

Palliative Pain and Symptom Management Consultation Program (PPSMCP)
Nurse Educator Role Components and Expected Outcomes

Role Component	Role Description	Expected Outcomes
<p>Palliative Care Education</p>	<p>This service includes introductory, advanced and enhanced palliative care education to front line health care staff. The education plan may include, but is not limited to, courses, refresher days, mentoring programs and videoconference options. The course will use a variety of instructional methods, including coaching, course presentation and distance learning.</p> <p>Palliative/End –of-Life Care Networks and Palliative Pain and Symptom Management Consultants* (PPSMCs) will act in an advisory capacity in planning, implementation and evaluation of the local areas’s palliative/ End-of-Life care education needs. PPSMCs will also support learners through ongoing coaching and mentoring.</p> <p>Reference: MOHLTC: Health Systems Information Management and Investment Division, Data Quality & Standards Unit, Community Support Services. (Updated March 31, 2008). Chapter Ten : OHRS Version 6.2.</p>	<ul style="list-style-type: none"> • Oversee the yearly co-ordination and the delivery of Fundamentals courses in each respective county and city (Windsor and London). • Oversee the yearly co-ordination and the delivery of Advanced Hospice Palliative Care Education (AHPCE) in each respective county and city (Windsor and London). • Yearly delivery of the Comprehensive Advanced Palliative Care Education (CAPCE) program to in each respective county and city (Windsor and London). • Incorporate best practice/research findings into palliative care education curriculum through sharing of information at the local level and updating of educational materials regionally. • Share future best practice and research findings, for incorporation into provincial educational materials, share programs provincially and nationally. • Educational efforts are designed to build capacity of front line health care providers in palliative care knowledge and skills in assessment and intervention.

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Consultation	<p>The Palliative Pain and Symptom Management Consultation service supports service providers in home care agencies (CCACs and contracted providers), long-term care homes, community support services and primary care by providing access to Palliative Pain and Symptom Management Consultants*. These positions provide consultation, education, mentorship and linkages to palliative care resources across the continuum of care.</p> <p>A Palliative Pain and Symptom Management Consultant*:</p> <ul style="list-style-type: none"> • Assists service providers in the application of the Model to Guide Hospice Palliative Care¹, assessment tools and best practice guidelines • Offers consultation to service providers in person, by telephone, by videoconference or through e-mail regarding care (e.g., assessment and management of pain and other symptoms) • Helps build capacity amongst front line service providers in the delivery of palliative care • Links with specialized hospice palliative care resources. <p>This service does not provide direct client/patient assessment or care planning. As part of an education/coaching activity with a service provider, a client/patient may be present, however, the service provider remains the one responsible for the care. The service does not include responding to inquiries or education activities for the general public.</p> <p>* In Southwestern Ontario the consultant role is held by a Nurse Educator</p>	<ul style="list-style-type: none"> • Build capacity and advocate enabling transfer of consultation service to local providers with no gaps in service. This will be achieved through mentoring CAPCE nurses, mentoring nurses in all sectors, advocating for system development to utilize other resources. • Prior to providing consultation, each consultant will require a pain assessment to be completed by the requesting health care provider. • Consultation service is for palliative care. • Participation in palliative care and pain and symptom management rounds. • Provides case-based education for service providers Respond to local need through the delivery of presentations/workshops/local education events to target group (as defined by the MOHLTC: Health Systems Information Management and Investment Division, Data Quality & Standards Unit, Community Support Services. (Updated March 31, 2008). Chapter Ten : OHSR Version 6.2.).

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<p align="center">Palliative Care System Development</p>	<ul style="list-style-type: none"> • Provide a system view of palliative care, locally, regionally and provincially. • Advocate for education and the use of best practices for health care providers for improvement in service of hospice palliative care. • Provide a neutral voice (i.e., not representative of a service provider). • Assist with development of hospice palliative care system locally, regionally and provincially. • Actively participate in EOL Networks and EOL service delivery committees/forums. • Build partnerships with other networks and initiatives (e.g., geriatric, stroke, Alzheimer). • Participate in strategic planning. • Facilitate local education planning and communication committees as appropriate. 	<ul style="list-style-type: none"> • Attend EOL LHIN Network meetings. • Attend local palliative care committee meetings. • Attend and actively participate (i.e., leadership or advocacy role) in Provincial meetings / teleconferences / initiatives. • Take on a leadership role in facilitating local committees relevant to the role.

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