

PEPA

Program of Experience
in the Palliative Approach

Funded by the Australian
Government Department
of Health and Ageing

NEWSLETTER WINTER 08

THE NATIONAL
PALLIATIVE CARE
PROGRAM

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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 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.

The 2007-2010 phase of the PEPA program is well underway in all states and territories, with funding from the Australian Government Department of Health and Ageing (DoHA) available to support 1030 placements and 162 workshops up to June 2010.

National Office Update

The first meeting of the PEPA for Aboriginal and Torres Strait Islanders Health Workers National Reference Group was held in Brisbane on Thursday 5th June, 2008. The reference group will be concerned with overseeing the development, implementation and evaluation of PEPA for Indigenous Health Workers (IHW). The Reference Group will operate for the duration of the project.

(NOTE: The term Indigenous Health Worker is inclusive of Aboriginal and Torres Strait Islander Health Workers)

The PEPA National team would like to take this opportunity to thank all members of the PEPA for Aboriginal and Torres Strait Islanders Health Workers national reference group for their time and contribution.

From Left to Right *Dr Vinesh Oommen (QUT), Andreas Molt (PCA), Catherine Jacka Paroz (TCCQ), Stephen Christian (Qld Hlth), Mark Saunders (NACCHO), Roslyn Lockhart (CATSIN), Dr Deborah Prior (QUT), Prof Patsy Yates (QUT)*



PEPA: Tracking Achievements

A total of 137 clinical placements were completed, with 44 placements in progress across all jurisdictions between January and June 2008. Table 1 presents the total number of participants who have attended

clinical placements in each jurisdiction respectively for the period January to June 2008.

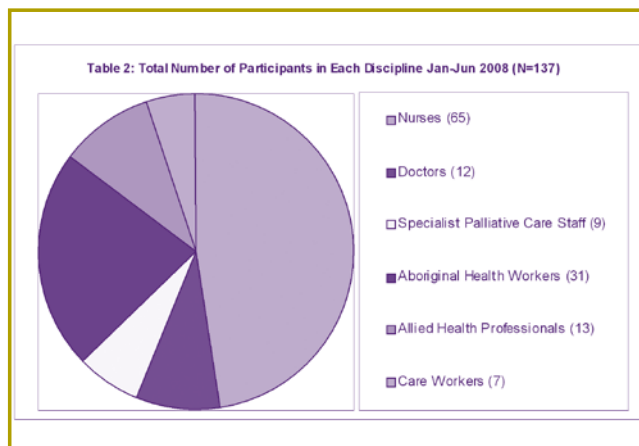
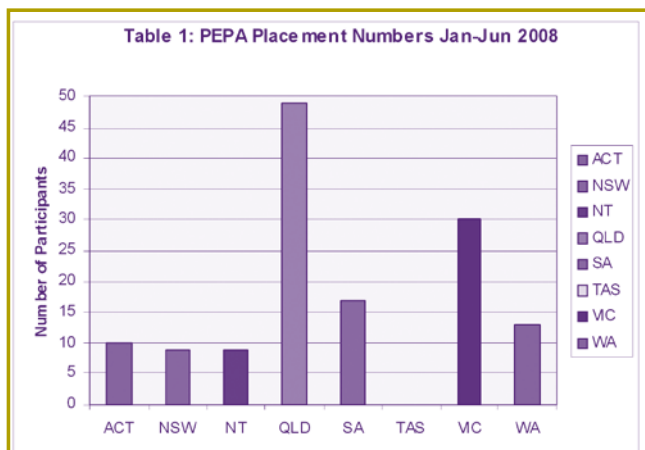


Table 1: Total number of participants (N=137) that had attended PEPA clinical placements from Jan to June 2008

Table 2: PEPA participant's discipline (N=137, Jan to Jun 2008)

PEPA: Making a Difference

Evaluation responses between January and June 2008 show that PEPA continues to support participants in enhancing their skills and knowledge. Some of the responses from participants following their placement include:

- As a result of PEPA I am more confident in developing a good care plan for our patients at our facility. I have been an advocate in our organisation to change all our policies into evidence based so that patients can have better care due to their life-limiting illness.

