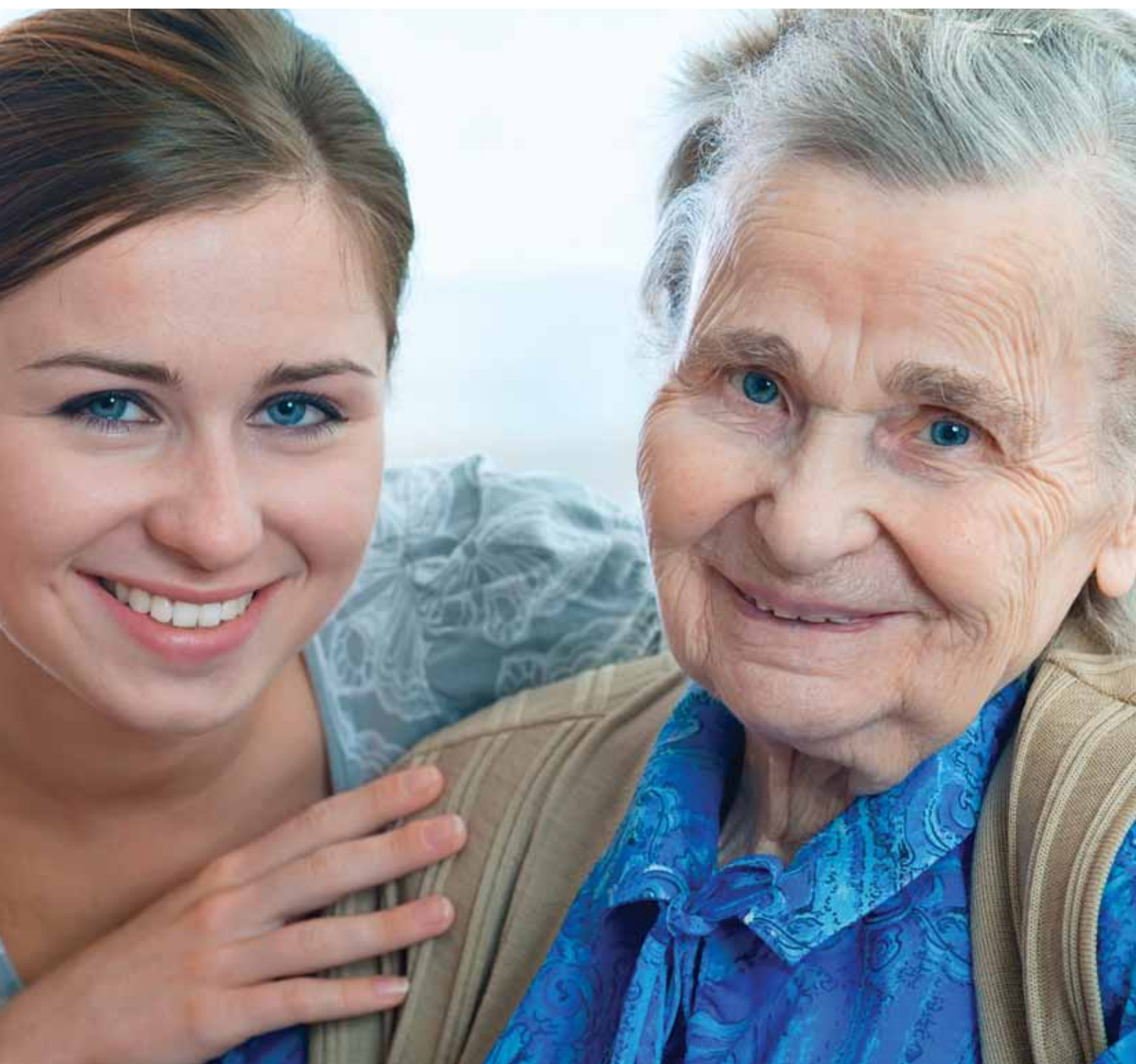


# PEPA Program of Experience in the Palliative Approach

Funded by the Australian Government Department of Health and Ageing

## Mentoring guide



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Disclaimer: The information in this mentor guide is for educational use only and is provided in good faith without any express or implied warranty. All practitioners need to use sound clinical judgement in individual situations.

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# Introduction

Thank you for agreeing to act as a mentor for PEPA. Your expertise and guidance will be a valuable component of the program, and the time and effort you are providing is greatly appreciated. We hope your involvement in the program will be a rewarding and interesting experience for the participant, as well as for you as mentor.

In addition to receiving this mentoring guide, host sites and mentors will be sent more specific details about each participant attending their host site closer to their scheduled placement date/s. Mentors will also have the opportunity to obtain more information from each participant prior to their placement.

