

# PEPA

Program of Experience in  
the Palliative Approach

Funded by the Australian Government through the National Palliative Care Program

## NEWSLETTER WINTER 2010

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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.

In the 2007–2010 phase of the PEPA program, funding from the Australian Government Department of Health and Ageing (DoHA) was available to support 950 clinical placements and 204 workshops across all Australian states and territories.

### National Office Update

Welcome to the final newsletter for the PEPA 2007-2010 triennium. What a fantastic 3.5 years this has been! Key achievements include the delivery of over 1,000 clinical placements and over 250 tailored workshops for health professionals from all over Australia. Analysis of evaluation data is continuing but preliminary findings indicate that positive outcomes from PEPA placements and workshops are resulting in widespread and sustained practice change and service improvements. This is a huge success and would not be possible without the ongoing efforts of all PEPA supporters, particularly our committed host site mentors and services, our excellent workshop facilitators, our exceptional PEPA Managers and the support of the Department of Health and Ageing.

But where to from here? Well, as many readers would be aware, on the 26 May 2010 there was a joint ministerial release by The Hon. Nicola Roxon MP Minister for Health and Ageing and The Hon. Justine Elliot MP Minister for Ageing to mark National Palliative Care Week 2010 by announcing \$14.3 million to fund nine projects for improved palliative care services, research, training and information. This included funding for PEPA to continue providing education and training for the palliative care workforce over twelve months from July 2010 to June 2011. As such, we look forward to continuing our association with everyone and contributing to improving the quality, availability and access to palliative care for all Australians.

## PEPA: Tracking Achievements

A total of 1041 clinical placements were completed from January 2007 to April 2010. Participants attending the clinical placements came from various discipline groups. Table 1 presents the total number of participants in each

discipline for the period January 2007 to April 2010. Table 2 shows the total number of participants from each state/territory.

Table 1: Total Number of Participants in Each Discipline Jan 2007 to Apr 2010 (n=1041)

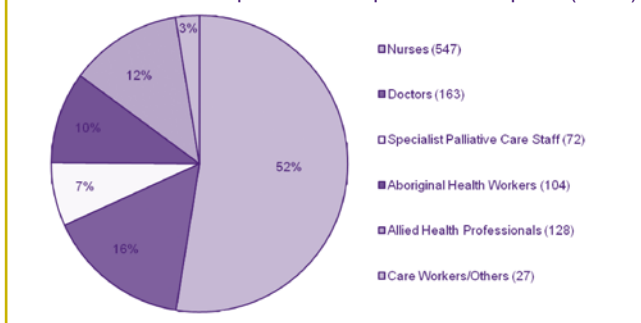


Table 1: Total number of participants in each discipline (n=1041) from January 2007 to April 2010

Table 2: PEPA Placement Numbers Jan 2007 to Apr 2010 (n=1041)

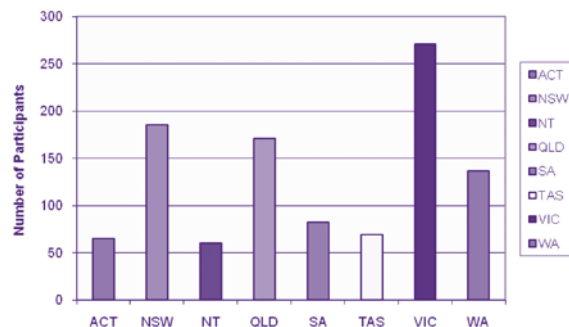


Table 2: Total number of participants in each state/territory (n=1041) from January 2007 to April 2010

## PEPA: Making a Difference

Evaluation responses between January 2007 to April 2010 show that PEPA continues to support participants in enhancing their skills and knowledge. Some of the responses from participants following their placements include:

- My PEPA experience has given me a broader view of the palliative approach, especially the inclusion of a multi-disciplinary team approach. (Nurse)
- I feel more comfortable talking and working with patients that are terminal and not unsure anymore about care. (AIN/carer)

- I feel more confident that I could help with their distress... Well that's what it is, it was for a confidence thing. I've been doing this [nursing] for years and I just feel more confident now. (Nurse)
- It will help with palliative care in the remote community, PEPA placement was very helpful. Know who to ring for palliative care, for information about palliative care clients. (Aboriginal and Torres Strait Islander Health Worker)
- I have been able to discuss the lessons I learnt with other health professionals in my clinic to achieve a more coordinated approach to care of the dying. (GP)
- I found my PEPA placement to be inspiring and radically improved my treatment and care of dying patients. (GP)

## Highlights from the Indigenous Component of PEPA

The Indigenous Officers of PEPA Northern Territory, South Australia and Victoria have had many proud and successful moments throughout their unique jurisdictions over the 2007–2010 phase. Achievements such as journal publications, award nominations, interactive educational workshops, display booths and presentations all over Australia on the Indigenous challenges and outcomes in palliative care.

