

Palliative Approach to Care for Workers who Support People who are Homeless in Canada In Person Workshop – Facilitator's Guide

INTRODUCTION

About this Course

This course was developed with and for workers across Canada who support people who are homeless and have chronic or life-limiting illnesses. It is intended to provide useable and practical information about integrating a palliative approach to care with the existing knowledge and expertise workers have regarding a harm reduction approach, relationship development, and meeting people "where they're at."

These workers are in a unique position when it comes to providing a palliative approach to care. Every day they work in shelters, drop-in centres, or on the streets, to build trusting relationships with individuals experiencing homelessness. Workers have a clear understanding of the life circumstances and difficulties that people who are homeless face when accessing health care. Some workers also have lived experience with homelessness.

Workers often use a harm reduction approach to care when building a relationship with individuals experiencing homelessness. Their goal is to develop trust with the individual and to assist them in getting better access to care, including end-of-life care. However, this can be frustrating and daunting for workers when they lack certain skills or knowledge related to dying and death, palliative care, and a palliative approach.

This course consists of three parts. The first part is an eLearning introduction to the concepts of a palliative approach to care for workers who support people who are homeless. This workshop is Part 2 of the course and involves a more in-depth exploration of the concepts, and includes participation in related activities to reinforce the learning from Part 1. Part 3 is a website that contains practical and useable information that can be accessed as an on-the-job resource.

Overall Objectives for the Workshop

Through interactive activities and discussions, this workshop will answer some of the workers' key questions about caring for people who are homeless and living with chronic and life-limiting illnesses. It will also provide practical tools that can be used to improve quality of life and access to care services for people with chronic or life-limiting illnesses.

Target Audience

This course was developed with and for workers across Canada who work with people who are homeless. Workers support people experiencing homelessness who are chronically ill or nearing their end-of-life in a wide variety of settings and cover a wide range of roles such as:

- Peer support workers (with lived experience)
- Outreach and harm reduction workers
- Addictions workers
- Supportive housing workers
- Volunteers
- Case coordinators
- Program coordinators
- Shelter workers
- Legal clinic staff
- Drop-in centre staff
- Employment workers
- Harm reduction site workers

Learning Objectives

By the end of the workshop, participants will be able to:

- identify the similarities and the differences between a palliative approach to care and a harm reduction approach
- identify communication strategies that can be used for effective conversations with health care providers
- gather relevant health information about the person they are working with
- identify key information to consider when deciding whether to keep an eye on a situation or encourage an individual to seek immediate health care
- generate questions using communication strategies to confirm the worker's understanding and the understanding of the individual they are working with so that the individual can make informed decisions about their treatment
- generate key questions to ask health care providers about an individual to understand their care needs in order to support them
- identify key messages about an individual's unique care needs to share with health care providers
- build on palliative care options already found in the eLearning course and identify search strategies for finding local palliative care options
- identify how to find the financial resources and benefits for which an individual may be eligible

- identify the types of information a worker needs to get from an individual about their end-of-life wishes and to recognize communication strategies to use to obtain this information
- to identify the most common grief and bereavement reactions and to generate ways to cope with grief and bereavement and to mark a death

WORKSHOP LOGISTICS

Complete this workshop checklist to as a way to keep track of the details of the workshop.

Item Description	Detail/Check
Workshop Date: The date on which the workshop will be held	dd/mm/yyyy
Time: 8 hours (includes 4.5 hours of activity, 2 - 30 minutes breaks and a 1 hour lunch)	8:30 a.m. to 4:30 p.m.*
,	*Note: Facilitators/Helpers should arrive at 8:00 a.m. to set-up
Location: The location selected should be accessible, large enough to comfortably seat 16 people around a table (see attached room diagram), with sufficient space to break up into two smaller groups of 8.	Location address with Google Map and directions
Participants: Maximum 16 workers who provide care to people who are homeless in such places as shelters, drop-in centres, transitional housing, etc.	Names and email addresses of participants
Facilitators:	
Facilitator 1 - acts as an overall workshop facilitator, including presenting the workshop introduction and conclusion, and floating through the room to answer	Name of Facilitator 1

Item Description	Detail/Check
questions of participants, ensuring food and room set up.	
Facilitator 2 - facilitates the workshop activities	Name of Facilitator 2
Participant Groupings:	Large group of 16 people Pairs 2 groups of 8 people
Room Set Up See Appendix 1 for sample room lay out	Flip chart with paper Wall space to project at least 4 ft x 4 ft Wall space to hang flip chart paper One large table for 16 people, two smaller tables for two groups of 8 people
Food and Refreshments: Food and refreshments are needed for 16 participants and 2 facilitators for 2 snack breaks, breakfast, and lunch.	Caterer name: Caterer telephone number and email:
Food should be ordered at least 1 week prior to the workshop and confirmed the day before. Consider including vegan and gluten free options.	Supplies Cutlery Napkins Plates Refreshments: Water Tea Coffee Juice
	Breakfast – e.g. muffins, yogurt, granola bars Lunch – e.g. sandwiches, wraps, soup, salad Breaks- light snacks (e.g. fruit and cookies)
Technology checklist	Internet access Laptop Projector USB stick with back up of PowerPoint presentation