If you have any queries during the placement please contact the PEPA Manager in your State or Territory. Contact details for the manager in your jurisdiction can be found on the PEPA website: [www.pepaeducation.com](http://www.pepaeducation.com).

## Welcome to the Program of Experience in the Palliative Approach

The Program of Experience in the Palliative Approach (PEPA) provides primary healthcare providers with the opportunity to develop skills, knowledge and confidence in the palliative approach through a supervised clinical placement at a specialist palliative care service. Placements are available within all Australian states and territories for health care practitioners from a range of disciplines including nursing, allied health, general practitioners, Aboriginal health professionals and aged care workers. Applicants are welcome from regional, rural and remote areas.

The aims of the placements are to:

- Further improve the skill and confidence of the generalist workforce to work with people with palliative care needs;
- Provide opportunities to ensure palliative care providers across the continuum are aware of, and provide culturally appropriate palliative care and end of life support including

care preferences, spiritual requirements and bereavement expression; and

- Enhance linkages between specialist and generalist palliative care providers.

The focus is on assisting participants to expand their knowledge and skills by achieving their learning goals. This opportunity is not designed to make participants specialist palliative care providers, but to assist them to incorporate a palliative care approach into their practice setting.

On completion of the program, participants should be able to demonstrate:

- An increased appreciation of dying and death as a normal part of the life continuum;
- An increased awareness of the scope of, and benefits of timely and appropriate access to, palliative care services;
- An increased awareness and understanding of culturally appropriate palliative care provision;
- A clear understanding of the principles of palliative care;
- An ability to identify the needs of individuals with a life-limiting illness and their family including care preferences, spiritual requirements and bereavement expression;
- An ability to identify the role of their discipline in managing issues faced by individuals with a life-limiting illness;
- An ability to identify services and resources to support individuals with a life-limiting illness and their families;
- An ability to recognise their own knowledge base and scope of practice with regard to optimal palliative care provision; and
- An ability to identify personal coping strategies to effectively manage the personal issues related to working in this field.

## Did You Know?

The word 'mentor' comes from Homer's *Odyssey*. Mentor was a trusted friend of Odysseus who went to fight in the Trojan wars. Odysseus entrusted Mentor with the care of his house and his son, Telemachus. Athena, the Greek goddess of wisdom, assumed the form of Mentor in order that she might give Telemachus some useful advice and counsel. Through Mentor Athena acted as an advisor to the young Telemachus, helping him to overcome challenging obstacles.

## What is in this mentoring guide?

This mentoring guide provides you with an outline of PEPA and guidelines for mentoring before, during and after the placement. This mentoring guide is divided into three sections.

- Section A provides a brief overview on mentoring.
- Section B outlines what is expected of a PEPA mentor.
- Section C introduces the PEPA learning guide and provides suggestions for how to support the participant's work through the learning guide and optimise the learning opportunities provided by the placement.

It is suggested you keep this guide easily accessible so that you may refer to it as needed.

In host sites that provide placements for Aboriginal or Torres Strait Islander health workers please note that supplementary PEPA Mentor Guidelines and Communication Guidelines documents are available. It is recommended that you read through these documents in their entirety.



# Section A: Overview of mentoring

## Some Basic Definitions

### MENTORING

There are many definitions for mentoring, some of the more commonly used definitions include:

- Mentoring offers “experienced professional nurturing and guiding” for novice practitioners who benefit from being taught by a more experienced practitioner and receive practice-based teaching relevant to their specific needs. Mentoring also enables feedback to be contextual and as immediate as possible. (Nash and Scammel, 2010)
- Mentoring is a process whereby an experienced, highly regarded, empathic person (the mentor) guides another usually younger individual (the mentee) in the development and re-examination of their own ideas, learning, and personal or professional development. (Taherian and Shekarchian, 2008)
- Mentoring is a relationship between two people in which trust and respect enables problems and difficulties to be discussed in an open and supportive environment. (Whittaker and Cartwright in Macafee, 2008)

### MENTORS

- Provide a safe place for reflection, they listen and support, explore strengths and blind spots, enable self challenge, generate insight and focus on goals. (Connor et. al., in Macafee, 2008)

Common to all of these definitions is an emphasis on a supportive professional relationship between two individuals, where a primary focus is on the development of the mentee.

## Why is Mentoring Used?

Mentoring encompasses a supportive relationship and a teaching-learning process (Thorndyke et. al., 2008). Mentoring relationships are based around developing reciprocity and accountability between each partner (Mills, Francis and Bonner, 2005). The mentoring process can be beneficial to all parties including mentors, mentees and organisations (Hansford, Ehrich and Tennent, 2003: p222,; Taheiran and Shekarchian, 2008). Mentoring has the potential to develop a professionally stronger and more rounded workforce, with the fostering of scholarship and research, as well as clinical expertise (Mills, Francis and Bonner, 2005).