Participant placement targets have exceeded the required numbers in each jurisdiction. This overwhelming education demand has been greater than anticipated having to waitlist some applications for placements.

Individually, South Australia has been booming along. Initially, the aim was for nine health workers to complete a clinical placement over the three years from 2007-2010. I am delighted to say we had 17 health workers and the health workers came from all over the state. Most of the feedback from health workers was positive, for example "it was an eye opener and they felt much more confident in talking to our people about palliative care". In Victoria and the Northern Territory similarly successful outcomes have been achieved with a total 38 Aboriginal Health Workers undertaking placements in these jurisdictions and a further 146 attending local workshops.

Strong representation for the Indigenous palliative care approach in each state was well demonstrated during National Palliative Care week. Community awareness is vital in raising the profile in palliative care and the complexities of caring for palliative Aboriginal and Torres Strait Islander people have been strongly advocated for by the team. Indigenous cultural diversity and

awareness has been a highly requested and a well received topic. Further invitations of presenting the Indigenous challenges and bridging the gap awareness have been requested at various conferences and services.

Such positive results would not have been possible without the dedicated teamwork, great networks and motivated target groups involved in the PEPA Program. The PEPA Indigenous team will continue to strive to improve access to culturally safe palliative care services across Australia for Aboriginal and Torres Strait Islander people as the PEPA program evolves.

**Contributed by Cindy Paardekooper on behalf of herself, Peta Jackson and Cherie Waight.**

## FEATURE ARTICLE:

### What to Expect on a PEPA Placement

#### "Gosh, are they friendly?"

This is one of the most frequently asked questions when the PEPA NSW team talks to an applicant about finalising their placement.

Many applicants in NSW come from outside the metropolitan area into unfamiliar territory, excited, alone, absent from their families and unsure of what awaits them. They can rest assured though, that PEPA Managers take a great deal of care to ensure that each PEPA placement is a beneficial and positive experience which meets the participant's learning objectives and the goals of PEPA. Furthermore, when organising a placement it is not only the educational aspect of a placement that is considered but also the individual needs of the participant.

Some participants would rather drive for 10 hours than fly, “because I’d have to drive for 5 hours to get to the airport anyway, so I may as well drive to Sydney”, but are not too keen to drive in Sydney’s traffic. Other participants would rather stay with relatives than in a Motel, which is fine but then we find out that the relative lives next door to a palliative care Service in Western Sydney and we were considering placing the participant nearly 80km away in the heart of the city. Certainly the more information participants provide the better armed we are for ensuring a placement goes as smooth as it possibly can. Likewise, the more information we can give the participant about their host site’s locality and staff the more comfortable they feel. In many ways the palliative care specialist field is a small one, allowing PEPA NSW to become familiar with a large number of its providers, their locality and an understanding of their work environment. As a result we can answer those important non-clinical queries about parking, transport and lunch – all very important when you are not familiar with the area.

I am often asked if I were to undertake a placement where would I go. It is difficult to answer, each host site has so much to offer and it really depends on what discipline you are coming from, the type of palliative care challenges you experience in your role and your learning goals.

The best ‘host’ for a placement is with their local palliative care provider. Not only will this give you an understanding of the role of the palliative care provider in your area it also gives you the opportunity to forge a relationship and strengthen the network. A number of metropolitan palliative care providers are linked with palliative care providers throughout regional/rural NSW and if a placement cannot be organised locally we look to these metropolitan hosts. The main challenge when placing rural participants in the metropolitan services is that most are located in the heart of Sydney and the thought of negotiating the traffic and crowds can be very overwhelming to those travelling from rural/remote settings.