Item Description	Detail/Check
	Portable speakers
Facilitator's Toolkit Items Check	Non-toxic markers
	Post it notes
	Sharpies
	Kleenex
	Hand sanitizer (for food table)
	Painters tape
	Scotch tape
	Name tags
	Scissors
	Pens
	Note pads
	Prizes/giveaways for icebreaker (eg. \$10 Tim
	Horton's gift card)
	Paperclips of different sizes
	Stones (one for each participant) for Grief
	Exercise
Printed Materials (2 copies)	Appendix 2 – Workshop Sign-in sheet
	Appendix 3 - Welcome signs
	Appendix 4 -Washroom signs
	Appendix 5 - Icebreaker – Bingo Cards
Printed Materials (16 copies)	Appendix 6 – Stephen and Angela's Personas
	Appendix 7 - Instructions for role play of
	Stephen (Action Card 2 – Topic 1)
	Appendix 8 - Eco-map activity sheet
	Appendix 9 - Instructions for setting up a
	Facebook Group and Sign up Sheet
	Appendix 10 - Workshop evaluation
	Appendix 11 - Certificate of completion

WORKSHOP AGENDA SUMMARY

TIME	TOPIC
8:30 a.m 9:00 a.m.	Sign-In & Light Breakfast
9:00 a.m 9: 10 a.m.	Welcome, Introductions, Icebreaker & Background Information
9:10 a.m. – 9:20 a.m.	Introducing Angela and Stephen
9:20 a.m. – 9:50 a.m.	Palliative Approach to Care
9:50 a.m.– 10:30 a.m.	Action Card 1 and Activities 1. Building rapport with health care providers and communication strategies
10:30 a.m. – 11:00 a.m.	Break
11:00 a.m. – 11:35 a.m.	Action Card 2 and Activities 1. Basic health information 2. Common diseases/signs and symptoms
11:35 a.m. – 12:15 p.m.	Action Card 3 and Activities 1. Understanding of health condition and status and unique health care needs 2. Education of health care providers
12:15 p.m.– 1:15 p.m.	Lunch
1:15 p.m.– 1:45 p.m.	Action Card 4 and Activities 1. Palliative care options 2. Financial resources and benefits
1:45 p.m.– 2:30 p.m.	Action Card 5 and Activities 1. End-of-Life conversations 2. Support networks 3. Legal rights resources
2:30 p.m.– 3:00 p.m.	Break
3:00 p.m.– 3:45 p.m.	Action Card 6, 7, 8 and Activities 1. Grief and Bereavement
3:45 p.m.– 4:15 p.m.	Collective Action 1. Video 2. Facebook page
4:15 p.m. – 4:30 p.m.	Summary, Wrap Up, Evaluate and Closing

DETAILED FACILITATOR AGENDA AND NOTES

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
45 mins		Set up -post welcome and washroom signs -set up food -set up room (see diagram)set up projector and speakers -set up sign in table	-washroom sign -workshop welcome sign -sign-in sheet	washroom sign workshop sign tape room map
15 mins		Participant Arrival -request participants to sign in -write name on name tag -direct participants to breakfast available	-sign in sheet -breakfast -name tags	sign in sheet name tags markers pen
10 mins	Palliative Approach to Care for Workers who Support People who are Homeless in Canada	Welcome, introduction, housekeeping, agenda icebreaker activity	(Say) Welcome to A Palliative Approach to Care for Workers who Support People who are Homeless in Canada. My name is and I'm from and I will be the workshop facilitator for today.	Bingo sheets Pens Prize

Palliative Approach to Care for Workers who Support People who are Homeless in Canada 7

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			I am co-facilitating with from	
			Before we get started, I want to take care of some housekeeping items (Give directions to washrooms, exits, ensure sign-in)	
	Acknowledgements Contract Attackment Tues		In a few minutes, we will ask you to participate in an activity to get to know one another better but for now, I would like to go around the room and have everyone introduce themselves with their name and where they're from.	
	Dr Paul Holyole Sandra Tudge Katherine Rizzi Doris Warner RESEARCH Centive Centive		I'd also like to acknowledge the curriculum development team from SE Research Centre.	
			This course is the result of a project intended to identify topics and ways of learning for workers like yourselves, who are supporting people who are homeless and have life-limiting illness. I want to acknowledge all of the partners on this project: Toronto	
	Acknowledgements Forento Dr. Naheed Doslani Culpary Dr. Sromo Jakubee Dr. Sromo Colgan Colfary Long Colfary Colfa		Dr. Naheed Dosani Calgary Dr. Sonya Jakubec Dr. Simon Colgan	
			<i>Victoria</i> Dr. Kelli Stadjuhar Ashley Mollison	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			Dr. Danica Gleave	
			Kristen Kvakic	
			And our supporters:	
			CUPS Health Education Housing	
			Mount Royal University	
			 Mount Royal University Office of Research, Scholarship and Community Engagement 	
			 Equitable Access to Care for People with Life Limiting Conditions 	
			University of Victoria Nursing	
			University of Victoria Institute for Aging and Lifelong Health	
			University of Toronto's Department of Family & Community	
			Medicine	
			Inner City Health Associates	
			Calgary Allied Mobile Palliative Program (CAMPP)	
			University of Calgary	
			I would like to also acknowledge that the land on which we gather is the Traditional Territory of the (Note: this link can be used to select the territory to acknowledge https://native-land.ca/territory-acknowledgement/)	
			Finally, I want everyone to know that this is a safe space, where all ideas are welcome and that can be expressed openly without judgement.	