Within the context of PEPA, a specialist palliative care worker (the mentor) is linked with a primary health care provider (the participant) who undertakes a short term clinical placement in the mentor’s practice setting. Where possible, the discipline of the participant is matched with that of the mentor. A combination of observing clinical experience in a specialist palliative care service, using the PEPA learning guide and interacting with a mentor will expose the participant to a variety of learning experiences.

The mentor has a variety of roles including helping orientate the participant, pointing out resources, demonstrating best practice, facilitating learning and providing feedback. The mentor is also available to discuss placement experiences, issues or any concerns that may arise. The mentor will meet with the participant on the first day of the supervised clinical placement to discuss the learning goals, and to come to a mutually agreed learning plan. The mentor will regularly discuss with the participant progress against the learning goals.

## Evidence-Base for Mentoring

A meta-analysis of 151 mentoring studies (2003: 222), most of which relied on qualitative methodologies for measuring outcomes, showed that mentors, mentees and organisations were largely positive about their mentoring experiences:

### Positive outcomes for mentees:

- career satisfaction and motivation (50.3%),
- coaching, ideas and feedback strategies (30.5%),
- improved skills and performance (23.2%),
- support and encouragement (21.9%),
- access to resources, information and people (16.6%),
- increased confidence (15.2%).

### Negative outcomes for mentees:

- problems associated with gender and race differences (8%),
- limited autonomy (7.3%),
- untrained or ineffective mentors (6.6%),
- either lack of mentor time or lack of mentor availability (4.0%).

### Positive outcomes for mentors:

- career satisfaction and possible promotion (7.3%),
- improved skills and job performance (6.6%),
- pride or personal satisfaction (6.6%),
- benefits of assistance and ideas (6.0%),
- respect and empowerment (6.0%),
- insight into other roles (6.0%),
- interpersonal development and confidence (6.0%).

### Negative experiences of mentors:

- lack of time to perform their mentoring role (6%)
- lack of training (4.6%),
- unrealistic expectations of the mentee (2.6%).

### Positive outcomes for organisations:

- improved productivity by employees (13.9%),
- staff retention (11.9%),
- team spirit (6.6%),
- facilitated change/learning (2.0%),
- bridging the gap between training and workplace (1.3%).

Hansford, B.C., Ehrich, L.C. and Tennent, L. (2003) Does mentoring deserve another look? In: Wiesner, R. and Millett, B., (eds.) *Human Resource Management: Challenges and Future Directions*. John Wiley & Sons, Milton, Qld., pp. 219-228.

*\*Note: the numbers in brackets represent the percentages of respondents who cited each of the specified points.*

## The Mentor–Participant Partnership

Characteristics of effective mentor-participant partnerships in the context of clinical learning environments include the following:

- The mentor and participant are working in a voluntary capacity towards the same goals.
- The mentor and participant have mutual respect and consider each other as equals irrespective of their different knowledge, skill and experience levels.
- Most importantly, the mentor and participant require good communication, interpersonal and problem solving skills.
- Parties must be committed and motivated.
- Mentors have a sound knowledge base, be competent in their field and have a good awareness of safe practice.
- The mentor needs to have an established network and be willing to share information, skills and wisdom.
- The participant uses initiative and has the capacity for self-direction.

(Murray, 2001; Rolffe-Flett, 2002; Clutterbuck, 2004; Northcott, 2000; Zeus and Skiffington, 2001, Shea, 1994)

### INTERPERSONAL STRATEGIES FOR MENTORS

- Spend time getting to know each other during the initial stages.
- Be available, visible, receptive, non-threatening, tolerant, honest and understanding.
- Build rapport, trust and an open environment to promote discussion.
- Introduce the participant to other colleagues.
- Listen to the participant's needs and experiences.
- Ask probing, open-ended and 'what if' questions.
- Encourage the participant to ask questions.
- Provide regular support and encouragement.
- Give clear messages and instructions and check the participant understands them.
- Let the participant work at his or her own pace, where appropriate and possible.
- Clarify any uncertainties and discuss any problems.

### THINGS TO TALK ABOUT UPFRONT

- **Well defined goals and outcomes** – What do each of you want from this mentoring relationship?
- **Successful criteria and measurement** – How will you know when you both have been successful in this mentoring relationship?
- **Delineation of mutual responsibility** – What do each of you agree to do?
- **Accountability assurances** – How will you work together to hold each other accountable for making time to do what you plan?
- **Confidentiality** – What do you agree to in terms of protecting confidential information? What do you agree to in terms of deciding when each one might need to seek the assistance of others?
- Protocols for addressing stumbling blocks – What are your routines for collaborative conversations or problem-solving strategies?
- Boundaries – When and how do you agree to communicate with one another? What are the topics that are relevant? What is off-limits, in terms of your mentoring relationship?
- Partnership agreement – How do you document your decisions about these issues?

