

# PEPA

Program of Experience in  
the Palliative Approach

Funded by the Australian Government through the National Palliative Care Program

## NEWSLETTER AUTUMN 2011

### Inside this issue:

#### National News:

- Update
- Staffing News
- Making a Difference

#### Feature Article:

- National Palliative Care Strategy

#### Educational Component:

- Principles of Good End-of-Life Care

#### Spotlight on a Host Site:

- J. W. Whittle Unit

#### Placement Reflection:

- Doris Mutie, Assistant in Nursing

#### Sector Links

#### State News

- NT
- ACT
- QLD
- TAS
- VIC
- NSW
- WA
- SA

The Program of Experience in the Palliative Approach (PEPA) provides an opportunity for primary health care providers to develop skills in the palliative approach by undertaking a workforce placement with a palliative care specialist service (host site) within a metropolitan or larger service. It has three components:

- Supervised clinical placement
- Integration of learning into the participant's practice
- Post-placement support

Please access the PEPA webpage for details: <http://www.pepaeducation.com/>

The Program of Experience in the Palliative Approach is an initiative of the Australian Government Department of Health and Ageing's National Palliative Care Program.

In the 2010–2011 phase of the PEPA program, funding from the Australian Government Department of Health and Ageing (DoHA) is available to support 150 clinical placements and 40 workshops across all Australian states and territories.

### National Office Update

Welcome to another jam-packed edition of the PEPA newsletter. Features of this edition include: an update on the National Palliative Care Strategy 2010; an educational component on 'Principles of Good End-of-Life Care'; a participant reflection from an assistant in nursing; a spotlight on a PEPA host site in Hobart; and news from each of our states and territories.

A recent highlight on the national PEPA calendar was the annual face-to-face meeting of the PEPA for Aboriginal and Torres Strait Islander Health Workers' Reference Group, which was held in Brisbane on 23rd March. Discussion focused on ways to further strengthen the models for engaging Aboriginal and Torres Strait Islander health workers from across Australia. Proposed strategies include: promoting cultural awareness training among healthcare professionals, strengthening relationships with community elders and Aboriginal and Torres Strait Islander peak bodies, articulating with the Aboriginal and Torres Strait Islander health workers curriculum and developing a pathway map to assist

health workers progress through a career in palliative care. Appropriate evaluation principles for Indigenous audiences were also considered. With the launch of the National Palliative Care Strategy 2010, the future directions for PEPA were also a topic of discussion at our recent PEPA Managers' teleconference.

In other news, the national team has been busy redesigning our PEPA website to be more responsive to the needs of users, including our participants, mentors and other stakeholders. Stay tuned for more information on our 'go live' date. Furthermore, an online training module is being developed for General Practitioners, based on the current Learning Guide.

Finally, a gentle reminder that 'National Palliative Care Week' is coming up soon from 22nd–28th May 2011. National Palliative Care Week is an opportunity to help everyone in our community think about current palliative care issues and also to learn more about loss and grief. Palliative Care Australia will soon release this year's theme and further information will be available at [www.palliativecare.org.au](http://www.palliativecare.org.au)

## Staffing News

We would like to extend a warm welcome to our two new PEPA Managers, Sue Connolly in Queensland and Kate Atkinson in Tasmania.

Sue has an administrative and project management background. After many years in the private sector, she joined Queensland Health and has worked for ten years in the safety & quality area. Her most recent undertaking has been establishing and coordinating state-wide Interpreter Service processes at the Royal Brisbane & Women's Hospital, supporting the District's growing culturally and linguistically diverse (CALD) community. Sue looks forward to working with the PEPA team at the national level and drawing on the experience and expertise of fellow PEPA managers Australia-wide.

Kate Atkinson brings with her a wealth of experience as a practice nurse and a palliative care nurse. Her most recent position was as Project Officer for the Rural Palliative Care Project at General Practice South.

The PEPA team would also like to extend our sincerest thanks to our departing PEPA Managers, Peta Jackson and Sally Bonde (Acting). Peta has been a valued member of the PEPA team for the past 3.5 years, initially in the role of Aboriginal Project Manager and then as the South Australian PEPA Manager. During this time Peta made a considerable contribution to raising the profile of palliative care within Aboriginal communities in SA and building relationships between specialist palliative care providers and Aboriginal health services – the Cultural Awareness Camps being a notable highlight. We wish you well in your future endeavours. Likewise, we wish Sally every success and thank her for her contribution to TAS PEPA over the past three months.

