

PEPA

Program of Experience in
the Palliative Approach

Funded by the Australian Government through the National Palliative Care Program

NEWSLETTER WINTER 2011

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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 website 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.

National Office Update

Welcome to the final newsletter for the 2010-2011 iteration of PEPA. What another fabulous year it has been with over 300 clinical placements and almost 100 workshops having been provided for primary care professionals in this period! A special feature article is included on page 2 detailing the many program highlights from this 12-month phase.

As well as wrapping up this phase of PEPA, in recent weeks the National PEPA team has actively been involved in National Palliative Care Week promotions and has hosted

our Annual PEPA Managers Face-to-Face Workshop. The theme for this year's National Palliative Care Week was 'Let's chat about dying', acknowledging that some of the greatest barriers to quality care are lack of knowledge and preparation. The PEPA Managers Annual Workshop focused on the strategic direction for the future including ways to enhance and advance the program to ensure that it remains innovative, has a stronger impact and results in sustainable practice change. Any future direction will be mapped to the National Palliative Care Strategy.

Continued over



PEPA Managers Annual Workshop: (from left) Cindy Paardekooper (NT), Vinesh Oommen (National PEPA), Tom Goff (DoHA), Janine Brett (SA), Tracey Watters (SA), Janeen Foffani (NSW), Ellen Sheridan (VIC), Brooke Wilkinson (WA), Kate Atkinson (TAS), Professor Patsy Yates (National PEPA), Dr Mick Adams (National PEPA), Natasha Myers (National PEPA) and Sue Connolly (QLD).

Tracking Achievements

A total of 311 clinical placements were completed during the 12 month iteration of PEPA 2010-2011. Table 1 shows the total number of participants from each state/territory.

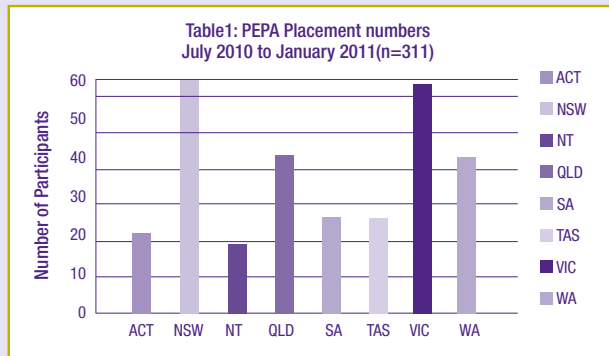


Table 1: Total number of participants in each state/territory (n=311)

Continued from page 1

Another exciting development of late has been the launch of PEPA's updated website: www.pepaeducation.com. The redesigned website is more responsive to the needs of users and contains a wealth of new information including: links to research findings, a calendar of upcoming events, a gallery of photos from our workshops, spotlights on our host sites, links to our new mentoring guide and examples of workplace activities that participants can implement in their workplace post-placement. Online learning modules for PEPA placement participants will

also be housed on the site – the first two modules will be available in July for General Practitioners and Aboriginal health professionals based on the current learning guides.

As this period draws to a close it is timely to again express our sincere thanks to everyone who contributes to the success of the program, particularly our committed host site mentors and specialist services, our talented workshop facilitators, our exceptional and dedicated PEPA staff and the supportive team at the Australian Government Department of Health and Ageing.

Staffing News

With the end of the 2010-2011 iteration of PEPA we say farewell to our Senior Project Officer, Dr Vinesh Oommen and to the WA PEPA Manager, Margaret Sealey. Vinesh has been with the National PEPA team for over 3.5 years, tirelessly collecting and analysing our data, preparing publications, and providing input into the program. We acknowledge his contribution and wish him every success in his future endeavours. Likewise, we wish Margaret well in her studies and thank her for her contribution to PEPA over the past five months.

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: Palliative Care Australia is the peak national organisation representing the interests and aspirations of all who share the ideal of quality care at the end of life – <http://www.palliativecare.org.au/>.