### RELATIONSHIP CONCERNS

We hope that most issues between mentors and participants can be discussed and resolved between each other – this can provide an interesting learning opportunity for both people.

Types of challenges that could be encountered include:

- Different expectations
- Engagement
- Mismatched expertise
- Different perceptions of scope of practice
- Breach of safety and/or professional conduct.

An excellent resource to help you increase your repertoire of interpersonal skills is the book *'People skills: How to assert yourself, listen to others and resolve conflict'* by Robert Bolton, published by Simon and Schuster Australia, 1979.

## PROCESS FOR RESOLVING ISSUES

While every effort will be made to ensure appropriate placements, at times a participant or host site might identify a problem with the placement. The mentor, participant and host venue need to address the issue and, if this does not work, the mentor can contact the PEPA Manager in their State or Territory to resolve the problem ([www.pepaeducation.com](http://www.pepaeducation.com)).

We suggest that you follow the simple process below to help you ascertain the extent of the issue and take appropriate action.

- In the first instance, clarify in your own mind what the issue seems to be from your point of view. Then see if you can think about the issue from your participant's point of view. Taking both perspectives into account, think of possible solutions or alternative ways you might move the situation forward.
- Introduce the topic of concern in your next meeting, or if appropriate before your next meeting. Outline your concerns and ask your participant how they perceive the issue. Use the information from both points of view to find a way of working through the issue to an appropriate solution.
- If an appropriate solution cannot be agreed upon, either party may contact the PEPA Manager to resolve the problem.

Where a serious issue or concern arises, follow the appropriate policies and procedures for your host site service and inform the PEPA Manager as soon as practicable.

## PRINCIPLES FOR FACILITATING LEARNING

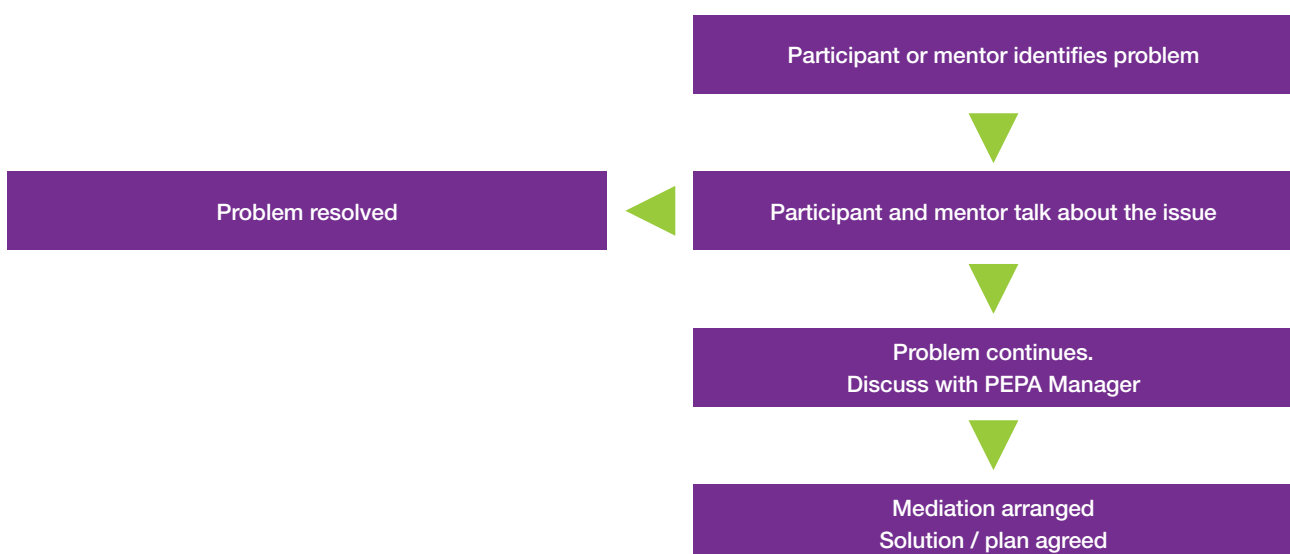
When working with adult learners it is often more appropriate to facilitate rather than instruct (Nash and Scammell, 2010). Fundamental to this process is the exploration of beliefs that underpin and guide personal practice as they become apparent in actions and attitudes. Whatever the area and context in which workplace learning is used, a prerequisite is enthusiasm for the role.

## MANAGEMENT OF RISKS

It is the responsibility of all stakeholders to be aware of the potential risks associated with the program and to implement appropriate strategies to effectively manage these risks.

Participants attending host sites are supernumerary to the staff of the host site, and must only undertake those activities within the scope of their discipline, skills and experience, while being supervised at the time. Some risks can be mitigated by appropriate orientation and checking eligibility prior to a placement.