- The PEPA placement provided me with specialist contacts. I have updated all the policies in our organisation and this was very useful in finding specialist palliative care practitioners to come to our facility as we are in a rural community.
- I am more proficient now in the use of Graseby pump for rapid symptom control of pain, nausea and vomiting in patients with a life-limiting illness.

FEATURE ARTICLE

PEPA for Aboriginal and Torres Strait Islander Health Workers

Dr Deborah Prior RN PhD. Project Consultant to PEPA, QUT

Catherine Jacka Paroz, Indigenous Education Officer, Cancer Council of Queensland and PEPA for Aboriginal and Torres Strait Islander Health Workers reference group member

The authors of this article acknowledge Aboriginal and Torres Strait Islander people as the traditional custodians of the land where we live and work.

Aboriginal and Torres Strait Islander Health Workers are the backbone of Indigenous health services in all sectors and a central link for reducing inequities in access to palliative care services. The emergence of the Health Workers' role began in the 1870s when the

Aboriginal people worked as medical or nursing assistants in the Leprosarium and provided a service as cultural brokers (McAdam, 2007; Abbot, Gordon & Davidson 2008).

The development of Aboriginal and Torres Strait Islander Health Workers as a professional force in modern health care gained momentum in the 1970s when the World Health Organisation (WHO) launched its charter on Primary Health Care (PHC). The key principles advocated by the PHC movement were; 'health for all', 'self-determination', and 'community control and participation' in the planning and delivery of health care. The PHC policies endorsed the role of 'Indigenous Health Workers for Indigenous Communities', which lead on to the establishment in Australia of Aboriginal Community Controlled Medical Services (WHO 1978).

The role of Aboriginal and Torres Strait Islander Health Workers in the health sector is ever evolving in response to the increasing demand for, and greater appreciation of, their role in bridging the cultural gap and reducing health inequities in the Indigenous population. Aboriginal and Torres Strait Islander Health Workers are essentially primary health care providers with many having skills in clinical specialties such as cancer care, diabetic education, renal health, mental well-being, and child and family health care.

The scope of practice of Aboriginal and Torres Strait Islander Health Workers varies according to the context and location in which they practice, the level of available support from other health professionals, and the degree of education and competencies achieved. The level of educational qualifications for Aboriginal and Torres Strait Islander Health Workers depends on State and Territory training resources. Health Worker qualifications range from Certificate II to Advanced Diploma and Bachelor of Health Science. Aboriginal and Torres Strait Islander Health Workers are employed in hospitals, aged care facilities, most sectors of community health, and are located in rural, remote, or metropolitan areas. Currently the National Aboriginal Community Controlled Health Organisation (NACCHO) is working with State/Territory representatives bodies to establish a national careers structure, qualification and competency standards for Aboriginal and Torres Strait Islander Health Workers.

Health Workers in palliative care

There is a gradual increase in the number of Aboriginal and Torres Strait Islander Health Workers employed with palliative care services. The palliative care environment can present added challenges for Indigenous peoples because of culturally different perspectives. However, Aboriginal and Torres Strait Islander Health Workers who understand the principles and environment of palliative care can provide an essential link for increasing Indigenous Community access to these services. Research has identified that many Indigenous people are apprehensive about entering the western domain of palliative care because they fear 'losing themselves' in a culturally bland environment at a critical time in their life (Prior, 2005). Richard Trudgen (2000, p.154) highlights this point:

"Many Yolnu [Aboriginal] families are traumatised because the dominant culture lacks understanding of death and dying as Yolnu see it".