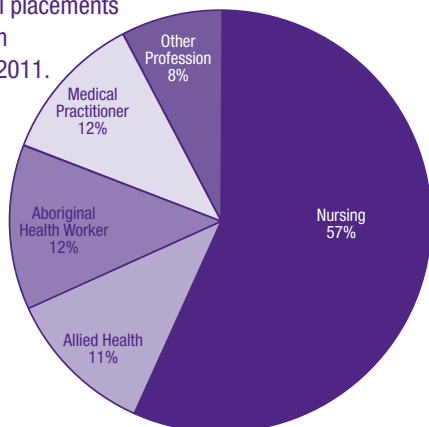
## Tracking Achievements

A total of 104 clinical placements were completed from July 2010 to March 2011.

Table 1 shows participants by discipline.

Table 1: PEPA Participants Discipline July 2010 to March 2011 (n=104)

■ Nursing
■ Allied Health
■ Aboriginal Health
■ Medical Practitioner
■ Other Profession



## PEPA: Making a Difference

Evaluation responses between July 2010 and March 2011 show that PEPA continues to support participants in enhancing their skills and knowledge. Participants report the following outcomes following their PEPA placements:

- Staff are more aware of care needs of residents regarding analgesia usage and dosage (Nurse).
- Development of palliative care flow chart and a protocol that has recommended medication list (Nurse).
- Shared my experience on what I learnt about pain management. Used my new knowledge in teaching sessions with registrars (GP).
- I was able to discuss with family member the nutritional needs of a palliative patient with confidence (Allied Health)

## FEATURE ARTICLE:

### National Palliative Care Strategy 2010

In November 2010 the Australian Health Ministers' Conference endorsed the National Palliative Care Strategy. The Strategy is the policy document that the Australian Government and State and Territory governments use to guide palliative care policy development and service delivery across Australia.

The Strategy has four goal areas:

#### Awareness and Understanding

- To significantly improve the appreciation of dying and death as a normal part of the life continuum.
- To enhance community and professional awareness of the scope of, and benefits of timely and appropriate access to palliative care services.

#### Appropriateness and Effectiveness

- Appropriate and effective palliative care is available to all Australians based on need.

#### Leadership and Governance

- To support the collaborative, proactive, effective governance of national palliative care strategies, resources and approaches.

#### Capacity and Capability

- To build and enhance the capacity of all relevant sectors in health and human services to provide quality palliative care.

A HTML viewable version or a PDF printable version of the National Palliative Care Strategy (PDF 274 KB) is available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-strategy.htm>

## EDUCATIONAL COMPONENT:

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

### Principles of Good End-of-Life Care

Good end-of-life care is based on the understanding that death is inevitable, and a natural part of life. As the final stage in a person's life it is a uniquely important time for the dying person and their family and close friends.

The goals of end-of-life care are: to maintain the comfort, choices, and quality of life of a person who is recognised to be dying (in the terminal phase); to support their individuality; and to care for the psychosocial and spiritual needs of themselves and their families. Support for families, if needed, continues after death as bereavement care. End of life care also aims to reduce inappropriate and burdensome healthcare interventions and to offer a choice of place of care when possible.

#### What is known

There is a body of good evidence (mostly from the USA) which suggests that the factors that are most important to patients and families at the end of life are:

- Pain and symptom management
- Preparation for the end of life
- Relationships between patients, family members and healthcare providers
- Achieving a sense of completion [1 - 2].

Spiritual care is regarded as important by many patients and families at the end of life [3-5]. Cultural differences also need to be identified and appropriately addressed.[6]

The concept of satisfaction with end-of-life care has been studied in a recent systematic review. A number of aspects of patient and family satisfaction with care are identified in the literature; they are - accessibility, co-ordination, and competence of health care services, quality of communication and relationships with health care providers, personalisation of care, and support for decision-making. A meta-analysis of studies of end-of-life care showed that palliative care services improved satisfaction with end of life care [7].