**Diagram 1:** Flow chart for resolving issues



## Section B: What does the mentor actually do?

Although the development of the participant primarily depends on the participant, individual progress can be influenced by the mentor's actions; more specifically by the roles, functions and

strategies the mentor adopts. The following section provides a broad overview of the roles and functions of the mentor which can facilitate the participant's development.

### Roles and Responsibilities

#### ROLES OF THE MENTOR



## RESPONSIBILITIES OF THE PARTICIPANT

- Be familiar with the content of the learning guide.
- Prepare for the supervised clinical placement by referring to the educational resources provided and identifying their individual learning needs for the program.
- Attend the clinical placement as an observer and work closely with the allocated supervisor at all times.
- Consider how learning can be transferred into their current practice and work environment.
- Be sensitive to the work demands of the mentor.
- Abide by the policies and procedures of the host site.
- Reflect on their experience and critically appraise care provision of patients in their community.
- Undertake a quality activity on return to their own workplace/practice within three months of completing the supervised clinical placement.
- Complete and return all evaluation documents.
- Complete, copy and forward Quality Assurance and Continuing Professional Development
- Professional Development Points documents to the PEPA manager.
- Notify the PEPA manager and comply with the host site policy, in the event that any injury or illness occurs on placement.
- Notify the mentor and PEPA manager if they are unable to attend their supervised clinical placement for any reason.

## RESPONSIBILITIES OF THE HOST SITE

- Ensure there is a single person responsible to administrate arrangements.
- Provide mentors who have appropriate clinical teaching experience.
- Ensure that mentors are aware of the dates that they have been assigned a participant.
- Ensure that the participant is supernumerary to the staffing of the service.

- Ensure that the participant is aware of local policies and procedures relating to safety and security.
- Complete and return the evaluation survey every six months.
- \* Advise the PEPA manager of any issues or concerns during the supervised clinical placement.

## RESPONSIBILITIES OF THE MENTOR

- Be familiar with the contents of this Mentoring Guide and the PEPA for Aboriginal and Torres Strait Islander Health Workers Mentor Guidelines and Communication Guidelines.
- Be familiar with the contents of the PEPA Participant Learning Guide relevant to your discipline (online versions of all guides are available for download from the PEPA website ([www.pepaeducation.com](http://www.pepaeducation.com))).
- Start thinking about or planning your time and working arrangements for the placement period. Consider whether you need to delegate some responsibility to colleagues intermittently or for the duration of the placement.
- Incorporate the features of a 'best practice' PEPA placement as outlined in the following sub-section.
- Sign off on the participant's supervised clinical placement documentation as appropriate for allocation of continuing professional development points.

## RESPONSIBILITIES OF THE PEPA MANAGER

- Coordinate and implement the PEPA program.
- Resolve any procedural issues that may arise during the course of the program.
- Ensure the participant is placed in a suitable host facility to meet their learning needs.

## Key Elements of Best Practice Clinical Learning Settings

Best practice clinical learning organisations provide learners with a secure and supportive environment to experience the reality of professional palliative care practice. Such organisations are identified by the following six key elements (Darcy Associates, 2010).

**1. An organisational culture that values learning:**

Education is valued and viewed as beneficial to the organisation. Education is planned for and lifelong learning and evidence-based practice are supported. Educators are rewarded and supported for their contributions and learners are treated as part of the team and are respected for what they bring.

**2. Best practice clinical practice:** Palliative care services achieve best practice with a commitment to quality care and striving for continuous quality improvements by adopting policies and protocols that encourage high quality care; monitoring service accreditation processes; performance measures; and recruitment of highly skilled staff. Best practice organisations model the behaviours, processes and practices the learners need to understand how best practice may be achieved.

**3. A positive learning environment:** Palliative care organisations need to provide a safe, welcoming environment and supply appropriate learning opportunities bringing together patient, facilitator and learner into the same space where the learner can progress from observer to independent practitioner. Learning objectives need to be clear with structured learning programs and assessment. Clinical teaching staff need to be suitably trained and sustainable ratios of teaching staff to student and patients to students need to be maintained.

**4. An effective health service-training provider**

**relationship:** Collaborative written agreements (legal or otherwise) between training providers and palliative care services establish expectations and responsibilities of the partners in the delivery of clinical education.

This relationship stands on mutual respect and understanding and should provide practical mechanisms such as shared administrative resources, feedback mechanisms and direct exchange of expertise, experience and educational resources.

**5. Effective communication processes:** Effective communication between learners, clinical educators, other health professionals, health service administrators and educational providers is essential in establishing strong and resilient relationships. These relationships permit the exchange of ideas and information and provide feedback to improve teaching and learning.

