to recognize the impacts of Covid amongst Canadians and how to cope with the challenges that still linger. Furthermore, how to go about situations of this nature in the future.

To understand the impact of the pandemic on the delivery of palliative care -lessons learned and the path forward.

The learnings from COVID and how we are able to move forward.

I have always had an interest in palliative care and just wanted to learn more about the reality of palliative care in current state. I oversee a team of people that are responsible for assessing for and addressing palliative care needs in the community and this program gave me some great ideas on how to best support that moving forward.

It felt like an overdue debriefing if the effects of a pandemic and going forward from that.

How the Pandemic has affected Palliative care in different settings going forward and backwards.

Lessons learned from the pandemic.

The effect of covid.

All of my learning goals, especially about the the effects of covid.

Increased understanding of Palliative care as it relates to the changes affected by living in a world of COVID.

The impact and opportunities on PC as a result of the pandemic.

Challenges still present and goals that we still need to work to improve regarding palliative care and COVID effects.

If COVID has impacted any positive changes to palliative care.

In depth consideration of consequences of pandemic on the field of palliative care and health care providers in general.

Reviewing the effects of the pandemic on healthcare teams, palliative care, mental health.

I wanted to learn about the impact of COVID on health workers.

The impact that the Covid-19 pandemic had on the delivery of palliative care and on its providers.

I had many interests in attending - but found as a RP - with coming out of the Covid pandemic with all its significant impact - was the overall sense of understanding of the impact of Covid on palliative care, the shifts (eg. models) to improve service delivery etc - as a RP working alot with grief and mourning - that it has provided for me a better understanding to work with families experiencing loss during this recent pandemic.

Learning strategies to move beyond the restrictions of COVID in relation to returning the compassion and patient-centredness to care.

My learning goals were to just soak up as much information as I could. Hearing in depth the struggles Covid-19 put on our healthcare system, Recovering after Covid personally and improvements for the residents.

Better understanding of the isolative aspect of a pandemic on Pall care patients - different strategies to ameliorate their loneliness.

Awareness of Global palliative strategies.

Awareness and realization of world issues.

Understanding global impact of lack of PC and resources.

Having a better understanding of palliative care on a global scale.

A greater understanding of the global palliative care problem.

Learning more re Palliative Care Initiatives status, issues beyond local, Ont ...

Understanding local and global need for palliative care.

To broaden my knowledge of world wide pal care.

All the steps involved in promoting world wide palliative care, and how important wording is to make sure it is followed through on.

Palliative care around the world needs a LOT of funding, acknowledgement and physical help with the care.

Appreciation of work being done globally with regard to the development/funding of palliative care.

Learning about other countries and the lack of Palliative Care really touched my core.

The breath and scope of palliative care in the world.

Insight of Palliative Care in Canada and the world.

It is evident that there was a lot of work put in to the Conference and it was a huge success. A day well spent to help me better understand the challenges when it comes to improving the Palliative Care process not only in my province or my country but throughout the entire world.

How palliative care may look different around the world.

More knowledgeable on palliative care in general but the biggest impact was the world view made me want more knowledge on what I can do to help my community and around the world.

Extensive education on Palliative care, globally and locally.

As a continuous learner, the conference was a golden addition to my palliative education. Especially as a palliative nurse, it helped me to open my eyes to see how the world around me deals with palliative patients during their EOL phase. COVID made EOL care at home more difficult than before but the video presentation done by Dr. Katherine helped to realize how lucky we are to live in a country that provides palliative care at an optimal level in their desired environment.

Building on my knowledge of regional services and international services.

My learning goals for the ongoing need for palliative care, global need for access and ongoing learning to support our community clients.

My Learning goals that were met by this program included learning more about integrating Palliative care into Primary Care practice; the models for Organization of Palliative Care used in Ontario and the issues faced by Palliative Care worldwide and how to approach and advocate for Palliative Care internationally as a foreign physician.

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As a psychotherapist, Mr. Eugene Dufour's presentation most met my goals of learning additional ways to deal with trauma & grief.

Strategies to decompress traumatic events.

My goal to learn more about trauma-informed care was met.

I had hopes that the conference would expand my knowledge of trauma informed care, complicated grief.

To expand my knowledge of how to encompass griefwork into palliative care, especially in LTC.

To understand the process I currently use to cope with the passing of a client, and learned a few new ones.

I felt that my goal for partnering with and being with people through grief was met. Of course I have still have more to learn, but I took so much from the conference!

Self Evaluation and practice; providing support to caregivers in grieving process.

Disseminate the tools and knowledge to support vulnerable colleagues.

How to provide support to self and teams in difficult days.

I felt evulated for the time I worked during Covid. This was a hard time, the hardest was bagging bodies. Feeling the emotion of the residents who had so much restriction. I learned that we are more resilient than we think.

Getting an understanding of the lack of Spiritual Care Resources in Palliative Care across the country.

About spirituality and palliative care.

The role of a spiritual care practitioner in palliative care.

I'm transitioning into an encore career as a Creative Grief Support Practitioner. I learned creative ideas from Mr. Dufour, reasons to be hopeful from Dr. Pereira and the importance of advocacy from Dr. Pettus. Of course, I learned so much more!

Becoming a stronger grief, bereavement and spiritual care provider.

Learning in pastoral care skills especially with end of life issues and MAID questions.

How others have dealt with the pandemic and remained caring, compassionate.

Gaining empathy.

EXCELLENT CONFERENCE OVERALL. IT INCLUDED REFLECTIONS ON EMPATHY, EXHAUSTION AND ADVISE TO REDIRECT INNER ENERGIES.

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I enjoyed Jose's presentation, as I believe there are many changes that are needed in PC throughout the healthcare system.

I now don't feel alone in wanting to change the system. There are other people and organizations that also want to effect change.

Advocacy for palliative care through partnership and system change.

Advocate for community-based palliative care through partnerships and system change. This is something new for me in my role and seeing the challenges that the speakers face in the communities they were in helped me, especially when going through their success.

Learning more about best advocacy practices and strategies within a global setting. Learning more about new policy and leadership working together at a macro level.

Advocacy approaches in palliative care.

To have a perspective on a process for clients in LTC that need an advocate to ensure their end of life plans are realized.

Loved the advocacy models presented.

Enhancing my understanding about palliative care and how we might overcome the challenges we face in our work.

Our role as advocates is so important, it is like a ripple effect.

Getting the government to recognize Palliative Care on the same level that they recognize MAiD. The speakers that touched on this were great. Thank you.

To think in possibilities rather than barriers (system and change perspective).

Thinking more critically about barriers to palliative care approaches and and community access.

Enhancing knowledge on barriers for palliative care and relevant supports/services.

Increased knowledge about palliative in community and new ways to consider helping.

Learning more about the challenges and changes currently in palliative care.

Coming from a culture where care was very 'living well until the very last breath' in extended family setting. Am at this stage in my life feeling that the social / political and cultural information and practice silos, which didn't stress 'dying well' collaboratively, was distressing. Missing the lack of team patient / person centred care.

I received an overview on different aspects of Palliative care and some of the concerns in giving effective palliative care.

The need for equitable health care.

Having a broad view of where palliative care is heading.

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To advocate and initiate palliative care in early stages.

Advocate for early diagnosis.

Almost all the learning objectives , especially to advocate for early recognition and providing palliative care.

Significance of early initiation of palliative care.

Early intervention in Palliative Approach.

Early identification for those who would benefit from a palliative care approach.

Review and updating information on current work on early ID.

Learning about early palliative care involvement.

Learned more about early palliative care giving to help clients.

Understanding how early palliative care can help patients greatly improve their quality of life.

More awareness of palliative care and the need to implement earlier in practice.

Early determination and hindrances to palliative care.

Recognizing palliative care should start sooner.

importance of early referral to Palliative Care , not just end of life.

The importance of early discussion with family re : levels of care.

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Visual tools and resources.

Apply tools and resources.

New tools to utilize in LTC in prognostics or predicting end of life.

Knowledge of tools to predict disease trajectories and outcomes such as HOMR, RADPAC and RESPECT.

Useful written resources to consider.

To become aware of leading strategies in delivering Palliative Care.

Added skills and knowledge when working with those who are palliative.

Why communication is so important along with deliberate terminology when referring to palliative care.

Ways to address difficult conversations with patients, e.g, "I wish, I worry, I wonder".

How to communicate comfortably with family as well as the Patient.

Listening vs listening to respond.

The reminders of how our actions and words we use impacts the outcome.

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The Ontario Palliative Care Network.

A bit more understanding how our Ontario system works - still very complex and confusing though.

A better understanding of the organizational structure of health care in Ontario.

As a volunteer with Hospice Services Kawartha Lakes, I did not have a preconceived learning goals. I certainly learned a lot about the Palliative Care programs and philosophies in Ontario.