The number of host sites available for PEPA clinical placements varies in each state and territory. For those areas that have one or two host sites, placement is relatively simple. For example in the ACT there is one host site, Clare Holland House, a one stop shop for all things palliative in that state and a great place to undertake a placement for those working in that locality. In NSW, however, there are almost 30 host sites offering a myriad of different services. Just under half of these offer an inpatient experience, ten are able to supervise General Practitioners (GP) and four sites can take Allied Health professionals. The majority of host sites can offer a community placement for Nurses and a small number can offer community experience for GPs. Some host sites are also limited in the number of placements they can commit to supervising. It is not unusual for the larger metropolitan specialist palliative care providers to host more than 25 placements per year and yet some of the rural community specialist palliative care providers can only take one or two placements per year. Care must be taken not to exhaust the PEPA host sites.

As you can see there are a number of issues for PEPA NSW to consider when organising a placement. It is often not as simple as placing an applicant in a vacant spot. Taking all these components into consideration can prove challenging. Certainly, a number of networks have developed as a result. Participants have increased their understanding of the palliative approach and host sites have gained an understanding of the challenges faced outside the specialist palliative care service.

But are they friendly? Well, in NSW we think the host sites are as friendly as the participants!

Janeen Foffani, Project Manager, PEPA NSW

## EDUCATIONAL COMPONENT:

### Maintaining Professional Boundaries in Palliative Care

Delivering palliative care services to patients and their carers and families is in the main, a very positive and enriching professional – and personal – experience. However, as Alacacioglu (2009) and others remind us, frequent experiences with suffering and distress of others, may also lead to feelings of stress for health professionals.

“The key in self-care is the ability to fully enter into relationships with patients whilst maintaining one’s personal life and well-being.” (Jones, 2008)

So, how does this relate to the maintenance of professional boundaries? What are “professional boundaries”?

It is common for health professionals to develop close working relationships with patients, their carers and families. We have all experienced people that we can easily relate to, that are likeable and we enjoy working with. Perhaps we feel very sorry for the patient. How many of us have read notes in patients charts describing “this delightful man”, or “this unfortunate young woman.” At times health professionals may experience feelings of being “over-involved” and closely identify with the suffering and circumstances of the patient and family.

When we find ourselves identifying strongly with certain people or family members, we are at risk of creating confusion about the scope or limits to, our professional role and responsibilities.

Boundaries in patient care are described as “mutually understood, unspoken, physical and emotional limits of the relationship.” (Farber, 1997). These limits must be created and maintained as to allow for a safe environment in which the patient and their carer/family can feel secure in their interactions as health professionals. Importantly, the timeframe for a professional relationship, expectations about the role of the health professional and desired outcomes for interventions should be outlined.

*The issues of trust, respect, intimacy and power are key concepts in considering professional boundaries.*

Confidentiality is a vital for establishing trust in the relationship. There are limits to confidentiality however, and this must be discussed with patient/carer/family. The power balance in a professional relationship is marked by inequality. The patient/carer/family is automatically placed in a position of vulnerability by asking for help. The health professional has access to information, resources and remunerations that the patient /carer does not. The relationship is not based on mutuality as in a friendship. An example of this would be if the health practitioner tells the patient about his/her own problems and looks for support from that patient. Some authors point out differences between boundary “crossings” and boundary “violations.” (Guthiel and Gabbard, 1993, 1998)

Boundary crossings may or may not be harmful to the patient/carer/family. A decision is made to deviate from an established boundary for a therapeutic purpose, e.g., some self-disclosure, small gifts. These are “brief excursions” across boundaries, with a return to established limits of the professional relationship.

These boundary crossings do have the potential to progress to a boundary violation. Boundary violations are those behaviours that are clearly harmful or exploitive of patients/families/carers. An example of a serious boundary violation is sexual exploitation. Not all boundary crossings are detrimental to the professional-patient relationship. However, it is important for us as health professionals to self-reflect when boundaries are approached.

- Am I treating this patient/family differently than I do my other patients?
- What emotions of my own does this family trigger and are the emotions impacting on my clinical decision-making?
- Are my actions truly therapeutic for the patient, or am I acting in a manner to meet my personal needs?
- Would I be comfortable if this gift/action was known to the public or my colleagues?
- Could this boundary issue represent a sign that I am experiencing professional burnout? (Barbour, 2007)

If you do have difficulties managing boundary concerns, please discuss this with your colleagues or supervisor. Address issues as they arise with patient/family and it is important to emphasise that whilst the relationship is characterised by the roles and responsibilities of “health provider and patient etc”, this does not imply a lack of genuine care and compassion.