Shared decision-making between clinicians and patients and their families is possible when all have an awareness of the patient's approaching death. It increases the likelihood of a good death - one in which the patient's needs, wishes and preferences can be addressed. [8] Reluctance by either clinicians or family to disclose information about a patient's changing condition can worsen patient distress. Supporting patients' and families' acceptance of the inevitability of death is acknowledged as a central part of end of life care. [9] Discussing changing goals of care is an important part of this process. [10] The most common goals of care identified by patients as they approach the end of life are: to be cured; to live longer; to improve or maintain functionality/quality of life/independence; to be comfortable; to achieve life goals; and support for family/caregiver. [11] These goals may shift as patients become increasingly aware that their death is imminent.

Advance care planning aims to encourage people to consider, discuss, and document their future wishes for care – well in advance if possible. The impact of advance care planning is mixed, and uptake of advance care planning processes has not been widespread. In a very large US study of the impact of advance care planning on complex hospital care at the end of life, the SUPPORT trial, it appears that advance care planning did not significantly affect outcomes. However, there is also evidence from the SUPPORT study that a substantial minority of seriously ill patients wish to discuss their treatment preferences, and may not have the opportunity to do so. [12]

### What it means in practice

- The most effective end-of-life care is provided when there is skillful communication with patients and families about realistic goals of care, and attention to understanding the patient's and family's concerns [13-14] as well as competent symptom management.
- In order to achieve the goals which are important to patients and families, and to provide good end-of-life care, it is essential to identify that a patient is imminently dying. [15]
- It is sometimes difficult to identify when a person is close to the terminal phase with a prognosis of days to weeks but, where this is possible, this knowledge may be of great value to patients so that they can reorient their priorities. [15]

### Related CareSearch pages

- The palliative approach in general practice
- Assessing prognosis
- Effective communication
- Advance care planning

### Finding out more

#### Guidelines

- National Palliative Care Strategy 2010. **Supporting Australians to Live Well at the End of Life.** Endorsed by Australian Health Ministers, Canberra. 2010.
- Clinical Guidelines Portal website, National Health and Medical Research Council, Canberra. URL: <http://www.clinicalguidelines.gov.au/>.
- **Guidelines for a Palliative Approach in Residential Aged Care (enhanced version).** National Health and Medical Research Council, Canberra. May 2006.
- **Clinical practice guidelines for communicating prognosis and end-of-life issues with adults**  
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- **Gold Standards Framework Prognostic Indicator Guidance Prognostic Indicator Paper Vs 5.** Sept 2008 Gold Standards Framework Programme England.

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This page was created on 19 June 2008  
Last updated 2 March 2011

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## SPOTLIGHT ON A HOST SITE:

### J.W. Whittle Unit:

The J. W. Whittle Unit is located in Hobart, the capital of Tasmania. It is named after Sergeant Whittle who was a WW1 Victoria Cross recipient. The Whittle Unit is a 10 bed palliative care unit (PCU), and provides 24 hour care to patients and their families.

The patients are treated with a multidisciplinary approach with palliative medical specialists, registrar and resident doctors, registered and enrolled nurses, social worker, music therapist, pastoral care worker and volunteers. Speech, physio and occupational therapists are also available as needed.

The PCU is a short stay unit providing symptom management, carer respite, psychosocial and spiritual support for patients and their families. Many patients return home to be cared for by their local community nurses and the community palliative care team while others choose to remain in the unit until their death.

The staff on the PCU take great pride in their holistic approach to care and this is complemented by hospice volunteers who provide such things as a listening ear, a friendly face and massage.

The PCU prides itself on being a welcoming and friendly family environment with such things as a children's play room, three rooms where relatives and families can spend time together, a communal kitchen where relatives and friends can prepare food, and a lovely court yard which can be accessed from every room where there are potted plants, water features and a barbeque which can be used by families to share a meal with their loved ones.

The PCU has been an integral part of the PEPA program in Tasmania as it is the only public hospice. Participants come from all around the state to carry out their placements and have always found it to be a very positive experience. Whittle Unit staff also benefit from hosting PEPA participants. It provides an opportunity for them to meet staff in other health care settings, hear about their challenges and to develop a network of health professionals across the state.

Sheila Campbell

Nurse Unit Manager, Whittle Unit

& Sally Bonde

Acting PEPA Manager, Tasmania



Whittle Courtyard



Whittle Room

## PARTICIPANT REFLECTION:

Doris Mutie, Assistant in Nursing, Residential Aged Care Facility, Canberra

My name is Doris Mutie, I am a Kenyan by nationality. I am married with three beautiful daughters. I have lived in Canberra for about 5 years, after moving to Australia in 2006. My family and I enjoy living in Canberra because of its multicultural diversity.

