



## **Volunteer Training Videos Series 2**

# **"Train the Trainers"**

**Sponsored by**

**The Council on Palliative Care  
&  
The Arnold and Blema Steinberg  
Medical Simulation Centre, McGill**

**With support from**

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## **How did this project come about?**

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This video series is the second collaboration between the Council on Palliative Care and the McGill Simulation Centre to provide quality training videos for volunteers in palliative and hospice care.

The Council on Palliative Care, affiliated with McGill University, has a clear and simple mission – to disseminate information on, and promote the cause of palliative care and access to its services. One of its core programs is community education both for professional and lay caregivers. Each year, it hosts free public lectures and community workshops in the Greater Montreal area and has sponsored plenary sessions, volunteer workshops and faculty discussions at the International Congress on Care of the Terminally Ill for many years. This Video project was developed as a response to a need voiced in those discussions.

In 2006, the Council sponsored a plenary and workshop at the 16<sup>th</sup> International Congress dealing with volunteer issues. Based on feedback from that plenary, which suggested that volunteer training materials are in short supply the Council, in collaboration with the McGill Simulation Centre, created four training videos to help address the need for quality resources in volunteer training and health team dialogue. These videos were presented at a workshop at the 17<sup>th</sup> Congress in 2008 and later packaged, with training templates for suggested use, and distributed to workshop participants and uploaded to the Council's website.

These videos have been used in diverse settings – hospital and community volunteer programs – and presented at multiple conferences since. Feedback suggests they are perfect for “Turn-key” training for programs which lack access to trainers or those with limited training budgets...

In 2011, the Council on Palliative Care agreed to sponsor four more videos – four different scenarios – as part of the 19<sup>th</sup> International Congress on Palliative Care in October, 2012. As in the first series, the scenarios presented in each of the new videos were generated from real case examples, in discussion with volunteers, community partners, hospital staff and Council members. The basic script you see is what was given to the actors/standardized patients to guide their performance. We did not coach their performances. Thus each scenario leaves the viewer with multiple opportunities to see excellent practice and opportunities to do better – both from the Volunteer Coordinator and the volunteers. It is this discussion around Best Practice that, we hope, will help you make stronger teams, provide better volunteer support and consistent policies for our Volunteer programs.

Once more, we thank all those who contributed time and creative energy to this project. We had fun making them – and we hope you do, too, in using them. Each time we have watched the videos, we have seen new things and new possibilities for reflection and improvement in our own volunteer programs in palliative care. As with the first series, one of the most exciting parts of this process has been the engagement, enthusiasm and commitment of everyone involved.

The Council welcomes your feedback and suggestions for further videos.

# Video Resource Kit

## What is Included in this Kit?

- Four videos each dealing with a different training issue
  - Essential Services
  - Compassionate Boundaries
  - Reprimand and Dismissal
  - Change Happens!
- Facilitator Guide to get you started
- Goals and Objectives for training with the videos plus template of potential discussion questions
- List of equipment and other materials needed
- Copy of the scenario enacted in each video
- Video #2 comes with a detailed brainstorm of some of the positive and negative observations about the volunteer and the coordinator. This may guide your observations in other videos – look at what worked and what might benefit from re-training, additional resources or a re-framing of the relevant conversation

## Who would benefit from these videos?

- Volunteers, Volunteer Coordinators, Healthcare Teams
- Ideal for ongoing volunteer training
- Can be used in Community education formats

## How much time is needed to use them well?

- It is possible to run a workshop with two videos and discussion in 90 minutes, but we strongly suggest that each video be the subject of a single workshop of at least one hour. User testing shows that each video has the capacity to generate rich discussion and training opportunities and to provide ideas for ongoing team education and support.

## Facilitators' Guide

### 1. Tour de table

- Ask everyone to introduce themselves and where they are from (Name, role on team, where i.e. hospice, homecare, hospital)
- Identify a scribe to record ideas
- Use circle map to indicate where people are sitting (see p. 6)

### 2. Review the timeline of the session

- Be mindful of time available for discussing each question
- Assign someone in the group the responsibility of time keeper.
- That person should let everyone know when it is the final 5 minutes so summary points can be highlighted.