Contributed by Amanda Jansen, Palliative Care Social Worker QLD

# SPOTLIGHT ON A HOST SITE:

## Territory Palliative Care – Top End Service

### Royal Darwin Hospital

Territory Palliative Care – Top End (TPC) consists of dedicated and caring staff. We are fortunate to have both a community palliative care team as well as a modern 12 bed hospice.

Our clients and patients are very diverse in that our service includes urban, regional and remote areas; geographically we cover the whole of the top end of the Northern Territory.

Although most of our clients would have a diagnosis of a variety of cancers, we also have those with other end stage conditions, such as COPD, end stage renal disease, motor neurone disease and Micardo Joseph Disease.

We have a service that is mostly able to respond to a person's need in a relatively short time frame and we are not restricted by waiting lists. TPC have a multidisciplinary team that have a wide range of skills and expertise.

Some of the difficulties that the service encounters may seem insurmountable at times, but when the team have the patient's wishes as a priority, somehow, amazing things happen. TPC has a patient transport vehicle that we are able to, and do, take our patients home even if they live 500kms or more away.

Caring for a large amount of Indigenous patients we find that we regularly have the request for them to go 'home to country' to die, the staff are dedicated to making these requests a reality and when it happens everyone has a sense of completion on a job well done.

Palliative care is an approach many health care practitioners are able to implement with their patients who have a life limiting illness. However, for those patients who are a little more complicated and/or difficult to manage, our palliative care team are always available to help out.

Contributed by Jo Watts, Acting Clinical Nurse Manager



Territory Hospice, Royal Darwin Hospital Campus (opened 2005)



Territory Hospice, External View of Rooms

## PARTICIPANT REFLECTION:

### Gordon Roberts Community Health Social Work

My PEPA placement came about because I have had a long term interest in working in palliative care and saw this as an opportunity to further my knowledge in this area.

I am a Community Health Social Worker based in Zeehan on the West Coast of Tasmania. This is a rural remote community. The West Coast is serviced by the North West Palliative Care team. The goals for my PEPA Training were:

- To gain a broader understanding of the palliative care role.
- Expand my knowledge of the Social Work role in palliative care.
- To gain insight into what grief and bereavement supports are currently being conducted in other parts of the state
- To learn what training and educational material palliative care could bring to the West Coast.

My PEPA training was for four days split between two centres. One was in Burnie where the North West Community Palliative Care service is based, the second placement was in Hobart at the Community Palliative Care Service and at Whittle Ward.

In Burnie I was able to sit in on the community client meeting and observe the team discussing the various issues that arise within the palliative care setting. I also spent some time with Suzanne Wellesley, Social Worker, and gained

further insight to the nature of the family support offered to clients. I was privileged to witness a young man, who is dying, make mementoes for his nephews. The joy he felt at his sense of achievement in completing these simple but powerful messages to his family was very moving. I was also present as Suzanne spoke with a woman who had mental health issues. This gave me further insight into how lifelong health issues can impact on families as a member is dying. Suzanne shared with me some of the ways that Advanced Care plans and Not for Resuscitation forms were written up. I find these confronting to read and write as they force us to consider the step by step process of disease degeneration and dying. Here I was also introduced to a strange beast called "Life Extinct" forms, this was the first time I had seen one of these.

Being in Burnie and spending time with Vicki Elphinstone (Manager) gave me time to discuss the scope of the palliative care role and start to flesh out ideas and information for palliative care training and educational material that can be brought to the West Coast.

Travelling to Hobart provided a very different experience. Being in a city is so different from the West Coast and the struggle to find a carpark and having my car fenced in by another car was one simple reminder. On the bright side I was able to spend time with Fiona Jones, the Community Palliative Care Social Worker, and Chris Batten the Social Worker on Whittle Ward. We discussed various topics ranging from working in palliative care teams and the social work role within the team, the nature of holistic care and what is a good death. I was also able to discuss the support offered to families through the "making a memento" activities and the remembrance services conducted for Whittle Ward.

Whilst in Hobart I met with Jenny Fuller, Hospice Care Coordinator and coordinator for the 'Walking through Grief' project and discussed with her how this volunteer supported walking group helps people through their grief. We also discussed the different memorial services that have been conducted for people who are mourning the death of a loved one.

I have some specific goals for what, HealthWest, can provide on the West Coast. These are to:-

- Increase the level of grief and bereavement support within the community
- Check, evaluate and update (where necessary) the type of palliative care resource material that is available on the West Coast for health workers and community members
- Work with NW Palliative Care and the local health workers to plan for further palliative care and grief and bereavement education for health staff on the West Coast.