Time	Slide	Activity (Topic and Objective)		Content	Materials Needed
	Let's get to know each other!		Go around and ask sheet. If they answ move on to the ne going until you get of signatures yells Keep going for two (Say) Here is the a	et to know each other with a quick game of Bingo. It everyone in the room a question on the bingo over yes then get their initials on the sheet and ext person and ask them a different question. Keep it a full line. The first person to complete a full line "BINGO" to collect a prize. In the sor more — depending on prizes available. Agenda for the day. You will see we have a lot to to make it participatory and interactive. We will	
			TIME	TOPIC	
	Agenda Sociam. Welcome, introductions, Biolaground Soliam. Setting the Stage for Solary Soliam. Actively Sessions		8:45 -9:00	Sign-In & Light Breakfast	
	10:03 a.m. Break 11:03 a.m. Activity Sessions 12:15 p.m. Linch 115 p.m. Activity Sessions 2:30 p.m. Activity Sessions 2:30 p.m. Break 100 p.m. Activity Sessions		9:00 – 9: 10	Welcome, Introductions & Background Information	-
	3 00 p.m. Actively Session Summury, Wap Up, Evaluate and Gooling tile Day		9:10 – 9:20	Introducing Angela and Stephen	
			9:20 – 9:50	Palliative Approach to Care	
			9:50 – 10:30	Action Card 1 and Activities	
			10:30 – 11:00	Break	
			11:00 – 11:35	Action Card 2 and Activities	

Time	Slide	Activity (Topic and Objective)		Content	Materials Needed
			11:35 – 12:15	Action Card 3 and Activities	
			12:15 – 1:15	Lunch	
			1:15 – 1:45	Action Card 4 and Activities	
			1:45 – 2:30	Action Card 5 and Activities	
			2:30 – 3:00	Break	
			3:00 – 3:45	Action Card 6, 7, 8 and Activities	
			3:45 – 4:15	Collective Action	
			4:15 – 4:30	Summary, Wrap Up, Evaluate and Closing	
	Background Why was this course developed? What will you get from this course? How was the course developed? How is the course structured?		Firstly, why was to the state of the state o	giving you an understanding of what this course is ou will learn. his course developed? rovide useable and practical information about ive approach to care while building on knowledge he harm reduction approach, relationship meeting people where they are at. from this course?	
			veriat will you get	nom and course:	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			Some key questions will be answered about caring for people who are homeless and living with chronic and life-limiting illnesses. These include:	
			 How to communicate with people so that they understand their situation and their health conditions When to keep an eye on a health situation or when to help someone get to a health care provider What palliative care options are available in the community How and when to start the conversation about the end-of-life 	
			It will also provide practical tools to use on the job.	
	Background Why was this couns elevidoped? What will you get from this couns? How is the couns developed? How is the couns structured?		How was the course developed? It was developed with and for workers across Canada who work with people who are homeless in a wide variety of settings and cover a wide range of roles such as • Peer support workers • Outreach and harm reduction workers • Supportive housing workers • Shelter worker • Drop-in centre staff • Employment worker	
			How is it structured? This course consists of three parts: Part one that you already completed was an eLearning introduction to the key concepts we're	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
10 mins	Participatory research to action PR2A Course map Transla Approaches Transla Approaches Approaches Transla Approaches Constitution Transla Approaches Transla Transla Approaches Transla Transla Approaches Transla Transla Approaches Transla Tr	Presentation of full Stephen and Angela persona and Stephen's story	discussing today, in Part 2. Part 3 is a website that will act as an onthe-job resource. I'll talk more about that later. When this course was being developed, workers said that they learn best from interactions and discussions with each other about their lived experience of working with people who are homeless, and their own lived experience. They said that it is best when the information they are learning is based in the reality of their client's stories. (Say) That is why we have framed this course around the story of Angela, a worker, and Stephen, an individual she is working with who has experienced homelessness. Understanding Stephen's journey and his interactions with Angela will help us think about a palliative approach to care and how it could be applied throughout their relationship. Many of our activities today will centre around their story so that's where we will begin. (Read Angela's persona, read Stephen' persona, read the Action Cards 1-8.)	Angela and Stephen personas and Action Cards
30 mins		 Large group discussion of Palliative Approach to Care 	For our first activity we will review the key concepts from Part 1 and discuss as a group your reactions to them, and how they relate to your prior experience as a worker.	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
		Topic: Introduction to Palliative Approach and Harm Reduction	Palliative care is a more commonly known term than a palliative approach to care but it is important to understand the differences since a palliative approach is a better fit than palliative care is for addressing the unique needs of people who are homeless.	
	Palliative Approach to Care - Introduction Palliative Approach to Care vs. Palliative Care - Life-limiting and chronic illness - Applied early - inclusive of family and friends - Applied by anyone and anywhere - Open approach	Objective: to identify the similarities and the differences between a palliative approach to care and a harm reduction approach	What is Palliative Care? Palliative care is a type of care offered by health care providers which aims to help people with life-ending illnesses be as comfortable as possible, to manage their pain and other symptoms well, and to help them maintain a good quality of life in four areas of need: physical, psychological, spiritual, and social.	
			What is a Palliative Approach to Care and How is it Different from Palliative Care? A palliative approach to care is not a specific service. Instead, it is an approach that can be taken by anyone – not just health care providers – to improve the lives of those with a chronic or lifelimiting illness. Taking a palliative approach provides a sense of control to these individuals as well as their family and friends. It focuses on the individuals and how to maximize their quality of life, rather than just focusing on the goals of a treatment.	
			The main differences between palliative care and a palliative approach to care are that a palliative approach to care: • is offered to people with life-limiting and chronic illnesses not just life-ending illnesses. This is especially important for people who are homeless as they commonly experience chronic health conditions that can affect their quality of life.	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			 is not reserved until the end stages of an illness, but instead is applied earlier to provide active care focused on making sure the person is comfortable is focused on improving the quality of life for not just the person who is ill but also for their family and friends. A person who is homeless may have people who support them that may not fit within the role of a traditional family or friend. can be provided in any setting, like a shelter or drop-in centre, not just in a health care setting like a hospital or doctor's office by anyone, not just health care providers. This means better access to care for people who are homeless as the care is provided where they are and by people with whom they are more likely to trust. uses an open approach to reducing suffering rather than putting conditions on receiving comfort, such as abstaining from drug or alcohol use. A significant number of people who are homeless also have substance abuse issues which means they may experience severe withdrawal symptoms if they're required to abstain from these substances. Withdrawal symptoms, such as pain and irregular heartbeat, can often worsen the severity of the symptoms of their illness. promotes understanding the person and their family, and helps support people experiencing loss and bereavement. What are the Values/ Principles of a Palliative Approach to Care? With a palliative approach to care, it is important to: 	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Palliative Approach to Care — Values and Principles • Meet them "where they are at" • Include the person, their friends, and their family • Support and protect dignity • Respect societal and cultural needs • Partner in decision making Activity • Harm Reduction Approach vs. Palliative Approach — How are they similar? — How are they different?	Objective)	 make sure the person and their family and friends are met "where they are at", which means helping them to deal with the health situation when, where, and how they want include the person and their friends/family in the care process, throughout the entire journey ensure that care is supportive and protects the person's dignity, including their right to make decisions and be communicated with openly about their care respect the social and cultural needs of the person and their family and friends consider everyone involved as partners in the decision making process, not just the health care providers Many of you work within a harm reduction approach, using non- judgemental and non-coercive strategies to decrease health and social harms that come from addiction and substance use, without needing those who use substances to stop using them. (Ask participants the questions): From your experience, How is a palliative approach to care similar to harm reduction? When would you apply the approaches? What similarities are there in the way you would use each approach? 	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			 What do they consider about the person's context or life experience? 	
			 (Observations to Note: Both approaches have similar: Timing – They are applied as early as possible and consistently throughout interactions with the person and their supports 	
			 Principles – They both work to: preserve and promote the dignity and quality of life of the person meet the person "where they are at", such that both approaches are applied in a setting and at a pace that best suits the person respect the individual's right to make informed decisions about their care 	
			Context – Both approaches consider the impact of the person's life circumstances and history on the acceptance of care and on their experience of symptoms)	
			 (Ask the participants the questions) From your experience, how is a palliative approach to care different than a harm reduction approach? What is the role of the worker in influencing a person's health care decision? What is the aim of harm reduction vs palliative approach? 	
			(Observations to note prompts:	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			 Harm reduction does not try to influence any decision or preferences of a person, which contrasts with a palliative approach which involves encouraging the person to make certain choices over others, especially in areas that might impact or improve their care. For instance, both approaches recognize that people who are homeless may have bad experiences with health care providers which may make them reluctant to get medical treatment for an illness or condition. A harm reduction approach would not involve addressing the decision to avoid medical attention, whereas a palliative approach may involve encouraging the person to seek medical treatment and providing support in accessing care in a way that is most comfortable for them. Harm reduction aims to reduce the harmful effects of the substance abuse behaviour by minimizing death, disease and injury from high risk behaviours. A palliative approach aims to reduce the effects of the disease or condition on the person's quality of life. Harm reduction aims to minimize risk for both the people involved and the community around them.) 	
40 mins	Action Card I — Stephen hits his head "Stephen visits a drop-in centre where he falls and hits his head. Staff at the centre call 911. Stephen was under the influence of alcohol at the time of his fall. At the emergency department, the doctor notes Stephen has low blood pressure and shortness of hreath."	 Presentation of Action Card 1 Role play in pairs Large group discussion 	(Say) This Action Card starts to highlight issues around effective communication with health care providers, from both Stephen's perspective and Angela's. Angela is in the position of being an	Action Card

