

PEPA

Program of Experience
in the Palliative Approach

Funded by the Australian
Government Department
of Health and Ageing

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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.

PEPA News

Here we are, well into 2007. The success of PEPA has resulted in the program receiving continued funding from the Australian Government Department of Health and Ageing (DoHA) for the period from 2007–2010. The 2007–2010 phase of the program will continue to be coordinated nationally by a team at the Queensland University of Technology (QUT), who will work together with a nominated provider in each state and territory. As National Coordinators, the team at QUT is responsible for providing a source of reference and support for program implementation. The nominated manager in each state and territory will continue to be responsible for administration of the program in their jurisdiction. Contact details for the nominated provider in your jurisdiction are included on the back page of this newsletter.

The success of the program is largely due to the collaboration between PEPA Managers across all state and territory jurisdictions, and with members of the palliative care community.

The last six months has seen PEPA go from strength to strength. We welcome on board Mr John Carson who has taken up the position of PEPA Manager for the Northern Territory. Mr Carson commenced his position on the 8th of May 2007.

Two Commonwealth Government reports on the outcomes of PEPA were sent to all jurisdictions in April 2007. In addition, revised learning guides for medical practitioners and speciality palliative care staff and Allied Health Workshop Kits were disseminated to PEPA Managers Australia-wide.

Momentum is building across Australia as placements and workshops begin to be promoted and organised for this new phase of PEPA. A small number of participants have been placed in the ACT and WA while one PEPA workshop for allied health professionals has been delivered at Rockhampton in QLD.

The new 2007–2010 phase of PEPA will focus attention on strategies which will enable practitioners from Indigenous and culturally and linguistically diverse communities to participate in the program.

Dee May and Patsy Yates, PEPA National Coordination Team

PEPA : Tracking Achievements

Since 2003, PEPA has assisted more than 950 primary health care providers to develop their skills in delivering a palliative approach to care for people with life-limiting illnesses, through participation in a supervised clinical experience program.

Table 1 presents the total number of participants who completed a placement in each jurisdiction during 2003–2006.