Gordon Roberts, Community Health Social Worker

My PEPA experience has provided me with the partnerships and information to enable HealthWest to achieve these goals.

## SECTOR NEWS:

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/>.

Therapeutic Guidelines for Palliative Care 2010 version 3: An essential guide for practitioners and carers involved in management of terminally ill patients. An emphasis is placed on the need for a holistic approach to palliative care, and guidance is provided on the treatment of an extensive range of symptoms that may be present. A limited number of free copies are available via the Department of Health and Ageing website <http://www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-pubs-order.htm>.

# STATE NEWS

## PEPA ACT

### Annette Cole

We are now mid-way through 2010 and PEPA has been busy progressing new initiatives as well as finalising the current contract for the program.

Sixty-seven placements have been through the PEPA program over the past three-and-a-half years. Fifty-five were nurses – including enrolled nurses, endorsed enrolled nurses, registered nurses (RNs), a clinical development nurse and a nurse practitioner. Six Allied Health professionals – including an Occupational Therapist (OT), Physiotherapist, Social Worker (SW), Psychologist, Diversional Therapist (DT) and a Chaplain. Three Aboriginal Health Workers and one GP also undertook placements. We have also completed four Reverse PEPA placements that included two carers and two RN's – but more about this later.

In addition to the placements PEPA has delivered 38 workshops for a total number of 779 participants over this period. Also there have been 62 in-service sessions with 934 participants. Wow... that sounds like a lot!! But none of this would have been possible without the dedication and commitment of all the staff here at Clare Holland House (CHH) – so well done!!

The new resource *PREPARED: Difficult Communication in Palliative Care* that I wrote about in the last newsletter is getting good feedback and I have done a workshop and an in-service using this tool to help teach communication in palliative care.

In the last newsletter I also mentioned that Sue Turner was commencing with PEPA as the PEPA Nurse, introducing a new initiative coined 'Reverse PEPA'. This involves Sue mentoring staff in outside organisations using experiential learning as the key strategy to impart palliative approach knowledge. Two carers from Morshead Home did the first pilot of RP and it was highly successful with very positive feedback about the difference to care after the placements were completed. The second pilot at Brindabella Gardens had two RN participants who after the placement have both been keen to initiate strategies into their workplace incorporating a Palliative Approach. We hope to continue RP as an addition to host site placements in the future.

PEPA will continue beyond June 2010; however no contracts have been seen or signed as yet. It is not in my plans to continue in the PEPA Managers role even though I have thoroughly enjoyed my time in the program. It is good to see a contract cycle through and therefore I would like to see a new person take on this role and develop the next phase of PEPA. I would like to thank all of the staff here at CHH for your warm, friendly and professional contributions to PEPA – both its participants and its staff. You are a joy to work with and I wish you the very best in your futures.

Cheers, Annette

## PEPA QLD

### Kathy Laurent

The focus of activity since the last newsletter has been to organise the additional placements and conduct the final educational activities. A total of 25 GPs attended our workshop in Maroochydore on 13<sup>th</sup> March while 54 allied health professionals attended our final workshop for this phase.

Our final report for this phase was submitted to QUT. We are pleased to confirm that for 2007-2010, Queensland was able to complete a total of 182 supervised clinical placements. This result exceeded our target and the success is largely due to the hard work and dedication of our mentors

at the various host sites. The resulting word of mouth promotion from our participants and their employers has led to us already receiving a stream of enquiries and applications for 2010-2011. The highlight for me was being able to organise two interstate placements in Darwin with Cindy Pardekooper and the team at Royal Darwin Hospice in early June 2010. The participants were very appreciative of the experience and this exchange of information will be of great benefit to the Aboriginal and Torres Strait Islander families receiving palliative care services at Gordonvale and Townsville where the participants are employed.

For the 2007-2010 phase of funding, Queensland delivered 19 workshops which were attended by 684 participants. Without the support of our specialist palliative care services and other guest speakers who contributed to this workshop program, this phase would not have been such a great success. So thank you to everyone who facilitated sessions at these workshops and assisted with the planning of the days. It is especially rewarding to note that many of these presenters gave up part of their weekend to contribute.