**6. Appropriate resources and facilities:** To provide best practice clinical placements, palliative care services should provide sufficient capital infrastructure facilities such as teaching and learning spaces; personal resources; teaching and learning materials; IT and communication resources including computer workstations and internet access; amenities such as kitchen access, staff toilets and lockers; and additional assistance for learners away from home such as accommodation assistance and work and travel support.



## Tips for Quality Placements

Qualitative assessment of the PEPA placement experience (Connell, Yates and Barrett, 2010) has highlighted features that denote a positive and successful placement. Most significantly, interactive engagement with service staff and patients as well as self-directed learning strategies promoted optimal learning. This was enhanced by validation of the students own knowledge and life experiences.

As a general guide, the features of a quality PEPA placement would ensure:

- Mentoring arrangements are clearly identified prior to participant's arrival at service.
- Participant is oriented to service upon arrival (e.g. OH&S, confidentiality, facilities etc)
- Participant's learning goals are identified.
- Activities/opportunities to achieve learning goals are identified. These may include:
  - ward rounds
  - hand over
  - case conference/team meetings
  - family meetings
  - home visits
  - training/in-services
- A tentative schedule is prepared that includes time for the participant to observe a multidisciplinary approach to care and network with staff from other disciplines working in the service. The schedule will include regular times for the mentor and the participant to meet. Remember that the schedule does not need to be too rigid. Flexibility is important and enables participants to take full advantage of whatever is happening in the service at that particular time. Host sites operate differently so the schedule will vary between services and also between participants according to their individual learning goals.
- Learning is sensitive to the needs of rural and remote practitioners, Indigenous participants and participants who are from/or primarily service people from Culturally and Linguistically Diverse backgrounds, as applicable.
- The participant is provided with resources and directed to further sources of information if a deeper understanding is desired.
- Mentors model desirable behaviours, attitudes and 'best practice' in palliative care that is preferably evidence-based.

- The participant is invited to join staff for meals.
- 'Reflection time' is encouraged, whereby the participant can read patient records (as appropriate), policies, pamphlets, PEPA learning guide etc.
- The participant is provided with an opportunity to debrief and review goals at the end of each day.
- Feedback sought and provided.
- The participant is provided with an opportunity to discuss their planned workplace activity (which must be implemented in their service within three months of completing a PEPA placement).
- The participant is encouraged to retain links with service and PEPA post placement network.

*Note: A mentor checklist is included in Appendix 1 for you to copy and refer to during every placement.*

## Further education and training

From time to time PEPA Mentoring workshops and training will be held within the various jurisdictions. Please contact your state PEPA Manager for further information. Additional avenues for further training at a tertiary level include: Certificate IV, Graduate Certificate, Postgraduate Certificate, Graduate Diploma and Master level courses in Training and Assessment, Leadership and Management, Educational Leadership, Mentoring and Coaching.

## Summary

Within the context of PEPA, the role of the mentor is to orientate the participant, to help coordinate and plan the clinical experience, to point out resources, to demonstrate best practice, to answer clinical questions and to provide feedback. The mentor is not expected to know everything, but must be able to engage other resources in order to find out more information as required. As mentor, you may work with the participant on a one-to-one basis or delegate the responsibility to one of your colleagues for some of the time.

Above all, maintain confidentiality and a sense of humour, and facilitate the participant's self-directed learning by providing encouragement and access to learning opportunities.

## Section C: Learning Guide and Learning Plan

To support the participant's learning mentors will need an understanding of what the participant will be doing throughout the program. Mentors will need to be familiar with the content of the PEPA Learning Guide as this is the participant's primary tool for self-directed learning during the PEPA placement. It is suggested that mentors read through the Learning Guide prior to reading the remainder of this section.

### Overview of the PEPA Learning Guide

- A number of PEPA learning guides are available that are discipline specific.
- Each learning guide contains information to facilitate the participant's self-directed learning before, during and after the program.
- Guides are tailored to meet the unique learning needs of each individual while also ensuring some fundamental principles are examined. Learning guides can be requested from PEPA Managers or an electronic version can be downloaded from [www.pepaeducation.com](http://www.pepaeducation.com).
- The learning guide outlines the recommended and mandatory work the participant must undertake and submit for their placement. It covers the steps the participant needs to undertake to prepare for their placement, directions on how to use the PEPA Learning Guide and tips for working with a mentor. Furthermore, it includes activities and readings to be used during the placement and instructions for the post placement project and completing the necessary assessment and paperwork for the program.
- As this guide is a vital resource for the participant, they have been advised to bring it with them on every day of their placement.

### Learning Plan and Activities

- At the beginning of the Learning Guide, there is a space for participants to record their personal learning objectives and construct a learning plan.
- Participants have been instructed to complete this section prior to the commencement of their placement.
- On the first day, review the participant's constructed learning plan and discuss strategies for achieving these goals.