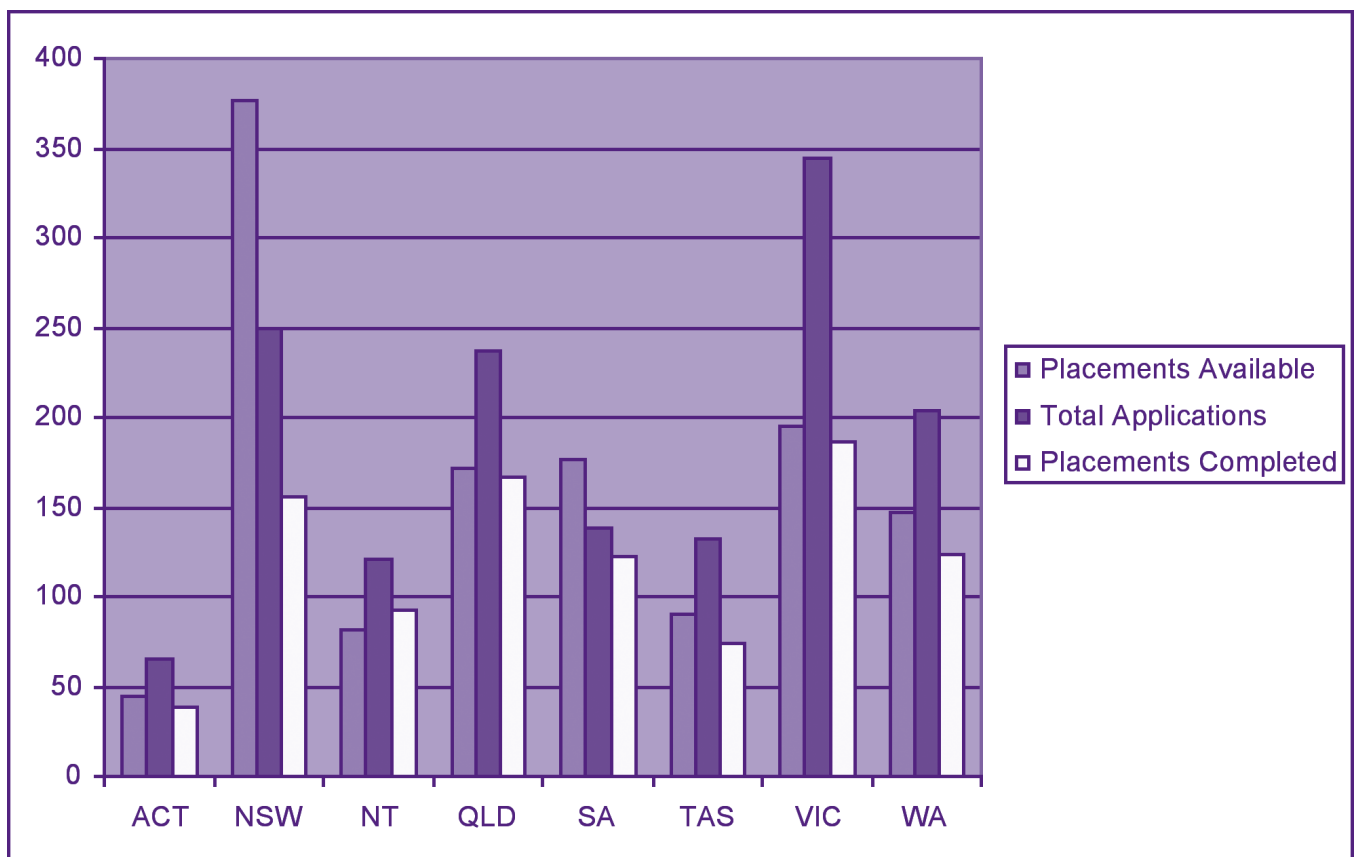


Table 1: Total number of participants completing a placement per jurisdiction.

Spotlight on Host Sites

Sir Charles Gairdner Hospital Palliative Care Service, Western Australia

The involvement and effort of our host sites never goes unnoticed and we gratefully recognise that without their support and assistance the success of PEPA would not be what it is today. One of our hardworking palliative care host sites is based at Sir Charles Gairdner Hospital. The team at SCGH consists of nine members, which include:

- Consultant physician/Head of department;
- Clinical nurse consultant;
- Clinic nurse;
- Registrar;
- Two social workers;
- Occupational therapist;
- Chaplain; and
- Administrative assistant

The service is based in an acute hospital setting where the team deals with a range of complex cases on a daily basis. We asked the SCGH team to tell us about their experience of participating in PEPA:

Our team has really enjoyed being a part of the PEPA program and having participants spend time with us. Since its inception three years ago, the program has worked really well and the participants all seem to enjoy their placement and gain a lot of knowledge during their time with us.

PEPA is a great program for the participants who are learning about palliative care, but it has also been valuable for us to learn from the participants. We have found that we have learnt

so much about the different regional areas, what services they have available, the number of patients they see, and also the types of palliative patients that access their services.

It has also been good to meet new people and gain an understanding of their various roles. It has been positive in the respect that we now have a better understanding of what is happening in the regional areas, and it impels us to ensure we give as much information to the participants as possible, knowing that information normally takes so long to reach these areas. The main thing that our team has taken away from participants is the need for us to pick up the phone and talk to country staff about palliative patients that we are sending back to them.

In addition, it has been good to develop links with the range of health professionals as we now find that the transfer of information when referring future patients has improved at both ends. We quite often receive phone calls from past participants regarding a palliative patient, which in part is because the participant knows us and feels comfortable enough to call for a chat.

Also having such a broad range of participants is always a good reminder about how fortunate we are to work in a tertiary hospital. We are very rare in that we have a huge pharmacy at our disposal, the full range of laboratory and imaging services and access to other specialist care if required, most of which can be quite a challenge to access especially if you work outside of the metropolitan area.

We look forward to being a part of the program in the future.

How is PEPA making a difference?

In this section we profile some examples of how PEPA has helped participants of the program.