We are currently planning our schedule of activities for the next 12 months, so more about our plans in the next edition of the newsletter. Currently we are negotiating to have a GP Education day in Brisbane on Saturday 30<sup>th</sup> October. We also expect to be conducting an allied health professionals' workshop in the near future. Visit [www.health.qld.gov.au/cpcpre](http://www.health.qld.gov.au/cpcpre) to keep up to date with PEPA events in Queensland or to download the PEPA Application and Information kit.

## PEPA TAS

### Raul Cox

PEPA Tasmania has been busily wrapping up the program for the current round of funding. This has involved conducting pre-placement workshops for registered and enrolled nurses from residential aged care facilities across the state.

In March, the Tasmanian PEPA Project Officer was invited to participate in an expert panel as part of performances of the play "Four Funerals in One Day" convened by GP South (a general practice division). As you may be aware the play, by Alan Hopgood, premiered at the National Palliative Care Conference in Melbourne in 2007 and is about the importance and value of stories in palliative care. Five performances were held in the South and East of the state in March and each was followed by a community forum with health professionals providing their expertise as part of a panel with the actors. Past PEPA participants took part as panel members at two of the performances.

The PEPA Project Officer, in partnership with Dr Vinesh Oommen of Queensland University of Technology, presented a poster for display at the Leadership and Practice Development in Health: Quality and Safety through Workplace Learning conference in Hobart in March. The poster, titled "PEPA: A Professional Development Opportunity for Tasmanian Nurses" was well received by conference attendees.

The Tasmanian program is holding a post placement workshop in June 2010. This will allow past participants to consolidate their learning and clinical placement experience and share knowledge and skills with other health professionals taking part in the program. This forum will also enable participants to meet with colleagues from across the state and strengthen networks and relationships formed during their time with the PEPA program.

With the end of the financial year nearing and the current PEPA program drawing to a close, the Tasmanian PEPA team has reflected on the past year's

achievements and would like to highlight the invaluable support the program has received in this state, particularly from our specialist palliative care service who continue to offer their time and expertise in extending skills and support for a palliative approach across the sector.

## PEPA VIC

### Ellen Sheridan

June 2010 sees the end of this iteration of PEPA and it is important to acknowledge the significant impact PEPA has had across Victoria. Over the past three years health care professionals' experience, knowledge and skills in the delivery of the palliative approach has been enhanced. This has occurred via a range of activities including:

- 285 clinical supervised placements
  - "Since returning to work I have discussed my placement with a group of people at work to see how we can better care for our palliative patients by consulting palliative care specialists" (Nurse 2010)
  - "Since my PEPA placement I am now more efficient in accessing services and appropriate care, and more confident in answering any questions patients may have" (General Practitioner 2010)
- 68 palliative approach workshops (with 1488 participants)
  - "I learnt that palliative care is not about the 'end of the line' but the essential care given to the end of the journey" (Aboriginal Health Worker 2010)

Post placement support activities that have addressed the objectives of education, communication and resources by building local networks of PEPA participants and specialist palliative care agencies.

We are particularly proud of the work that has been done with the Victorian Aboriginal community. Cherie Waight led this work and it included culturally appropriate supervised clinical placements, workshops and resources. 21 Aboriginal health workers undertook a supervised clinical placement and 82 Aboriginal health workers were trained in the palliative approach through attendance at culturally appropriate PEPA workshops.

My sincere thanks to all of the palliative care services who are involved in PEPA. Your willingness to support PEPA placements and share your expertise makes PEPA so successful and well-regarded across not only the state, but also the country.

Finally, we are pleased to advise that Victoria is preparing its proposal for PEPA activities over the next 12 months and placements, workshops and other activities will be advertised on the website shortly.

Ellen Sheridan

Victorian PEPA manager

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

## PEPA NSW

### Janeen Foffani

While gathering inspiration and information for this Newsletter I have had the opportunity to reflect and reminisce. The past four years has been amazing. The enormous volume of work created and challenges now only raise a smile. We have met many health professionals from across NSW, mostly over the phone but sometimes in person. We have shared many telephone calls and emails with our Host Sites and Mentors, seen many fantastic and sometimes interesting workshop venues and have requested our fair share of hot scones with cream and jam for morning tea!

The second last workshop for this phase of PEPA was held in Holbrook and focused on raising the awareness of the palliative approach and looked closer at palliative care in oncology. The workshop was attended by over 40 health professionals, mainly nurses, and some travelled 200kms to attend the full day education session.