### 3. Review the objectives of the session.

- If the discussion starts to go off track it is a good idea to review the objectives and get everyone refocused

### 4. Review the “guided” Topics/Questions given to registrants.

- Stay focused on the questions
- Provide the opportunity for everyone to speak. If some people in the group have not spoken ask them a direct question. Try and include everyone in the group.

### 5. Summary for reporting back

- The facilitator should quickly work with the scribe to highlight 3 key points, “take home” messages that they would like to share with the larger group.

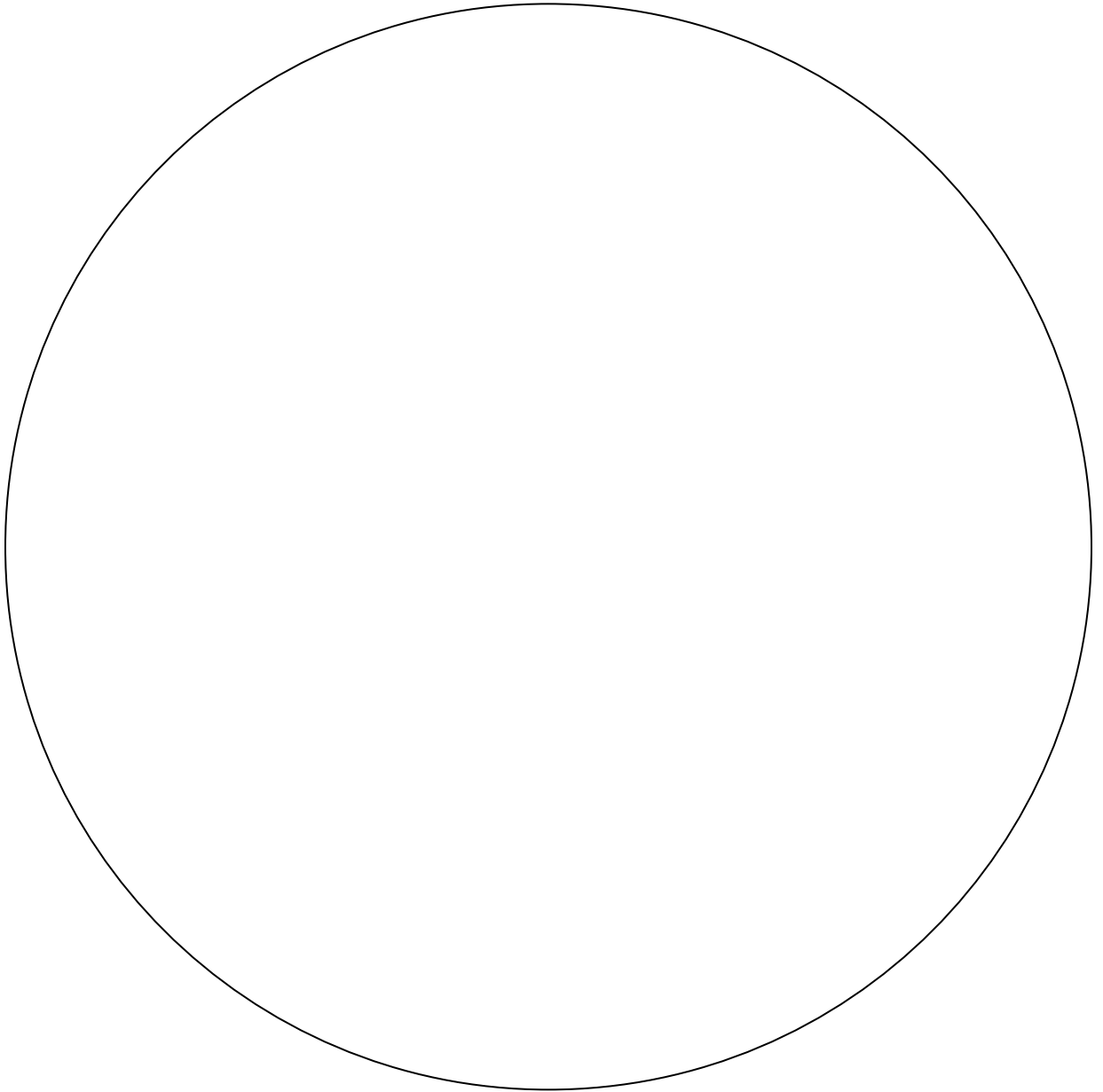
### 6. Thank you to relevant people

### 7. Report Back

- If multiple tables are reporting back then perhaps each table could report back on a different question.