Feedback from Tasmanian participants indicates that new innovations continue to be introduced to workplaces as a result of PEPA placements. These include:

- *Two previous PEPA participants developed a palliative care resource portfolio which will be implemented in conjunction with moving into a new rural hospital facility with a dedicated suite specifically for palliative care patients.*
- *One participant developed a brochure outlining services available for palliative care patients in her rural area.*

The palliative care team in Northern Tasmania have recently recruited a past PEPA participant to undertake an orientation program in preparation to work in that team.

A regional nurse explains how PEPA helped shape a future career path:

Following PEPA I was the HACC nurse for a further 10 months and was able to do a presentation to the HACC staff on the role of palliative care in our community and also on breathing difficulties in the palliative care client.

In April last year I became the cancer support coordinator for the Kimberley and in May I became one of the Palliative Care Clinical Nurses for the Kimberley Palliative Care Service. We visit on average 120 – 130 palliative clients a month in the community.

I was also given the opportunity to be Acting Palliative Care Coordinator for the Kimberley Palliative Care Service (KPCS) for 3 months and travelled over the East Kimberley delivering education to nurses, medical staff, Aboriginal health workers and volunteers on the role of palliative care, symptom management and issues surrounding delivering good palliative care to clients, such as distance for treatments and disruption to family life and length of time in Perth for treatments.

I am really enjoying my role with the palliative care team and feel that PEPA was a great stepping stone to furthering my career in this field.

Two GPs, who completed their placements within the last six months, found that their clinical placements and interest in palliative care has afforded them opportunities to further their skills in this area by taking up positions with their local 'Silver Chain' teams. One participant was approached after her placement to be a locum GP for Silver Chain Hospice Care in March, while the other is working in the region as the local 'Silver Chain' GP. Both said their PEPA placements, in particular their placement time with Silver Chain Hospice Care, gave them the confidence to move into their new roles.

Feature Article

Promoting PEPA to rural and remote communities.

NSW PEPA Manager Ms Janeen Foffani, actively promotes the Program of Experience in the Palliative Approach to health care providers across all areas of NSW. Recently, Ms Foffani took to the road (and air) to deliver her message. She shares her story with us:

I am constantly asked about PEPA and am pleased to be involved with the program which provides a great opportunity for health care professionals to gain knowledge, skills and experience in the palliative approach. Recently I had the opportunity to get 'out there' in the rural and remote community to promote this national program.

My experience started with a short flight from Sydney to Dubbo, which is about 400 kms west of Sydney, where I was greeted at the airport and taken to the Palliative Care Unit at Lourdes Hospital, for the PEPA sponsored Education Day held at Western Plains Zoo. The day had an 'Aged Care' focus and was attended by around 80 people including Palliative Care, Aged Care, and Community nurses. From all accounts a good day was had by all, including the beautiful lyrebird who insisted on cleaning up after lunch!

The following day involved much 'bonding' with a group of Palliative Care nurses from Dubbo as we set out on a road trip to Broken Hill to attend the NSW Rural Palliative Care Nurses Group meeting. We set off at 7.30 am for our 750 km journey due west, which took around 9 hours to complete! At times there was as much activity outside the car as there was inside. The road was straight and fast, the land although dry was lush than expected and the animal life by the roadside was less native than one would imagine as the local livestock grazed on what feed they could find. Excitement grew within the car as we approached the next town or truck stop, where we were keen to stretch our legs and look

around in search of that elusive perfect cup of coffee! Finally, as the sun was setting we rounded a corner (this in itself was a novelty as the road had been straight for over 500 kms), and there in front of us was the long, wide, main road of Broken Hill.

The NSW Rural Palliative Care Nurses Group meeting is an annual event and the location changes each year – it has been eleven years since it was held in Broken Hill. This meeting, held over two days, was attended by around 20 rural palliative care nurses and included speakers from GWAHS, NSW Cancer Institute, Commonwealth Department of Health and Ageing, Palliative Care Australia, GSAHS, NSW Palliative Care Association and of course PEPA.