PEPA: Making a Difference

Evaluation responses show that PEPA continues to support participants in enhancing their skills and knowledge. Some examples of practice change reported by participants following their placements include:

- Better assessment of patients needs and support processes for families. Developed into a process for care planning (Nurse).
- Supporting residents in their dying phases and their families who are anxious and stressed (Social worker).
- I was able to discuss with family member the nutrition needs of a palliative patient with confidence to help reduce the guilt felt that patient did not want to eat meals provided (Dietician).
- I have worked with a gentleman to improve quality of life in the acute phase. I was able to identify related needs (communication device) through practising counselling skills that I learnt from the PEPA placement (Nurse)

FEATURE ARTICLE:

Program highlights for this iteration of PEPA:

- Delivery of 311 placements. Placements are underpinned by adult learning principles with a focus on experiential and peer-based learning.
- Delivery of 96 workshops. Workshops incorporate activities which are consistent with the aims of PEPA, and incorporate contemporary, evidence based educational strategies.

- Analysis of participant, employer and host site evaluation data showing that PEPA is resulting in beneficial outcomes such as increasing participants' ratings of their knowledge in a palliative approach, their confidence to care for people with a life-limiting illness and their understanding of their role in providing care to people with a life-limiting illness and increased linkages between primary care and specialist settings
- Strengthening of the Aboriginal and Torres Strait Islander component of PEPA with the appointment of Dr Mick Adams as National Coordinator for this part of the program, resulting in over 30 Aboriginal health worker placements and attendance at workshops by 217 Aboriginal health workers during this iteration.
- Workplace activities have been implemented by PEPA placement participants in their workplace that demonstrate transfer of learning, including organising in-services for other staff, practice change relating to syringe drivers and education, pain charting/ documentation, environmental modifications, increased availability of educational resources, introduction of palliative care rooms, education sessions, interdisciplinary fortnightly meetings, and new policies on symptom control.
- An extensive range of post placement support has been offered to past placement participants such as direct follow up by PEPA Managers, monthly network group meetings, invitations to join sector mailing lists, free education sessions, involvement in steering committees or working groups related to palliative care, in-services, workshops, education days, clinical updates, cultural diversity and cross-cultural communication training, journal clubs, complementary registration at a regional palliative care conference and contributing to the development of the *Disability Residential Services Palliative Care guide*.
- Two presentations at the 18th International Congress on Palliative Care in Montreal, Canada. Oral presentation: 'Finishing Up – Victoria's model of Aboriginal Palliative Care'. Poster presentation: 'Indigenous Challenges and Bridging Awareness in the Program of Experience in the Palliative Approach (PEPA) in the Northern Territory of Australia'. From over 270 entries, the poster presentation was awarded first prize in the Most Innovative Programmes category.
- An oral presentation on *The Indigenous Component of PEPA: A Model for Building Capacity in the Indigenous Health Workforce* at the Australian Health Promotion Association's 20th National Conference from 10-13 April 2011 in Cairns. This conference had over 545 delegates in attendance from primary care, community service, academic, non-government and government organisations.
- A PEPA research paper titled: 'Understanding the optimal learning environment in palliative care' was accepted for publication in *Nurse Education Today*, a top-ranked, peer-reviewed journal. The paper, authored by Dr Shirley Connell, Prof Patsy Yates and Ms Linda Barrett, reported on the outcomes of a study conducted in a previous PEPA phase. Other publications are being drafted for submission to peer reviewed journals.
- Revision of the Learning Guide for General Practitioners and Rural and Remote Medical Practitioners to reflect the release of the Therapeutic Guidelines for Palliative Care version 3.
- Publication of a national Mentoring Guide for PEPA host sites. This resource is being disseminated to all PEPA host sites to better equip mentors to deliver nationally consistent quality PEPA placements.