Felt good support for what I do as a volunteer in my Hospice here in Lindsay, ON . I keep learning ways to better my 'work' with the dying and bereaved who teach me so much.

Get up-to-date resources related to palliative care and to learn about the progress related to palliative care management within Ontario.

Palliative care in Ontario and around the world.

My goal was to have a better general understanding of the situation/field, and to particularly understand more about the organization in NO.

Understanding the current palliative care challenges in the northeast region.

Increased knowledge of the scope and size of palliative initiatives in the North.

Better understanding of current palliative care organisation in the north.

I gained insight into my future career paths in northern medicine.

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Current trends.

Gained more information on current issues.

To learn more deeply what is taking place in palliative care.

I came into the conference as I do with any learning opportunity with just being open to taking in new information to support my growth and development as a palliative care clinician. That said, the conference really delivered in terms of helping me to stay current with current themes in palliative care, including globally which I really hadn't considered until our last presentation.

New ideas for palliative care in the community.

Awareness of current work being done in the sector. Understanding the move to Primary care models. Seeing the lived experience with a different lens.

I am a nursing educator so my main goal of becoming more informed and learning about the advances in palliative care-organizational and grass roots was important.

Understanding the organisation and management of palliative care cases in relation to different experiences.

I learned a lot about how palliative care has come a long way and how we can continue to meet palliative needs by listening to our patients and by continuing to expand our knowledge.

More informed on the challenges around the delivery of palliative care and the need for education around what palliative care is and isn't.

Just find this whole world of palliative care so interesting.

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Updating my understanding of the Palliative care approach.

I find that being updated on approaches is beneficial to my work in community.

Further understanding of the terms palliative care and different approaches.

To have increased insights into different approaches to palliative care and how it is managed.



Learning more about palliative approach to care and end of life care.

Learning more about the palliative approach and global palliative care/pain management.

Learning more about palliative care approach and lessons learned from COVID19 pandemic.

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The main objective was to obtain insight into Palliative Care from more experience practitioners. This goal was obtained through each speaker.

Learning goals met by all speakers.

All speakers were very informal and very easy to listen to :)

They were met and then some. I enjoyed the opportunity to be able to ask questions and have the time for speakers to respond.

I feel like the learning goals were met, however I did find the presentations repetitive at times.

The first session with Eugene - would have listened to him all day; was the best part of the day. Unfortunately, I found the day quite long - the other speakers were not as interesting and did not provide me with tools and other skills/competencies I would have hoped to gain with this training session.

As a volunteer I found all of the presentations very informative.

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New information and reinforcement of knowledge to share with pts and families.

I learned how to be a better healthcare provider for my clients with a life-limiting illness.

Reflecting on my own biases and care for patients.

To rejuvenate myself by participating today in the conference.

This conference confirmed the immeasurable value of palliative care. I was already aware of this fact, having partied at hospice with a dear friend (Mamma Mia, Cheezies and orange pop) the day before she passed. The multiple other experiences lived with residents and their families during our 9 year volunteer stint at Maison McCulloch Hospice have enriched my husband's and my life.

Importance of Palliative Care in to my practice as Family Physician.

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One of my main goals for learning was to keep up to date with Palliative Care and this conference has been a great way to do that. I also appreciate the feeling of being connected with so many experts in the field - both presenters and those working in the field. I appreciated the topic of burn out and was pleasantly surprised to learn that the speaker was Eugene as I know him quite well.

Learning from and connecting with palliative care providers in other parts of the province - unique needs and services.

I wanted to learn more about what palliative care means to health care professionals and I feel that this program exceeded my expectations.

Connection with greater palliative community.

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Gaining a better understanding of the use of opioids in palliative care.

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Too many to count. It is always a pleasure to be part of such a passionate group of selfless and knowledgeable individuals.

Yes; this was my first palliative care conference and I felt all the information was relevant to my practice as a hospice nurse.

Yes and more!

Yes.

All.

All.

All.

All goals were met.

All of the learning goals that were set out, were properly addressed.

All of them were met. I think it was a great planned out conference.

I feel all learning outcomes were met.

I feel the majority of learning goals were met, if not all of them.

They were all for the most part met or at least touched on.

I was late to register for this program and don't feel I had the chance to truly develop learning goals, however I do feel that the sessions I was able to attend were very informative.

I am a fairly new hospice volunteer. I was just hoping to learn more about palliative care - my goal was met.

As a Spiritual Care provider, learning more about palliative care as a whole was very good for me.

The whole program was very effective.

I felt as though i have taken away such a great deal from this program.

It was a wealth of new information.

Clarity about palliative care

Very educational program.

To continue education relevant to palliative care.

Understanding more about palliative care.

Have a better understanding about palliative care.

Extend my knowledge on palliative care.

Better knowledge and understanding.

General knowledge.

Increase knowledge.

More knowledgeable about many different things in palliative work.

To obtain more knowledge about palliative care.

I would like to learn as much as I can about palliative care.

Information and inspiration for continuing work in Palliative Care!

#### Which education session(s) did you find most effective for improving your skills and knowledge? Why?

The Education session I found most effective for improving my skills and knowledge was the very first session presented by Mr. Eugene Dufour. His presentation was very engaging, very emotional and very inspiring. He did an awesome Job explaining Trauma informed care and recognizing burnout and Covid related PTSD. He had excellent examples of strategies health care providers should engage in during work shifts. I appreciated his tips on deep listening, it is sometimes a struggle to just listen and not try and fix. A quote, that spoke volumes to me personally was; "When the alarm bell of the emotional brain keeps signaling that you are in danger, no amount of insight will silence it." Mr. Dufour's personal experience and how he presented the information was very heartfelt and gave me invaluable knowledge and insight. Learning about the wind phone was great! I have never heard about this before and to see the pics and hear all about it, it gives hope to humanity. I was interested to learn about compassion fatigue, I was a little familiar with this, but his perspective and strategies changed my views a little.

First one: provides specific stories and examples, tools, etc.

First session with Eugene - had such amazing tools, tricks and suggestions; things that can really be used in practice.

I am a mental health practitioner from India. My inclination was mostly to understand the burnout and PTSD . The session by Mr. Eugene Dufour sharing his expertise and knowledge really helped . The Tools that were discussed was very helpful and i will be apply these tools to help my clients.

The presentation about burnout helped increase my self-awareness about signs and also offered many practical tools for me to adopt, while also offering strategies as a clinician when caring for people in the context of suffering, dying, grief and bereavement - all things that I will most certainly bring forward in my own practice.

Eugene DuFour - He provided the most tangible skills and strategies to cope with burnout/PTSD/CPTSD. These skills are most applicable to my practice.

Mr. Eugene Dufour's presentation because of all the practical suggestions applicable to my work.

Eugene Dufour's presentation was most helpful in learning concrete approaches that could be applied in real time in the workplace and amongst clinical staff.

Mr. Eugene Dufour's presentation was more effective for me, he suggested and gave me more tangible things to work with.

I felt that Eugene's session was the most effective for me. I feel that he had some really practical examples that I feel can easily be implemented into my practice.

Eugene's presentation - as a clinician, some excellent strategies, verbiage and helpful reads to implement.

Mr. Dufour provided a wealth of concrete examples with respect to work in the trenches.

Mr Dufour, practical tips and wealth of knowledge will be so helpful.

The first Eugene. I would try all the rituals he mentioned, and made the simplest things most important to the residents.

Eugene Dufour - discussed what most of us are feeling and gave examples of what could help." Look for opportunities to plant the seeds of hope."

These have all been amazing sessions, but the first session really resonated with me as I have found myself in burnout mode in the past, and didn't really have the tools to pull myself out of it. Reflection, self-awareness, ritual, spirit and soul really are imperative to good empathetic care.

I truly will value Mr. Dufour's definition of soul/spirituality as vital breath-I will now ask my students and clients what hurts in the depths of your soul will be in my toolbox. His hug blanket-that was touching for many reasons.

Eugene Dufour presents with sincere and gentle passion. Looking forward to reviewing the presentation slides: wind phone e.g. is a terrific image.

Burnout with COVID. I just love the Wind Phone and am planning on implementing it at our Organization.

The opening session was outstanding. The speaker was fabulous. He offered very relevant information in framing professional burnout along with concrete techniques that are able to be implemented immediately.

I found the first education session was the most effective for improving my skill set as he spoke about skills to use while in burnout and also spoke about tools to use while working with individuals and families that are palliative.

Burnout presentation for increased self awareness and many tools to adopt to help not only in caring for myself and reducing burnout but also sensitive approaches of interacting with patients and families amidst their illness, dying and bereavement processes.

Recognizing Burnout...

The Burnout presentation was my favourite. It was very interesting.

I found the first presentation on burnout helpful.

The one about burnout was important because it is always a relevant topic to talk about.

The first session on burnout - very timely.

Eugene Dufour for compassion fatigue and burnout.