My participation in this event and my travel experience has shown me the dedication, friendliness and willingness of the palliative care services to commit time and effort into promoting palliative care and the palliative approach within the rural and remote community. It has also given me the opportunity to put faces to names and voices. Some of those attending the Dubbo Education Day had made enquiries over the phone about a PEPA placement and were not sure if a placement was for them, preferring to wait for a workshop – now there is no stopping them because they found not only the content of the workshop useful but the people were also encouraging and friendly. The Rural Palliative Care Nurses Group was familiar with PEPA and most had already completed a placement or acted as a Host. This group is excited at the prospect of working further with PEPA by encouraging others in their area to undertake a placement or by organising workshops in their area. There is also great support for the 'reverse' PEPA placement that is aimed at engaging Aboriginal and rural and remote health care workers.

PEPA ACT

Sue Wood

The 2007-2010 phase of the PEPA program is well underway in the ACT, with funding available to support 18 participants per year. One week placements are available to nurses, allied health workers and Aboriginal Health Workers (AHWs), and these will be offered to three participants at a time, every second month. This approach provides a break for the host site staff and provides participants with an opportunity to share ideas and experiences with each other.

February passed with the first group of three participants successfully completing their one week placement. This proved to be a valuable experience for all staff and participants as they shared experiences and exchanged information during their time at the host site, Clare Holland House. Dates have been set throughout the year for the palliative approach workshops (16/8, 18/10, 6/12) and these are filling quickly. The February and April workshops, from which positive feedback has been received, were very well attended. The success of the workshops is due to the many dedicated health care professionals who offer their time and expertise in presenting. Workshops for GPs will commence next year. Primary health care practitioners who are interested in participating in a workshop should contact the ACT PEPA Manager.

Specialist Palliative Care staff (SPCS) are busy responding to multiple requests for education sessions from aged care facilities, hospitals, and community settings. The range of topics includes:

- The Palliative Approach;
- Symptom Management;
- Loss, Grief & Bereavement;

- Spirituality; and
- End of Life Care.

In addition, I have been invited to contribute to the enrolled nurse curriculum at Canberra Institute of Technology, and will provide a session to all students titled 'What is a Palliative Approach?'

The PEPA Network Group, open to employers, managers and staff has reconvened for 2007 commencing in March with a guest speaker from Smiths Medical presenting issues around the Graseby Syringe Driver MS 26. A range of topics, such as respecting patient choices, opioid updates and pain management have been planned for future meetings.

PEPA NSW

Janeen Foffani

There is great enthusiasm surrounding the 2007–2010 phase of PEPA in NSW. PEPA has evolved considerably since its conception in 2003, and has proven to be a very popular program in NSW. Already around 100 nurses and allied health staff, 32 GPs, and 21 Specialist Palliative Care Staff have participated in supervised clinical placements. Approximately 200 health service workers have participated in workshops in NSW since PEPA commenced.

During the 2007-2010 phase of PEPA, NSW will offer supervised clinical placements for a range of primary health care practitioners including:

- Nursing staff, allied health professionals and Indigenous Health Workers;
- GPs and rural and remote medical staff; and
- Specialist Palliative Care Staff.

A 'reverse' supervised clinical placement will be

available to assist Indigenous Health Workers and remote services personnel to participate in PEPA without the need to be released from their workplace. This is an exciting opportunity for palliative care staff to spend some time with these services, while also gaining a better understanding of the environment in which these staff work.

A number of metropolitan and regional workshops are also planned throughout NSW each year. For further information about the workshops, please contact Janeen Foffani.

PEPA Northern Territory

Juliet Rankin and John Carson

In January of this year, the national coordination team and PEPA Managers from each state and territory farewelled NT PEPA Manager Ms Juliet Rankin, as she returned to her position as Occupational Therapist for Territory Palliative Care. Our thanks go to Juliet for her tireless work in promoting and implementing the program in the NT.

Prior to leaving the program, former NT PEPA Manager Ms Juliet Rankin set the wheels in motion planning the 2007 program activities, including twenty supervised clinical placements for 2007, four remote workshops and one major Network Meeting for PEPA participants and palliative care staff. The 2007 NT PEPA plan also includes funding for the recruitment of an Aboriginal Health Worker (AHW) to assist with provision of education in remote communities. This is an important strategy for the NT as 45% of the current Top End (Darwin) caseload involves Indigenous people living in remote settings, and the percentage is even higher in locations such as Nhulunbuy, Katherine and Alice Springs.