For the last three years I have worked at Morshead home where I've grown very fond of the residents and my colleagues. In my time as an aged care worker over the last fifteen years, I have worked with

individuals with life-limiting illnesses and have watched their families go through emotionally draining circumstances. Through these experiences, I became more interested in learning about palliative care.

In April, I was privileged to take part in a four day PEPA clinical placement on a palliative approach, which was held at Morshead Home and organised by Sue Turner the ACT PEPA Manager from Clare Holland House. There were lots of learning experiences throughout the four days with plenty of things to learn within that period. Most importantly, the fact that palliative care aims at improving the life for individuals with a life-limiting illness and their families by reducing their suffering through early identification. I also learnt how to improve the quality of life of palliative care residents by making them more comfortable through using different ways of relief from symptoms and the importance of frequent assessments to ensure interventions being used are useful and that they do not cause unwanted side effects, and that they should be stopped if not benefiting the resident/patient. Another thing that came up clearly was the importance of providing generous amount of information supported by written resources to residents and their family members, and also the importance of not avoiding bereaved people and that companionship of family and friends is essential.

Workplace activities implemented post placement include:

- Better signage with big print available for placing on door - to be used with Palliative, particularly EOL, resident's. These signs are for directing visitors to staff, limiting time or number of visitors if required, stopping visitors walking in to room especially when something is happening for the resident (eg spending time with a loved one, time with minister, etc)
- Resource folder with plenty of palliative information, with information for staff, resident and family members. Located in nursing station.
- Alteration of pain charts to enable AIN's to record pain and a section for completion by them if an RN or EEN requires notification. (chart only if no pain, chart and report if pain)
- Education of AIN's regarding above use and other aspects of palliation pertinent to their scope of practice.

What I learnt has helped me to be able to face all work situations with more confidence and the materials compiled have helped other staff by improving the care provided to the residents with life limiting illnesses. It has also helped with providing more information to the families on how to cope with issues of terminal illnesses.

## SECTOR LINKS:

The National Palliative Care Program: The Australian Government provides support for people with a life-limiting illness through the National Palliative Care Program - <http://www.health.gov.au/palliativecare>.

CareSearch: The CareSearch palliative care knowledge network is an online resource consolidating evidence-based and quality information for various groups within the palliative care community - <http://www.caresearch.com.au>.

Palliative Care Australia: PCA works to address national palliative care issues, represent the area to the Federal Government and national media, and acts for the sector when dealing with other national peak bodies and professional organisations - <http://www.palliativecare.org.au/>.

# STATE NEWS

## PEPA NT

### Cindy Paardekooper and Dennis Dunn

The beginning of 2011 has seen much progress in the NT for the PEPA Program. Several clinical placements have been facilitated between the Darwin and Alice Springs host sites with participants from the Aged Care sector, community services and remote health clinics. Participants are provided with a dynamic experience with exposure to the Kidney disease journey, palliative cancer therapy, introduction to the Machado Joseph Disease and Advance Care Planning. Feedback from participants after their placement is generally very positive as exemplified by the following testimonial '[I] feel more aware, comfortable and confident in liaising with the palliative care team for clients in the region'.

One participant's post placement activity filled an identified need for a frequently asked questions guide for staff commencing employment in a Palliative Care facility. The guide had commonly identified issues in end of life care and how the staff would attend to them such as mouth care, unresponsive patients, medication protocols, religious and spiritual supports and many other topics. This guide is now utilised for relevant disciplines that attend PEPA clinical placements in the NT.

We have had great interest in the clinical placement component of the NT PEPA Program and the waitlist is currently dominated by Aboriginal Health Workers from very remote areas of the NT looking forward to attending the host site to build their knowledge in the Palliative Approach.

NT PEPA hosted a Community Outreach Program workshop for the broader Darwin community which was held at the Barbara James Cancer Accommodation facility. The participants were a mix of personal carers, outreach workers, Aboriginal health workers and social workers. The participants gained a greater insight into the symptom management of a palliative client, how to improve their caring abilities for clients at end of life and the benefits of pro-active approaches.

