

PEPA Program of Experience in the Palliative Approach

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The Program of Experience in the Palliative Approach (PEPA) provides an opportunity for health, aged and community care professionals working in primary care or non-specialist palliative care settings to improve confidence and develop skills in working with people with palliative care needs. PEPA offers funded workforce placements in palliative care specialist services (host sites). These have three components:

- A supervised clinical placement in a metropolitan or larger service (inpatient, community and/or hospital based consultancy)
- Integration of learning into the participant's practice
- Post-placement support

PEPA also offers tailored workshops. Please access the PEPA webpage for further 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.

Update from the National Team:

As we welcome in the New Year, PEPA has an additional cause for celebration. The program has been funded for a further three-year period until 30 June 2014. New contracts are being entered into in each state and territory to build on the successes of previous phases and expand into new areas.

PEPA 2011–2014 will focus on:

- Building workforce capacity by facilitating clinical experience and other experiential opportunities for health practitioners across rural, remote and metropolitan settings in the palliative approach to care;
- Enhancing linkages between specialist and generalist palliative care providers;
- Enabling Aboriginal and Torres Strait Islander health care providers to gain culturally appropriate experience in the palliative approach to care;
- Providing professional skills development opportunities for clinicians.

Emphasis will be placed on strengthening the program for Aboriginal and Torres Strait Islander health and community professionals. Furthermore,

the quality and impact of the program will be enhanced with a dedicated Placement Support and Clinical Education Coordinator joining the National PEPA team in January 2012.

To kick off this iteration, we have given PEPA a fresh new 'look'. Keep an eye out for updated brochures and resources flaunting the new logo as seen above. The first guides to exhibit our new colours are the national Mentoring Guide which will be disseminated to all of our host sites in the coming weeks and our two newly developed online learning modules for GPs and Aboriginal health professionals.

In other exciting news, our NT PEPA Community Outreach Program has received a distinguished NT Chief Minister's Award for Excellence in the Public Sector. See the feature article in this newsletter for further details.

Finally, we would like to wish everyone a Happy New Year. We look forward to continuing our relationship with you all throughout 2012.

Proposed Distribution of Placements and Workshops

Table 1: Proposed distribution of placements by discipline*

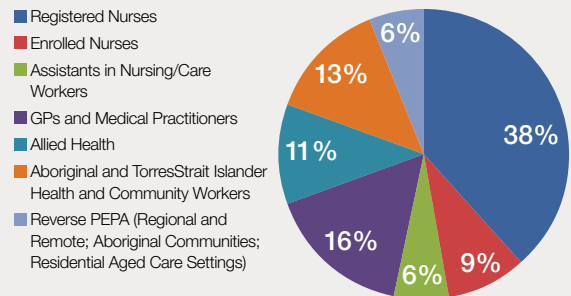
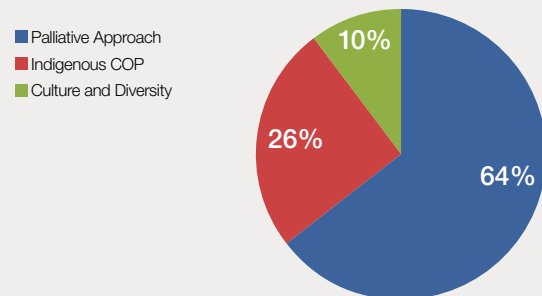


Table 2: Workshops available nationally by type



*Targets may change as contracts in some states and territories are in negotiation

Staffing News

We would like to officially welcome and introduce some of our newest members to the PEPA team. Brooke Wilkinson, Tracey Watters and Janine Brett all commenced towards the end of PEPA 2010-2011 and bring a wealth of experience to their new roles.

Brooke has been working for the Cancer Council in WA in the Palliative and Supportive Care Education team coordinating workshops for the past three years. Brooke is looking forward to the exciting new workshops that will be delivered in this phase and the visits to new target areas in WA. In South Australia, PEPA is managed by the Palliative Care Council South Australia (PCCSA). Executive Officer Tracey Watters will provide strategic direction and management at the state level. Tracey came to PCCSA after working as the CEO of Rotorua Community Hospice in New Zealand, a position she held for 13 years. PEPA Project Officer, Janine Brett is working closely with Tracey and more specifically with the target audience to ensure that the program provides robust education and training opportunities for all health professionals.