The Territory Palliative Care service recruited Ms Jo Watts for the Network Coordinator (RN5) position. Ms Watts brings a wealth of palliative care experience to the position and will be responsible for maintaining the palliative care networks within the NT as well as quality assurance within Territory Palliative Care.

Mr John Carson, who originally trained as a registered nurse, has taken over the NT PEPA management role.

He brings to PEPA a diverse range of government - based project management experience (in both the health and arts arenas), having worked in many project management roles in Australia and New Zealand. In his key project management roles, Mr Carson has managed national health promotion campaigns and looks forward to exploring ideas for enhancing the delivery of PEPA over the vast expanse of the NT, including investigating the use of creative modalities and new media.

The 2007-2010 phase of PEPA will incorporate a focus on renal, cardiac, respiratory, aged care and chronic diseases. Issues of sustainability of the palliative approach in the community will also be a priority.

PEPA Queensland

Kathy Laurent

A further 125 PEPA placements will be offered in Queensland over the next three years. CPCRE has once again been contracted to manage the program in Queensland. We hope to be accepting applications shortly. The application forms will be placed on our website www.cpcrc.com as soon as they become available.

A particular focus for this phase of PEPA will be working with the Indigenous community to enhance participation in the program. The program for Indigenous Health Workers will combine workshop sessions with a component of site visits and experiential learning.

In addition to the clinical placement program, a series of PEPA workshops will be offered for GPs and allied health professionals. Our first "Updates in Palliative Care for GPs" was held on Saturday 17th March in Brisbane and was attended by approximately 55 GPs and 30 nursing staff. Of these, 13 GPs were former PEPA participants. Feedback has been positive, with comments from GPs that they like workshops to be interactive. A further GP update workshop will be held in October.

An allied health workshop was held in Rockhampton on 26th March. A total of 23 people attended this session and were from a wide range of disciplines. The workshop was well received, with the

participants particularly enjoying the interactive style and the professional presentations. Several participants commented on the large amount of information provided in a one day format. A further allied health workshop will be held in Brisbane in August, 2007. For details of either workshop, please contact Ms Kathy Laurent on 07 3636 6216.

Are you wondering what support is available for your patients and their carers in your area? Do you know where to refer patients and carers wanting to find particular services?

PCIS is a free Queensland wide telephone information and referral service for people living with a life-limiting illness and those who care for them. Information is provided about palliative care services in your area and how to access them. Phone 1800 772 273 or www.pcis.org.au. PCIS tries to focus on supporting callers with their emotional and spiritual needs in a safe and supportive environment. PCIS staff have extensive counselling and/or nursing experience. Also available from PCIS is a free booklet "Palliative Care at Home" which is designed to assist carers of palliative patients at home.

PEPA South Australia

David Stephenson

As is the case in many other states and territories, PEPA in South Australia is in the middle of moving into its third life. Ms Marlene Anderson had been the PEPA Manager since it began in 2003. Ms Anderson took leave from her role early in 2007 and her warmth, enthusiasm and experience are deeply missed. Mr David Stephenson has stepped into the role at a time of renewal in PEPA, and brings with him a wide range of specialist palliative care experience in clinical practice, research and education. Placements for PEPA are continuing and applications for the newly funded 2007-2010 period will be available very soon. In its third iteration, PEPA will continue to:

- Provide rich opportunities for health care professionals to gain experience by spending time in a specialist palliative care service;
- Provide a continuing program of palliative care

workshops, seminars and materials to enhance the capacity of health care professionals engaged in end-of-life care as they care for palliative care clients and their families; and

- Work closely with host sites and employers to support them as they help to support PEPA.

In addition, this new phase of PEPA provides an opportunity for extra focus on:

- Increasing the participation of Indigenous health services and opportunities for Aboriginal Health Workers. An Indigenous PEPA project officer position is in the process of being filled and this will bring many opportunities for investment in Indigenous palliative care capacity building across South Australia.

A range of strategies, innovations and resources that will help achieve and sustain the outcomes and benefits of PEPA beyond its conclusion in 2010.

In 2007, National Palliative Care Week ran from the 20th to the 26th of May. Each year for the last 10 years or so, many of you will have seen or have something to do with National Palliative Care Week (NPCW).