PEPA for Health Workers

PEPA for Aboriginal and Torres Strait Islander Health Workers aims to provide culturally appropriate experience in palliative care. The objectives of PEPA are to increase the capacity of Aboriginal and Torres Strait Islander Health Workers to support Indigenous patients and families dealing with advanced or chronic illness. The format of PEPA, which will vary in each state and territory depending on available resources and local needs, will be offered as either a workshop, or a workshop plus a clinical observation visit to a hospital and/or community palliative care services.

The Cultural Respect Framework 2004-2005 informs the development, implementation and evaluation processes of PEPA workshops and other related learning experiences. The broad principle of Cultural Respect is that any intervention activity should not 'unwittingly compromise the cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples' (2004, p.7).

Reference Group

A Reference Group of representatives from the Aboriginal and Torres Strait Island Health, Education and Government sectors provide governance of PEPA for Aboriginal and Torres Strait Islander Health Workers. Key responsibilities of the Reference Group are to advise on protocol and cultural considerations relevant to PEPA,

and to ensure the Program Workshop content and teaching methods are consistent with National Competency Standards or scope of practice for Health Workers and the Cultural Respect Framework.

Reciprocal Education

To realise the Indigenous component of PEPA and improve the quality of and access to palliative care for Indigenous people, PEPA offers activities that are developed for Aboriginal and Torres Strait Islander Health Workers in most jurisdictions. However, in addition to providing education for Indigenous Health Workers, non-indigenous palliative care providers should recognise personal learning needs for increasing their understanding of cultural differences central to providing appropriate care for Indigenous peoples. PEPA also provides learning opportunities..

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Territory Palliative Care Annual Network Conference

John Carson – NT PEPA Manager:



(Photo courtesy of Sally Carrington, Clinical Photographer, RDH) Hands-on instruction of Art Therapy in Palliative Care for Allied Health at the Network Conference

STATE NEWS

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This year's meeting for post-placement support was held earlier on 2nd June to coincide with Palliative Care Week. A highly successful day exceeded expectations with 105 multi-disciplinary participants attending.

In addition to Darwin and Alice Springs, many participants came from very remote and diverse locations including Tennant Creek, Borroloola, Maningrida, Yirrkala and Katherine.

The theme Working Together - Care Beyond the Medical Model - A focus on Allied Health, Story-telling and Spiritual Well-being engaged everyone in interactive sessions with colourful elements including a fairy-tale quiz show. The success of using interactivity and a multi-faceted approach was evident in the positive feedback received.

Speakers included Meghan Thamm, Creative Arts Worker, Registered Music Therapist and Musician; Bilawara Lee, Cross Cultural Awareness Trainer and Healer from the Larrakia Nation of Darwin; Dr Mark Boughey, Director of Palliative Care for the Northern Territory; Dr Frank Brennan, Palliative Care Physician NSW; Mandy Cox, Territory Palliative Care Pastoral Care Coordinator and Sandra Sumantra, Social Worker and Bereavement Coordinator, Territory Palliative Care, Darwin.

Meghan Thamm's session involved hands-on interactivity on the use of Art therapy and music in palliative care and Frank Brennan's fascinating story-telling had everyone listening intently. The day enabled considerable networking, sharing and development on a personal and professional level with everyone leaving on a high note.

Delegates included staff of Palliative Care Australia (PCA) and



(Photo courtesy of Sally Carrington, Clinical Photographer, RDH) 105 practitioners attended the Territory Palliative Care Annual Network Conference
Australian Government Department of Health and Ageing staff. The Matter of Life and Death forum hosted by PCA the following day provided additional value and insights for those that participated.

There was good representation from all disciplines including Aboriginal Health Workers and all NT regions. Many had not previously engaged with either PEPA or Territory Palliative Care. Stakeholders saw attendance as a key success.