I think the session with Mr. Eugene Dufour was very insightful and moving and really resonated with me the most. I come from a mental health background and switched areas of care partway through the pandemic due to feeling burned out and experiencing compassion fatigue and his words really resonated with me and how I felt during that time.

I found Eugene Dufour session to be the most effective, as many employees I work with experience burnout in their work with home care and palliative care.

Compassion fatigue and burn out subtle symptoms.

Recognizing burnout - it's treatable, common and negatively impacts service delivery.

The session on Burnout provided especially useful ideas about how to identify and deal with this problem.

Importance of recognizing burn out in colleagues, particularly in low resource rural environments.

Burning out as that is something that can happen so quickly without any notice.

Prevention of burnout.

The Session on burnout was most applicable to my upcoming involvement as a volunteer with the Hope House Community Hospice in York Region.

The first by Mr. Eugene Dufour was wonderful for an understanding of burnout and what to do about it. I facilitate a Caregiver group and many of my clients have the symptoms of burnout. I also remembered that it is important to not burn out myself.

All the other sessions were interesting and very informative. I have noticed that there is now an advertisement on TV about palliative care and what it really means. There needs to be more public information so that palliative care is not always associated only with death.

The session about Burnout was most effective. It triggered memories of how I got affected by stress, tension and overwork. It has taught me how best I can manage different situation at work that affect my mind.

I think Mr. Dufour's really hit the nail on the head about burnout and the importance of self-care not only being the individual's job but the team and the organization's.

I enjoyed all - but especially Mr. E Dufour - for reinforcing the impact and need for self-care of my own well being in practice and understanding the greater impact on colleagues, front line workers and the strained systems during the last 3 years and 'hope' for going forward.

The first session on Burnout by Eugene Dubour. I am a counselor who support the clients of the palliative care outreach team and I am also resident at a hospice, so the concept of being present and the ritual of hitting the tree to leave the burdens of work at the door was helpful.

I found the first presentation the most effective, as it included specific ways to improve overall mental health.

I found that Mr. Eugene's session really influenced me and helped me the most. He articulated what he was teaching so well, with relevant stories to shed light onto what he was teaching. I wanted to learn how to care for myself while working with extremely vulnerable people and he did just that. He taught us how to take care of ourselves and also how to acknowledge the feelings and traumas we go through as caregivers.

First session, invited self reflection, good reading resources.

Mr. Eugene Dufour- his simple approach and self care methods and compassionate eye for opportunities to help was impressive and refreshing.

Eugene's session provided some self care strategies and helped me find some grace to provide to myself in my own journey.

Eugene Dufour being aware that we as practitioners need to care for our needs and to acknowledge how Covid has affected.

Mr Dufour's presentation - we are not robots!

The knowledge about complex PTSD and the 20-20-20 minutes suggestion, i will utilize this into my self care.

The session on burnout gave information on dealing with the burden of nursing during covid.

Recognizing Burnout and Post-COVID PTSD.

Recognizing Burnout and post Covid PTSD.

Reecognizing post covid burn out and PTSD.

Recognizing Burnout and post covid PTSD.

Recognizing Burnout and Post-Covid PTSD; I worked as a PWS for 10 years and now that i'm not working as a PSW i didn't recognize how much i was burning myself out.

Recognizing Burnout and Post-COVID PTSD as this is a constant battle and the pandemic compromised many strategies used for work -life balance that still seem to be having a ripple effect.

I liked them all, but I will choose session 1 - Recognizing Burnout and Post COVID PTSD. I feel like the world I live and work in dwells in a sea of burned-out or browned-out people. I felt validated and supported by the discussion, which heartens me.

Understanding more about PTSD and C-PTSD and how to respond effectively when one is going through PTSD and applying this knowledge to myself moving forward. I didn't really apply the signs to myself when I should be.

Learning about burnout and PTSD caused by COVID - being able to recognize the signs and apply the tools.

Presentation on trauma and PTSD from Eugene Dufour. It is very applicable to my practice and required in order to practice effectively.

Post COVID PTSD.

The one addressing care giver burnout/PTSD post COVID.

Mr. Eugene Dufour - lots of great information on trauma, stress PTSD etc.

The person that talked about working in Palliative care and how to communicate with others - PTSD.

The workshop on trauma care and grief work.

About spirituality and palliative care in regards to COVID time.

Eugene Dufour. I could relate to his role in palliative care as I was involved in Spiritual Care for 10 years mostly serving palliative patients and their families.

The first session, as it's related to my field as a psycho-spiritual therapist. Being in the spiritual care field and the importance of the spiritual when it comes to patience spending time in palliative care.

Personally, Eugene Dufour informed my experience of working through the pandemic as a health care professional. I view education as self care, and his presentation along with Dr. Jose Pereira was effective for me as a Spiritual Care Coordinator of LTC.

The first session, called Recognizing Burnout and Post COVID PTSD, taught me a great deal about trauma-informed care and how to improve my listening when working with clients. I am a social work student on placement speaking with people over the phone. The population I work with struggles with loneliness and isolation, so improving my attending skills is very helpful to have successful rapport with my clients.

I enjoyed Eugene Dufour the most out of all the presenters as I come from a social worker in the medical field background and I felt that he was able to speak about many things I come across in my work.

Eugene Dufour's session was most appealing to me as it discussed issues facing several of my clients.

Eugene Dufour's session felt most personally relevant to what I do and where I am at.

Eugene Dufour's - as a clergy person his ideas and experiences resonated with me in my work.

Mr. Dufour was so relatable, the information he provided was practical, essential and enlightening.

Eugene Dufour - I feel that I took away the most from this session. I felt as though the way that he incorporated real stories into his section really made a huge difference in understanding more.

Eugene's because he shared personal experience and demonstrated how to learn from all sorts of experience. He modelled knowing limitations and weaknesses.

I found Eugene Dufour's to be very helpful as they were often related to his previous experiences.

Eugene Dufour's session was very practical and relatable.

I found the first one to be most effective. The speaker held my attention and they shared real life stories.

I liked all of the talks but the one that stood out for me was Mr. Eugene Dufour's. It was more relatable to me as a health care provider who has worked through the pandemic and is now seeing the impact of it. Seeing many of my colleagues either experience burnout or PTSD.

Dr. Dufour's presentation. The use of personal stories and his method of presenting was highly effective at passing along his message.

I especially appreciated Mr. Eugene Duour's presentation as it was so integrated and I learn best through story-telling. I will be sharing his presentation with colleagues at my hospital. I was disappointed that our palliative Care dept. did not appear to know the Conference was taking place. I found out through CASC.

Eugene's because I am writing a paper on how COVID has impacted healthcare, so his input and knowledge have greatly benefited my paper.

Eugene because I was currently discussing what he was talking about in a paper for school.

Although there was good information and flow between the presenters, I liked the presentation of Dr Eugene Dufour best. Not too sure why, maybe we all need to know more about stress and burnout.

Dr Dufour - I have always found that he is able to speak in a way that addresses the subject but reaches my heart.

Eugene was amazing, truly wonderful to listen to and learn from.

Everything that Eugene Dufour teaches has helped me immensely .

I very much enjoyed Mr Eugene Dufor presentation.

The Presentations by Eugene.

Eugene was amazing.

The first. It was very engaging and provided concrete examples I can start using immediately.

First one of the day.

First session.

First.

Session 1 Recognizing Burnout and Post Covid PTSD.

Session 1.

Mr. Eugene Dufour.

Mr. Dufour's.

Mr. Dufour.

Mr. Eugene.

Eugene Dufour.

Eugene.

Eugene.

Advocate for community-based palliative care through partnerships and system change.

Advocate for community palliative delivery. Because so important to reinforce care for all no matter where they are!! and advocate change!

Dr Pun, because of the person centered decision making which I am an advocate for this and still need to try and reach more family about this person centered care.

Moving toward broader palliative care.

Moving towards a broader palliative care in NW Ontario.

Moving Towards Broader Palliative Care in Northeastern Ontario – identification and initiation of palliative approach across diseases and sectors.

Moving Towards Broader Palliative Care in Northeastern Ontario - identification and initiation of palliative approach across diseases and sectors by Dr. Christine Pun & Dr. Hailey Moore because the information about identifying and beginning to incorporate palliative care in early stages was very informative and a great reminder and eye opener.

Moving Towards Broader Palliative Care in Northeastern Ontario: because it provided the most information I was looking for out of this presentation.



Very interesting to learn what the direction of the OPCN is now. This information was the most up to date - it is not yet on the OPCN website even. Helpful to hear how geographic barriers in rural areas are being addressed.

I enjoyed the explanation of the network in NO, I would need to review it many times before I can say that I fully understand it though, but I feel that I got a good overview.

Dr Pun's view of the Ontario palliative care system going forward was enlightening.