In all states and territories, launches were held and politicians, palliative care leaders and other notable members of the community stepped up in front of various microphones and onto various platforms to announce local events and activities and promote a range of initiatives in an attempt to raise awareness of palliative care and the needs of people and families facing a life-limiting illness.

In South Australia the Federal Minister for Ageing and Member for Sturt, The Hon Chris Pyne MP, along with Dr James Cooper, the Chair of the Palliative Care Council of South Australia, launched NPCW on Sunday 20th May at Resthaven, Leabrook. Other events organised by the Palliative Care Council of SA to coincide with NPCW included:

- The 3rd State wide Palliative Care Volunteers Conference on Friday 25th May for over 150 volunteers from all around the state.
- A two day workshop in the Therapeutic Touch technique on the weekend of 19-20th May.

In addition, the new Palliative Care Australia approach called the National Community Education Initiative - Make a Difference... to someone living with terminal illness is of great interest to health care professionals who have been looking for new and meaningful ways of engaging with the wider community to bring to the surface, issues of death and dying. This 'under the radar' approach is all about people like you and me lending our support and our small voices to a long-term cause. It's about having continuing conversations within the communities in which we live and work in order to change the way 'living and dying with a terminal illness' is perceived. It's about fronting up to myths and misconceptions and fear and misinformation whenever they pass your way and speaking up with confidence and with knowledge and with sensitivity. In so doing, we change for the better, the way life is lived. Grassroots community conversations take time and they start at home. Give it some thought... it's over to you.

On a similar and related note, an important opportunity surfaced recently for South Australians to comment on and contribute to a review of SA legislation covering the issue of advanced planning and medical consent legislation. For anyone who has an interest in this issue, I encourage them to read the issues paper and the other background information found at [www.health.sa.gov.au/ advancedirectives](http://www.health.sa.gov.au/advancedirectives). For anyone interested in following this issue further, the Respecting Patient Choices program is a great place to start.

The www.respectingpatientchoices.org.au website is well worth a look.

PEPA Tasmania

Angela Bresnehan

The PEPA Tasmania team have been busy preparing for a new round of PEPA activities which will be commencing soon and will continue over the next two years. Participation in PEPA will be offered to a range of primary care providers such as nursing staff, Allied Health Professionals, GPs and Indigenous Health Workers who provide care for people with life-limiting illness.

The PEPA Tasmania program will focus on providing a number of workshops for:

- Acute care staff from the four tertiary hospitals across the state;
- GPs;
- Primary care providers such as community health nurses, Indigenous Health Workers and aged care staff;
- Allied health professionals; and
- Specialist palliative care services providers.

Structured three – four day clinical placements will follow on from the workshops in the following specialist palliative care host site locations:

- The Palliative Care Unit – J.W. Whittle Ward – a 10 bed inpatient palliative care unit in Hobart;
- Community based Palliative Care Service teams based in Hobart, Launceston and Burnie;
- With a palliative care liaison nurse located in the acute hospitals; and
- With other members of the multidisciplinary team, as negotiated.

Consultations have commenced with the specialist palliative care host sites to brief them on plans and to engage presenters from the teams to participate in planning for the future PEPA workshops.

Work is currently being undertaken to review the content of past workshops and review feedback from previous participants in order to ensure that the program continues to meet the PEPA objectives at a high standard.

The PEPA Manager has completed the Preceptor Education Program conducted by the University of Tasmania and the Department of Human and Health Service's 'Partners in Health Program' in the lead up to commencing the next round of PEPA. Topics covered in the program included: 'Principles of Adult Learning'; 'Experiential Learning'; and 'Strategies for Learning and Assessment'.

PEPA Victoria

Ellen Sheridan

PEPA will have four priority areas for the 2007-2010 period, which include clinical placements; workshops; post-placement support; and supporting IHWs to participate in PEPA.

In 2007 clinical placements will be offered to medical practitioners, nurses and IHWs. Placements may include experience at inpatient and community settings, and there is the potential for placements to be undertaken individually or as a group. Many specialist palliative care services have once again agreed to act as host sites for PEPA placements.