- The PEPA website has been completely redeveloped to be more responsive to the needs of users including participants, mentors, PEPA Managers and other stakeholders.
- The PEPA promotional DVD has been uploaded to YouTube and is available at: <http://www.youtube.com/watch?v=IS3mGeNXk8I> (search terms = pepa pall care).
- A multimedia developer has been engaged to develop online learning modules for PEPA general practitioner and Aboriginal health worker placement participants.

EDUCATIONAL COMPONENT:

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Symptom Management at the End of Life

Good management of symptoms in the terminal phase is one of the main concerns of patients and their families. The physical comfort of dying patients requires thorough assessment, excellent nursing care and careful prescribing.

What is known

- Some patients may experience uncontrolled and distressing symptoms at the end of life. [1]
- The palliative care approach to symptom management is based on thorough assessment of current symptoms, and planning ahead for common problems. There is supportive evidence from a systematic review which showed a small but consistent positive impact of palliative care services on symptoms, quality of life, and satisfaction at the end of life. [2] Studies included in this review were extremely heterogeneous, and so these findings should be interpreted with care.
- The evidence base supporting prescribing for end-of-life symptoms is not well developed, and many of the prescribing practices which have developed are either empirical or extrapolated from other settings. [1] Both clinical and ethical considerations need to be included in end of life care decision-making, for instance in regard to giving fluids or nutritional support for dying patients. [3-4]
- End of life Guidelines and Pathways may assist appropriate and timely prescribing & decision making.
- If treatment is determined to be ineffective in relieving suffering, sedation may be a symptom management option. Guidelines for making this decision have been developed, based on systematic reviews and expert consensus. The guidelines discuss criteria for assessing refractoriness of symptoms, practical approaches to managing sedation, additional issues such as decisions about giving fluids, and the ethical distinction between palliative sedation and euthanasia. [5-8]

What it means in practice

The principles of prescribing at the end of life are:

- Medications and doses prescribed should be based on careful assessment of the dying person's symptoms and problems.
- Doses should be proportionate to symptoms identified, and response to treatment should be regularly re-assessed.
- The burden of how medication is given and of potential side effects should be minimised. Palliative care medications at the

end of life are usually given via the subcutaneous route, which is generally the least invasive and most reliable route in the dying patient.

- Persistent symptoms require regular rather than PRN (as needed) orders.
- PRN orders should be written for intermittent symptoms, and to cover possible 'breakthrough' events for persistent symptoms.
- Anticipatory PRN prescribing for problems which may occur during the dying process (eg delirium / agitation; respiratory secretions; pain) is an important aspect of good end-of-life care. This may include crisis orders to cover foreseeable problems in particular patients, such as bleeding, severe respiratory distress, or seizures.
- To ensure prompt and effective symptom control, it is important to plan ahead for access to medications for the common symptoms which occur in dying patients, and make sure that caregivers are able to give the necessary medications. The practicalities of how this is managed will vary according to the setting of care – ie, whether the person is dying at home, in an acute hospital, in a nursing home, or in a palliative care unit.
- Even though complex symptom control issues can bring pressure bear to consider palliative sedation from carers and relatives or clinicians who may not have the expertise to optimise symptom control, palliative sedation should not be initiated without adequate assessment of symptoms, engagement of appropriate clinicians and discussion and agreement with patient and families.

The common physical problems which need to be assessed and planned for include:

- Pain
- Delirium / agitation
- Dyspnoea
- Respiratory secretions
- Mouth care and skin care
- Bladder and bowel care
- Nausea and vomiting

Many institutions have their own end of life care pathways which include clinical guidance about managing these symptoms.

Overview article

- *ABC of palliative care: The last 48 hours.*
Adam, J. ABC of palliative care: The last 48 hours. BMJ 315(7122):1600-1598, 1997 Dec 13.

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This article has been reproduced with permission from the CareSearch Palliative Care Knowledge Network. The full text is available at: <http://www.caresearch.com.au/caresearch/tabid/741/Default.aspx>. This includes further information about Guidelines and prescribing information. All information 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.