Long and short-term changes in the delivery of palliative care (challenges and opportunities), found it knowledgeable as to when it should be advocated for the family to seek their MD and next following steps.

I would have to say Dr. Pun and Dr. Moore. As a care coordinator with oncology clients, I work a lot with the palliative teams and arrange community services with Home and Community Care. I often run into issues with achieving services due to lack of health care workers RN, RPN, PSWs in the community so often the patient are waitlisted for these services. We need new initiatives to ensure we have the services needed to help everyone.

Our team is always trying to advocate for early identification in the disease process and this solidified why earlier identification benefits the patient and family/care-givers.

The session on early palliative care stressed the importance of using a multidisciplinary approach.

the early identification and initiation of palliative care just reinforces what I understood and what we try to promote in our organization.

The presentation by Dr. Moore was most valuable to me as a medical learner, and how early integration is necessary.

Early identification - new tools that I didn't know about before.

I found Dr. Hailey's presentation most effective for improving my skills and knowledge. Applying tools, sharing tips were things I could take away and use.

Specific tools suggested by Dr Moore, and how they might be integrated into office and hospital EMR.

The tools shared by DR. CHRISTINE PUN & DR. HAILEY MOORE | were very timely and I will be able to use as we grow our hospice programs.

Dr. Moore provided valuable information necessary for me to help families make informed decisions about end-of-life journey, and Dr Pun presented aspects on navigating the health health care system.

Dr. Hailee Moore's presentation - most applicable to a palliative approach in long-term care.

Dr. Hailey.... was challenging and honest.

Dr. Moore was great!

Dr. Hailey Moore.

Palliative Care for all who need it.

Dr Katherine Pettus: I had no idea about the lack of pal care and pain relief worldwide. This makes me value our system and encourages me to think more critically and more thankfully when I discuss pain relief with clients.

The program regarding accessible opioids was very eye opening for me as opioids are held in such a demonized light.

The last speaker because I was previously unaware of the benefit of using opioids in palliative care.

The Palliative Care for All Who Need it in a World Free from Health-Related Suffering provided information related to palliative care and how it's affected by the pandemic and other medical shortages around the world.

Katherine Pettus on global crises re: pain management.

Dr. Katherine Pettus' presentation, The Global Palliative Care Movement, was most effective for me because I had never heard of this topic before the conference.

I found Dr. Katherine Pettus' program the Palliative Care for All Who Need it in a World Free from Health-Related Suffering, really interesting and eye opening. It was perhaps my favourite session of the day... and it was the last one on a Friday! I feel I work sometimes at such a micro level, I have no understanding of what is happening at the macro/global level. HPC is truly a movement, having the "big picture" awareness keeps my role in it real.

Dr. Katherine Pettus - powerful presentation regarding global health care.

But Katherine's presentation put a lot of pieces together for me. I'm new to palliative care, specific to Indigenous communities, and while much of what she talked about went over the impacts on a global scale, small home communities here on reservations and underserved sub communities face these same struggles.

(Palliative Care for All Who Need it in a World Free from Health-Related Suffering) Palliative care is the level of palliative care which should be provided by all healthcare professionals, in primary or secondary care, within their duties to patients with life-limiting disease, and global importance of palliative care and the vision of a world free from health related suffering

Palliative care needs for all who need it. Appreciated the concept on serious health-related suffering. It gave me a new perspective and awareness about the global needs.

Dr. Pettus was professional but had a very 'real' side to her that touched your very core. She was enlightening and her material was revealing, I found her not only trustworthy but she incited me to learn more from her and to get further involved in her cause.

World wide palliative care by Katherine. She explained things very well, and was very knowledgeable about her role.

Dr. Katherine Pettus.

Dr. Pettus.

Katherine.

Palliative care for all by Katherine. Because many times our worldview is limited to the contexts in which we work but she helped stretch our minds to the suffering of others as well. This creates a sense of gratitude for where we are at, even with our own shortcomings in healthcare.

K. Pettus is now giving me a other world view. We have so much in our country. Her story of her mother is poignant and a reminder of what does happen.

I would say Palliative care for all who need it in the world free from health-related suffering taught me the most. Which in turn will allow me to be a better advocate for palliative care in my region

I enjoyed the last session because it reminds me why we do palliative care work.

Mostly all but Dr Pettus presentation was the most heart touching and inspiring.

Final presentations were particularly effective and enlightening.

Two Steps Forward or Three Steps Back? The COVID-19 Pandemic and its Impact on Palliative Care.

2 steps forward 3 steps back #3 Dr Jose Pereira

Session 3 Two steps forward or three steps back ?

The 2 steps forward, 3 steps backwards, helps you stay focused on why we do what we do.

Two steps Forward or Three Steps Back Due to my role most relates to experiences, practice. confirmed my beliefs Was hopeful.

Dr. Jose Pereira- honesty of what truly is happening. Gave me hope that we have "some courageous leadership with common visions and everyone helping out to see positive outcomes happening in the future."

Dr. Pereira brought hope through his words as well as challenge.

Dr. Pereira provided a wealth of information that I will use and study.

Jose Pereira: ways to keep improving palliative care system wide.

I enjoyed listening to Dr Jose Pereira as he set up a better understanding for me as to why the system is the way it is now, post Covid-19.

Dr Jose Pereira.

The Pandemic information I was really interested in to actually which why we are going. I m glad to hear that it is improving, slowly but steadily. It's taken yrs for our healthcare to be recognized that it is broken and needs a major overhaul to get it to where we should be able to afford it.

For personal development, I found session 1 with Dr. Eugene Dufour most effective. I felt very validated in his presentation for how I've been feeling and the overwhelming sense of loss experienced during the pandemic. For professional development, I found session 2 with Dr. Jose Pereira most effective. He discussed different protocols that were developed during COVID-19 that I was not aware of and am now able to access.

Dr Jose Pereira and Eugene Dufour were my favourite presenters. They both presented their thoughts on advocacy in palliative care in different and powerful ways.

Hmm. The first speaker in the morning and the first speaker in the afternoon were the most inspirational to me.

The first and last one.

Learned more with Eugene's talk on burnout, and really enjoyed Dr. Pettus talk on palliative care globally.

Presentation of Eugene Dufour...and for knowledge the international need for pain meds.

The first presentation spoke to me most, although the second presentation was informative more from a clinical perspective.

The first and second sessions had well informed and receptive presenters.

I enjoyed the whole day. Good to know how to improve self care and how the palliative care program will be integrated into Ontario Health teams.

The first and second presentations. I learned more in relation to my current practice.

The PTSD session enabled me to understand how I was feeling. The discussions pertaining to care integration helped me understand the greater picture of healthcare in Ontario.

Eugene Dufour and Dr. Pun and Dr. Moore.

Two steps forward and palliative care for all.

I was only able to see the afternoon sessions, however I found them equally effective for improving my skills and knowledge. The speakers had a wonderful way of presenting their information.

Eugene Dufour, Dr. Moore and Dr. Periera sessions were most effective and spoke to my practice in the community. Have a greater understanding of role of paramedicine.

The 1st and 3rd education sessions were the most helpful for my work/perspective, but it was also very helpful to hear the fourth session to learn more about what is offered further abroad.

Dufour, Pereira and Pettus.

All.

All.

All of them.

Actually, all of them.

Enjoyed all presentations.

All of them great.

They were all equally great.

All presentations were amazing.

They were all very informative.

All added a great amount of knowledge.

They were all very educational and informative.

All of them... because each presented a different aspect in a very efficient and captivating manner.

I found them all to be relevant to practice.

I found them all very applicable.

All the sessions provided information.

All the sessions gave me the confidence to serve more in future, and the speakers are passionate in the field.

All of the sessions were effective as each brought something very different.

All the sessions were informative because they touched base on everything that broadened my knowledge.

I learned something from every session. Sorry not too helpful.

Every session brought a different approach, a different message and the presenters were well prepared and great speakers.

I loved every session.

I think parts of all of them were relevant and helpful. I don't I could say that just one was. I took something from each of them.

It was all full of amazing and new information that benefits palliative care.

Skills learned is easily applied to self and into my personal practice.

I came away from all sessions with a bit of new knowledge and reconfirmed so much really good information. From advocacy to caregivers' support from burnout, the conference touched on all the important topics. Kudos to the conference organizers.

Each presentation was unique and they have all contributed to my knowledge-building in palliative care, self-care, and the what covid covered and uncovered.

All of them because they taught me more about aspects of palliative care that I did not know about.

I enjoyed all of them as I'm new to palliative care and found it all informative and relevant.

Essentially all of them. I am pretty new on a local Palliative Care group for Temiskaming region, and will benefit from the speakers ideas and shared knowledge.

None of the sessions added any skill set to the nursing experience but definitely helped me to improve my knowledge to help myself from covid PTSD.

All but the presentation by Dr. Katherine Pettus were effective. I'm not sure how my work in LTC can help her cause.