While the supervised clinical placements have proven to be a great success in Victoria, the PEPA mentor workshops are also very popular. The mentors who participated in a mentor workshop in December 2006 reported that they found the information and experience sharing aspects of the workshop to be beneficial, and they are eager to participate in the program again in 2007.

Victoria is very excited to announce that as part of PEPA 2007-2010 the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Palliative Care Victoria (PCV) have been funded to undertake an Indigenous Palliative Care project. The project officer, Ms Joanne Harrison, is working energetically to encourage Indigenous services and palliative care services to work together to provide palliative care that is culturally appropriate for

Indigenous Victorians. The project's vision is to create a sustainable and culturally safe palliative care service system where Indigenous people from all over Victoria access palliative care services in the setting of their preference.

A significant component of the project is encouraging Indigenous Health Workers to undertake PEPA placements, and to provide a reverse-PEPA arrangement whereby staff from the palliative care service spend a day at the workplace of the participant. The allocation of a specific number of PEPA placements for Indigenous Health Workers has been welcomed by both Indigenous services and palliative care services.

Developing partnerships is creating an important dialogue between services that we hope will be sustained over time providing benefits for services and the Indigenous community.

Victoria aims to widely advertise for PEPA supervised clinical placement applications in the near future.

PEPA WA

Felicity Pickard

The new year of PEPA in WA has begun extremely positively. After an early recruitment drive, the first placements for 2007 have commenced. The interest in PEPA has been remarkable, with many high level applications being submitted, making for a very competitive beginning.

The contribution of the services in supporting PEPA, and their willingness to support the program over the next three years is acknowledged. Without their ongoing support, the program would not be possible.

In addition to the clinical placements, WA is also offering workshops and telehealth sessions to update health professionals on the new palliative care network, which will standardise palliative care throughout the state in the future.

WA is also offering health care professionals a new and exciting educational opportunity, in the Palliative Care Master Class. This master class will run as a

weekend-long workshop in partnership with Royal Perth Hospital Palliative Care Team. The workshop will target palliative care medical specialists providing them with the opportunity to reflect on their experience in palliative care, and look to the future of the field and their personal responses within it. The workshops will be delivered with the aid of a palliative care guest speaker from South Africa. Further master classes will be run in subsequent years targeting GPs.

Participants are encouraged to take advantage of the many post-placement activities on offer, as a way to support ongoing learning. WA will offer activities which include:

- Complementary registration to one of the many palliative care workshops organised through our Professional Development Centre;

- Registration into the telehealth palliative care sessions for rural participants;
- Access to PEPA newsletters;
- Information on current issues in palliative care and upcoming palliative care conferences;
- Information about the palliative care journal club for health professionals; and
- New palliative care networks to contact following placement.

Recently, the Cancer Council WA had the opportunity to showcase the new PEPA banner and posters, and promote the clinical placements at the Palliative Care and Cancer Nursing Research Conference.

PEPA National Evaluation News

What we have learned from the National Evaluation of PEPA.

The national evaluation of PEPA captures many aspects of the experiences of participants (primary health care practitioners of all levels), their employers, host site managers and mentors. The aim of the national evaluation is not only for the purpose of reporting numbers of participants and outcomes of the program, but also to explore the various elements that make up the PEPA placement with the aim to continuously improve the program content, structure and delivery.

As part of the previous national evaluation of PEPA, interview data were collected from a small group of participants before, during and after the placement to explore their experiences of PEPA over time. The analysis of the data revealed much about the processes the participants went through to prepare for, and engage in, the PEPA placement. The findings highlighted that through engaging interactively with the host site staff and clientele the clinical placement had validated some participants' perceptions of their workplace practices and services, their personal and professional experiences and opinions, and some of their attitudes and beliefs about palliative care, which ultimately resulted in a positive learning experience. In addition, the learning environment, which has been documented to influence greatly the learning experiences and outcomes of persons undertaking supervised clinical placements, was reported to be constructed principally by these interactions with the host site staff and clientele. Thus a positive and supportive learning environment helped the participants to feel accepted by those within the host site, which perhaps surprisingly appears to remain an important aspect of continuing professional education. Findings from this part of the evaluation will be presented at the APCC conference in August 2007.

Dr Shirley Connell (Formerly Senior Research Assistant, Queensland University of Technology)

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