- Throughout the placement refer to the learning plan regularly to maintain focus and use it as a baseline from which to review the participant's progress.
- Most of the learning guide activities are self-directed. However, some may require mentor input in the form of instruction, discussion, supervision, debriefing and feedback. Review participant answers/findings and provide feedback and clarification as required.
- Assist the participant's selection of appropriate patients and families to work with when undertaking the activities.
- Assist the participant to identify appropriate and available resources at your host site.
- Prompt the participant to take notes on what has been learnt and clarify additional goals of future learning.

### Practice Improvement Project

As specified in the learning guide, the participant is required to design and undertake a palliative care project in the workplace on completion of their placement. The participant might wish to discuss ideas with you and search for resources to implement the plan. The provision of such resources is left to your discretion and the policy of your host site.

Participants have been given suggestions in the learning guide for what activities they could do. It would be helpful if you could assist the participant to think creatively if he or she is struggling to devise an activity. Some example activities are organising a workshop or presenting an in-service or case study, designing an assessment tool for your workplace, developing a palliative care resources folder, amending or introducing a policy and procedure, conducting a research activity, or planning something for the annual Palliative Care Week. As a guide, the preparation and implementation of the project should take at least 2–3 hours in total.

## Reflection, Assessment and Feedback

Participants are required to complete a self assessment/review at the end of their placement to help them to ascertain the effectiveness of their experience during placement. This includes a review of the program and program objectives and a reflection on the extent to which they were achieved and areas for further learning. The participant must complete this assessment/review independently and submit a short summary to their local PEPA Manager. However, they may need you to provide relevant feedback and discussion.

At the end of their placement, set aside some time to meet with the participant to specifically reflect on the placement, your mentor–participant relationship, and the program. You might offer the participant some overall feedback on his or her performance and perhaps the participant might have some feedback for you or the host site. Your discussions might also produce suggestions about the management of the program or the learning and mentoring guides, which might be of interest to the PEPA Manager. It would be worthwhile taking some time out to reflect on your own performance as a mentor too.

## Ongoing Networks and Support

One of the other main purposes of the program is to establish networks between generalist health care providers and specialist palliative care providers. As the placement comes to a close, explore the possibilities for ongoing consultation and networking.

## Paperwork

As the mentor, you may be required to verify that the participant has attended the clinical placement so the participant can claim continuing professional development points.

You are to sign this on the last day of the participant's placement. It is the participant's responsibility to submit this form along with the completed PEPA Learning Plan and project plan to the PEPA National Coordinator.

## Evaluation

Participants are required to complete pre- and post- placement evaluation at the following times:

- Pre-placement: approximately one week prior to placement;
- Post-placement: approximately three months after placement.

Additionally, every six months you or another representative (mentor or manager) from your host site is required to complete host site evaluation surveys that will be sent to you by your local PEPA Manager:

- Host site evaluation: biannually in March and October.

## Certificate of Completion

PEPA Managers will post a certificate of completion to participants once post placement activities have been completed, including the review, workplace activity and the post-placement evaluation.

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## Palliative Care Resources

### PALLIATIVE CARE TEXTBOOK

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### CLINICAL PRACTICE GUIDES

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## AGED CARE

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## GENERAL RESOURCES

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Kellehear, A. and Ritchie, D. (eds) (2003) *Seven Dying Australians*. St Luke's Innovative Resources, Bendigo.

## SELF-CARE AND SUPERVISION RESOURCES

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Bond, M. and Holland, S. (1998) *Skills of Clinical Supervision for Nurses*. Open University Press, Buckingham.

## SPIRITUAL CARE

Cobb, M. (2004) *The Dying Soul: Spiritual Care at the End of Life*. Open University Press, Buckingham.

## Policy Documents

Australian Government Department of Health and Ageing (2011) *Supporting Australians to live Well at the End of Life - National palliative care strategy 2010*. Endorsed by Australian Health Ministers [Retrieved 17 May 2011: [www.health.gov.au/internet/main/publishing.nsf/Content/533C02453771A951CA256F190013683B/\\$File/NationalPalliativeCareStrategy.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/533C02453771A951CA256F190013683B/$File/NationalPalliativeCareStrategy.pdf)]

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## Journals

Palliative medicine

Journal of pain and symptom management

Pain

Journal of palliative care

Progress in palliative care

European journal of palliative care

Mortality

International journal of palliative nursing ([www.internurse.com](http://www.internurse.com))

Palliative and supportive care ([www.journals.cambridge.org](http://www.journals.cambridge.org))

International journal of palliative nursing (MA Healthcare Limited, United Kingdom)

Palliative supportive care (Cambridge University Press, United Kingdom)

## Websites

### BEREAVEMENT

Australian Centre for Grief and Bereavement  
[www.grief.org.au](http://www.grief.org.au)