I thoroughly enjoyed all the presenters in the conference and was happy with the information provided.

The knowledge and compassion each speaker brings to the table combined with their own unique experiences and perspective, provides a wealth of information carried forth with such grace. thank you for all the work you do, and the difference you make.

All of the presenters brought valuable material and contributed to understanding Palliative Care, particularly the challenges and current status from the impact of Covid in delivering it.

All of them. Each presenter spoke of their challenges, goals and accomplishments.

Each session addressed the need for greater access to pain management /palliative care. This conference did much to encourage ministries, to engage and share and activate better care locally as well as globally. Provided encouragement and am pleased that mental health, pain management and palliative care are being scaled up and spoken about to no longer be taboo topics. Good dialogue raises awareness.

Eugene Dufour layer out some very practical steps. Dr Pun and Dr Moore talked about early palatine care (instead of just end of life), and advance planning. De Pereira talked about model for breaching family(I wish/worry/wonder). And Dr Pettus talked about spirituality element.

Mr Dufour's was very relatable and practical, Dr Pereira's was helpful and provided further resources for reading around the subject, Drs Pun and Moore very knowledgeable, but less relevant to myself as I am nearing the end of my career, and will remain in South Western Ontario, Dr Pettus, less relatable as she was dealing with problems that seemed so overwhelming in scale, where I am struggling with very local issues.

DR DUFOUR RE BURNOUT | DRS PUN AND MOORE; PRACTICAL CONSIDERATIONS | DRS PEREIRA AND PETTUS PROVIDED GENERAL INFO AS WELL.

Appreciated learning about palliative care from a local to international level. I took at least two or three pearls of wisdom from each session. I did find the length of sessions was long Thank you for all the organizing of all the details to put the conference together.

#### What, if any, gaps in your knowledge, skills or attitudes did you identify as a result of this program?

Lots.

That I have much more to learn.

Just an overall lack of knowledge as to what happens outside of my own LHIN.

Being a volunteer there were many things I didn't know. But all the information was great.

Just to learn and research many models for our agency to handle the aspect of end of life in an honouring way.

I took lots of notes and plan to put many things I learnt today into practice with my clients/patients.

This was my first conference for Palliative Care and I found it gave me understanding or at least a framework to ground my work.

I feel I need to find some time in my schedule to help out by volunteering at least a few hrs once a week to start with.

I don't have medical training, but felt I was able to follow along all right.

It broadened my perspective.

How important it is to keep current.

I would like to follow up with more learning especially about Palliative care as it relates to ICU admissions.

I would like to learn more about what providing palliative care entails.

Better understanding of palliative care.

Being aware of the framing of the term "palliative".

I realised that Palliative care encompasses multiple stages in medical care and is a holostic approach.

Traditional knowledge.

Gap in knowledge / understanding of bigger picture of palliative care delivery across Province / from systems perspective.

Not so much filling gaps but rather amplifying what I know already.

It is good to recognize the gaps in the whole system but found it overwhelming and over my head.

I found there wasn't a lot of solutions offered.

It was well presented and very informative.

I keep learning from such speakers.

All sessions were excellent, all could have been expanded to day long programs but provided a great collective of very relevant issues in palliative care (eg. Dr K Pettus with learning of lack of worldwide pain med and mgt). I greatly enjoyed all and was glad there were the 4 sessions in this format (including q and a).

I thoroughly enjoyed the entire day..

I have been doing this work for the past 15 years. The change in the field during that time has been incredible. The pandemic was isolating us each other in the field. This conference was so rewarding in 'hanging out with your people again'. It helped to bring focus on the areas we need to be aware of in getting rebooted again.

I can improve my knowledge of all of these areas and can incorporate what was learned to improve my practice.

Complex PTSD.

Burnout and PTSD.

So many gaps in my personal management of burnout!

Dr. Dufours presentation hit home for me in that I never saw myself as stressed or heading towards burnout. But, in listening to him and looking at some of the signs that are not common knowledge for burnout certainly hit close to home. Will make me pay more attention to my own health physical and mental health.

The burnout discussion I felt needed more depth in understanding how to support people and staffing in this climate. Being more attuned to the current climate in healthcare needs would have been an additional way to support the participants who may be joining under difficult situations.

I realized that I was ill informed as to some of the raw hardships other healthcare professionals endured during the pandemic.

Still working in silos - set up a peer support line during covid, the regional warm line provides that service on-going.

How to support colleagues who are burned out.

Would love some resources of other hospices that have a program in place for supporting each other in our work, as per Eugene Dufour was going to add this resource.

I can develop helpful rituals to help create more fossettes to release the day to day stress which comes with giving care to EOL persons.

Adding rituals in care.

Lack of self care, myself and my colleagues. I learned that I did not have to use big words to validate my client, the very most thing was been present,

I think I had forgot how bad things were when the pandemic started. I think we have all been on autopilot for so long, we haven't yet had time to really think out what the last 3 years have been like and give space to ourselves and others to grieve what has happened.

#### IMPORTANCE OF COMBINING EMPATHY WITH SELF CARE AND TIME OUT STRATEGIES.

The importance of self care and debriefing were highlighted and honestly, I never really recognized they're importance or effects to the full extent.

Will definitely practice more self-care, and know when to step away. So I would say more self-awareness.

i definitely saw some gaps in my current level of self-care.

More self care is needed on my end for me.

self care.

Self reflection.

The challenge I face is the fact that I work on my own in the field of Spiritual Care and so I don't have the gift of having other colleagues to meet with on a daily basis which brings more learning opportunities. This conference provided a connection and a reminder that we need to always be learning more.

More about global structure and provision of good palliative care.

The global situation with palliative care.

The work of palliative care globally- increased knowledge and ideals.

Gaps in global knowledge of palliative care.

My limited knowledge in palliative care globally.

I had zero knowledge about the Global Palliative Care Movement before Dr. Katherine Pettus' presentation.

Limited knowledge of global palliative care.

The global need for palliative care presentation was very moving and enriched my understanding of what is happening in this world. I know it

Dr. Katherine Pettus presentation really showed me how privileged we are to have the palliative care we do. To hear what most of the world population experiences at end of life was eye opening for me.

What struck me most of all was my lack of knowledge about global issues in palliative care, and I really appreciated the last presentation in this regard for its eye opening delivery and provoking my further thoughts including even small ways as a clinician in which I might make a difference on a global level.

The need to be up to date on world issues, not just my circle of learning.

Dr Katherine Pettus sure opened my eyes as what is happening and lacking in other parts of the world.

World perspective.

Extent of the need for palliative care world wide.

The politics of palliative care, big eye opener on some of the barriers and issues that have stalled our forward movement. The whole view and differences in what countries have to work with to try and provide palliative care.

The fact that palliative care is not recognized in some countries yet.

I was unaware of how little Palliative care is incorporated into some other countries, and even our own. It gives me great hope that with the right amount of knowledge spread, we can make a great difference for the future of our most vulnerable.

The level of acceptance on palliative care per countries.

I also became ruefully aware of the global status of palliative care and how it impacts low and middle-income countries and their people.

Awareness of global struggles in securing pain medications.

The global pain medicine crisis.

Global analgesic crisis.

Knowledge of the access to medication crisis in the world.

My lack of knowledge of pain control for palliative care.

Lack of pain control available world wide.

Lack of proper medication for palliative patients around the world.

I had no idea of the worldwide shortage of palliative care and pain control, especially opioids.

The international shortage of morphine.

Use of opioids in palliative care.

I did not know about the lack of opioid medicinal pain relief options for palliative care in various global communities.

Before this conference I had not given any thought to the lack of services and mostly the lack of availability of medication for symptom management for 3rd world countries. I was greatly impacted by the presentation and was very grieved for those who die suffering because of this.

I also learnt of the influence of pharmaceutical industries and medicine as a business affecting the reach and affordability of care.

Having this knowledge about pharmaceutical politics helps in my own understanding of how treatments are pushed forward, even forced on populations, funded, and makes me question medical advancement. Is it really for the common good or for the few who benefit financially and economically? It does not however change my theological, ethical and moral philosophies to care.

The fact that pharmaceuticals are political and funded by our governments make our governments responsible for global suffering when they do not make cheap treatments available to the global majority. It is a crime against humanity, even a genocide if you like.

I learned so much about the inequity of pain medication and palliative care for so many in the world. We are so privileged in Canada.

I hadn't thought of the lack of access to pain control for palliative patients around the world. While I had recognized that we live in a privileged nation I didn't know the true inequity prior to this program.

I definitely was not aware of the lack of medication resources in other countries. This shows me that I have a lot to learn about global palliative care. I also tend to wonder if there are isolated communities in Canada where palliative care resources are limited as well.



I did not realize the extent of the global problem with palliative care - it made me very emotional to know that millions, billions of people suffer at their last moments...and that this could be changed, but nothing is done.