We are also delighted to announce that Christine Howard will be joining the National PEPA team in January 2012 as Placement Support and Clinical Education Coordinator. Christine is passionate about teaching and learning and has spent the last 15 years at QUT in a variety of teaching roles including Lecturer, Clinical Facilitator (on and off campus) and Tutor for a mix of theory and clinical units. Christine is currently completing a Masters by Thesis in Advanced Practice in



Brooke Wilkinson, WA PEPA Manager. Janine Brett, SA PEPA Project Officer and Tracey Watters, SA PEPA Manager. Christine Howard, National PEPA Placement Support and Clinical Education Coordinator.

Health Care Research, with her area of research looking at the engagement of students through social networking.

We would also like to extend our thanks to Sue Connolly and Kate Atkinson for their valued contribution as the QLD and TAS PEPA Managers over the past year and to Dennis Dunn for his outstanding work as Aboriginal Education Officer for the PEPA Aboriginal Community Outreach Program in NT.

EDUCATIONAL COMPONENT:

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End-of-Life Care in Different Settings

Arrangements for care will vary according to where the dying person is being cared for. Practicalities can be very different in rural or remote areas compared with an urban environment. [1] Clinicians need to adapt their practice to the realities of the care that is able to be provided, and to the skill and coping abilities of the caregivers. [2] This is true whether the person is dying at home, in a nursing home, or in an acute care setting.

Within the healthcare system the culture of care differs in different settings. For instance, healthcare teams in an intensive care unit or an emergency department may have different perceptions of the issues of comfort, and the role of the family, from those of staff in residential aged care, or a surgical unit, and in a palliative care unit or an oncology ward. [3] These differences can have a significant impact on patients' and families' experiences of end-of-life care.

End-of-life care pathways are clinical pathways that were initially developed in the UK and more recently are being used in other countries including Australia. They are intended to guide the care of dying patients in different settings of care. [4]

End-of-life care pathways are based on a “gold standard” of end-of-life care as developed in the hospice setting. However, whilst the key goals form a common core of all end-of-life care pathways, specific prescribing guidance is largely derived from expert opinion, and often reflects variations in local practices. The evidence base to support specific prescribing recommendations is often not strong. [5]

What is known

- Despite the widespread implementation of end of life care pathways, a recent Cochrane review could not identify any well designed controlled studies that assessed the effects of these pathways on care for the dying. [6] However there is supportive evidence from audits and implementation studies in different health care settings. [7-11]
- A systematic review identified a lack of research about death in nursing homes, despite the fact that it is a common site for end-of-life care to be given. The studies which were included found there were problems in identification of the patients requiring end-of-life care, lack of symptom control and high prevalence of poorly controlled pain, and improvements in care when palliative care providers were involved in care in the nursing home setting. Their involvement led to improvements in pain control, increased numbers of residents having advance care plans, and decreased numbers of hospitalisations at the end of life. [12]
- End-of-life care and decision-making are frequent issues for critically ill patients in intensive care units. [13] Issues identified in the literature suggest that, as in other healthcare settings, communication and processes of decision-making are the main concerns of families, as well as adequacy of pain management during the dying process. [14] Consensus guidelines are evolving regarding the best practice in caring for dying patients in the ICU environment. [15]
- Having inadequate family support and / or community-based palliative care services is often, in practice, a limiting factor for patients who wish to die at home. [16-17] However planning ahead and good teamwork may help prevent unwanted hospitalisation when a dying person wants to stay at home. [18]

What it means in practice

- Planning the end-of-life care for a dying patient may also require an assessment of the setting in which the person is being cared for, and of the capacity and needs of the caregivers.
- Caregivers, including the family, need to understand the plan of care, and be able to contribute to decision-making and ongoing assessment of the patient. Good teamwork, good documentation, and good communication are essential.
- Strategies that focus on education and culture change, and developing appropriate quality measures, should be individualised to the setting of care. Nonetheless, key principles of end-of-life care remain the same in all settings.
- System wide improvements in end of life care are likely to require significant culture change in the health care system, [19] and the introduction and evaluation of clinical pathways for end-of-life care, based on the Liverpool Care Pathway (UK), may contribute to this change.



John Carson (Senior Policy Advisor), Cindy Paardekooper (NT PEPA Manager) and Dr Christopher Burns MLA, Minister for Education and Training, Minister for Public and Affordable Housing and Minister for Public Employment, NT Government.