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Activity * Role play in pairs	Topics: Communication strategies for interactions with	advocate for Stephen, and because of this, she needs to be able to communicate effectively with his health care providers.	
	One person - role of Angela One person - role of ED doctor Remember the communication strategies!	health care providers; establishing recognition of expertise; building	Breaking up into groups of 2, we are going to begin with a role play exercise, looking at this issue of communicating with health care providers. One person in your group will take on the role of Angela, while the other will be a health care provider.	
	Building Rapport Clarify information to avoid misconceptions Ask for understandable terms.	Objective: to identify communication strategies that can be used for effective conversations with	Keeping in mind the scenario outlined in the Action Card, let's add on that Angela has accompanied Stephen to the Emergency Department. Your job is to role play the conversation that might happen between Angela and the Emergency Department doctor. Angela is acting as an advocate for Stephen in this scenario.	
	As to runderstandable terms. Act as the go-between for the health care provider and individual Identify needed people or resources	health care providers	Try to apply these building rapport and communication strategies when you role playing this conversation and also keep in mind strategies that can be used for building rapport.	
			 (Read rapport and communication strategies). (Content for the corresponding PowerPoint: Some ways to build rapport with health care providers to better advocate for people who are homeless are to: ask for and offer clarification about any information being discussed to avoid misconceptions 	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Communication Strategies • Be prepared and organized • Be clear about the questions to be asked • Be assertive and comfortable interacting with health care providers • Be professional yet confident • Be positive and thankful		 ask the health care provider to provide explanations in terms that are understandable outside of health care act as the go-between for the individual and the health care provider, working to bridge both sides identify people or resources needed to assist both the individual and the health care provider 	
			Communication strategies for advocating to health care providers for people who are homeless are:	
			 be prepared and organized to speak about the situation be clear about the questions to be asked of the health care provider be assertive and comfortable in interacting with doctors and other health care providers be professional yet confident in interacting with health care providers. This means being respectful when communicating, avoiding using curse words and yelling, listening effectively and not being scared to ask questions be positive and thankful for assistance) 	
	Activity Learnings What was challenging about this activity? What strategies were most helpful? How with the strategies change your approach?		(Have the participants role play for 15 mins then come back together as a group. Once together again in the larger group, have participants share how they approached the conversation using the strategies.)	
			 Facilitator questions to consider: What was challenging about this activity? What did you find helpful to get the information you needed? 	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			 What are some examples from your past experience that were particularly challenging to deal with? How would the strategies impact or change your approach to those interactions/conversations if you had them now? 	
30 minutes	Break Timel	Break	-ensure food set up	snack
20 mins	"Over the next month, Stephen complains of on- and-off abdominal pain. He tries to mange his own pain by taking different substances and drinking heavily. Angela notices that he is having bouts of extreme confusion and disorientation."	 Presentation of Action Card 2 Role play in pairs Large group discussion Topic 1: Obtaining basic information on a person's health Objective: to gather relevant health information about the person they are working with 	(Say) In this Action Card we can see that Angela is beginning to notice changes in Stephen's health and overall behavior. He is complaining of pain to Angela and she recognizes that he is more confused than normal. She is able to observe these differences because she knows how Stephen typically behaves and recognizes there is something going on. It is important for Angela, as Stephen's worker, to know enough about Stephen's basic health information and his experience with accessing care to be able to recognize when something is off or different. However, getting this initial information can be challenging and may require dedicated effort over time. The next few exercises will focus on this topic.	Action Card, Stephen's position (neutral, resistant, cooperative)

