



HOW TO ORDER PALLIUM PROJECT-RELATED RESOURCES

The Pallium Project works in partnership with the Canadian Hospice Palliative Care Association (CHPCA) for national resource distribution.

FAX: Fax complete order forms to 1-613-241-3986

MAIL: Mail complete order form to: CHPCA, Annex B, Saint-Vincent Hospital, 60 Cambridge Street North, Ottawa, Ontario, K1R-7A5

	RESOURCE INFORMATION
Resource Name	IN OUR OWN VOICES: ABORIGINAL PERSPECTIVES ON HOSPICE PALLIATIVE CARE [DVD plus Instructional Video Teaching Guide]
CHPCA Item Order #	CHPCA Item#624 (\$ 39.95+ CHPCA Shipping & Handling fee); Currently only licensed for use in Canada
Intended Instructional Uses	<ul style="list-style-type: none"> • An instructional DVD of sociodrama-based scenarios with 12 – 4 to 8 minute segments. Includes companion teaching points designed to promote critically-reflective dialogue about many common communication challenges associated with building and keeping relationships with Aboriginal clients and families in a variety of primary-care circumstances. • Discussion and reflection-oriented staff development, continuing medical education and continuing professional development. • Health science education (medical education, nursing education and select inter-professional education)
Resource Format	DVD [Individual Segment Use Edition] NTSC and Instructional Video Teaching Guide The Instructional Video Teaching Guide is a coil-bound 8.5”x11” print-based guide which contains, for each of the segments listed below, the text of the “segment set up/introduction” narration, a verbatim text script of the dramatic presentation, text of the suggested teaching points for each segment and DVD Playback unit prompts for the PLAY, PAUSE and STOP points for each segment.
Alternate/Other Formats	This DVD is also packaged with the <i>Responsive Hospice Palliative Care with Aboriginal Clients in Rural and Remote settings: Courseware Kit</i> , which is currently restricted those facilitators who have participated in one of the Aboriginal Nurses Association of Canada (ANAC) co-sponsored Aboriginal Relations Facilitator Orientation session or by special arrangement with the Pallium Project.
Availability/License Information	This is a licensed product governed by the License Agreement published below
Resource Development History	This instructional video series was a collaborative production between professional script writers, Pallium Project Aboriginal Relations consultants and Aboriginal physicians, nurses, cultural helpers and Elders from several tribal traditions in western Canada, Ontario and Yukon Territory. These segments were produced on location in Whitehorse, Yukon in 2004 and released in 2005.
Peer-review Status	Prior to final post-production, rough-cut versions were presented to Aboriginal Elders and to members of the Aboriginal Nurses Association of Canada (ANAC) for review and input into the final “set up” narratives and the final post-produced teaching points which appear in the video.

Product Features	Professionally duplicated DVD with a Main Menu title screen, presentation of reflective discussion questions prior to the dramatic scenario and screen-delayed prompts for Pause for Discussion points.
Special Instructions/Notes	NTSC format (i.e., North America format DVD play back units) for use in DVD playback machines with <i>Progressive Scan</i> capability and/or capable of playing DVD +/- discs.

Pallium Project – Resource License Agreement (Effective 04 July 2006)

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10. Inquiries regarding this license agreement can be made in writing to Pallium Project Development Office, Box 60639, University of Alberta RPO, Edmonton, Alberta T6G-2S8.

*The Alberta Cancer Board through its Medical Affairs and Community Oncology (MACO) Division is the Administrative Hosting Authority for the Pallium Project – Phase II. The Pallium Project is an intersectoral community of academic, health services delivery, voluntary sector, government leaders and citizens working together to building hospice palliative care capacity as part of Primary Health Care Renewal in Canada. Major funding from Health Canada through the Primary Health Care Transition Fund (PHCTF).

HOW ARE THE MATERIALS DESIGNED AND ORGANIZED?

There are twelve instructional media segments in this kit. These instructional media segments vary from a few moments (i.e., *Compassion in Less than a Minute*) through to some nine minutes (i.e., *Historical Impacts of Care Manifested in a Care Situation*).

- The segments present common service and communication issues in hospice palliative care. The segments can also be used to not only address issues likely to occur in circumstances of life-threatening and life-limiting illness, but broader Aboriginal patient/family and provider relationship issues. The principal thematic focus of the segments is on building and keeping constructive relationships with patients and families amid a variety of very challenging communication scenarios.
- The instructional media segments are designed using an approach called “ill-structured, sociodrama.” So, what is this?
 - Problems in professional practice are often ill-structured. That is, problems which possess multiple solutions, solution paths, fewer parameters which are less manipulable and contain uncertainty about which concepts, rules and principles are necessary for the best solution or how they are organized and which solution is best¹. Dr. Donald Schön² has described this as “the problems of real-world practice do not present themselves to practitioners as well-formed structures. Indeed, they do not tend to present themselves as problems at all but as messy, indeterminate situations” (p. 4).
 - Sociodrama³ is a form of socio-therapy transcending individual personalities to present human social behaviour in general and focus on the “group-as-a-whole.” Within these segments common clinical communication challenges/situations in Hospice Palliative Care have been identified.
- Sociodrama helps to simulate what happens in life to explore social issues, develop greater understanding between groups of people, problem solve and make decisions; observe roles and strategies and predict outcomes. Sociodrama is oriented to the wider social, political and cultural influences operating in any particular situation. It provides an opportunity for learners to explore situations from a variety of ill-structured (e.g., “messy”) viewpoints, to explore these through reflection and discussion, to gain a better understanding of why decisions are taken in a “safe” educational environment and to consider what options might be available in practice.
- Each segment is designed with a voice-over narrative “set up” and screen text to situate a context for the socio-drama. Four reflective questions are used to help frame discussion. Following the “set up” is a dramatic enactment. At the end of the scenario there is the opportunity to use the PAUSE key on the DVD playback unit to stop and debrief. Several segments have a second scenario which enables people to discuss variations in practice. Again there is an opportunity to PAUSE and debrief at the end of the second scenario. Each segment has a set of optional teaching points to support consistent debriefing/summation of the sociodrama segment.