FEATURE ARTICLE:

Award for Excellence

On the 17th November, the 2011 NT Chief Minister's Awards for Excellence in the Public Sector were presented at the Darwin Convention Centre. The Awards recognise the best and brightest initiatives that make a real difference to public sector administration and to the broader Territory. I am delighted to advise that the NT PEPA Aboriginal Community Outreach Program won the award in the Improving Health and Wellbeing category. We congratulate Cindy Paardekooper (NT PEPA Manager), John Carson (Senior Policy Advisor), Dennis Dunn (Senior Aboriginal Education Officer) and the NT team for their outstanding efforts. We also recognise the members of the PEPA Indigenous Reference Group and PEPA Aboriginal Project Officers Group for their contribution towards and development of supporting program resources and guidelines

The PEPA Community Outreach Program delivered culturally sensitive, understandable and interactive education to 165 participants, primarily Indigenous participants, from over 30 remote communities working in Aged Care, respite and resource facilities, remote clinics and Aboriginal community controlled medical services. This resulted in greater engagement between specialist palliative care services and remote Aboriginal Health Workers and Aged Care staff. It has also led to increased confidence, ability and skill of Aboriginal Health Workers and Aged Care staff in the assessment, interventions and discussions of palliative issues with clients. Twenty-three Aboriginal health care workers also sought further skills development through PEPA supervised clinical placements at Territory Palliative Care.

- The Gold Standards Framework (UK), is a model which promotes palliative care provision in the primary care/general practice setting, and has been shown to improve processes of care for patients in the community, although it needs to be further evaluated with regard to direct outcomes for patients and caregivers. [20]

Finding out more *Guidelines*

- **Guidelines for a Palliative Approach in Residential Aged Care**
National Health & Medical Research Council, Edith Cowan University. Guidelines for a palliative approach in residential aged care. Enhanced version May 2006, edited by National Palliative Care Program. Canberra: Australian Government Department of Health and Ageing; 2006.
- **The medical care of older person in residential aged care facilities: the Silver book**
Royal Australian College of General Practitioners, 4th edition, 2005
- **Proposed quality measures for palliative care in the critically ill: a consensus from the Robert Wood Johnson Critical Care Workgroup**
Mularski RA, Curtis JR, Billings JA, Burt R, Byock I, Fuhrman C, et al. Proposed quality measures for palliative care in the critically ill: a consensus from the Robert Wood Johnson Foundation Critical Care Workgroup. *Critical Care Medicine*. 2006 Nov;34(11 Suppl):S404-11
- **Gold Standards Framework (UK)**
Gold Standards Framework © Keri Thomas and Department of Health England 2005
- **Liverpool Care Pathway**
Marie Curie Palliative Care Institute

Overview article

- **Until the Chemist Opens: Palliation from the doctor's bag**
Seidel R, Sanderson C, Mitchell G, Currow D. Until the chemist opens: Palliation from the doctor's bag. *Australian Family Physician* Vol. 35, No.4, April 2006
- **Caring for patients with critical illness and their families: the value of the integrated clinical team**
Curtis J. Caring for Patients With Critical Illness and Their Families: the Value of the Integrated Clinical Team. *Respiratory Care* 2008; 53(4)

Related CareSearch pages

Dying patients and their caregivers
Palliative care in residential aged care facilities
Making it work in your practice

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SECTOR LINKS:

The National Palliative Care Program: The Australian Government provides support for people with a life-limiting illness through the National Palliative Care Program – <http://www.health.gov.au/palliativecare>. CareSearch: The CareSearch palliative care knowledge network is an online resource consolidating evidence-based and quality information for various groups within the palliative care community – <http://www.caresearch.com.au>.

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

PARTICIPANT REFLECTIONS:

Maree Gerven

Community Nurse, Hobart

My motivation to participate in PEPA arose from self-doubt in my ability to effectively care for the palliative clients in the community setting. I have been a community health care nurse for the past ten years and although I have been involved in the care of many palliative clients, I have often felt that I could do better in managing their needs. Another reason for my interest in PEPA was to explore the issue of self-care when involved in the care of palliative clients which can be emotionally draining. I recognise that self-care is imperative in order to avoid feeling stressed or emotionally overloaded.