**Tip:** We strongly encourage you to have a facilitators' meeting prior to your workshop. It allows you to have a test-run of the program and check for time-lines etc. as well as changing any of the discussion themes to suit your audience. In preparing for the Congress, we had multiple meetings and each one generated more and more lively debate and each time, we saw things in the video that we had not noted earlier.

# Table Map



## **Volunteer Training Workshop**

### **Goals of the Session:**

1. To demonstrate the importance of clear job descriptions, roles and responsibilities for volunteers in the palliative care setting
2. To help Volunteer Coordinators develop and communicate effectively about policies on boundaries in the volunteer role
3. To create opportunities for dialogue within the volunteer team and in the creation of volunteer policies for the workplace

### **Objectives of the Session:**

1. Identify the role of the volunteer in different settings.
  - (i) What did they do well?
  - (ii) What could be enhanced?
  - (iii) What could they do differently?
2. What was the role of the Volunteer Coordinator in these situations?
  - (i) What did she do well?
  - (ii) What could be enhanced?
  - (iii) What could she do differently?
3. Describe some of the common challenges relating to:
  - Boundaries and expectations within the volunteer role
  - Communication issues and expectations of families for volunteer help
  - Communication issues with team members
3. Recognize the ongoing opportunities for training, risk management and the establishment of protocols to support and protect those involved.

### **Equipment and resources needed:**

- DVD player
- Television or screen
- Scenario sheets
- Discussion questions (one per person)
- Facilitator
- Depending on size of group, possibly flip charts and markers to record comments

Suggested Template for discussion:

## **Questions for Discussion**

1. Having just watched the video, what are your thoughts and feelings?
  
2. (a) What did the volunteer do well? What could have been improved?  
  
(b) What did the Volunteer Coordinator do well? What could have been improved?
  
3. What were some of the challenges the volunteer faced?
  
4. What did you learn about the role of the volunteer?
  
5. What training opportunities would facilitate the volunteer's role?
  
6. Are there any other lessons learned for you?



## Video #1 – Essential Services

**Characters:** Volunteer Coordinator (Isabelle); Volunteer (Brenda)

**Scenario:**

Coordinator meets with Brenda for her quarterly review, only to realize it has been six months since they last met. Brenda is a homecare volunteer matched with Mrs. Grant, a lung cancer patient, who wants to stay in her own home but needs help with some tasks. Brenda is eager and willing to help Mrs. Grant, whom she has known for several months and is very fond of. She brings her home-baked goodies, provides a compassionate listening ear, and doesn't mind helping to pick up things from the grocers and the pharmacist to make things easier for Mrs. Grant. They have settled into their own routine. In this review, Isabelle realizes that Brenda has taken on tasks essential to Mrs. Grant's good care and that this care would be compromised if the volunteer was not available and was not replaced.

**Key themes:**

- risk management, boundaries, communication with healthcare team, mentoring, training, grief support

**Issues to consider:**

- What is the volunteer's role here?
- Risk management – who was at risk here? Why? What could have been done differently by volunteer? Volunteer coordinator?
- What protocols could be implemented to avoid such a situation? Is patient aware of the limits of the homecare service?
- Quarterly review – is this sufficient in homecare settings?
- What is the protocol for reporting on patient and/or receiving support for changing tasks as healthcare situation changes? Challenges in communication with healthcare team
- Policies for replacement of volunteers in homecare settings (sickness or vacation)
- Policies for volunteer grief support when a patient dies

## Video #2 – Compassionate Boundaries

**Characters:** Volunteer (Fred); Volunteer Coordinator (Isabelle); Mrs. Patel (family caregiver)

**Scenario:** Fred is visiting with patient and his wife. Mrs. Patel looks exhausted. Fred says to Mrs. Patel ‘Mrs. Patel would you like me to come back for a couple of hours this evening so you can have some free time at home?’

**Mrs. Patel:** (Smiling and enthusiastic) says: ‘That would be great because I need to go home and fix my computer. It is very important because this is how I communicate with our family to give them updates on my husband.’