This page was created on 19 June 2008

Last updated 2 March 2011

PARTICIPANT REFLECTION:

Jenny Simons, Link Nurse, Terang and Mortlake Health Service

At South-West Health Care I was allocated a day each with three palliative care staff members. I accompanied the staff on home visits where it was appropriate and was introduced to people utilizing the support of the service. I was impressed with the level of care and the way it was provided. Staff showed the utmost respect for each individual and while treatment options were offered and explained there was a courteous grace that allowed each person the right to decide for themselves. Issues raised by clients were immediately addressed and staff made phone calls on the spot to ensure appointments were made with specialists and that arrangements were made for transport if needed. Medications were explained and reviewed and staff showed a thorough understanding of medications related to treatment of illness and pain. The stories of clients were listened to with staff assessing the need for clients to be encouraged to reflect on some of their statements in order to better understand them. It was clear that each staff member provided the time needed by each client and their family members.

The palliative care experience impressed on me the need to provide frequent opportunities for people dealing with loss of health and life to be heard. As Eric Fairbank (palliative care physician) explains, telling our stories and being listened to with respect enables us to build sense of self and confirms our humanity and dignity. I observed staff encouraging clients to be connected to family and activity that gave purpose. This provided recognition to me that the spirit of each person would be nurtured enabling a greater strength to journey a difficult landscape.

Despite being within a hospital setting the McKellar Centre, Barwon Health experience was equally impressive. The response to pain management was immediate and every care was taken to support the individuals and families when death was imminent. Privacy and practical needs were attended to and every effort was made to alleviate suffering. Care plans were clear and specific to patient needs.

Thank you for the opportunity and support to be part of PEPA, it was a great learning experience and I am deeply respectful of the knowledge and care given to our community.

STATENEWS

PEPA NT

Cindy Paardekooper and Dennis Dunn

The last couple of months have flown by as the current phase of PEPA comes to a close. The NT PEPA team have been busy in completing the final requirements of this phase and have confidently met our project objectives.

A recent highlight was hosting the Annual Territory Palliative Care & PEPA Conference. Eighty-four multidisciplinary practitioners attended the annual NT Palliative Network Conference titled 'Starting the conversations: Mental Health and wellbeing in the Palliative Care Setting' on the 20 May in Alice Springs. The conference was an opportunity for post placement support for PEPA participants as well as bringing together as many health professionals as possible from around the NT to network, learn and strengthen partnerships. The Crowne Plaza Alice Springs provided an exceptional venue to a diverse program for the day.

We have also been very busy with promotion of the program throughout the NT. Recently booths were held at the Unplugged Delirium and

Dementia Conference in Darwin and then at the Community Expo in Katherine with many seeking further information on Palliative Care.

Dennis Dunn, the Aboriginal Educator, hosted the final Community Outreach Program workshop to a group from Yuendumu community in Central Australia. After some initial challenges in organising the event were overcome, the session was delivered to a group of eight participants and included an introduction to Palliative Care, an opportunity to meet the specialist team and finished with further discussions on facilitating another workshop in the region. Yuendumu was a high priority to attend and to deliver PEPA education and build relationships with, as this community is one of the main communities that patients choose to return to when 'finishing up' in Central Australia.

This year has been a busy one for our small team and we would like to thank all mentors, participants, stakeholders and host sites for their support and involvement in this successful program in building better end of life outcomes for all Territorians.

For further information on NT PEPA please visit: www.health.nt.gov.au/Palliative_Care/PEPA



"Social Worker Susan Grant, Dr Jo Mc Keown from Territory Palliative Care in Central Australia and Dennis Dunn".



