<table>
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<th>Phase</th>
<th>Key activities and lessons learned</th>
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| Phase 1 (2001-2003) | • Focused on rural regions of Canada’s three Prairie provinces (AB, MB, SK) with government funding.  
• A community of practice of palliative care educators was established, primary palliative care competencies mapped, and standardized interprofessional courseware piloted. |
| Phase 2 (2003-2007) | • Funded by government. Spread to urban areas and several other Canadian provinces and territories. Teams assembled to implement multiple sub-projects. Hubs established in eastern and central Canada.  
• Courseware evolved into the LEAP course (English and French versions). A blinded peer-review process was implemented and a TTT program initiated, resulting in an interprofessional pool of 40 facilitators.  
• “Road show” approach used to take LEAP courses to smaller communities. These were accompanied by community engagement activities to raise awareness, including town-hall dialogues and local newspaper features, representing early Compassionate Communities efforts.  
• A centralized distribution model was initially used (Pallium’s office organized all courses and deployed facilitators to course venues. In 2006 a decentralized distribution model was introduced.  
• Distributed learning methods were tested, including a hybrid course for rural-based family medicine residents and clinicians.[27] Monthly large-scale CPD audioconferences (“Conversations on Caring”) were held for rural and remote professionals.[20] These were recorded and published as podcasts.  
• Foundational work was undertaken to explore Indigenous Peoples’ perspectives on end-of-life (EOL). Elders were interviewed, resulting in a video series “In Our Own Words” produced as well as a course for caregivers in Indigenous communities. The model was further customized for training Indigenous social work students at a northern ON university. A caregiver’s guide was adapted into Inuktitut for Inuit Peoples.  
• Competencies for palliative care spiritual care providers were identified and courseware developed.[27]  
• Rural-based children’s grief program was piloted in Manitoba and three provinces collaborated to co-develop public telephone information call-in centres.  
| Phase 3 (2008-2012) | • Unfunded phase. LEAP continued being used across Canada, but spread was piecemeal. Spread to ON.  
• In 2012, a Foundation was formed with non-profit designation. A Board of Directors made up of community, business and health leaders was established. |
| Phase 4 (2013-2016) | • In late 2012, funding from a private benefactor and government was secured for 3 years.  
• National stakeholder symposium called for different LEAP course versions for different settings and disease groups. A curriculum development process to develop multiple course versions was started.[27]  
• The LEAP distribution model was modified to centralized course development and decentralized deployment.  
• The TTT program was strengthened and facilitator criteria updated.  
• Partnership with the emergency services in the provinces of NS and PEI resulted in the development of LEAP Paramedic. The majority of paramedics in those provinces were trained over a 9-month period.  
• In ON, the Ontario Renal Network (ORN) deployed LEAP Renal.  
• First Nations communities were engaged in ON for direction on how to integrate Indigenous perspectives. It became a requirement for all LEAP facilitators to complete cultural awareness modules.  
• Pallium hosted a national Compassionate Communities symposium in 2016.  
• Pallium’s online learning management system (LMS) was launched in late 2014. |
| Phase 5 (2017-2019) | • Operations were revamped. Online modules developed for hybrid (online and classroom) or fully online learning. Additional course versions were launched.  
• LEAP Paramedics spread across Canada. LEAP adapted to the Inuktitut language for Inuit care providers.  
• A Compassionate Communities start-up toolkit and a national online forum (theexchange.ca) was started.  
• Further IT capacity added.  
• Large study undertaken to assess the impact of the course on learners’ knowledge, attitudes, comfort and commitment-to-change investment.[25,27]  
• Pallium Canada’s infrastructure increased to 16 full and part-time staff, and efforts to develop strategic regional, provincial and federal partnerships accelerated.  
• College of Family Physician’s Annual Award for the Best Continuing Professional Development Program [2017] |
| Phase 6 2020 to current | • In March 2020, in response to the COVID-19 pandemic, Pallium Canada rapidly transformed some LEAP courses for online-only delivery, including self-learning modules and case-based learning webinars. Over 20,000 health care professionals signed up for the online LEAP courses. In addition, 19 webinars were presented between April and August 2020 on various COVID-19 related topics.  
| LEAP = Learning Essential Approaches to Palliative Care courseware; TTT = Train-the-Trainer; CC = Compassionate Communities  