PEPA ACT

Sue Wood/Annette Cole

The year is racing by.... so far ACT PEPA has had 10 placements for a week each at Clare Holland House (CHH) and run three full day workshops. We have also had a GP workshop on 'Difficult Pain in Palliative Care' run by Dr Andrew Skeels and Dr Dennis Pacl. In early July Dr Paul Glare came to Canberra and ran an afternoon workshop on 'Pain and Opioids'. This was well attended with high demand for seats. Unfortunately the GP workshop scheduled for that evening had to be cancelled due to lack of numbers. There will be another GP workshop in October this year. At this stage the subject has not been finalized.

The new palliative care/aged care symptom management flipchart has been a great success with lots of positive feedback. Unfortunately the aged care sector has given PEPA feedback that they have not received their copies so another print run has been ordered and PEPA will distribute these from CHH once they arrive, so watch this space.

The PEPA Network Group has met three times this year and is working toward another purple fact sheet called "Morphine Matters". This will be a concise one page flyer similar to the Palliative Approach and End of Life Care sheets that are already available.

Placements for the rest of 2008 are filled for the ACT; however promotion for 2009 placements will go out within the next 3 months. Training the trainer is an important consideration for PEPA in the selection of participants, so if you are in a position where you influence the provision of care of people with a life limiting illness, are a registered RN, EN or Allied Health professional, and would like to add value to your organizations goals of care through a structured process, you may like to consider professional development through participating in the PEPA program.

Three more one day Palliative Approach workshops are scheduled for this year.

For any queries about ACT PEPA please contact Annette Cole or Sue Wood on

(02) 62647338 or email us on PEPA@calvary-act.com.au

PEPA NSW

Janeen Foffani

PEPA NSW recently hosted two Aboriginal Liaison Officers at Royal Prince Alfred Hospital (RPAH) in Sydney. Janie and Sandie were both a little nervous about coming to 'the big smoke' for 5 days and not knowing what to expect when they arrived from Dubbo and Walgett.

We had numerous phone calls and emails to each other before the placement. We talked about the structure of the placement, outcomes and expectations – we had a good 'yarn'.

With suggestions noted from Janie and Sandie, their managers, the local palliative care nurses and the palliative care team at RPAH, the plan was clear. 'A patient journey' was plotted and organised – Janie and Sandie are on their way!

Janie and Sandie's placement was organised in a way that allowed them to see first hand what patients from their community would see and experience. It also gave them a 'backstage' pass to the hospital to see specific treatments and diagnostic areas such as radiotherapy, chemotherapy and MRI scanner. Meetings were organised with the Head and Neck staff, Psycho-oncology and Bereavement teams. Visits were also organised to Hostels specifically established to house patients from country areas.

Many meetings ran overtime due to the cross over in education. As with many placements all parties benefit from the experience.

This placement provided a great opportunity for all parties to interact and discover each other's role. It also gave everyone a little time to stop and think about the patient's perspective of a large metropolitan teaching hospital. Not only has this placement strengthened and built on existing networks - new networks have formed and new friendships too.

Supervised Clinical Placements continue in New South Wales and are organised on an ongoing basis. Placements are for two to five days and organised at a mutually convenient time for both the participant and the Host site.

WHO CAN ATTEND THE PLACEMENTS? All health professionals who care for patients with a life-limiting illness.

There is NO COST involved and funding is available to the employer to assist with backfill or loss of wages while attending the placement. Those participants from rural/remote locations may also be entitled to reimbursement for travel and accommodation expenses.