"Cindy Paardekooper at the Unplugged Conference in Darwin"



"Keynote Speaker Dr Karin Myhill presenting at the Annual Palliative care Conference in Alice Springs"



"Dennis Dunn, Beverley Derschow and the Traditional Ngangkari's at the Annual Palliative Care Conference in Alice Springs"

PEPA ACT

Sue Turner

The current PEPA 2010-2011 contract seems to have just started and here we are at the end. In June we finished the last of our placements for this iteration within Clare Holland House and several post placement support in-services and workshops. These post placement support activities included an in-service on "Delirium, depression or dementia" by Dr Burger, Clinical Psychologist and "Diversity: Does it matter?" on human rights by Dr Cubit.

ACT PEPA has received excellent feedback from a number of sources including participants, employers, mentors and managers.

Employer feedback has been positive with comments such as:

- Better knowledge to care effectively and direct other staff to care effectively.
- Knowledge has improved our palliative processes.
- Made aware of services available and contact points.

Participants at the final general workshop and GP's at the June GP workshop unanimously stated they would recommend PEPA to colleagues and commented:

- Relevant to practice (GP)
- This workshop was much more in depth and far more comprehensive than the workshops offered by agencies.
- Very suitable for carers within the community services.
- Included all areas which may have been a concern for me as an RN.

During this period, with the assistance of the PEPA National Coordinator, Dr Mick Adams, good links have been established with Winnunga Nimmityjah Aboriginal Health Service ACT. Julie Tongs, CEO, has agreed, in principal, to a working partnership enabling cross-cultural and palliative education. PEPA ACT looks forward to working closely with Winnunga in the future.

ACT PEPA would also like to thank the ACT Division of GP's as the excellent partnership between our organisations has greatly increased the number of GP's who have participated in workshops this contract period.

For any queries about PEPA placements and workshops in the ACT please contact Sue Turner on 02 6264 7338 or email PEPA@calvary-act.com.au

PEPA QLD

Sue Connolly



PEPA Manager Sue Connolly and Aboriginal Project Officer Darryl Lingwood at a PEPA trade stand

This funding round has been a successful one for the state with targets being reached, including six PEPA placements from Aboriginal and Torres Strait Islander backgrounds. Indigenous Project Officer Darryl Lingwood continues to cultivate networks with communities throughout the state.

PEPA was promoted at the 34th Annual Oncology Nurses Group (Queensland) Conference in

Brisbane in April, and the 2011 Aged Care Conference 22-24 June. Trade displays at these conferences generated a great deal of interest in the Program and contacts for possible future participants established. In

addition, it is hoped that an increased number of rural medical officers will be placed in the next funding round following promotion of PEPA at the Rural Doctors' Association of Queensland's Annual Conference (Cairns) in June.

The PEPA Manager also promoted the program at a workshop at Wesley Mission Brisbane's Wheller Gardens. Interest in PEPA placements from the Wesley Mission's RACF staff has already been indicated.

Over the current funding round, PEPA facilitated nine workshops, with a total of 192 attendees. Feedback from the PEPA Cultural Diversity Workshop - held on 11 June - was positive and further workshops will likely be held in the coming year. It seems a great need exists for these workshops in rural areas.

A PEPA Mentoring Workshop held recently was exceptionally well received. Some current host site mentors attended, along with others with a special interest in being a future host site and the mentoring of future participants.

Some comments from workshop attendees include:

I am aware that GPs participate in palliative care of patients with terminal conditions but I always felt that I was more of an observer.

The session has empowered me to know how I can be proactive about my role

General Practitioner 2/6/11

As in the previous workshop, a lot of new information and new trends in palliative care

General Practitioner 30/10/10

... have not seen PEPA participants before and now feel well prepared... Keen to be a host site RACF

Mentoring Workshop attendees 22/6/11

Workshop planning for the next funding round is underway with a GP update day in Toowoomba in August. The timing of this event has been requested by the local Division of GPs to assist in improving knowledge of referral pathways to the specialist palliative care service in Toowoomba as well as enhancing GP knowledge of and delivery of palliative care.