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Activity Role play in pairs One person - Angeta One person - Stephen Have a convenation to learn about Stephen's health care experience Role play different scenarios: Cooperative, resistant, somewhere in between Remember the communication strategies!		For the first exercise, we are going to have you break up into pairs and you will role play a scenario. Decide among yourself which person will be Stephen, and who will be Angela. Once you have made that decision, I would like the Stephen's to please raise their hand so I can give you some further instructions.	
			(Give each Stephen a piece of paper that says resistant to talking, open to talking, and neutral to talking with Angela).	
	Gathering Basic Health Information Health card Current and past living arrangements Health concerns or bothersome symptoms Friends/family or other care workers involved Experience with getting health care and with health care providers		To set the scene, Angela is trying to have a conversation with Stephen and get some information about Stephen's health and his prior experience accessing the health care system would be things like (read slide Gathering Basic Health Information)	
	Communication Strategies - Ask open-ended questions - Practice reflective listening - Clarify what you have heard and get more details - Summarize what you have understood - Use a few minimal prompts		Those of you playing Stephen have been given instructions regarding how to play the role. Some will play Stephen as cooperative, others will play him as resistant, and then the remaining will play somewhere in between.	
			Using the communications strategies that you were introduced to in the e-learning portion, (read out strategies) we would like you to role play different approaches to having these conversations.	
			Test out your communications strategies in your pair and then we will come back together as a group and discuss how this all worked.	
			(activity for 15 mins of role play; bring group back together for discussion)	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Activity Learnings What was difficult starting this conversation? What was did you have Angeli approach starting this conversation? How did you incorporate the communications strategies?		 (Facilitated questions to consider): What was difficult about talking to Stephen about his health information? What ways did you have Angela approach starting this conversation How did you incorporate the communications strategies? 	
		• Large group	(Say) For the next activity we are going to build off of what you did during the e-learning portion of the course that looked at recognizing signs and symptoms of diseases that are common with people who are homeless.	
15 mins to complete	Activity - Angela's decision - keep an eye on the situation What do you think?	discussion Topic 2:Signs and Symptoms of disease that are common	You were presented with this same Action Card, but first read through some other situations that Angela had to make the decision of whether to keep an eye on the situation or encourage someone to see a health care professional.	
		with homeless people Objective: to identify decision making	In terms of this story, when it came to Stephen, Angela made the decision to continue to monitor, instead of encouraging him to see a health care professional. Let's have a brief discussion on this decision.	
		considerations as to when to keep an eye on a situation or encourage an individual to seek	 Facilitated discussion based on questions: Did you agree with Angela's decision to keep an eye on the situation? Why did you make this decision? 	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
		immediate health care	 What factors do you consider for the person you are working with in these situations? (prompts: the length of the relationship, level of trust, knowledge of health issues) How confident are you in making these decisions? 	
15 mins	Action Card 3 — Stephen collapses "One day Stephen is in so must pain that he collapses. An ambutance is called and Angela goes with Stephen to the thiospital When at the hospital, the doctor on call sees Stephen has delirium and an enlarged abdomen. Angels speaks with the doctor and explains that Stephen has been complaining of these symptoms for months. He is subsequently admitted to the hospital for further tills enviation."	 Presentation of Action Card 3 Large group discussion Topic 1: Person and Worker's understanding of the person's health condition and status 	(Read Action Card 3) (Say) Now that we have worked through some approaches to communicating with health care professionals and the people you are supporting, we're going to try applying them to a variety of topics, including the issues that are brought up in this Action Card. In this Action Card, Angela is again interacting with a doctor and advocating for Stephen. She needs to make sure that she understands Stephen's health status, that Stephen understands his own condition, and that she can articulate Stephen's needs to a	Action card; St. Mungo's video Flip chart and markers
	Activity • Questions are NOT aligned with the communication strategies • Work through the questions to re-phrase.	Objective: to generate questions using the communication strategies to confirm an individual's understanding so that they can make informed decisions about their	health care provider. For the next activity we are going to examine a series of questions that are not aligned with the communication strategies. Half are focused on what Angela should ask Stephen, and the other half are focused on what Angela should ask Stephen's health care provider. We will work through the questions to re-phrase them so they do align with the communication strategies discussed.	
		treatment	For reference, here are some communication tips to keep in mind: (up on PowerPoint slide)	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Communication Tips - Ask open-ended questions - Practice reflective listening - Clarify what you have heard and get more details - Sunmanze what you have understood - Use a few minimal prompts Cuestions - Angela to Stephen - "What is wrong?" - "Why haven't you made a decision about your treatment?" - "Are you in a lot of pain?"	Objective) Topic 2: Understanding the unique health care needs of the person Objective: to generate key questions to ask health care providers about a person to understand their care needs in order to support them	 Ask open-ended questions Practice reflective listening Clarify what you have heard and get more details Summarize what you have understood thus far Use a few minimal prompts Angela to Stephen: (Wrong version could be on PowerPoint slide for visual) What is wrong (revised version might be: "how would you describe how you are feeling") Why haven't you made a decision about your treatment? (revised version might be: "Do you have any reservations 	Widterials Needed
	Questions - Angela to Health Care Provider "When will Stephen start feeling better?" "What if something else goes wrong?" "Don't forget about Stephen's substance use."		 about your treatment options?" or "How are you feeling about your treatment options") Are you in a lot of pain? (revised version might be: "what are the main problems this health condition has brought you?" or "how are your pain levels?" or "do you have any thoughts about where things are going with your illness?") Angela to health care provider: When will Stephen start feeling better? (revised version might be: "what outcome should Stephen expect?") What if something else goes wrong? (revised version might 	
			be: "Is there anything to look out for that would indicate a complication or side effect that would require medical	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			 attention? Or "what are the common side effects or symptoms?") Don't forget about Stephen's substance use. (revised version might be "How will Stephen's substance use impact his treatment?") 	
20mins		Watch video	typical patient and his circumstances create some unique needs that	
	Activity	• Large group discussion	must be understood by his health care provider.	
	5-	Topic 3: Education of health care providers about person's unique needs (e.g. about harm reduction, pain control, mental health, etc.) Objective: to identify key messages about an individual's unique care needs to share with health care providers	As his advocate, Angela should be able to voice these unique needs to a health care provider if Stephen cannot do so for himself. We are going to play a brief video for you that highlights some of these issues to be aware of. The video is targeted to health care providers, more specifically, however, it still does a good job at calling attention to many of the unique needs people who are homeless often experience and the difficulties they face when accessing health care services. Part of Angela's role, as someone who supports Stephen, is to express these key messages to any health care provider and make sure these needs are responded to. (**Play video by clicking on link** - 8.5 mins long https://www.pathway.org.uk/services/end-life-care-homelessness/) (Say) Together, we are going to identify some key messages you think are important for Angela to share. The video touched on many, but let's see what others you can come up with. (Compare the	