¹ For further readings on this the facilitator is directed to Jonassen, D.H. (1997). Instructional design models for well-structured and ill-structured problem-solving learning outcomes. *Educational Technology: Research and Development*, 45(1), 63-85 and Murphy, E. (2004). Identifying and measuring ill-structured problem formulation and resolution in online asynchronous discussions. *Canadian Journal of Learning and Technology*, 30(1).

² See Schön, D. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.

³ Perhaps one of the best current discussions of sociodrama can be found in Kellerman, P.F. (1998). Sociodrama. *Group Dynamics*, 31, 179-195.

VIDEO SEGMENT OVERVIEWS

SEGMENT NAME – **CONNECTING WITH SELF AND OTHERS**

Running Time (without participant discussion) – 7 min, 11 sec

Focus - Reflective scenario to acknowledge that many of health care providers carry unacknowledged personal prejudices and hidden assumptions that are in conflict with their duties and obligations as health care professionals; unseen patterns such as stereotyping can be a barrier to effective care.

SEGMENT NAME – **INSTITUTIONAL DYNAMICS IN COMMUNICATION**

Running Time (without participant discussion) – 5 min, 2 sec

Focus – Long-standing personal histories with institutions influence a person's ability to be engaged in care. It's critical to understand and respect why people may feel threatened and seem to be non-responsive to attempts at engagement.

SEGMENT NAME – **COMMUNICATION AND RELATIONSHIP BUILDING**

Running Time (without participant discussion) – 4 min, 44 sec

Focus - It's important to explore with a patient the kind of relationship that they want with their primary-care provider. Due to the harshness of past institutional experiences some people will remain distant, allowing only minimal relational involvement. Others will want a more humanist and relational approach. It will be difficult to determine individual preferences however, until such time that a functional initial relationship has been established.

SEGMENT NAME – **RESPONDING TO ABORIGINAL DIVERSITY**

Running Time (without participant discussion) – 6 min, 3 sec

FOCUS - Aboriginal people live in a world of at least two major contrasting and sometimes competing realities. Many have become acculturated and have experiences, values and worldviews more aligned with what is considered "mainstream."

SEGMENT NAME – **APPROPRIATE FAMILY SUPPORT**

Running Time (without participant discussion) – 5 min, 20 sec

FOCUS - The first scenario highlights, by its absence, the importance of being empathetic and open to family members especially during exceptionally difficult times, such as the loss of a child. The second scenario illustrates a shared communication and problem solving approach in which the primary-care provider works collaboratively with a family member during difficult times.

SEGMENT NAME - COMPASSION IN LESS THAN A MINUTE

Running Time (without participant discussion) – 3 min, 26 sec

FOCUS - Recent work by teams at Johns Hopkins (Medical School) and other clinical research sites suggest that where reducing patient anxiety is a therapeutic goal, significant benefits can be derived with relatively little additional time.

SEGMENT NAME – HISTORICAL IMPACTS OF CONTACT MANIFESTED IN A CARE SITUATION

Running Time (without participant discussion) – 9 min, 20 sec

FOCUS - Conflict and complexity in relationships is confounded by the historical impacts of contact. A deep pattern of dependency continues especially for many Status Indian people and the default for many may be to simply find someone to tell them what to do next. Denial, anger, mistrust and non-responsiveness are emotions and behaviours for engaging that can be relatively common. Many of these dynamics have their roots in unresolved issues and a backlog of grief.

SEGMENT NAME – A JOURNEY TO OUR ROOTS

Running Time (without participant discussion) – 6 min, 49 sec

FOCUS - In many Aboriginal traditions, spirituality is derived from a profound association with the land. The land is seen as being the home of the ancestors and the place from which new life emerges. This can manifest in a care relationship in ways such as a strong desire to die “at home on the land” or to want to engage in ceremony that links to the land and nature. It can also be a source contributing to existential or “total” suffering.

SEGMENT NAME – COMMUNICATION WITHIN THE FAMILY

Running Time (without participant discussion) – 8 min, 51 sec

FOCUS - Planning goals of care in rural and remote settings requires a willingness to explore a range of options and a thorough mapping of the available system of community resources. Working successfully with Aboriginal families in remote settings requires flexibility, creativity, patience and a willingness to engage a broad range of family and community resources.

SEGMENT NAME – PLANNING CARE: INVOLVING A PATIENT IN END-OF-LIFE DECISIONS

Running Time (without participant discussion) – 5 min, 31 sec

FOCUS - When working with Aboriginal clients and families, it’s essential to consider the role of various conventions, protocols and relationships that may be operating and to think broadly about who may be most appropriate to assist with the planning of care and making decisions.

SEGMENT NAME – PLANNING CARE: RESPONDING TO A REQUEST TO DIE AT HOME

Running Time (without participant discussion) – 5 min, 52 sec

FOCUS - Dealing seriously with a request of an Elder to return to their home at end-of-life is responsive, but often challenging. It's often the key issue for many Elders and may play a significant role in the extent of existential suffering they experience.

SEGMENT NAME – PLANNING CARE: WORKING WITH LOCAL AUTHORITY FIGURES

Running Time (without participant discussion) – 4 min, 51 sec

FOCUS - When working with Aboriginal clients and families it's important to remember that there are other local band/tribal authorities who may have legitimate interests in the status of a patient.