Sue Connolly PEPA Manager – Queensland

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PEPA TAS

Kate Atkinson

It may be cold and wet in Tasmania but PEPA has been very busy finalising the PEPA placements from around the state. Interest has been raised with the promotion of PEPA through the multi disciplinary workshops that have been held in the South, North West and North regions.

Topics covered have ranged from:

- Nutrition & hydration at the end of life
- Dementia & palliative care,
- Managing common symptoms

PEPA presented to the women's Karadi Aboriginal Corporation.

Topics included an introduction to the palliative care service, grief & loss, self care & communication along with a site visit to the Whittle unit. Comments made in answer to 'What did you like about PEPA workshop?' included "Facilitators with great knowledge and competency", "the casualness and the one on one conversation were clear and easy to understand", "you girls were great today, no question too hard for you to take time to have, gave good examples and put things in a easy to understand way". Karadi have invited the PEPA and palliative care team to attend their "moaning tea" which we plan to, just to see how the moaning goes.

PEPA was promoted at three General Practice South Palliative Care workshops and one in the North West all of which have stimulated an interest in PEPA placements.



PEPA Mentoring Workshop

Our mentoring workshop was successful with the use of Dawn Best, there were 23 attendees all of whom were palliative care specialists from around the state. Participants felt the learning styles very useful and the interactive small group work to be of most benefit. The most important topic that rose from the day was the need for a self care workshop to prevent burn out and stress.

PEPA Tasmania held a GP workshop on the 25th of June with participants attending from around the state. To date we have 6 interested GP's for PEPA placements.

PEPA VIC

Ellen Sheridan

The 2010-11 PEPA program was very successful with 64 clinical placements overall! This means that another 64 Victorian health professionals have more knowledge, skills and experience in the palliative approach to care and have established relationships with specialist palliative care services.

The PEPA mentors, who are integral to the PEPA supervised clinical placement, are some of our most experienced, skilled and passionate palliative care clinicians. Their role is to facilitate the growth and passing on of knowledge and skills to the PEPA participant while exposing them to a variety of learning experiences. A mentoring workshop for palliative care staff who are new to the mentoring role was in June.

In June, Victoria also offered workshops on the palliative approach for people working in the disability sector, Aboriginal health workers and the aged care sector. Participant feedback has included:

- I will recommend PEPA to my colleagues so they have the understanding of the spirituality wishes of the client (patient) and be able to explain to family members as well (AHW 2011)
- I learned that palliative care needs to be discussed by carers, family and all relevant parties, and it's an ongoing process (Disability worker 2011)

Once again palliative care services have stepped up and supported PEPA's implementation in Victoria. Without their dedication and commitment to sharing knowledge about palliative care PEPA would not have reached such significant numbers of health professionals. I would like to thank the Victorian palliative care sector for its role in implementing PEPA in Victoria.

Ellen Sheridan, Victorian PEPA manager

www.dhs.vic.gov.au/palliativecare/PEPA

PEPA NSW

Janeen Foffani

The final weeks of the PEPA 2010-2011 phase saw a flurry of activity across the State as we wrapped up project deliverables. A huge thank you must go to the staff of our placements and workshop host sites, your time and willingness to share your knowledge is much appreciated.

Over the past few months workshops aimed at raising the awareness of the palliative approach have been held in Hammondville, Gosford, Canterbury, Batemans Bay, Newcastle, Dubbo, Goulburn, and Westmead. These workshops attracted health professionals from Aged Care Facilities, Community Services, General Practice, Disability Support and Aboriginal Health Services. In total over 500 health professionals attended a PEPA NSW workshop

Post placement support in the form of awareness and information sessions on targeted topics associated with palliative care and end of life care, such as palliative care and ageing, palliative care and renal disease, Grief, Loss and Bereavement, palliative care and non-malignant diseases, and end of life care pathways have been held in Goulburn, Deniliquin, Albury, Griffith, Newcastle, Narooma, Armidale, Tamworth, Moree, Wagga Wagga, Broken Hill, Nowra, and Ballina. More than 800 health professionals have attended PEPA NSW post placement support activities during this phase.