Dennis Dunn, the Aboriginal Educator for the Community Outreach Program (Reverse PEPA) has been busy planning workshops for Yuendumu and Alice Springs. The workshop for the very remote community of Yuendumu, had to be postponed due to flooding and road closures but has been rescheduled for mid April. Six surrounding remote communities were consulted and the attendees will be primarily Aboriginal Health Workers and Aged Care workers.

Promotion for the Alice Springs Workshop that is being delivered in late April is receiving enthusiastic interest with registrations from Congress Aboriginal Medical Service, GP Registrars and Aboriginal Liaison Officers from the Alice Springs Hospital.

The Information Outreach electronic and hard copy mail out is assisting our participants with post placement support. We provide the most current newsletters and updates from our relevant service providers and stakeholder such as the CanNet project, Cancer

Council NT, Chronic Disease Network, Territory Palliative Care Network, General Practice Network NT, Palliative Care Australia and many others. This information is keeping our participants' included and aware of upcoming events relevant to Palliative Care in the NT and nationally.

Dennis is finding great pride in educating and supporting the participants that attend the PEPA Program so they can take their knowledge and skills learnt back home to share with their own community. Dennis is also keen to continue contributing to the National Indigenous Reference Group to be able to better support Indigenous components in other jurisdictions around Australia.



*Darwin Workshop group photo at Barbara James Cancer Accommodation facility*

## PEPA ACT

### Sue Turner

2011 is going too fast!! Here in the ACT PEPA is in overdrive with placements, reverse PEPA, post placement support or a workshop occupying every day (and sometimes more than one in the same day).

In this contract period, thirteen participants, made up of nine Registered Nurses, three Enrolled Nurses and 1 General Practitioner have attended at Clare Holland House (CHH) participating in a placement. The knowledge these individuals have taken back to their work locations has come to fruition in a variety of ways including; instigation of palliative multidisciplinary team meetings, setting up of resource boxes, the set up of end of life care boxes, alteration of assessment forms, improving mouth care in palliation, and presenting a range of information sessions, such as pain management, assessment, end of life care, common medications used in palliation and improving communication strategies

The two Residential Aged Care Facilities (RACF) participating in Reverse PEPA this contract are Kankinya and Kalparrin. Two Registered Nurses, one Enrolled Nurse and two carers are taking part. The enthusiasm of these health professionals is fantastic to see with many starting to instigate activities in their workplace during the placement blocks. RACF's who have or are participating in Reverse PEPA are reporting that they are very pleased with the outcomes of the programme especially with the subsequent improvement of the provision of palliative care in their facilities.

All workshops have been well supported. The recent interactive evening Workshop for General Practitioners was fully subscribed and worked through a case study in a palliative context. A further Evening GP workshop will be delivered on 2nd June. General multidisciplinary all day workshops continue to attract a full group. The Loss and Grief all day workshop, delivered as a post placement support activity, was particularly well reported by attendees.

ACT PEPA would like to sincerely thank the many people within palliative care services in the ACT for their strong and continued support of PEPA. The collective knowledge and experience is astounding and their willingness to share it on such a regular basis is truly appreciated.

ACT PEPA encourages Aboriginal or Torres Strait Islander health workers who are interested in a one week (negotiable) experiential learning placement at CHH to contact Sue Turner directly. Applications from GP's, Nurses and Allied Health Professionals are welcome and will be added to a waiting list. ACT PEPA is also looking for expressions of interest from RACF's within the ACT who would like to take part in the Reverse PEPA program.

For any queries about PEPA placements or workshops in the ACT please contact Sue Turner on 02 6264 7338 or email [PEPA@calvary-act.com.au](mailto:PEPA@calvary-act.com.au)

## PEPA QLD

### Sue Connolly

I have recently taken up the role of PEPA Manager until the end of Phase 4 and am delighted to be on an interesting and exciting learning journey under the expert mentorship and tutelage of Kym Griffin and John Haberecht. The Queensland PEPA Management role sits with The Centre for Palliative Care Research and Education (CPCRE) at the Royal Brisbane and Women's Hospital.

Life for most is getting back to normal after the continuing rain and recent floods in northern and western Queensland and in Brisbane, and despite such a rocky start to the new year in the state, PEPA placements continue to be taken up.

The PEPA Allied Health Workshop held on 16 February welcomed around 50 participants who provided much positive feedback for the program. Interest for attendance at this workshop was strong, with many placed on a waiting list. Plans are underway for another AHP workshop to be held probably in the Bundaberg/Hervey Bay region.