Current Host Sites are:

- Royal Prince Alfred
- Prince of Wales Hospital
- Randwick
- St Vincent's Lismore
- Hospital
- Camperdown
- Braeside Hospital
- Wetherill Park
- Nepean Cancer Care
- Sacred Heart Centre
- Darlinghurst
- Liverpool Hospital
- Westmead Hospital
- Calvary Hospital

- Kogarah
- Camden Hospital
- Central Coast
- Gosford
- Concord Hospital
- Mater Newcastle
- Greenwich Hospital
- Canterbury Hospital
- Port Kembla Hospital
- Mercy Health Care
- Albury
- Lourdes Hospital
- Dubbo
- Cancer and Palliative Care Services
- Broken Hill
- Karinya Palliative Care
- Berry
- Neringah Hospital
- Wahroonga
- Cessnock Community Health
- Tamworth Base Hospital
- Mudgee Palliative Care Unit
- Moree Palliative Care Unit

If you live in the Coffs Harbour area, November 2008 is going to be a busy time with PEPA NSW holding a workshop aimed at Aged Care Professionals on Wednesday 12th and the NSW Palliative Care Association State Conference on 13th – 14th.

Upcoming workshops and conferences

10th – 11th September 2008 - NSW Rural Aged Care Symposium, Forbes, NSW.

17th November 2008 - PEPA NSW workshop, Lightening Ridge, NSW.

23-24 October 2008 – 6th Biennial State Palliative Care Conference, Melbourne, VIC.

If you would like further information please give me a call (02 9515 6424) or drop me an email (pepansw@email.cs.nsw.gov.au).

PEPA NT

John Carson

NT PEPA has recently had several practitioners from remote and very remote regions engaging in placements. Target numbers for placements have been exceeded with nine placements completed in the past six months and two currently in progress out of 24 applications received.



(Photo courtesy of Sally Carrington, Clinical Photographer, RDH) PEPA participant, Cindy Paardekooper speaks to a group at the inaugural Neonate & Paediatric Palliative Care in-service, Royal Darwin Hospital

The sub-focus for 2007-08 of Renal Care and the Palliative Approach has continued and has succeeded in producing outcomes of a greater engagement between the two specialist services and stronger links between palliative and renal services.



(Photo courtesy of Sally Carrington, Clinical Photographer, RDH) Clinical Nurse Consultant John McMahon, Aboriginal Liaison Officer Cindy Paardekooper and PEPA Manager John Carson)

The Territory Palliative Care Annual Network Conference attracted 105 participants (see separate feature article) and received very positive feedback as being highly informative, enjoyable and providing excellent networking opportunities.

As participants complete their cycle of placement experience and subsequent implementation of learning back in their workplace, a number of positive outcomes have been observed. Increases in confidence, knowledge and skill in the palliative approach on return to their workplace are evident from all participants.

Of particular note, Cindy Paardekooper, an Aboriginal Liaison Officer at Royal Darwin Hospital has commenced the development of a paediatric palliative assessment tool, and has been invited to join a Paediatric Palliative Care National Reference Group. Cindy spoke to a group of 22 colleagues at the inaugural neonate and paediatric palliative care in-service titled "What is Paediatric Palliative Care?" at the Intensive Care Nursery. She is passionate about her work with maternity and paediatrics and keen to assist in developing tools for practitioners working with children and young people with life threatening illnesses.

NT PEPA also moves on to the second year sub-focus of palliative approach and cardiac / respiratory conditions from mid-2008 and is due to re-commence the Outreach Support Education program in August.

PEPA QLD

Kathy Laurent

Since the last newsletter the Queensland PEPA team has been extremely busy promoting PEPA, with trade displays present at four conferences during May, June and July. The Queensland Manager also presented a paper at the CNSA conference. Doctors have also been targeted in other promotional activities including sending PEPA Information packs to all GP Trainees in Queensland.

On Saturday 17th May, 2008 a "GP Update in Palliative Care Workshop" was held at the Education Centre, RBWH, attended by

28 Doctors and 19 other health professionals. The evaluations of the day suggested that participants found it useful to their practice. An interesting presentation was given by Marg Adams on the role of the Palliative Care Nurse Practitioner. Barrister Hugh Carter facilitated a lively legal discussion on various topics. Our thanks must go to the presenters who gave up some of their Saturday in the interests of GP education.