**Fred:** (Eager and confident) says to Mrs. Patel: ‘Well, I could help you with that, I ‘m great with computers. Take my phone number and give me a call.’

..... and so the scene unfolds. Eager, helpful volunteer. Family Caregiver pleased to have such help. Volunteer Coordinator needing to set “compassionate boundaries”.

### Key themes:

- Communication, volunteer roles and job descriptions, family dynamics, grief, caregiver burden, boundaries, saying “no”, wanting to help

### Issues to consider:

- Family needs are both complex and simple. What is the volunteer’s role?
- Flexibility vs. rigidity in volunteer roles. What is the case for each? Clarity and consistency on role definitions. Does this differ in different settings or cultures?
- Policy development and risk management. What is Best Practice?
- Does this situation differ from that of Brenda in Video #1? How?

## Sample of way to structure talking points

Looking at the actors to see what they portrayed effectively and what could be “teachable moments” is one way to facilitate discussion amongst your team. You can use this model with all videos.

### Talking Points about Volunteer:

1. Positive: The volunteer is eager to help, connects well with the family and is sensitive to their needs. Negative: Kindness and concern need appropriate boundaries in all settings and relationships.
2. Positive: The volunteer is compassionate and pro-active. Negative: The volunteer is not aware of or, asking Volunteer Coordinator about, Volunteer guidelines and schedules; Volunteer’s perceptions and motivations for “feeling good and doing good” rule.
3. Positive: The volunteer is willing to “go the extra mile”. Negative: The volunteer is unaware of how his behaviour affects others (i.e., other volunteers, Coordinator, patient’s family, etc.) or himself.
4. Positive: The volunteer looks self-less and the Volunteer Program looks “all giving and all caring”. Negative: Potentially the volunteer is undermining Volunteer Program by not following guidelines and schedules.
5. Positive: The volunteer feels pleased and helpful by assisting the family (i.e., patient’s wife). Negative: The volunteer is acting outside the limits of his role and the volunteer is unaware that he is training family to “need” and “depend on” him outside his volunteer role by rescuing the family. The volunteer is unaware of the possible dangers involved in home visits and/or unauthorized visits (i.e., neighbourhoods, perceptions of others, insurance issues, intrusiveness of volunteer, etc.)
6. Positive: The volunteer has some beginning awareness of feeling overwhelmed. Negative: Volunteer is not aware of his own limitations or feelings.
7. Positive: The volunteer is very generous and trusting. Negative: The volunteer is unaware of inappropriateness of using his money (i.e., may not be repaid, may be misinterpreted, may make family feel obligated, may put Volunteer Program in an awkward position, etc.).
8. Positive: The volunteer is reluctant to disappoint. Negative: The volunteer does not know how to say “no” to family (i.e., wife), so he puts off his response, possibly confusing the family (i.e., the wife).
9. Positive: The volunteer is independent. Negative: The volunteer is unaware or unwilling to ask the Volunteer Coordinator for help, advice or guidance.

## Talking Points about the Coordinator:

1. Positive: The Coordinator took immediate action. Negative: Coordinator did most of the talking
2. Positive: Coordinator gave recognition of volunteer's good intentions. Negative: Volunteer gained minimal insight into what motivated his behaviour
3. Positive: Coordinator gave lots of instruction on rules and concern of burn-out. Negative: Volunteer was talked "at" not "with", thus limiting opportunity for volunteer to express himself or gain insight; unclear if volunteer knew and understood the rules or how his behaviour affected the schedule and possibly other volunteers
4. Positive: Coordinator understands she needs to confront and educate volunteer. Negative: Coordinator did not address the fact that the volunteer may need additional training in how to say, "no"
5. First time offense:
  - A. Are volunteer guidelines written and given to each volunteer?
  - B. Are volunteers trained in boundary issues; being aware of their emotions and motivations; how their behaviour impacts on others; learning how to say "no"?
  - C. Are volunteers encouraged to talk to their Coordinators for advice and guidelines?
  - D. Volunteer perceives he did something wrong when Coordinator approaches him, thus he feels defensive and Coordinator chastises him. Is there another approach that the Coordinator could have used that may create less defensiveness in the volunteer, i.e., Fred, let's talk about your volunteer experiences? How is it going for you?"
6. Should family be informed that this volunteer has acted outside the volunteer guidelines? If so, by whom?
7. Other possible considerations: ethnic and cultural issues and sensitivity; confidentiality issues