Time	Slide	Activity (Topic and Objective)		Content	Materials Needed
	Activity Identify some key messages you think are Important for Angela to share		slide. Note their resp	ome up with to the ones on the corresponding onses on flipchart, show the key messages and Run through the below responses and see how	
	Key Messages - Lack of housing or unstable housing - Matrust of health care providers - Experience with trauma - The nature of social support networks - Mental health and other co-morbidities - Addiction and substance use		If the person has no housing or unstable housing	 He/she/they may not have a health card It might be difficult to get a hold of him/her/them They are not always in safe or trusting sleep conditions; it is not uncommon for personal belongings to be stolen by others, especially prescription drugs or other medications 	
			Mistrust of health care providers	The person may have had previous negative encounters with health care providers and may be skeptical of receiving help from them	
			Experience with trauma (physical, sexual, psychological abuse, racism and colonization)	The person is likely to have experienced trauma in his/her/their life that can have an impact in a variety of ways, including how he/she/they interact with authoritative figures or people in positions of power	

Time	Slide	Activity (Topic and Objective)		Content	Materials Needed
				 Past trauma experience may bring out behavioural issues including non-responsiveness, violence, etc. It is important to work with the person to keep him/her/themselves and those around them safe 	
			Nature of social support network and how it may differ from the average patient	 The person may not have friends/family around to offer support The person may suffer from loneliness 	
			Mental health and other co- morbidities	 The person may suffer from illnesses that are not yet diagnosed The person may suffer from other illnesses that impact how they perceive pain/symptoms/wellbeing 	
			Addictions and substance use	 The person's current or previous narcotic use may impact how he/she/they feels pain The person's use may alter how effective typical medications are The person may be at risk of going into withdrawal if forced to abstain from alcohol or drugs 	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
60 mins	Lunch Time	• Lunch		Lunch on table with supplies
15 mins	Action Card 4 – Stephen receives a diagnosis "After further consults with a specialist, Stephen is diagnosed with late stage liver disease, He is told there is to or month damage to be eligible for a transplant. Despite this, it is recommended that he stops drinking and smoking immediately, He is given instructions to come back for follow up with the specialist in 2 months." ** **Activity** * What did you find?* * How did you search?* * Let's talk about it	Presentation of Action Card 4 Large group discussion Topic 1: Palliative Care options and services available Objective: to build on palliative care options already found in part one; identify additional search strategies for finding local palliative care options	(Read Action Card 4). In this Action Card, Stephen gets a diagnosis. Now that he has this information, in an ideal world, this would be when he starts to think about exploring palliative care options, and begin thinking about what he wants. But of course this is a difficult thing to do. What Angela's role could be here is to help Stephen start thinking about these topics. However in order to do so, she needs to be informed about the palliative care options and services that are available for Stephen. In the e-Learning portion, you had to try searching for palliative care options or services in your area. Let's start by sharing what each of you found and how you found it. (open discussion)	Action Card, flip chart, marker, painters' tape
			(PowerPoint Slide will have summary of the WHO, WHAT, WHERE content: Who offers palliative care services? • LHIN (Local Health Integration Network) or Health Authority	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Palliative Care Services • Who offers palliative care services?		 Hospitals Home care Hospices General practitioners Palliative care specialists Nurses Personal Support Workers (PSWs) Spiritual care providers Physiotherapists Local organizations that specialize in palliative care for homeless population (e.g. PEACH, CAMPP, PORT) 	
	Palliative Care Services • Who offers palliative care services? • What are the principles of palliative care?		 What are the principles of palliative care? Focus on the goals of the person receiving care (What are their care goals for treating or managing an illness? What end-of-life goals do they have?) Let these guide decisions. Inform and educate the person and their friends/family they have chosen to involve about what palliative care is, what services are offered, and when and where they can access those services Prevent symptoms that can be prevented Manage pain and other symptoms through individualized comfort measures, including medication when necessary Live as well as possible in four areas: physically, psychologically, spiritually and socially 	
			Where are palliative care services offered in some local communities?	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Palliative Care Services Who offers palliative care services? What are the principles of palliative care? Where are palliative care services offered?		 Sometimes, any place the person considers "home", including shelters and on the streets More usually, In long-term care homes, In hospices, In hospitals 	
	Activity		An advantage that you all have, that in our scenario Angela does not have, is the opportunity to discuss and share with one another. You can learn from one another about the options available and how you accessed them. Let's try and brainstorm some ways that, outside of this setting, you	
		Large group discussion	can continue to share things like this with one another. (Record responses on flip chart)	
15 mins		Topic 2: Entitlements for the Person Objective: to identify how to find the financial resources	(Say) Another part of the e-Learning activity for this Action Card looked at how Angela might help Stephen get access to some of the financial program benefits he could be eligible to receive. In order for her to do this, she needs to know what options exist.	
