



## **HOSPICE VOLUNTEER TRAINING PROGRAM**

### **COURSE DESCRIPTION**

This 30-hour course provides adult learners with a basic introduction to Hospice Palliative Care and the knowledge and skills necessary to work as a hospice volunteer with those impacted by a serious, life-limiting illness or grieving the loss of a loved one. This course is experiential and will require participants to share on a personal level.

### **LEARNING OBJECTIVES / GOALS / OUTCOMES / LEARNING OUTCOMES:**

Upon completion of the course, the learner will be able to:

1. describe the major concepts, terms and philosophy of hospice palliative care
2. discuss the early pioneers and historical roots of the present-day hospice movement
3. review and discuss hospice volunteer provincial standards and best practices
4. define and discuss person-centred care and a palliative approach to care
5. describe and discuss the characteristics of a “compassionate community”
6. describe the process of advance care planning and who should be included in advance care planning discussions
7. identify strategies and share information about health care education and community resources to support the needs of family caregivers
8. define and discuss the terms “Total Pain” and “Existential Pain”
9. identify the psychosocial, spiritual interventions for existential pain
10. recognize the physical-psychosocial-spiritual signs and symptoms during the final days/hours of life
11. review cultural and spiritual practices, rituals before, during and after a death
12. define/discuss terms such as anticipatory/disenfranchised/complicated grief
13. list the factors that influence grief and describe the complexities and challenges of bereavement
14. demonstrate active listening and interpersonal communication skills
15. define compassion fatigue and describe what personal self-care looks like in practice

### **FOR MORE INFORMATION AND TO APPLY PLEASE FORWARD YOUR APPLICATION TO:**

**KARA DAVIES – PALLIATIVE SERVICES**

Email: [kara.davies@burnabyhospice.org](mailto:kara.davies@burnabyhospice.org)

Fax: 604-299-7910

Phone: 604-419-6903



Date: \_\_\_\_\_

1. Name \_\_\_\_\_ E-mail) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

2. AGE: \_\_\_\_\_

3. Current responsibilities and commitments \_\_\_\_\_

4. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

5. Do you have any physical/health restraints that might affect your volunteer placement?  
(bad back, hearing, vision). Please specify: \_\_\_\_\_

6. How did you hear about the Burnaby Hospice Society Palliative Care Volunteer Program?  
\_\_\_\_\_

7. Have you been a volunteer before? \_\_\_\_\_ If "yes", give brief details  
\_\_\_\_\_

8. What interests you in becoming a Hospice Palliative Care volunteer at this time?  
\_\_\_\_\_

9. Time you have available for volunteer work: (please circle)  
M T W Th F Sat Sun Days/evenings/weekends preferred \_\_\_\_\_

10. What limitations or changes do you foresee in your commitment as a volunteer over the next year?  
\_\_\_\_\_



**11. Special Interests/Skills/Experience:**

Recreational Activities/Hobbies \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Education Background \_\_\_\_\_

Work Background \_\_\_\_\_

Complementary  
Therapies \_\_\_\_\_

**12. Have you had any losses in the last year such as a move, job change, separation or death?  
Please elaborate**

\_\_\_\_\_

**13. How do you handle stress and what do you do for personal care?**

\_\_\_\_\_

**14. References: (From an employer/supervisor; and /or people who are not immediate family and someone who has known you for two years and is aware of your work habits or skills through your volunteer or community work. Academic references are also acceptable).**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

I agree to abide by the policies and procedures of the Burnaby Hospice Society and to maintain client confidentiality at all times.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_