## Video #3 – Reprimanding and Dismissal

**Characters:** Volunteer (Fred); Volunteer Coordinator (Isabelle)

**Scenario:**

Fred again goes outside the agency's boundaries. He knows he has been made aware of this problem but has repeated the error, with a different family, who, as in the first scenario, are very appreciative of him going "above and beyond". Coordinator meets with him a second time. When a third infraction occurs, again with a deeply appreciative family, the stage is set for dismissal.

**Key themes:**

- Role boundaries, confidentiality, anticipatory grief issues, cultural connections,

**Issues to consider:**

- Would you have fired Fred? If not, what would you have done differently?
- Volunteer's understanding of anticipatory grief and resources available to families? What resources exist for you?
- How can the staff best help Fred and the patient's family at the time of death?
- What were the payoffs for Fred in these family interventions? How can the Volunteer program support some of these needs? Role of feedback and recognition.
- Second or third time boundary offenses:
  - Are rules for reprimanding and dismissal written and discussed in training?
  - Are infractions recorded?
- Could any of these boundary issues been identified in initial volunteer screening?
- Alternatives to dismissal – probation, re-assignment, further training etc.

Note: At pre-screenings of this video, conversation was lively and diverse – everyone had an opinion! It is a wonderful opportunity to look at organizational policies and training, volunteer screening and mentoring.

## **Video #4 – Change Happens!**

**Characters:** Volunteer Coordinator (Isabelle); Retiring Team Leader (Ralph), New Team Leader (Lisa), volunteers.

**Scenario:**

When Ralph retires from his position as Team Leader, he is replaced by a new recruit (Lisa) who has technical skills to bring to the position but is very young and has no experience within the team. Isabelle introduces her to the team and her new role at Ralph's retirement. Not everyone is happy!

**Key themes:**

- Change management, communication, respect, adult learning, assumptions and bias.

**Issues to consider:**

- Change is a feature of all programs. Who makes the decisions? How are they communicated? Are volunteers included in the process?
- Training in new methods – consequences if change happens before training completed?
- Difference between “important” and “urgent”.
- Grooming for leadership.
- Effective communication; receptivity to feedback
- Supporting new leaders. Mentoring.

## The Council on Palliative Care

The Council on Palliative Care is a non-profit organization made up of individuals who have been involved professionally, and/or personally, in palliative care. The objectives of the Council (founded in 1994) are increased public awareness of, and public support for, palliative care and increased availability of palliative care within and beyond the McGill University Health Care (MUHC) network. The Council pursues these objectives by networking with health care planners, educators, practitioners and the community at large.

The Council is actively involved in various domains:

- Lobbying -** at the University and Provincial levels of the health care system for increased funding for palliative care.
- Education -** Two annual free Public Lectures:
- (i) The Sandra Goldberg Annual Memorial Lecture – held in May each year as part of Palliative Care week and is part of the Council’s series “*Lessons in Living from the Dying*”.
  - (ii) Annual David R. Bourke Memorial Lecture and/or workshop
- International Congress -** The Council sponsors either a plenary or a workshop (and sometimes both) at the International Congress on Care of the Terminally Ill which takes place biennially in Montreal.
- Workshops-** Free workshops are offered to caregivers, healthcare professionals and the general public in the Greater Montreal Area.
- Special Projects -**
- (i) A folder of Palliative Care Resources in Greater Montreal Area has been distributed to organizations and institutions to be given to families of terminally ill patients. It includes a bilingual CD of the book “*Caring for Loved Ones at Home*”. Details at [www.council-on-palliative-care.org](http://www.council-on-palliative-care.org)
  - (ii) Humour Carts:  
Humour is widely recognized for its psychological and physiological effects. A Humour Cart is a mobile, multi-media unit with humorous audio-visual material. The Council has donated two carts to institutions in the Montreal area.
  - (iii) Children’s Corners:  
Recognizing that many children now visit family members on Palliative Care Units, the Council has established a Children’s Corner in several Montréal hospitals. Each Corner is equipped with toys, books, puzzles and art supplies.