PEPA has been promoted heavily via electronic mail outs, satchel insertions at workshops and through personal contacts that there are still opportunities for placements during this phase. Discussion about PEPA placements has been included in all CPCRE workshops.

PEPA will be present with a trade display and satchel insert at the 34th Annual Oncology Nurses Group Conference in April.

Wishing you all a happy, safe and well-deserved break over Easter!

Sue Connolly  
PEPA Manager Queensland

<http://www.health.qld.gov.au/cpcre/pepa.asp>

## PEPA TAS

### Kate Atkinson

We are now a couple of months into our PEPA round for this phase. The interest in PEPA from many primary providers remains very strong. Our first placement commenced on March 28, with further placements planned and expressions of interest received.

The first of three multidisciplinary workshops was held in the south of the state in February. We had 31 participants ranging from extended care assistants to GPs. The feedback from the workshop was very positive with comments like '[the workshop] consolidated everything and introduced me to new palliative team members' and '[the workshop was a] reinforcement of confidence in [my] abilities'. We had a very informative presentation on advanced care directives and The Goals of Care project which was very well received by all participants stating that they found it very informative and one of the main things that they 'took away' from the PEPA workshop.

Another multidisciplinary workshop is to be held in the North West of the state in June with sessions including:

- Complementary Therapies in Palliative Care
- Hospice Care
- Nutrition and Hydration at the End of Life
- Wills, Enduring Guardianship and Power of Attorney

The Northern workshop date is yet to be announced.

We are quite excited to be having a mentoring workshop in this phase and that is being held in May. Dawn Best, who has conducted similar workshops around the nation, will be presenting.

Planning is still underway for a GP workshop but with many public holidays, Easter and June school holidays in this half of the year, it is proving to be a little difficult.

However, I am presenting information on the PEPA program at the Divisions of General Practice around the state and hopefully this will spark some interest.

The palliative care teams around Tasmania and the hospice (J.W. Whittle Unit) in Hobart continue to give their ongoing support to the PEPA program and we sincerely appreciate this support and sharing of knowledge and expertise, without which, the PEPA program would not be able to function.

For enquiries about PEPA placements and workshops in Tasmania please contact Kate Atkinson on 03 62202432 or email [kate.atkinson@dhhs.tas.gov.au](mailto:kate.atkinson@dhhs.tas.gov.au).

## PEPA VIC

### Ellen Sheridan

PEPA in Victoria continues to attract significant interest from a broad spectrum of health professionals.

We are close to meeting our 2010-11 placement targets; however there are still a few vacancies for general practitioners, Aboriginal health workers and reverse PEPA into aged care and/or Aboriginal health services.

Victoria has just conducted eight PEPA workshops for health professionals. Importantly, more than 250 participants now have a greater understanding of the palliative approach and how to implement it in their clinical practice. The participant feedback has been incredibly positive with comments such as:

- I learnt what palliative care is, knowledge on different approaches, how to keep well and how to keep the client well
- I learnt that palliative care is about living not dying
- I learnt that palliative care starts much earlier than the 'terminal phase'

The two workshops for Aboriginal health workers conducted this year have been well attended and more workshops are planned over the next few months. One Aboriginal health worker reported that "it was very appropriate to my cultural understanding. The content was clear and relevant" and another reported that "the workshop has given me more knowledge about how we can help our people."

Palliative Care Victoria's most recent podcasts "Nurturing the spirit in palliative care" and "Health promotion" can be viewed at [www.pallcarevic.asn.au](http://www.pallcarevic.asn.au).

Ellen Sheridan  
Victorian PEPA manager

[www.dhs.vic.gov.au/palliativecare/PEPA](http://www.dhs.vic.gov.au/palliativecare/PEPA)



Aboriginal health workers who participated in the PEPA workshop in Wodonga. Each participant is given a framed copy of the Victorian Aboriginal Palliative Care artwork.

## PEPA NSW

### Janeen Foffani

Supervised clinical placements continue to be a popular choice in NSW. Almost 30 placements have been completed during this phase of PEPA. The majority of those undertaking placements have come from the Nursing sector. We have seen an increase in applications from doctors and 6 GPs have already completed their placements.