Currently a further "GP Update in Palliative Care" is being planned for Townsville on Saturday 15th November 2008. Speakers for this day include Professor Janet Hardy, Dr Will Cairns, Dr Ofra Fried, and Dr Andrew McKenzie. An Allied Health Workshop will be held in Cairns on Friday 14th November, 2008. Contact the PEPA Manager QLD for further information about either of these workshops.

The second PEPA for Aboriginal and Torres Strait Islander Health Workers two-day course was held in Rockhampton on 17th and 18th June, 2008 and was attended by 12 Health Workers. We were privileged to have Bidjerridj Regional Training Centre Educator Joan Smith facilitate some of the sessions on the first day. On the second day, participants visited the Rockhampton Palliative Care Unit and met with several specialist staff. The afternoon session was facilitated by Kevin Flockhart, Senior Social Worker Rockhampton hospital. The feedback from participants was that this two-day course gave them a better understanding of palliative care and the resources available for their clients. Deborah and I would like to thank the participants for being such a great example to your community. It was a very special time for us and thank you for sharing your experiences with us. A similar two-day course will be held in Brisbane on 21st and 22nd October, 2008. Applications for this course will close on 16th September, 2008.

Another part of the work of our Consultant for Indigenous PEPA, Dr Deborah Prior, has been to resume a series of workshops titled "Palliative Care from an Indigenous Perspective". The first workshop was held in Brisbane last June, and a second in Caloundra on 16th July, 2008. This was attended by 38 participants and several members of the local Indigenous Community. Thank you to Bev Hand, Belle Hartnell and Corey Czok who provided the participants with a valuable insight into palliative care from the Indigenous perspective. A special thanks to Catherine Jacka-Paroz from The Cancer Council Queensland who helped facilitate on the day.

Queensland's nursing placements have been very popular and there are less than 10 places remaining. We still have plenty of opportunities across Queensland for both GPs and Allied Health Professionals. Senior Medical Officers in rural Queensland and GP Trainees are also welcome to apply.

PEPA SA

Janet Taylor and Peta Jackson

Hard to believe that the financial year 2007-2008 has come to an end and we are beginning a new one. We would like to extend our appreciation and thanks to our host sites, speakers for our workshops, organisations that we have engaged with to achieve our required outcomes and of course, the primary health care professionals who participated in the clinical placements.

During the last financial year, the completed SA clinical placements included:

Nine nurses, two allied health professionals, four Aboriginal Health Workers, five aged careworkers and one specialist palliative care nurse. 46% were from a remote or very remote area. There were eleven workshops with 195 participants.

What's ahead?

The SA PEPA Project continues to generate keen interest for both placements and workshops. As a result, we are considering increasing our Aboriginal Health Worker placements from three to seven this year.

Workshops:

- A half day workshop will be held for careworkers on 25 August 2008. Please contact ACCSA for details on (08) 8338 6500.
- Workshop for Chronic Disease nurse specialists planned for 22 October 2008
- Working on plans for an Allied Health workshop to be held in November
- Workshop for Aboriginal Elders Village planned for October
- Cultural Awareness Training for both Aboriginal Health Workers and mainstream services planned for April 2009.

We are looking forward to presenting at two conferences being held in South Australia. The 2nd Biennial Palliative Care Nurses Australia conference 'Leading and Learning' (12-13 September); and the Australian Rural Nurses and Midwives conference 'There's No Stopping Us Now' (6-7 November).

Here are a few comments from the clinical placements and an example of a quality outcome from the placement:

Comment from an Aboriginal Health Worker following placement:

"I have learnt that communication starts with the right time and place to begin discussion around palliative care. As a health worker, I gained confidence through education and support."

An employer's comment:

"I fully support any opportunities for shared experience and learning and I think the "hands on" PEPA model is an excellent way to achieve this goal".

An example of an outcome from the placement: The commencement of a Bereavement Support Group and the redefining of the bereavement follow-up service for this organisation.