My first placement during PEPA was with Community Palliative Care Service. My learning experience was assisted by attending home visits to both stable and unstable clients. Each client was assessed with an holistic approach and symptoms identified and managed. The next day on Whittle Ward I "buddied up" with a different RN. I attended a multidisciplinary meeting and it was obvious that each person present was solely concerned with the well-being of the patients and respected the others and their field of expertise. I also participated in the doctors' round where each patients' care was evaluated. This helped to improve my knowledge in symptom control and medications. I became more familiar with and more confident in the use of the Niki T34 syringe driver. My final placement was with the palliative care nurses at the RHH. I attended the weekly palliative care meeting

which included the oncologists, RHH palliative care resident, a nursing representative from 1BS oncology, community palliative care nurses, oncology intern from Whittle Ward and social workers. The ongoing care and treatment needs of all palliative inpatients, as well as all community palliative clients known to the RHH palliative care team were discussed, enabling input from all involved in clients' care to promote optimal care provision. It was interesting to observe the interaction between the disciplines and to recognise some of the community clients I had met previously. In the afternoon, I accompanied the oncology registrar on her round as she visited palliative clients, evaluating their ongoing care. I was impressed by her bedside manner which was both professional and relaxed and it was obvious that she has established a good rapport with her patients, taking time to listen to their needs and concerns. She involved me by encouraging me to discuss their care and I felt comfortable seeking clarification about medications and their use.

I have found the PEPA program to be invaluable, giving me insight into the hospital system and community provision of palliative care. My confidence has increased as a result of the knowledge I have gained. In each of the placements I was welcomed and encouraged to attain my learning needs. Resource material was supplied to provide further information. I would encourage all my colleagues to seek the opportunity to participate in this program of experiential learning. I am currently working on information I have gathered regarding self-care and compassion stress and will distribute it to the members of the Hobart Community Health Nursing team.

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SPOTLIGHT ON A HOST SITE:

Townsville Palliative Care Centre

Townsville Palliative Care Centre is situated at the Townsville Hospital. Constructed with community support and assistance from the Queensland Cancer Fund, the Centre was purpose built and opened in 2009. It has a 15 bed inpatient unit with capacity for 20 beds in the future. The inpatient unit has 14 single rooms and three double suites each with views either to the mountains or a nearby creek. The gardens have a spiritual room and gazebo for outdoor activities. The Palliative care service has been in operation for over 18 years.

The Centre's outreach service provides a consultancy inpatient and outpatient service for the Townsville Health Service District hospitals and community. The consultancy service also visits Cairns once a fortnight. To ensure 24 hours day, 7 days a week support for patients wishing to remain at home, a contracting organisation provides home nursing and equipment as part of the outreach service. Patients are able to move seamlessly between the inpatient and outpatient service due to the coordination between the palliative care multidisciplinary team and the hospital and community services.

The multidisciplinary team comprises of a Director of Palliative care, consultant, inpatient registrar, community registrar, SMO, occupational therapist, physiotherapist, dietician, speech

therapist, pharmacist, Indigenous liaison officer, coordinator of volunteers, social workers, volunteers and nursing staff.

The Palliative Care Centre is actively involved in educating health professionals and the community through various forums. The Centre is situated beside the James Cook University, which allows students of all disciplines to have access to the Centre. Regular videoconferencing to hospitals throughout North Queensland also provides education to those unable to attend the Centre.

PEPA placements are another opportunity for the Centre to provide education, with placements from various settings, disciplines and areas of the State. The most recent have been from Weipa, Atherton, Bundaberg and Mount Isa. Participants that have attended for four to five days are GP's, Residential aged care facility registered nurses, Indigenous liaison officers, Clinical nurses and Registrars. The participants have also been a great source of knowledge for the staff at the Centre as they provide information for what the main issues are in their community and the Centre team can provide support during their placement and on their return to their workplace.

It is honour and a privilege to have PEPA placements and be able to provide education and support to health professionals making a difference in various settings of care. By building partnerships and improving access to palliative care, we are strengthening an important part of health services – end of life care.

Debbie D'Urso Nurse Unit Manager
Palliative Care Outreach, The Townsville Palliative Care Centre

PEPA

STATENEWS

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From left: Jeremiah Baker, John Carson, Dr Chris Burns MLA, Cindy Paardekooper and Suzanne Stewart

PEPA NT: Cindy Paardekooper

As many of you may be aware PEPA has received a further three years of funding at the national level. NT PEPA is eagerly awaiting the start of the new round of this highly successful program and we anticipate that it will be all systems go early in the New Year.

During the previous phase of the program, NT PEPA well exceeded our placement and workshop targets. Evaluation surveys and anecdotal feedback showed positive outcomes for both participants and employers. Many stated how impressed they were with the dedicated specialist palliative staff and the multi-disciplinary team approach – a great credit to our NT staff at Territory Palliative Care of Darwin and Alice Springs.