### CANCER INFORMATION

Cancer Council Australia  
[www.cancer.org.au](http://www.cancer.org.au)

American Cancer Society  
[www.cancer.org/index](http://www.cancer.org/index)

PDQ – United States National Institutes of Health  
[www.cancer.gov/cancerinfo/pdq/cancerdatabase](http://www.cancer.gov/cancerinfo/pdq/cancerdatabase)

Peter MacCallum Cancer Institute  
[www.petermac.unimelb.edu.au](http://www.petermac.unimelb.edu.au)

Virtual Cancer Centre  
[www.virtualcancercentre.com](http://www.virtualcancercentre.com)

### EDUCATIONAL/RESEARCH

Centre for Palliative Care Research and Education,  
Queensland Health  
[www.health.qld.gov.au/cpcrc](http://www.health.qld.gov.au/cpcrc)

University of Melbourne Centre for Palliative Care  
[www.pallcare.unimelb.edu.au](http://www.pallcare.unimelb.edu.au)

Monash University, Chair of Palliative Care  
[www.med.monash.edu.au/nursing/staff/oconnor.html](http://www.med.monash.edu.au/nursing/staff/oconnor.html)

Royal Australasian College of Physicians Chapter  
of Palliative Medicine  
[www.racp.edu.au/page/australasian-chapter-of-palliative-medicine](http://www.racp.edu.au/page/australasian-chapter-of-palliative-medicine)

Caresearch  
[www.caresearch.com.au](http://www.caresearch.com.au)

### GENERAL

Australian Government Department of Health and Ageing,  
National Palliative Care Program  
[www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-program.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-program.htm)

World Health Organisation – Palliative Care  
[www.who.int/cancer/palliative](http://www.who.int/cancer/palliative)

National Health and Medical Research Council of Australia  
[www.nhmrc.gov.au](http://www.nhmrc.gov.au)

### PALLIATIVE CARE ASSOCIATIONS

Palliative Care Australia  
[www.pallcare.org.au](http://www.pallcare.org.au)

International Association for Hospice and Palliative Care  
[www.hospicecare.com](http://www.hospicecare.com)

### PAIN

Australian Pain Society  
[www.apsoc.org.au](http://www.apsoc.org.au)

International Association for the Study of Pain  
[www.iasp-pain.org](http://www.iasp-pain.org)

American Pain Foundation  
[www.painfoundation.org](http://www.painfoundation.org)

Palliative Drugs Information  
[www.palliativedrugs.com](http://www.palliativedrugs.com)

### PALLIATIVE MEDICINE SITES

Australian and New Zealand Society of Palliative Medicine  
[www.anzspm.org.au](http://www.anzspm.org.au)

Royal Australasian College of Physicians  
[www.racp.edu.au](http://www.racp.edu.au)

# Appendix 1: Mentor Checklist

## BEFORE THE PLACEMENT:

- Read through the PEPA Mentoring Guide
- If mentoring an Aboriginal health worker, read through the PEPA Mentor's Guidelines for Aboriginal and Torres Strait Islander Health Workers and the PEPA Communication Guidelines
- Read through the appropriate PEPA Learning Guide (discipline specific guides available)
- Start thinking and planning your time and working arrangements for the placement period

## AT THE COMMENCEMENT OF THE PLACEMENT:

- Meet the participant upon arrival
- Orient participant to service e.g. policies and procedures relating to occupational health and safety and confidentiality, facilities etc.
- Review the participant learning goals
- Identify activities/opportunities to achieve learning goals i.e. ward rounds, hand over, case conferencing, team meetings, family meetings, home visits, in-services etc.
- Prepare a tentative schedule that includes time for participant to observe multidisciplinary approach to care and an opportunity to network with staff from other disciplines.
- Establish regular meeting times and a way for you to be contacted throughout the day
- Invite participant to join staff for meals

## DURING THE PLACEMENT:

- Provide participant with resources and direct to further sources of information as required
- Ensure learning is sensitive to the needs of rural and remote practitioners, Indigenous participants and participants who are from/or primarily service people from Culturally and Linguistically Diverse backgrounds, as applicable
- Model desirable behaviours and attitudes and 'best practice' in palliative care that is preferably evidence-based
- Encourage reflection time, whereby participant can read patient records (as appropriate), policies, pamphlets, PEPA Learning Guide etc.
- Provide participant with opportunity to debrief and review goals at the end of each day
- Provide ongoing feedback as appropriate

## ON COMPLETION OF THE PLACEMENT:

- Provide participant with opportunity for final debrief and review of goals
- Discuss their planned workplace activity (must be implemented in their service within three months of completing a PEPA placement)
- Sign off on the participant's supervised clinical placement documentation as appropriate for continuing professional development points
- Encourage participant to retain links with service and team
- Encourage participant to link in with the PEPA post placement network