PEPA NSW recently held two Mentors workshops. The first workshop looked at Cultural Awareness and discussions focused on experiences engaging the Aboriginal Community with palliative care. The second workshop focused on Grief, Loss and Bereavement. Both workshop attracted PEPA NSW Mentors from across the State and included nurses, doctors, bereavement counsellors and social workers. Both groups need to be commended for sharing their experiences and for offering their on-going support to others in the group.

PEPA NSW recently had the pleasure of attending the NSW Rural Palliative Care Nurses Group annual meeting. Over 50 Palliative Care Nurses working in rural and remote locations from across NSW attended the meeting in Dubbo. This group was established in 1990 and its primary purpose is to advocate for improved palliative care services in rural and remote NSW and to provide peer support to colleagues working in rural and remote palliative care. Historically this is a 2-day meeting with the first day focusing on updates from organisations that have a strategic influence on palliative care service planning and delivery, and on the second day members have the opportunity to give a short presentation on innovative projects or initiatives that have been undertaken or introduced in their local area. Once again this was an outstanding meeting with informative content and an opportunity to network.

The NSW Palliative Care Association held a Palliative Care Professional Development Education Forum at Royal Prince Alfred Hospital recently followed by the Palliative Care Gala Awards dinner in the Holmes Building of Sydney University. Congratulations to all the nominees and winners, Dr Frank Brennan (Leadership Award), Julie Garrard and Jane Williams (Outstanding Contribution to Specialist Palliative Care Award), the PEACH Project (Innovation Award), Christine Jones (Volunteers Supporting Palliative Care Award), A/Prof Meera Agar (Significance in Palliative Care Research Award), and Julie Robotham, Kimberley Porteous, Steven Siewert – Facing Death: A series of articles plus special multimedia feature on coming to terms with the process of dying (The People's Choice award for most accurate and positive reporting of Palliative Care in NSW over the past year).

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 or phone 02 9515 6424.

PEPA WA

Margaret Sealey

As this current funding round comes to a close, final placement numbers for this iteration of PEPA in WA are: 24 nurses, 10 Aboriginal health workers, seven allied health professionals and three GPs. Reverse PEPA has also generated some interest from three country facilities, one of which is residential aged care in the Great Southern region.

Four Allied Health workshops were held in June. Feedback was positive. Our first Aboriginal Health Worker workshops were also held recently in Geraldton and Kalgoorlie, and were well received. The topics covered grief and loss and palliative management in relation to renal patients. This workshop was also scheduled for delivery in Port Headland but due to the 'ash cloud' and subsequent flight cancellations the final workshop was delivered innovatively as a telehealth conference with participants from Port Hedland, Geraldton, Derby and Broome.

On a final note, this will be my last newsletter report as I will be leaving at the end of June to pursue full time study. Brooke Wilkinson will be taking over as manager of the PEPA project and I'm sure will continue the good work of this fantastic program.

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

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

PEPA SA

Tracey Watters and Janine Brett

Palliative Care Council of SA has taken over management of PEPA in South Australia from Health SA. The transfer has taken effect only recently so we are currently finalising the balance of placements due for 2010 – 2011. We are really pleased with the response to our recent advertising and to date have received applications from 8 General Practitioners, 9 RN's, 1 EN and 1 Allied Health Worker all to be placed prior to 30 June 2011. I would particularly like to thank our host sites for accommodating all of the applicants in the short time we have available.

I recently attended the National Manager's face to face meeting in Brisbane with Tracy Watters, Executive Office of the Palliative Care Council of SA. I would like to thank Patsy and Natasha for providing a very informative meeting for us and we came away with a much better understanding of the Program.

For any queries for PEPA placement and workshops in South Australia please contact Janine Brett on 08 82914156 or email pallcare@pallcare.asn.au.

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