PEPA TAS

Angela Bresnehan

Since February 2008 PEPA Tasmania has focused on conducting Palliative Care Workshops for nurses working in the Acute Health Care setting. This has included the Mersey Community Hospital, the

North West Regional Hospital and the Royal Hobart Hospital with plans in place to include the Launceston General Hospital later this year. PEPA Palliative Care Workshops have also been conducted for nurses working in Community Health and Private Hospital settings and Residential Aged Care Facilities during June and July.

All PEPA workshops have been presented by the primary health, specialist palliative care team members and have included Clinical Nurse Consultants, Social Workers and Medical Specialists. The feedback from participants has been very positive.

Structured four -day Supervised Clinical Placements have been planned to follow the workshops with palliative care host sites in the North, North West and South of the state. To date four participants have completed their placements with a further 13 placements planned from August to November 2008. Interest in the workshops and clinical placements has been high with the number of applications exceeding available places.

PEPA Tasmania also conducted a very successful Palliative Care Workshop for Allied Health Professionals in Launceston in early August. The workshop was attended by 26 participants from a range of disciplines from across the state and was presented by the primary health, specialist palliative care team based in the North.

A two day workshop for General Practitioners will be held on the 18th and 19th of October, followed by a three day Supervised Clinical Placement. General Practitioner participants will undertake the Supervised Clinical Placement throughout November and December.

Finally PEPA Tasmania took the opportunity to highlight Palliative Care education at a Royal College of Nursing Dinner Meeting in July in Hobart. The PEPA Program Officer gave a brief overview of the Program which was followed by a very informative presentation by Professor Michael Ashby titled 'Decision Making at the End of Life'.

PEPA VIC

Ellen Sheridan

PEPA continues to raise awareness and develop support networks in the palliative approach.

During the last 12 months there has been a lot of PEPA activity in Victoria. In particular there were 87 supervised clinical placements and 21 workshops, attended by 642 health care providers. This is a fantastic outcome and could not have been achieved without the support of specialist palliative care service providers.

More activity is planned for the next financial year. Supervised clinical placements and workshops will continue to be a high priority and in the next few months another 16 workshops will be offered around the state, eight specifically designed for disability services staff and eight for aged care facility staff.

We know that sometimes health care providers find it challenging to implement the palliative approach into their workplace after a supervised clinical placement. This can be for a range of reasons including high workloads, time pressures, limited resources and colleagues' resistants to change. Post-placement support is a key

way to address these challenges.

Each Palliative Care Consortium in Victoria is responsible for delivering PEPA post-placement support. This can take the form of education sessions, workshops, networking opportunities and web-based information. I strongly encourage all PEPA participants to become involved in these activities as they are a great way to maintain interest, further develop your knowledge-base and build strong professional support networks in relation to the palliative approach.

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PEPA WA

Kathy Parr

Focus on Indigenous Palliative Care Education

In June the Cancer Council WA in conjunction with PEPA WA invited Dr Deborah Prior as an Indigenous Palliative Care guest speaker to Perth. Dr Deborah Prior is the Project Consultant to PEPA of Aboriginal and Torres Strait Islander Health Workers, Queensland University of Technology and is a member of the Indigenous cancer care advisory committee with the Cancer Council of Queensland.

Dr Prior presented a week of intensive palliative care education. Target groups included health professionals, cancer support coordinators and Aboriginal Health Workers. A specialised workshop was presented at Marr Mooditj Aboriginal Training College for 22 Aboriginal Health Workers.

In a separate workshop Dr Prior presented a full day training to 37 health professionals, as well as delivering the keynote speech at a dinner for 30 health agencies and representatives, presenting to a GP forum and to 10 Cancer Support Coordinators.

The outcome of these sessions has resulted in two AHW PEPA applications scheduled to undertake clinical supervised placements in metropolitan palliative care settings in August 2008.

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