1. Presentation Title: National Impact of an Enhanced Train-the-Trainer Model for Delivering Pediatric Palliative Care Education

2. BIO: Kimberley Widger is an Assistant Professor at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, and Adjunct Scientist at the Hospital for Sick Children (SickKids). Her research focuses on identifying and measuring structures, processes, and outcomes that are indicative of high-quality pediatric palliative and end-of-life care and finding ways to ensure optimal care is provided regardless of setting or diagnosis. Kim currently holds a Career Development Award from the Canadian Child Health Clinician Scientist Program and the CIHR Strategy for Patient Oriented Research.

3. Brief Abstract:

**Background:** Principles of pediatric palliative care (PPC) should be incorporated from the time of diagnosis of childhood cancer, yet health professionals report little training in PPC.

**Objectives:** To address this gap, the Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics) curriculum was implemented across Canada using a ‘Train-the-Trainer’ model and principles of implementation science.

**Methods:** Teams of 3 to 6 HP based at 15 of the 16 pediatric oncology programs in Canada became EPEC®-Peds Trainers who delivered the training to health professionals involved in providing care to children with cancer and implemented quality improvement (QI) projects over 4 -18 months. To assess care quality, data were collected before and after the rollout from 3 sources: a) parent and child surveys about symptoms, quality of life, and care provided; b) health record reviews of deceased patients; and c) bereaved parent surveys about end-of-life and bereavement care.

**Results:** We certified 72 Trainers and 3475 End-Users from every province and territory in Canada. The majority (78.5%) of health professionals agreed or strongly agreed that their knowledge about PPC improved as a result of the curriculum. Ten of the 15 sites achieved practice change goals through QI projects. Significant differences before and after rollout were found in the median length of time from referral to PPC until death (68.5 vs. 93.0 days) and from first documentation of advance care planning until death (29 vs 35 days).

**Conclusions:** The EPEC®-Pediatrics rollout has had significant impact on practice across Canada, in all its diverse regions.