Our run of workshops for 2011 kicked off with an afternoon targeting Aged Care Nurses in Hammondville, an evening workshop for Community Nurses and Doctors in Cooma and a Grief and Loss Education Day in Grafton. All workshops were well attended and presenters were sourced from the local Palliative Care Providers.

A number of workshops are planned for Aged Care Facility Staff, Community Nurses, Doctors, Disability Support Staff and Aboriginal Health Professionals - keep an eye on the PEPA NSW webpage for more details.

PEPA NSW recently had the pleasure of joining with the Project Manager of the Rural Palliative Care Project at the Dubbo Plains Division of General Practice, Palliative Care Specialty Staff from Lourdes and Dubbo Base Hospitals and 20 nurses from surrounding GP practices, Hospitals and Aged Care Facilities for an Education Day focusing on raising the awareness of the palliative approach and the benefits of establishing a palliative care link nurses network.

All attending had identified themselves as having an interest in palliative care and being interested in acting as a 'Link' nurse in their workplace. At the end of a very full day the group were very enthusiastic and will move forward under the guiding hands of the local palliative care providers. PEPA's involvement with this group will continue as a number of those attending will apply to undertake a supervised clinical placement and I am sure we will cross paths again at other palliative care events.

For application forms and information about upcoming education sessions visit the PEPA NSW webpage: <http://www.sswahs.nsw.gov.au/sswahs/pepa>, Email: [pepansw@sswahs.nsw.gov.au](mailto:pepansw@sswahs.nsw.gov.au) or phone 02 9515 6424.



Pain Management and other Palliative Care Management Issues - Cooma  
Dr Amy Waters presenting



Grief and Loss Education Day – Grafton  
Marcus Gibney presenting



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## PEPA WA

### Margaret Sealey

To begin, I would like to introduce myself. My name is Margaret Sealey and I have taken over the coordination of PEPA from Kathy Parr. I want to take this opportunity to thank Kathy for her generosity in handing over as she continues to field my many questions.

My background is a Registered Nurse training at St Andrew's in Brisbane in the 1970's. For the past 14 years I have been working in Palliative Care and worked as a Nurse Counsellor on the Cancer Council's Cancer Helpline. I am currently doing my Masters in Counselling Psychology at Curtin University, so I can wear the hat of nurse and allied health worker.

As far as this current funding round goes we have almost completed our planned placements. We still have room for three more GP's, and I am happy to report we presently have one on placement right now. We have already placed 12 rural RN's and two metropolitan RN's. The allocation of enrolled nurses and PCA's is complete. We have placed seven Aboriginal Health Care Workers and have the other three participants waiting to be placed over coming weeks. We have placed five of our six allocations of Allied Health professionals, who have been mainly from the metropolitan area. We have had plenty of rural RN interest but fewer rural Allied Health professionals.

A good news story has been the 11th National Rural Health Conference held here in Perth between the 13th and 16th March. I was fortunate to attend this and meet with many interesting people from all over Australia. Apparently there were 1100 registrants for the conference, and I think I met nearly all of them! There was a huge interest in palliative care and the PEPA project in particular, so I am hoping there will be an influx of applications in the coming weeks. There was a lot of interest from people from rural Queensland to Tasmania and all points in between.

So far reverse PEPA has not generated much interest here in WA. I did speak about it to the conference attendees, so let's hope the seed has been planted. The Allied Health workshops in Albany and Bunbury were both hugely successful and we look forward to repeating the final one in Geraldton on 26th May. The Aboriginal Health Worker workshops have been planned with a change in dates for Port Hedland which will now be held on June 23rd. Geraldton's will be held on 27th May and Kalgoorlie on June 9th so we look forward to these events.

For further information about any of our workshops or placement opportunities, please contact Margaret Sealey on (08)9382 9372 or go to the Cancer Council website on

<http://www.cancerwa.asn.au/professionals/palliative-care-profs/professionaldevelopment/>

## PEPA SA

Applications for placements continue to be received for all disciplines. Two multidisciplinary workshops were recently held in Port Augusta. Feedback from the workshops was positive.

As per the Staffing News section, Peta Jackson had her last day with us on the 8th April, we thank her for her contribution to date and wish her well for the future.

Please note that SA PEPA is reviewing its program arrangements. Watch this space for more details. Placements and workshops will continue to be delivered.

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A copy of this newsletter is available online at:  
<http://www.pepaeducation.com>