The concept of health-related suffering and how to remove that from palliative care.

I need to learn a lot more about the global status of suffering and palliative care.

No idea of the world issues around serious health related suffering.

I did not know that there was such a shortage of medications in much of the global world and was very pleased that there are advocates who are working at global organizations like the UN.

I learned how COVID-19 effected the palliative care system heavily, I knew the system was poorly taken care of but I truly did not grasp the extent of which care had become.

How COVID affected Palliative Care.

The backstory of palliative care, what happened in healthcare during the pandemic while I was in school, how much advocacy work is needed.

What happened during the pandemic - the good, bad and the ugly - and how we can harness these learnings.

"Three steps forward and two steps back is still forward progress." All is not hopeless even as our Ontario public health care seems to be eroding daily.

My role to help fix a broken health care system.

I can be doing more to make a difference at a legislative level. From a macro perspective, there are still a lot of ways to help that I was unaware of.

Legislature and organization of palliative care systems.

Always need to learn more, confirms commitment to time holistic palliative care and ream approach and need for systems changes.

How the opcn and pc networks fit in to OH and the new health teams.

Ontario Health Strategic Priorities then to annual 3 year business plan - many people involved.

The recognition of advances in palliative care in other settings, we tend to silo ourselves into our sector (ie I'm in LTC, so I tend to focus primarily on LTC).

More knowledge of LTC with Covid compared to working in the hospital.

Dr. Pereira's research...I will be research those pieces!

Communication.

I need to have or develop a plan of action to have the topic of person centered decision making to be initiated on admission of every LYC residents.

Remembering that all patients regardless of their diagnosis are entitled to palliative care

I think I need to be more cognizant and listen to patients, also be part of the solution to changing the way we talk about palliative care.

I learned a lot but I loved how they talked about the importance of being with the patient and listening. Not always needing to talk.. and that its okay.

The importance of fine tuning my listening skills.

I am on a learning journey for palliative patients. Appropriate timeframe and approaches to have different conversations at various stages.

Communicating with Palliative Pts when they are afraid to communicate their feelings .

The relationship completion especially providing closure, and what I can say to the dying. It was a struggle for me to find words for closure.

When initiating palliative care (cancer or with any disease), communication to the team was not discussed. Is there a plan of action? Who is doing what task and how is this carried out to all parties and family. In my own experience, there was a lot of miscommunications that just never should have been and would like to see this piece worked on, so family has a better at home experience.

The compassion from the top down in providing loving care for well living to the end.

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How to advocate for more community based palliative care.

Identifying priorities in our community for palliative care.

Also, the idea of community-based healthcare is commendable because it brings care to where people are. It keeps people close to their loved ones than moving them far away to care Centres where they will be prone to loneliness especially at critical stages of their lives. More importantly, it brings about the change of heart for more if not all people to care, recognize our own mortality, and contributes to the body of health and medical knowledge and research, and hopefully redirect government funding to where it is needed most.

Community palliative care. I need to study more on counselling. I have seen that it involves a lot of concepts.

It would be helpful to converse with the palliative care team in my own health care organization to understand and share ways to collaborate for better patient care.

Need better collaboration with others rather than working in isolation from others (I work in a remote area, but no reason I can't connect with peers via zoom, etc).

Connecting to other projects, ideas, work outside of own area.

I'd like to attend more conferences like this and finish then palliative care and psychosocial support class I'm currently enrolled in. I need to learn about community specific resources available in my City.

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I am understanding that every region works differently and that some regions have far stronger supports than others.

A deep understanding of provincial and regional palliative care network.

How the palliative network works provincially and regionally. That was great overview of the system.

I'm not completely familiar with Palliative care across provinces.

Better understanding of layout of services in Northeastern ON

Geographic palliative challenges of the North.

I have so much to learn. Understanding regional organizations collaborating to streamline communication to meet the needs of our clients and families.

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The gap with some physician's acceptance of early palliative care for patients. It is an ongoing challenge that needs a solution.

I learned about palliative care for the first time in a professional setting. Developing basic knowledge about different models of care, and hearing about the benefits of starting palliative care as early as the moment of diagnosis, was very interesting and informative.

When to start palliative care process.

Need a greater understanding of early palliative intervention in nonmalignant diseases.

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RESPECT TOOL.

Respect tool by Dr. Moore.

Need to spend more time and more vigilant use of tools.

Tools to help identify when palliative care should be initiated.

Wide spread resources.

I learnt more about the current challenges that are faced/ advocacy and networking.

Knowing more about how to advocate for PC.

That there is much more learning to do on advocating for spiritual care in palliative care.

Would like more conversation on dementia end of life care and MAiD.

Gaps would be the big issues around MAiD that were happening right at the time of the conference around the change in the legislation change in March 2022.

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A: the Sessions augment my knowledge from many years of Social Work Practice.

Not applicable.

No.

No.

No.

Nil.

None.

None.

None.

None.

None.

None that I can think of at this time.

There were none.

Nothing now comes to mind.

Not at this time.

No gaps noted perse, but definitely expanded my repertoire of intervention.

No gaps specifically but ways in which I can empower and enrich those individuals I encounter.

**Do you have any possible topics and presenters for the next program?**

[Gorden Flett \(Canada\)](#)

[Dr. Darcy Harris \(Canada\)](#)

[Dr Bill Hoy \(United States\)](#)

[Dr. Theresa Rando \(United States\)](#)

[Dr. Kathryn Mannix \(England\)](#)

[The Sacred Art of Living Centre](#)

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The Role of the Spiritual Care practitioner in the palliative movement.

How to advocate for spiritual care in palliative care and how organizations can help introduce spiritual care into their palliative care programs.

TO EXPLORE THE TOOLS OF SPIRITUALITY IN THE PROVISION OF PALLIATIVE CARE.

There was some allusions near the end of the day to faith-based institutions and how they can contribute positively to pain relief and palliative care. I would be very comfortable exploring this further, but recognize the challenges and perhaps limitations in doing so in this context. I would rather hear something from a passionate Hindu, for example, about their faith perspective (although I am not Hindu), than only a very vague reference to human spirituality which is vague and studiously avoids any reference to gods or God.

I would like to see some movement towards the regulation and promotion of Spiritual Care incorporated into the discussions and resources for this valuable service to palliative patients and their families.

I would like to see how spiritual care and psycho-spiritual therapists play a vital role in all hospital settings, including palliative, and the impact of their role, since spiritual care is one department that will have funding cut first.

The influence of beliefs within different religions and/or spiritualities and how they impact decisions R/T palliative care.

The importance and balance of body spirit mind connections and incorporated care.

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Mental health of palliative care professionals- spotlight on peds and decreasing stigma on seeking help.

More topics related to mental health in palliative care.

Examples of Self care strategies for Healthcare professionals.

I feel that a Session focused on the needs of caregivers, related to the stressors they experience in caring for a loved one who is palliative, might be very helpful.

Creating more awareness on complex PTSD.

It would be interesting to learn more about trauma-informed care and trauma therapy models with a focus on supporting BIPOC communities.

Would be interesting to have a presentation on how clinicians can adopt a trauma informed approach to their practice.

I've attended a couple of presentations now, including during this conference, raising awareness about a trauma-informed approach to care. I think it would be interesting to have a presentation that focused on steps we can take to incorporate a trauma informed approach in our clinical practice and pearls of wisdom in this regard.

When you have a loved one in palliative care and you pray that they get their wings a peacefully pass to stop their suffering and the families as well . But you live with the guilt of having such thoughts.

This was my second conference and I plan to continue attending each year. With my work in the field of grief and mourning - it touches on and directly impacts my work. Thank you !

Would have liked to hear less about the pandemic.

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MAiD.

Exploring MAiD.

Would like to have discussion on MAiD.

MAiD and it's place, or lack thereof, in palliative care, and how to respond when patients are asking about it.

Anything related to MAiD, but especially with respect to the new mental health inclusion.

TO EXPLORE ETHICAL DILEMMAS OF MAiD, LEGISLATIVE PROCESS AND THE ONGOING DISCUSSIONS ON CARE FOR THE ELDERLY.

I would love to learn more about MAiD: the pros and cons of MAiD, different opinions on MAiD from professional and family sides, any possible changes to the law re: new diagnosis' being added ie. mental health, dementia, children.

MAiD is so prevalent on our political front. It would be interesting to learn more-hear more.

I have been involved with discussions on MAiD (not through our Hospice). I have been at the bedside of a loved one when MAiD was carried out by a doctor and nurse--both caring. Is this becoming an 'elephant in the room'? Over the years I have sat by people and their families when death gently entered in--thanks to the help of the medical world. Am a supporter of gentle palliative care. Am also a supporter of one who chooses MAiD at a certain time on the journey. Listening to good words on pitching in section by K Pettus More to come so am staying til the end.

