

PEPA – The Program of Experience in the Palliative Approach

Prof. Patsy Yates – PEPA Program Leader, Queensland University of Technology: Welcome to PEPA. We're pleased to be able to give you a little bit of information in this DVD about the PEPA program and what it may offer you as a healthcare provider – an important learning opportunity to improve the services you provide to people at end of life.

Prof. Janet Hardy – PEPA Mentor, Director of Palliative Care, Mater Health Service: The palliative approach involves a change of emphasis of care. In medicine we're taught to cure patients who have illnesses. What we're dealing with here is patients who have life limiting illnesses who do not have curative disease and in whom death is inevitable and the whole approach is geared towards maximising the life that those patients have remaining. Now that involves many factors. It involves aggressive investigation and treatment of pain and other systems. That's the key and that's what a lot of people really fear but also making sure that patients have the opportunity to explore the issues that become so much more important to them when they're dying. Issues like their spirituality, their relationship with their family or their community, allowing patients to complete tasks that they need to so that they can achieve a sense of completeness before they day. All these things that don't come naturally to doctors because we're not taught that way.

Prof Patsy Yates: The program is an innovative program in that it's based upon what we understand is the best possible ways to promote learning and to promote sustainable change in practice. So rather than just have a program which focuses on the delivery of knowledge in a classroom setting this program is unique in that it offers an opportunity for healthcare professionals to undertake a placement in a clinical setting with specialist palliative care providers.

Prof Janet Hardy: I would take the participant with me on my ward rounds, seeing the inpatients both in the public hospital and the private hospital here at the Mater. The participants will come with me to our outpatient clinic. We have a number of patients coming to outpatients. They will sit in with me in the clinic and observe how we deal with these patients and are encouraged also to participate and comment and be fully involved in the process. The participants also come to our various multidisciplinary meetings. Basically they're just involved in our week long activities and everything I do during the week we try to involve them as well. At the same time trying to meet their educational wishes and goals.

Dr Chelliah Sekar, GP, PEPA participant: Most of the times the patient has some specific problem like a pain. After coming here I learned, including pain management and symptom control, those kind of things don't do much in my daily practice. After coming here this kind of specific management has really improved my confidence. So I'm very happy about this program.

Prof. Patsy Yates: People who participate in PEPA are able to undertake a short clinical attachment and work alongside specialist providers so they can develop the knowledge and skills necessary to be able to provide quality end of life care. In

addition to that clinical placement PEPA is also set up to be able to support people following that placement so that their learnings can be transferred into their practice setting.

Dr John Gillett, Rural GP, PEPA Participant: I heard about PEPA through the divisions of general practice but more importantly I spoke to a colleague about it who said he had a positive experience by doing it. He was a senior rural doctor who would have seen a lot of medicine but still found that there were positive benefits in doing the PEPA Program. The specific things I learnt, the most important thing was that communication with the patient and family are the most important things in care of a patient. The other specific things was just to formalise a lot of the things we already did. Most of us in the bush knew all about pain relief, nausea, vomiting, delirium, those sorts of issues but we didn't have a formalised program to hook a hat on. I see PEPA as a program such like the EMST is to trauma, a formalised system where we can confidently approach a patient with the skills we have.

Vanessa McColl, Mentor from PEPA host site: From a clinical perspective we are able to share a nursing approach to assessment of patient symptoms, procedures that we may perform to relieve these symptoms. We can share and support them in learning how to assess the patient as a whole and what referrals to make to relieve any suffering that that patient may be experiencing. We share our knowledge of pharmacology. We use a lot of unique drugs for unique symptoms and we also provide an opportunity and promote time for people to be able to debrief particularly when you're dealing with end of life issues, patients, family, the children of patients, brothers, sisters, parents. Staff can often find it quite traumatic and distressing and I think we should be working together to support each other in these times and have opportunity to talk about how we felt as clinicians in providing care for these people.

Elisabeth Hamernik, Senior Psychologist, PEPA participant: My placement was actually split into two parts. I had three days at an inpatient palliative care unit and then I had two days at a community palliative care service. So I got an idea because I didn't really know whether my patients would be inpatients or if they would stay at home and receive community services. So it was good for me to learn what the difference was between the different types of services and what sort of support the patients do receive. Well I also learned about a few referral pathways because for example my position provides services to the patient who is dying and during that process of dying we do support the family as well.

Catherine Jacka-Paroz, PEPA Indigenous Workshop Facilitator: We've changed the PEPA course a little bit from its original format to address the health needs of Aboriginal and Torres Strait Islander families. We have structured it from a five day course to a two day course with a day placement if workers want. We've also made arrangements to try and get Indigenous facilitators and if not Indigenous facilitators we make sure that the facilitators understand the cultural background of Aboriginal health and Aboriginal life in society and a few of the family and societal structures. We made some adjustments to the course, it's not like coming in and having clinical people sit in a room. We allow time for the participants to get to know each other. For Aboriginal and Torres Strait Islander people it's quite a lot about where we're from and who our families are. So we allow time for those relationships to grow and

for participants to be able to talk about their experiences. It's a very important part of the course and allows the participants to bond and create much stronger networks.

Denise Johnson, Indigenous Support Worker: I believe that this is a very good program for Indigenous health workers and is very beneficial because just having that understanding of how the system works, especially in the palliative care unit and that the services are out there because a lot of people did not know. We don't know these services are out there to help our lot because of the stigma that we look after our own, that needs to be broken down and the awareness needs to put out there in these organisations and breaking down the communication is very important to help us health workers to work better with our clients who go through this process.

Denise Simmons, Nurse, PEPA participant: When I went to Prince Charles it was totally different. My expectations were above all. Firstly they knew my name, they knew to expect me, they knew my qualifications. I was made extremely welcome and part of the professional team from the moment I got there. I was introduced to the palliative care physician and the CNM and the other staff that worked in that area and they're the ones that I maintained contact with the whole time. I learnt so much. I guess that the knowledge and the skills that I learnt I just took home in abundance so much that I could disperse amongst those that I was working with at that particular time.

Dr Kah Mun Yee, GP, PEPA participant: I found palliative care very interesting and very challenging and it is also very fulfilling and satisfying to manage the whole person and therefore I've decided to pursue this interest further.

Dr Chelliah Sekar, GP, PEPA participant: So after joining this course I really understand what is going on in palliative care. It is not only treating the patient alone and we had to treat it as a holistic way and how to be involved with the family members and how to respect the patient's business. We have to understand what they want and what they expect during their end of life experience and that they have their specific needs and the expectation as well. Those things I came to know only after joining this program. After joining this program it improved a lot of my confidence particularly in managing pain and other symptoms.

Prof, Janet Hardy: I think it's hugely important especially with the aging population. In future years there's going to be a large number of elderly patients around. My practice here is primarily with cancer patients but there are a large number of patients with non malignant disease, for example liver disease or kidney disease who also have a life limiting illness, heart disease. Similarly an enormous number of elderly patients which is going to increase and those patients need the sort of care that we give, the emphasis is on their quality of life, their pain control, their symptom control, the support during that time of their terminal disease. So it's really an expanding area and more GPs had experience or confidence to practice this sort of medicine it can only improve the practice of medicine throughout all specialties.

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