Remarkable highlights over the last phase included receiving the International award at the “18th International Congress on Palliative Care” held in Montreal, Canada and receiving the 2011 NT Chief Minister’s Awards for Excellence in the Public Sector for the NT PEPA Community Outreach Program in the Improving Health and Wellbeing category.

On a personal note I want to extend my gratitude to everyone that has been involved in the PEPA Community Outreach Program. The success of the program comes from the involvement and participation of everyone who attended the many remote workshops that were delivered all over the Northern Territory and the many placements that came through and built on the participant’s knowledge.

The Community Outreach Program of remote education for Indigenous health professionals was delivered by Dennis Dunn, which saw greater engagement and beneficial outcomes for patients ‘returning to country to ‘finish up’ through the dedicated upskilling of many in remote areas. Sadly for us, Dennis has chosen a role in remote Children and Families to continue supporting our Territorians. I’m sure we all wish him the best in his future endeavours.

Territory Palliative Care Network meeting dates 2012:

Regular Network meetings are held in the NT upcoming dates:

- Darwin, 14 February & 24 July & 13 November.
- Alice Springs, 12 March & 13 August.
- Katherine, 5 June & 23 October.
- Tennant Creek, 13 March 14 August.
- Nhulunbuy, 24 April & 11 September.

Contact Jo Watts on 08 89226915 or Joanne.Watts@nt.gov.au for more information.

Palliative Care workshop: “Quality of life at End of Life” 27 September 2011, Katherine

I would like to express my sincere thanks to all host sites, mentors and organisations that have been so supportive of NT PEPA and hope to continue to work in collaboration over the upcoming phases.

Finally and most importantly on behalf of the NT PEPA Program I trust that you all had a Merry Christmas and wish you a safe and happy New Year.

PEPA ACT: Sue Turner

The ACT PEPA team are excited that the program will be continuing for a further three years. Contract negotiations are underway for program delivery in ACT. Placements and workshops will likely be offered from February. At this stage, we are also planning a Cultural Awareness Workshop for the 21st March to coincide with the International day for the Elimination of Racial Discrimination. Further details will be available closer to the date.

PEPA QLD: Darryl Lingwoodock

As per the staff news section, Sue Connolly has moved on from her position as QLD PEPA Manager. We wish her every success in her future endeavours. A new PEPA Manager will be appointed shortly. In the interim, please contact the Centre for Palliative Care Research and Education, Royal Brisbane and Women’s Hospital to schedule a placement or find out more about upcoming workshops in QLD. Contact details for the Centre are as follows: cpcrc@health.qld.gov.au; ph: 07 3636 1449. For enquiries about the Aboriginal and Torres Strait Islander component, please contact the Centre or Darryl Lingwoodock, Indigenous Project Officer on 3636 5251. Planning is well underway to ensure another successful round of placements for target groups in this phase of PEPA. We are grateful to host sites in Queensland for their continuing support.

PEPA TAS

The TAS PEPA team are looking forward to the program continuing once contract negotiations are finalised. Planning is underway and placements and workshops will likely be offered from early 2012.

PEPA VIC: Ellen Sheridan

Victoria is looking forward to this new iteration of PEPA. At this stage, we anticipate offering supervised clinical placements to general practitioners, nurses, allied health staff and Aboriginal health workers plus reverse-PEPA placements for aged care facilities and Aboriginal health services. We also anticipate offering workshops on the palliative approach for generalist health professionals (particularly aged care), disability service staff and Aboriginal health workers. It is likely that the regional palliative care consortia will continue to offer post-placement support activities for past-PEPA participants.

Ellen Sheridan, Victorian PEPA manager
www.dhs.vic.gov.au/palliativecare/PEPA

PEPA NSW: Janeen Foffani

Preliminary planning in NSW for the new phase of PEPA is underway and our Host Sites are keen to re-commence PEPA Supervised Clinical Placements.

In the last 12 months NSW has moved from eight Area Health Services to fifteen Local Health Districts which is very helpful from a PEPA NSW planning perspective and within the initial planning phase a sensible target is to hold one PEPA NSW Basic Palliative Approach workshop per year in each Local Health District.

Towards the end of the 2010-2011 phase of PEPA a number of 'yarn ups' were held in NSW for Aboriginal and Torres Strait Islander Health Professionals to talk about the palliative approach. These sessions were very successful and generated interest from those attending to undertake a Supervised Clinical Placement which will be followed up during this new phase. PEPA NSW would also like to return to these areas, in conjunction with the local palliative care team and Aboriginal Health team/s, to deliver the Basic Palliative Approach workshops.