Discernment skills for difficult issues such as MAiD and abortion.

How do we ensure hospice beds in Hospitals remain for those at end of life and are not used for ALC patients.

Topic - Hospice implementations.

What is the role of community, friends, family, neighbours, caregivers in delivering hospice palliative care at home in rural communities? If 80% of care is delivered by caregivers/family etc - how do we build the capacity of our communities to "deliver" this palliative care (ie training, ACP) and how do we recognise and acknowledge these roles in the hospice palliative care hub.

How can community members get involved to bring about change in rural areas?

Importance of planning ahead with a community-based client receiving palliative care.

The role of volunteers in the Palliative Care program.

I would love to hear more about the impacts of volunteers within Palliative Care. Too often, I feel, we do not acknowledge the importance of a volunteer's impact on the system and individual patient's journey through end-of-life.

More information available for people looking to further their career in the Palliative Care field.

Katamine.

Methadone.

Dexmedetomidine.

Herbal medicines for comfort.

Topics could be about cannabis use in medicinal purposes.

Palliative care R/T pediatrics.

Expanded and in depth module R/T the importance of effective, therapeutic communication.

"Who is in the room as palliative care is discussed, shared and enacted towards the end of life?"

How to initiate early conversation.

Psychotherapeutic approach to Palliative care - including meaning base therapy in an attempt to minimize death anxiety, allow patient to focus on present moment, make memories.

Getting people to advocate for themselves.

I would like more presentation of the actual palliative care client, in there own words.

I would love to learn more about ways to continue recognizing palliative patients (and all patients) as who they are and always were outside of their illness and/or symptoms. I find that many health care workers unintentionally view patients through the lens of their diagnosis rather than their individuality. How do we shift our views outside of the medical perspective, in a medical setting.

Perhaps hearing a story from a caregiver or patient to help increase empathy and understanding in a less stressful setting than a clinical one would be helpful.

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Cultural challenges of palliative care.

I would be interested to know how immigrant populations are navigating the healthcare system in Canada. What are the benefits, challenges and opportunities? International students have to pay the medical insurance premiums never mind that they pay very high tuition fees at universities, literally funding the education sector in Canada in order to afford local Canadian people cheaper education! An abuse and human rights discrimination I would dare say since it is an economic exploitation. International students are also a large source of labour for Canada yet BC where I am currently changes them medical premiums. Many can't afford the premiums and risk accumulating hefty hospital bills God forbid that they get admitted. Canada heavily relies on immigrants to fund their education systems particularly universities through exorbitant tuition and fees. And through the immigration express entry federal and provincial programs, Canada lands thousands of immigrants. The workforce in the service, hospitality and healthcare sectors is largely from immigrant communities. Noticeably, the management and leadership is still largely White/ Caucasian. Meaning, they are still in the policy and decision-making, coupled with Canadian politics that is still also predominantly Caucasian. If the pace is this slow in Canada, how much more when it comes to global policy change in healthcare discrimination since many of these immigrant populations in Canada come from the LMICs?

The importance of being mindful of our own biases and how they could adversely affect the level of care we provide.

How important culture and social determinants of health are and how they can cause barriers to care.

Homeless population.

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More evidence-based practice recommendations related to palliative care advancements within Ontario.

Palliative Care Updates.

Common palliative care conditions.

Traditional teachings.

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Public Health approach to palliative care.

Maybe a speaker from the Ministry of Health to present their plan on long term care, palliative care and relevant topics.

Continue with ways of advocacy with the governments around palliative care being offered to every person.

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Further discussion of person with dementia and treating end of life care for those who remain at home.

I would really would enjoy learning about those with disabilities who are palliative.

Palliative care for dementia.

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Important to incorporate and be open to indigenous ideas/knowledge dissemination/and ideals to all aspects of palliative care everyday.

I would love to learn more about the palliative traditions of other cultures, especially the Ojibwe traditions, as my community primarily serves indigenous elders of Ojibwe culture.

Indigenous perspectives on culturally safe palliative care and death doulas.

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Workplace atmosphere and being a team.

Effect of good attitude on management of palliative care.

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Could we have a mentorship program; where expertise from one region is shared with another in Ontario over a one year period. Seems making connections happen between disciplines..

I would like to discuss the topic of specialized care IE specialists in Ontario.

I would like the topic of Internationally Trained Physicians residing in Ontario being optimized as a Valuable Human Resource and Skillset in the Current Healthcare Workforce Shortage and specifically as it relates to community based Palliative Care.

Dealing with difficult families. Palliative care encompasses the whole family and it can be a challenge.

Complex symptom management.

N/A

N/A

N/A

N/A

No.

No.

Nil.

None.

Not at this time.

Not at this time.

Not at the moment.

I don't at this time.

Not at this time, enjoy this conference annually as it is well run and always has credible and pertinent content.

Hmm... I have no suggestion for presenters.

No - Nice change from last 2 years. I was only able to attend pm sessions so cannot comment on am.

Can't think of any right now - still digesting all the wisdom from Feb 3.

Sorry, but too much to digest with these presentations.

I would enjoy anything that is presented. I love learning and implementing what I learn from these very well educated medical professionals.

Keep up the excellent work!

Just continue to do what you are doing - thanks!

#### If you could change one thing about the program, what would it be?

More interactive.

I would make it more interactive.

More interactive with participants.

Could be a bit more interactive when virtual but overall it was amazing.

More time for interaction.

More interactive. Perhaps breakout room discussions?

I would add perhaps interactive breakout groups to reflect on the concepts.

More opportunity for break out sessions, brainstorming, networking.

Break-out sessions.

Having smaller breakout sessions that allow for more one-on-one interactions with the panel for questions. This, however, would mean it would require a longer timeframe maybe two or three days of the conference.

Small group discussion.

The ability to do from home and interact with comments would have made me feel more engaged - I did from work.

Opportunities to connect but recognize the impact of size and virtual aspects that this is not possible. Really appreciate the well run organization in putting this on.

I could change the way of participants involvement. I could include the simple introduction before questions.

I would say more interactions with the participants and allowing participants to ask relevant questions throughout. I know there is a time limit for presenters, however I believe when participants are allowed to ask questions and create a meaningful dialog it helps significantly with learning and education.

I would include more interactive activities rather than just Q&A.

More interactive options/more audience engagement.

Have quizzes/polls to make it more interactive.

Offer a way for listeners to participate in the conference.

Maybe incorporate a gentle exercise to help with sitting so long.

Maybe end with a meditation or self reflection to focus on the healing and giving to the people who give of themselves everyday. Try and re-

First time using WebEx and piercing noise initially was an issue along with a random participant not being muted. Would be beneficial if host could mute and turn off camera for all participants.

The videos at the begining of the program needed to be checked for volume. Also, it would have been helpful if regular attendees were not given any mic access, then muting wouldn't be an issue for those not used to using the mute function.

Block mics, ability to request annotation, if possible, until end of speaking sessions; frequent interruptions.

The inconsistency in the volume of presenters, I had to keep adjusting my volume.

Sometimes hard to hear.

Better audio.

Better audio.

I would change the presentation technical platform -would not work on my iPad and had to switch to a notebook, I found webs to be challenging to use, could not get the sound running, however I was able to see the presentation and listen over my cell phone.

Maybe using a different platform like zoom. There seemed to be alot of difficulty with using this one and I had to try to get back in the program at least 3 times due to being disconnected.

Advised participants they are required to log in / log out of each session.

I found the sign in somewhat confusing and not intuitive.

Clearer directions for joining.

Better access to the presentations.

I didn't like the website links, seemed a little hard to navigate.

Some technology glitches; would be valuable to give tutorial to speakers about potential technology glitches and how to resolve prior to

Technical issues.

There were some prolonged periods of technical difficulties on the presenters sides. I would have appreciated those issues being dealt with prior to their actual time to present. I wonder if there could have been a "test period" prior to the official start of the conference.

Perhaps a different platform as there are a few technical issues.

I love that we are able to access these presentations virtually.

I thought the program was well done. Any issues were quickly addressed and were not interruptive. I would not have been able to attend if it were an in-person event, so I am grateful I could have access to this event online.

---

In person.

In person.

In person.

In person.

In person sessions/social.

In person learning can be more effective.

Physical environment to learn.

Make it in-person: it was great to see the turn out but it was easy to get distracted and it lacked engagement from participants.

In-as-much as I love the flexibility of being able to attend the conference from the comfort of my own home, I think it would have been advantageous to spend time with other conference participants. As I say this I also know that cost and other factors would have been a barrier to a different venue.

Possibly a larger in-person session periodically- although the virtual ones are helpful for those who cannot attend in person.

Add the possibility of in person in addition to virtual.

Would love to have in person again but this certainly is more cost effective and allows for more participants.

---

Too long.

I found it long and a bit repetitive at times.

It is long to be on line but the sessions are all excellent and so I would not want to skip out early!

