



Flexing Your Core: The Palliative Workout ECHO

Providing Comfort & Care

February 25th, 2026

AGENDA ITEM	NOTES
Introductions	<p>Session Facilitators:</p> <p>Sue Bartnik, RN Consultant, Practice and Education BCCPC. Kathryn Calzavara, Spiritual Health Practitioner, Fraser Health</p>
Objectives/ Overview	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • Optimizing Comfort & Quality of Life: <ul style="list-style-type: none"> ○ Apply the steps of symptom management and supporting wellness to a case study. • Enhance understanding of how to support people & their families in the last days & hours. <p><u>Overview</u></p> <ul style="list-style-type: none"> • This session focused on providing comfort and care in palliative settings, with particular emphasis on optimizing symptom management and supporting patients and families during the last days and hours of life. • The presenters, Sue Bartnik (nurse consultant with BC Center for Palliative Care) and Kathryn Calzavara (Spiritual Health Practitioner with Fraser Health), shared their expertise on holistic approaches to end-of-life care, including physical, psychosocial, and spiritual dimensions.
Session Key Points and discussion	<p><u>Key Concepts or Theories:</u></p> <ul style="list-style-type: none"> • Palliative Performance Scale (PPS): A tool to assess functional status and anticipate prognosis. • Whole-person and family-centered care approach to symptom management. • Psychosocial and spiritual support during transitions in illness progression. • Normalization of the dying process for patients and families. • Energy conservation and prioritization for patients with declining function.

Important Questions Raised:

- How can healthcare providers create safe spaces for patients to express their deepest fears and concerns?
- What matters most to patients as they approach end of life?
- How can providers help patients maintain their sense of identity beyond their illness?
- How can families be supported in understanding and accepting the natural changes that occur during the dying process?

Key Takeaways

- The Palliative Performance Scale (PPS) serves as both a clinical assessment tool and a communication framework for discussing prognosis and care planning.
- Symptom management should address the whole person (body, mind, heart, and spirit) and involve appropriate interdisciplinary team members.
- Creating space for difficult conversations early in the palliative journey is essential for effective care planning.
- Understanding the normal physical changes at end of life helps normalize the experience for families and reduce unnecessary interventions.
- Supporting patients in maintaining their identity beyond their illness is crucial for psychological and spiritual well-being.
- Patients often choose their time of death, sometimes waiting for loved ones to arrive or departing when family members step away.

Symptom Management Approach

- Symptom management in palliative care requires a holistic approach that addresses the whole person and their family.
- The presenters emphasized the importance of comprehensive assessment that goes beyond physical symptoms to include psychological, social, and spiritual dimensions. Assessment should include what provokes symptoms, their quality and severity, what treatments have been tried, and how symptoms affect daily life and relationships.

- Documentation and regular evaluation of interventions are essential components of effective symptom management.
- The BC Centre for Palliative Care offers evidence-based resources and symptom management guidelines that providers can access online. When assessing patients, providers should consider what matters most to the individual and what trade-offs they're willing to make between symptom control and other priorities, such as mental clarity or energy conservation.

Q: How do you balance sensitivity with directness when someone is shut off or when immediate needs must be addressed?

A: Consider the situation and one might start by asking, "Is it okay to have this conversation?" or "Is this the right time and space?" For someone you know better, you might ask deeper questions like "What does this mean to you?" or "What matters most to you?" These questions help unlock what's really going on for the person.

Palliative Performance Scale and Psychosocial Support

- The Palliative Performance Scale (PPS) is a valuable tool for assessing functional status and anticipating prognosis. It ranges from 100% (fully functional) to 0% (death), with declining percentages indicating increased care needs.
- The scale helps communicate a patient's status across the care team and provides insight into prognosis based on how quickly changes occur. At PPS 50-60%, patients begin experiencing a "shrinking world" as they struggle with daily activities, prompting life review and changing roles within families. This is an optimal time for difficult conversations while patients remain cognitively intact. At PPS 30-40%, patients become more dependent, often expressing fears about loss of autonomy and being a burden.
- The presenters emphasized that healthcare providers should help patients understand they are not defined by what their bodies can or cannot do but by their values and who they are as people.
- Personal care moments often create sacred spaces where patients feel comfortable sharing their deepest fears.