Some ideas have already been thrown around with regard to post placement support activities and topics such as Palliative Care in an Aged Care setting, Grief/Loss/Bereavement and Palliative Care/ End stage Renal disease are always popular.

Keep an eye on the PEPA NSW and PEPA National webpage for more details about upcoming activities.

Again a huge thank you must go to the Palliative Care providers in NSW for their support and encouragement. Without these dedicated Health Professionals PEPA would not be the success it is. Encourage your work colleagues to undertake a

PEPA placement and spend some time with their local palliative care providers – it's a fantastic opportunity to experience the palliative approach firsthand.

For Application forms and information about upcoming education session 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: Brooke Wilkinson

I am happy to introduce myself, Brooke Wilkinson, as the new PEPA manager for WA. It is exciting to report that the new round of PEPA is now underway in WA. We have already had an influx of placement applications from both nursing and allied health professionals. Placements have been taking place in many different palliative care settings throughout the state for the past few months and we have completed 14 placements ranging from Nurses, Allied Health Professionals, Carer's and General Practitioners, with many more planned for 2012.

WA has also been busy facilitating workshops throughout the metropolitan area. With the first workshop on "Palliative Care for Aged Care" planned on 8th November 2011 and the second an Aboriginal health workers workshop on the 14th November with 12 attendees, with topics discussed:

- Bereavement, grief & loss.
- What is the palliative approach?
- Symptom control in palliative care

When attendees were asked to identify the main things they learnt from the workshop participants wrote:

"The holistic approach to dying and the patients right to the process of dying comfortably"

"Cultural Information and palliative team support"

"I liked how spirituality, racism and culture were all well represented"

A PEPA post placement breakfast was run for all past PEPA participants, mentors and host sites with Dr Scott Blackwell the President of Palliative Care Australia presenting and sharing his palliative care knowledge and experiences with us.

PEPA WA have many more workshops coming up in 2012 targeted at Allied Health Professionals and Aboriginal Health Workers. These workshops will be run in the Kimberley, Northam, Busselton and the metropolitan area. We will also be facilitating workshops in the metropolitan area on the Palliative Approach and Cultural Awareness for all health professionals

The interest for the PEPA program continues to grow in WA, we have had a range of participant's apply from many disciplines and areas, and we encourage all those interested in undertaking a placement to submit their application.

For further information about any of the workshops or placement opportunities please contact Brooke Wilkinson on (08)9382 9372 or go to the cancer Council website <http://www.cancerwa.asn.au/professionals/palliative-care-profs/professionaldevelopment/>

PEPA SA: Janine Brett

The Program of Experience in the Palliative Approach (PEPA) has now been finalised for the next three years and we are pleased to be administering this valuable program of workplace experience and workshops.

An important part of a different approach to end of life care is to provide alternatives to hospital admission. To this end PEPA aims to provide real opportunities to help ensure palliative care providers in all settings are aware of, and able to provide culturally appropriate palliative care and end of life support including care preferences, spiritual requirements and bereavement expression; and further to improve the skill and confidence of the generalist workforce to work with people with palliative care needs.

It is not news to learn that Aboriginal and Torres Strait Island people are underrepresented in hospice and palliative care statistics. Bringing Aboriginal people to the door of mainstream services, not least of all palliative care services has been difficult to achieve to date and is a whole of health objective. I was very pleased to listen to a presentation from Reconciliation Australia in October encouraging organisations to implement Reconciliation Action Plans (RAPs) which can help turn good intentions into real actions in this regard. Although underrepresented in palliative care statistics, illness, dying, death and grieving are an all too frequent part of Aboriginal life. Understanding Aboriginal cultural protocols following death and knowing about the importance of rituals and practices is essential if we are to provide truly culturally appropriate care.

Ancient Chinese philosopher, Confucius said, "tell me and I will forget, show me and I may remember, involve me and I will understand". We are excited to be a part of this valuable educational opportunity which has the potential to improve quality of life and death for all South Australians regardless of the care setting and urge you to consider undertaking a personal experience of the palliative approach.

To support the provision of ongoing education and to keep up with the palliative care sector PCCSA generally hosts many forums and guest lectures. Watch out for our 2012 Forums Calendar of events available at www.pallcare.asn.au

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