Maybe not as long.

Make it two days!

Well organized; could possibly split into a 2 day workshop.

I would change this to two shorter days rather than all the information in one day. It is a lot of great information but also a lot in one day to absorb.

There was a lot of information for my tired brain which made for a long day. I can suggest, possibly two longer breaks and a few short ones, or split the conference in two half days?

I would like to see the conference take place over a two day timeline. Consequently, I believe I would benefit not only from more in depth analysis and illustration from the presenters but more time for participants to share viewpoints with each other.

Length of each session - shorter.

Maybe present on the weekend, so that others who were working could attend. Or half day sessions.

Length of time (start at 8 and go to 3 would suit me better). Also, Friday's suck for education.

---

The program today was a bit heavy on organizational / systems / policy material which I found a bit heavy for a full day. My suggestion would be to incorporate one talk that has a more clinical focus (could argue burnout presentation did bring this I suppose).

More evidence-based practice recommendations.

More practical topics for hospice care.

How to become involved ourselves with Palliative Care.

More tools for dealing with the issues not just data that we already know b/c we are working hands on in the field.

Some of the speakers spoke very quickly and it felt like they were rushing through their materials. I think it would be better for them to narrow down their topics more or include less content.

More time to the topic of self for HCP.

I think that the way that Eugene incorporated real stories really helped to relate and made learning easier.

Would have preferred to listen to Eugene all day - he had such valuable information, knowledge and experience.

2nd session, intro could be abbreviated.

Session 4 - I would have like to see what is being done in our own country for access to palliative care in our First Nations communities.

Larger variety of topics.

Some of the speakers were not particularly dynamic - but the keynote was fabulous!

Shorter talks and more speakers to make it more dynamic.

I would suggest more time in between slides with graphs in order to properly look at the data presented.

Presenters could move onto next slide a little more slowly but that would slow down the day when I think it over; we have access to the slides and that is very helpful.

Larger print on powerpoint slides with complex slides built slowly or parts shown more clearly.

More publicity earlier.

If I could change One thing about the Program, would be, That more people should have been present and involved. To me, it was such an important day filled with invaluable information, I feel thousands should know about this, not just hundreds. But I am confident, if those hundreds, spread the word to other people, It will make a great difference.

Th event organisers did great.

Very well organized!! The speakers were amazing! I loved the global approach as well.

N/A

N/A

N/A

N/A

N/A

N/A

Nothing.

Nothing.

Nothing.

Nothing.

Nothing.

Nothing.

Nothing that I can think of.

Nothing at the moment.

Nothing to add.

Nothing - Well done.

Nothing at all. This is my 3rd year participating in this conference, and it's now a learning opportunity that I look forward to most every year.

No changes.

No one thing stood out.

I can't think of anything.

I have no feedback to give.

I would not change a thing. I look forward to more conferences.

I would not change anything as this was my first time in attending.

I wouldn't change anything.

It was perfect.

I think it was properly done. I would not change anything. Agenda and program were clear.

All was good!

It was all good.

The program was fine.

All was great and very informal.

#### Any other comments are welcome:

Thank you.

Thank you.

Thank you.

Thank you!!!

Thank you so much.

Thank you very much.

Thank you for a wonderful day of learning. I have been attending now for about 10yrs and have loved every one of them. :)

It was enjoyable. Thank you.

Wonderful conference thank you.

Great job, it was a well done day thank you

Great job. Thank you for the opportunity.

Excellent program!

Fantastic conference

The day was perfect.

The conference was extremely beneficial and I look forward to attending more in future.

---

Overall exceptional and appreciated the online format as would be unable to travel to conferences.

I appreciated this conference very much-- time of year is perfect; online is better as we can gather from all over!

Love that this is offered on line, cost effective and its a safe way to provide the information.

So glad we have the internet so we can participate from anywhere.

Hopefully you continue the virtual aspect of these conferences. It is wonderful to be able to attend and learn from the rural community where I live. 😊

Thank you for providing this wonderful conference for those outside of Northern Ontario.

Thank you for making this conference available to staff/volunteers who are working in other geographic regions in Ontario & elsewhere. Extending your "invitation" was greatly appreciated.

Really appreciate the conference being online, free and available to physicians and Healthcare professionals in all stages of learning and beyond national boundaries.

It was a good conference, and although virtual, it immersed me in the content.

---

Thank you for making this free!

Thank you for putting on this free conference.

Thank you, with much gratitude for the gift you offered attendees of free conference attendance!

Thank you to all the presenters and organizers and for providing this great program free-of-charge!

Thank you to everyone involved in organizing and delivering this conference! And thank you for providing it for free and with the gift of Dr. Pettus' book. I'm grateful for this opportunity to learn and be inspired.

We also appreciate the fees being waived. We would have otherwise not been able to participate.

Wonderful day thank you for making this free again this year. It was a wonderful learning opportunity.

Great job, and I'm so thankful that this was free for healthcare workers. Just seeing between 400 and 500 participants for most sessions was wonderful - we are not alone.

---

Thanks so very kindly for the opportunity to share this day with like-minded individuals. It is clear from the efforts put forth from the organizers, information imparted from the presenters, and comments shared by the participants that effective communication, with education, empathy and compassion, can we foster more profound understanding and knowledge related to palliative care with a goal to providing effective patient centered care as well as to be a better advocate for our patients.

Your conferences are always excellent. I was dismayed that people in my rural area did not participate. I wonder how to encourage more participation from staff who are already burdened. Perhaps it would be possible to provide a letter with an argument on how the workshops are beneficial that PSWS, nurses, etc. could take to management to get permission to attend and reimbursed.

In person a chance to meet and mingle with each other.

There was a lot in the Stress out and PTSD presentation, and please could this topic be added next time.

Could videos be made available to download?

As noted only able to attend pm sessions.

Breaks were good for self-reflection.

---

As well as practical advice, Thank-you for also reminding participants of the ingredient of mercy and compassion needed.

As a Hospice volunteer, walking with individuals and co-facilitating a grief group, I am thankful for thoughts, experiences and learning shared today.

Sorry for kind of a wishy washy input. I am just happy with gaining new perspectives and knowledge.

I enjoyed the shared videos included with some of the public speakers presentations.

Such rich and compelling information shared.

Great content! I was not bored at all.

---

This was a fantastic program, the speakers were all well versed and authentic.

Presenters were all professional, interesting and had worthwhile presentations.

This workshop was so well organized. It was such a gift to be able to hear from these world renowned speakers that have so much passion, and knowledge of palliative care. I am beyond thankful to have been a part of this invaluable workshop.

Thank you for the presentations! I feel like I have gained a lot of new insight into palliative care and am looking forward to implementing this knowledge into my practice.



Vert well presented. thank you!

Many blessings to all who organized, took part and attended. Blessings

Just a big Thank You to everyone that organized and took part in the Program. It was awesome, such an excellent day filled with insight and knowledge. I am a better person for having experienced it!

This is my 3rd year attending this conference and I continue to learn, enjoy, reflect and refresh with each conference. Thank you so much Monica for all the work that you do.

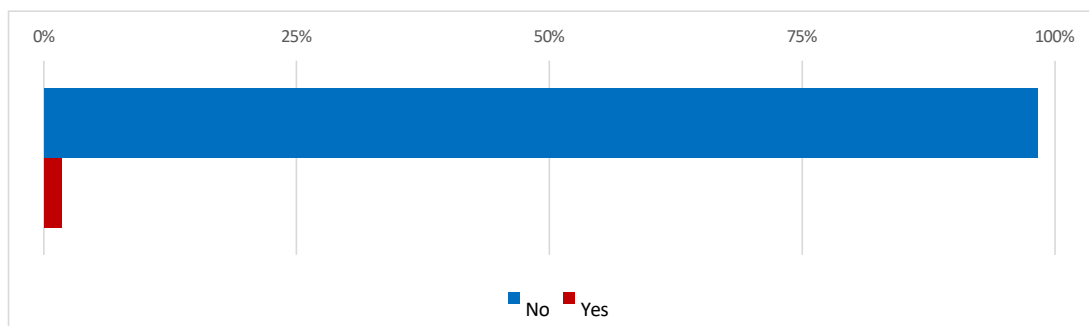
Thank you so much for all your hard work in putting this together.

N/A

No.

No.

**Did you perceive any degree of bias in any part of the session?**



**If bias was detected, please explain:**

Not from a presenter but in the words that pointed out differences about early palliative care terminology and later use of term on the journey. In such timing there can be a bias.

Just a general omission of Internationally Trained Physicians (and to be clear Qualified ie. Certification by the Medical Council of Canada) as a valuable and skilled human resource in the solution of healthcare workforce burnout and even the lack of care providers in underserved regions and populations.

No.



# Palliative Care Conference

February 3, 2023



PCIEF Palliative Care  
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Continuing Education  
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