		and benefits for which an individual may be eligible	We are going to revisit the website that was shared on the e- learning activity from the Government of Canada. This is a "benefits	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Activity Finding resources and entitlements available for Stephen Stephen Government of Condo. Welcome to the Benefits Finder Welcome to the Benefits Finder Activity of Condo. Management of the Stephen of the Stephen of Condo. Management of the Stephen of the Stephen of Condo. Management of the Stephen of the Stephen of Condo. Management of the Stephen o		finder". Pretending we are Angela, let's use this website to see what Stephen might be eligible for based on what we know about him. (walk through the website benefits finder: http://www.canadabenefits.qc.ca/f.1.2c.6.3z.1rdq.5.2st.3.4ns@.jsp? lang=en) (Some facilitator questions to follow include:) • Do you find this site helpful? • Are there any other ways you try to find benefits in your local community?	
30 mins	Action Card 5 – Stephen has to cope with the news "Following his discharge, Stephen is back in transitional housing with Angela. She knows the information Stephen received in the hospital must be hard for him to process. Angela isn't sure how to talk to Stephen about this news."	Presentation of Action Card 5 Watch video 2 equal sized groups writing script 2 pairs from each group role playing Topic 1: How to begin End-of-Life conversations Objective: Identify the type of information a worker needs to get from	(Read Action Card 5) (Say) At this stage in Stephen's journey, he has received his diagnosis and is back in his housing, trying to cope with the news. In the previous activities, Angela was exploring palliative care services, but in addition to her knowing what services to talk to Stephen about, she also needs to know what his wishes and preferences are about these areas. Talking to others about end-of-life is a difficult thing for many of us. We should recognize though, that having these conversations is an important part of ensuring people experiencing homelessness are informed about their care options and that their preferences are respected.	Action Card, Video, notepads, pens

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Activity Watch the video Identify what is wrong with the conversation End of Life Conversation Video https://vimeo.com/290794093	the person about their end-of-life wishes and to recognize communication strategies	In the e-Learning portion, you explored some of the things to consider when having end-of-life conversations with a person, including ways to bring up different topics, how you can talk about it, and topic areas that should be covered. Now, we are going to see how this information can be applied. We are going to watch a very short video demonstrating a poorly planned and executed conversation on end-of-life between Angela and Stephen. While watching, think of all the things that are done wrong. (Click on link to play video of bad conversation) https://vimeo.com/290794093	
	Activity Divide into 2 Groups Write an "ideal" end-of-life script Conversation - Angela and Stephen Two volunteers – act out script		Thinking about what you just saw, we are going to divide you up into two groups. You'll see here (<i>PowerPoint slide</i>) there is a long list of topics that could go into having an end-of-life conversation. In your groups, you are going to try and re-create a conversation between Angela and Stephen so that it demonstrates how an ideal conversation might go. Think about the communication strategies, the topics you want to cover, and the timing that your conversation could take place in. As a group, put together a short script (less than one minute) for this conversation. Once you have completed it, everyone will come back	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
	Activity - Diagnosis/ prognosis - Pain - Who is considered family? - Improving relationships: - Does Stephen have any pets? - Who is considered family? - Improving relationships: - Spinthal/religious beliefs - Substitute decision maker - Power of attorney - Living will		together to the larger group and two people from each group will "act out" the script you came up with. Before you break into groups, you'll see here (PowerPoint slide) there is a long list of topics that could go into having an end-of-life conversation. • Diagnosis and prognosis • Pain • Who is considered family to Stephen • Improving relationships with any distant family members or friends • Does Stephen have any pets? Someone to take care of that pet? • Comfort measures • Informed consent • Spiritual or religious beliefs • Substitute decision maker • Power of Attorney • Living Will • Medical interventions • Extraordinary measures (Breakout activity in groups – 25 mins) (Come back together and present) • (When the groups come back together, there will be opportunity for comments/feedback on the script each group	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
15 mins			came up with — work through the scenarios together and see if there are even more ways to improve the approach to this conversation)	
to complete	Activity Groups of 2 – role play!	Pairs role playing		
	One take on the role of Angela, the other take on the role of Stephen Eco-map tool	Topic 2: <u>Identifying</u> <u>the person's support</u> <u>networks</u> Objective:	One of the topic areas that was covered in the previous activity was around Angela's role of working to identify Stephen's support network. Angela needs to be able to find out about who are the significant people in Stephen's life. This next activity is an approach that can be taken by Angela that would help guide this conversation.	
			In pairs, one person will take on the role of Angela and the other will take on the role of Stephen. You are going to use the Eco-map tool and have a simulated conversation. Remember in the e-Learning you had to think about the kind of questions Angela might ask if she wanted to learn more about Stephen's social network. Draw on that	
		Topic 3: <u>Knowledge</u> of the Legal Rights of the person	when you are having your conversations. Follow the directions on the Eco-map tool.	
			NO ACTIVITY at this point - (topic is addressed in the first activity)	
30 mins	Break Time	Break		Snacks and refreshments on table

