

Phase	Key activities and lessons learned
Phase 1 (2001-2003)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 (theccexchange.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	<ul style="list-style-type: none"> • 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.
<p>LEAP = Learning Essential Approaches to Palliative Care courseware; TTT = Train-the-Trainer; CC=Compassionate Communities AB=Alberta, BC=British Columbia, MB=Manitoba, NS=Nova Scotia, NFL=Newfoundland and Labrador, NB=New Brunswick, ON=Ontario, PEI=Prince Edward Island, SK=Saskatchewan, NV=Nunavut Territory, NWT=Northwest Territories, YK=Yukon Territory</p>	