Q: When is the best time to have meaningful conversations with patients?

A: Personal care moments create sacred spaces where people share their deepest fears. Because we're in a close space and alone, these become opportunities where people voice what's weighing on them. If they have the courage to share with me, they often find it easier to then share with loved ones.

Last Days and Hours of Life

- During the final days and hours of life, numerous physical changes occur that can be distressing for families if not properly explained. These include skin changes (cooling, mottling), increased sleep, decreased interest in food and drink, changes in elimination, altered breathing patterns, and possible restlessness or confusion.
- The presenters emphasized that healthcare providers play a crucial role in normalizing these changes and educating families about appropriate comfort measures. Hearing is believed to be the last sense to go, so families should be encouraged to continue speaking to their loved ones and providing gentle touch. Some patients experience a surge of energy shortly before death, while others may wait for specific loved ones to arrive or depart when family members step away.
- The presenters shared that death moments can be powerful and deeply personal, with some patients clearly choosing their time of departure.

Q: What happens if someone appears to have died but then starts breathing again?

A: This is uncommon but can happen. It's sometimes difficult to certify death, and we as nurses follow specific steps to confirm death. Most people follow the expected pattern, but there are exceptions that remind us of the mysteries surrounding the dying process.

Case Study Discussion

- The session included a case study about Mrs. Lin, a 68-year-old woman with metastatic lung cancer experiencing increased fatigue, decreased appetite, and emotional withdrawal.



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	<ul style="list-style-type: none"> • Participants suggested various approaches to support Mrs. Lin, including exploring her identity beyond her illness and roles, implementing energy conservation strategies, addressing her emotional state, and involving appropriate team members. • Suggestions for fatigue management included rest, complementary therapies like Reiki, prioritizing activities that bring joy, and considering assistive devices or home modifications. • Participants emphasized the importance of normalizing Mrs. Lin's experience while supporting her family in understanding the changes. • The discussion highlighted the value of interdisciplinary care, potentially involving physicians, nurses, social workers, spiritual health practitioners, occupational therapists, and community supports based on Mrs. Lin's specific needs and location. <p>Q: Based on the case study- if her fear would be having a breathing crisis, What happens then?</p> <p>A: It's important to have supports in place to help with that, including appropriate medications to ease breathing and pain. Depending on the tumor location, there might also be risk for bleeding that needs to be addressed in advance planning.</p>
<p>Actions/ Resources</p>	<p><u>Actionable Next Steps</u></p> <ul style="list-style-type: none"> • Attend the final session next week on professional and ethical practice, education, evaluation, quality improvement, and research. • Explore the BC Center for Palliative Care website for symptom management guidelines: • Consider how to incorporate the PPS tool and psychosocial support strategies into your practice. <p><u>Supplemental Resources and Readings</u></p> <ul style="list-style-type: none"> • BC Centre for Palliative Care's Symptom Management Guide for Healthcare Assistants. • BC Center for Palliative Care's website for evidence-based resources on symptom management. • Book recommendations: "Final Gifts" and "Being Mortal". • "Transitions" book for more information on the PPS as it relates to psychological care.



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	<ul style="list-style-type: none">• First Nations Health Authority resources on providing comfort in last days and hours.• Learning Hub course "Strengthening Your Core" for introductory palliative education.• BC Centre for Palliative Care's "Gaining Palliative Skills" course
Next session info	<ul style="list-style-type: none">➤ Next Flexing Your Core ECHO Session: <i>The Leading Edge</i>. Register here!➤ Other upcoming ECHO sessions listed here