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
45 mins	Action Card 6 – Stephen's health is declining "Stephen has not been doing well in the last few weeks. He is not sleeping and has no appetite. Nausea has become common for Stephen, but now he has started to worm blood. Angela calls 911 and Stephen is brought to the hospital. Angela can't go with him this time." Action Card 7 – Stephen's health is declining "Stephen is admitted to the hospital. He is suffering from extreme delirium and continued nausea, The doctor at the hospital gives Stephen medication to help with his pain. Overnight, Stephen dies." Action Card 8 – Angela begins to grieve "Angela is notified of Stephen's death by the hospital. They ask Angela is she is aware of any next of hin that can be contacted. She wanted to plan a small memorial service for Stephen to ensure he does not go without being remembered."	 Presentation of Action Cards 6, 7, and 8 Individual and pair reflection Large discussion Topic: Grief and Bereavement Objective: to identify the most common grief and bereavement reaction and to generate ways to cope with grief and bereavement 	(Say) In this exercise, we use stones to imagine the physical shape of grief, and how it is a constant and heavy presence in the lives of the recently bereaved Choose a rock or stone from the centre of the circle that represents grief for you – the grief of others or your own grief. Take your chair and your pen and paper and go to another place in the room – you can face the wall – you do not have to see what anyone else in the group is doing. Hold the stone in your hand, notice its detail, its texture, its physical properties. Spend some time writing about the qualities of the stone. You can write in sentences, or simply list adjectives. Imagine this stone represents all your sorrow.	Stones, pens, paper

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			Now leave your pen and paper on the floor and stand and hold your	
			stone. How do you carry it? Try walking with the grief stone, how	
			would you carry it if you had to take it everywhere with you? How	
			does carrying the stone effect your walking? Can you carry it –	
			secretly, carelessly, boldly, painfully?	
			Place the stone somewhere on the floor and move away from it.	
			Notice your walking. Does it still feel as though the stone is with	
			you? Turn and see your stone from your new place in the room. Be	
			aware of the connection between yourself and the stone.	
			As you move round the room be aware of how your body is in	
			relation to the stone. Now walk back to your stone.	
			Find a partner and when you are ready, exchange stones. Spend a	
			few moments looking at your partner's stone.	
			When you are ready, return their stone to the centre of the room.	
			Come back into the circle for a group discussion.	
			Let's talk about the qualities of your grief stone, and the experience	
			of being aware of its presence. What would it be like to carry the	
			stone all the time? What surprised you about your partner's stone?	
			What did its different qualities reveal to you about living with grief?	
			Follow up questions for discussion:	
			What supports do you need?	
			 What supports have you used? 	
			How have you reacted in the past?	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
30 mins	Collective Action The power of working together: https://www.ted.com/talks/a.choir_as_big_as_t he_internet	Watch video Sign up for Facebook group Topic: Call for Collective Action	collective group. First, we want to show you this short video which demonstrates the power of working across a community or even the world to accomplish something.	Instructions for setting up a Facebook page Link to Ted talk
			The results were astounding. (Play video) https://www.ted.com/talks/a choir as big as the internet This shows the power of connecting through technology.	
	Facebook Group 8		We talked earlier about sharing knowledge with one another in relation to palliative care options. Now we will take a few minutes to go over a concrete idea for connecting through technology – setting up a Facebook Group. I'm just going to go over some of the basics first of what a Facebook page is and then how it might work to connect you across your community, and even across Canada.	
			Read Facebook group set up and sign up instructions Now that we know what it is, are there a few of you that might be willing to work together to set up the group and monitor it? Great. And for the rest of you, if you want to join the group, we have a sign	

Time	Slide	Activity (Topic and Objective)	Content	Materials Needed
			up sheet that you can complete in order to be added to the community page.	
15 mins	Summary of the Day • Wrap up • Part 3 – website https://pa/care.ca • Evaluation • Closing Final Credits St Mungos Course facts to more paragraphic to the paragraphic t	Wrap up and evaluation	 (Say) Thank you so much for coming. We hope that you have been inspired and have learned from each other. We have set up a web page where you can continue to access the information and resources we talked about today. I would really appreciate it if you could take the time to complete a short evaluation form so that we can learn how to improve the workshops for next time. 	Evaluation form Certificates from SE Health
			Also, I have a certificate of completion of the course for each of you.	
			Finally we would like to credit those organizations from whom we adapted some materials.	