For further information on any of its programs and services, please contact:

Tel: (514) 499-0345 Email: [fmpa202@aol.com](mailto:fmpa202@aol.com)

## **Some suggested readings in Oncology/ Palliative Care** (compiled by the Council on Palliative Care)

Before I say Goodbye: Recollections and observations from one woman's final year / Picardie, Ruth -- New York: Henry Holt and company, 1997.

Beginnings: a book for widows / Wylie, Betty Jane -- 4th rev. ed. -- Toronto: M&S, 1997.

Death: the final stage of growth / Kübler-Ross, Elisabeth -- Englewood Cliffs, N. J. Prentice-Hall, 1975.

Death and Bereavement across cultures / Parkes, Colin Murray [Ed]; Laungani, Pittu [Ed]; Yound, Bill [Ed] -- London: Routledge, 1997.

Final Gifts: understanding the special awareness, needs, and communications of the dying / Maggie Callanan. New York: Poseidon Press, 1992.

The Four Things that Matter Most; a book about living. Ira Byock. 2004.

A good enough life: the dying speak / Gabori, Susan -- Fredericton, New Brunswick: Goose Lane, 2002.

Goodbye Grandma / Saynor, John Kennedy; Zwolak, Paul [Ill] -- Warkworth, Ontario: Genesis, 1993.

Grandir: aimer, perde, et grandir : l'art de transformer une pertr en gain / Monbourquette, Jean -- Quebec: Les Editions du Richelieu, 1984.

Guide des veuves : comment vivre sans lui / Joly, Pierre; Marchal, Helene -- Montreal: Editions Science et Culture, 1992.

Handbook for mortals : guidance for people facing serious illness / Lynn, Joanne; Harrold, Joan -  
- New York: Oxford University Press, 1999 .

The helper's journey: working with people facing grief, loss, and life-threatening illness / Larson, Dale G. -- Champaign, IL: Research Press, 1993 .

Intimate death: how the dying teach us how to live / de Hennezel, Marie -- New York: Alfred A. Knopf, 1997.

L'amour ultime : psychologie et tendresse dans la traversée du mourir / Montigny, Johanne de -- Montréal: Stanké, 1990.

Learning to Fall: the Blessings of an Imperfect Life, Philip Simmons, 2003

Les derniers moments de la vie : l'accompagnement de la personne mourante / Delisle, Isabelle -- Ste. Laurent, Quebec: Editions du renouveau pedagogique, 1993.



Les soins palliatifs : et si la mort révélait la vie... / Iarin, Judith -- Montréal: Les Éditions internationales Alain Stanké, 2001.

My Mom is dying: a child's diary / McNamara, Jill Westberg; LaRochelle, David [ill] -- Minneapolis: Augsburg Fortress, 1994.

The rights of the dying / Kessler, David -- New York: HarperPerrenial, 1997.

Talking about death: A dialogue between parent and child / Grollmann, Earl -- 3rd ed. -- Boston, MA: Beacon Press, 1990.

Tear soup: a recipe for healing after loss / Schwiebert, Pat; DeKlyen, Chuck -- Portland, Oregon: Grief Watch, 1999.

Tuesdays with Morrie. Mitch Albom. New York; Toronto: Doubleday, 1997.

What's Heaven / Shriver, Maria; Speidel, Sandra [ill] -- New York: Golden Books, 1999.

Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life. Jon Kabat-Zinn, 1995

You shouldn't have to say good-bye / Hermes, Patricia -- New York; Toronto: Scholastic, 1982.

## **Some suggested websites for Volunteer Management**

Some suggested websites for Volunteer Management - articles, policy templates and resources

[www.lindagraff.ca](http://www.lindagraff.ca) (especially in areas of risk management, volunteer policy development)

[www.chpca.net](http://www.chpca.net) (Canadian National Norms for Volunteers in Hospice Palliative Care)

[www.pallcarevic.asn.au/volunteers](http://www.pallcarevic.asn.au/volunteers) (Victoria, Australia - policy templates, standards, training materials)

[www.virtualhospice.ca](http://www.virtualhospice.ca) (Click on "For Professionals" and wonderful section on Volunteer Management and resources for volunteers in palliative care).