Holbrook is a very pretty little town and I will have very fond memories of my visit. We sat in disbelief for a good five minutes and wonder why a farming community 400kms from the nearest seaport has a life size submarine in the main street of town. This unique link with submarines began 1915 and in 1995 the town was inspired by the Navy's gift of the decommissioned Otway's fin. The outer skin, to the waterline, of the Otway was purchased and transported to the park on the main road. The relic of the decommissioned Otway stretches 90 metre from bow to stern is a truly an amazing site as you drive into town.

Another highlight has been the workshops held in South Grafton at the Ex-Services Club. The Club sits on the bank of the Clarence River and the external balcony is a welcome distraction during the breaks. Workshops targeting Aboriginal Health Professionals, Nurses, Allied Health and Aged Care Health Workers have been held at this venue.

Recently, two workshops were held in Coffs Harbour at Aanuka Beach. The first day targeted Aged Care Health Workers and the second day was aimed at Community Nurses, Practice Nurses, Allied Health and generalist Nurses. In total 46 health professionals attended these sessions.

PEPA NSW in conjunction with Greater West Area Health Service Palliative Care Service hosted 8 workshops through Cobar, Bourke, Walgett and Lightning Ridge. Approximately 80% of the General Practitioners in the area attended the education sessions. In total more than 40 nurses attended the sessions and many nurses came in on their days off or stayed after their shift finished to attend the sessions.

Although workshops are not 'core' business for PEPA they are very important and rewarding for both presenters and participants. Those attending the workshops are grateful that we had taken the time to bring the education to them and that we have shown an interest in their work environment and listen to local concerns/challenges relating to delivering the palliative approach.

Planning for 2010-2011 is underway. Placements for Aged Care Health Professionals, General Practitioners, Allied Health Professionals, Aboriginal Health Professionals, Primary Health Care Workers and Practice Nurses will continue and I encourage you to complete the PEPA NSW application form and submit it as soon as possible. Application forms are available via the PEPA NSW webpage: <http://www.sswahs.nsw.gov.au/sswahs/pepa>, Email: [pepansw@sswahs.nsw.gov.au](mailto:pepansw@sswahs.nsw.gov.au) or phone 02 9515 6424. Keep an eye of the PEPA NSW webpage for information about upcoming workshops.



Rural Greater West (nth road trip)





Coffs Harbour



Holbrook



Grafton

## PEPA SA

### Peta Jackson

Firstly, I would like to thank Janet Taylor for all her hard work and dedication to PEPA in SA. With Janet's knowledge and expertise we were able to meet the objectives and positive outcomes for the last 3 years. I wish Janet all the best in her new position.

Over the last few months we have been busy in finalising placements and workshops. The post placement support workshop was held in April and we had good numbers. All placements were filled and completed.

An Aboriginal Aged Care workshop was held at the Elders Village over two weeks, this was held during Palliative Care Week. Guest speakers were from Lyell McEwin and The Royal Adelaide Hospital. We had over 20 participants at each workshop. Aged care workers felt they were more confident in dealing with Palliative care clients and would keep networking with the team from Lyell McEwin.

During NAIDOC week we held an information booth for the community. This was a positive way of talking to Aboriginal and Torres Strait Islanders about advance directives and end of life care.

A big thank you to all the participating host sites and facilitators', your support has been greatly appreciated and it is good that the yarning process is happening.

Outreach visits to Coober Pedy and Oonadatta community in remote SA have been a success and health workers have asked plenty of questions and are keen to talk about palliative care.

I am looking forward to this new phase of PEPA. For details regarding placements, upcoming workshops and any other information please contact Peta Jackson on (08) 82266491.

## PEPA WA

### Kathy Parr

As we have now come to the end of PEPA 2007 -2010, this would seem to be a good time to look back on the last three and a half years and reflect on the impact PEPA has had in Western Australia.

Of the 218 applications received, 147 placements were completed. This was divided between GPs, Rural & Remote Medical Officers, nurses, allied health professionals, Aboriginal Health Workers and care workers. Of these, 7 placements were completed with interstate host sites. These participants identified the need to increase their knowledge base in areas outside WA as there was no facility delivering these requirements within the state. This has resulted in a greater understanding of the palliative care needs of Aboriginal patients with chronic disease in the Kimberley & metropolitan areas, an increased knowledge of paediatric palliative care service delivery and the role of the nurse practitioner in palliative care.

A big part of the PEPA program in this round of funding has been to organise and help fund workshops. In all, PEPA WA has been involved with over 40 workshops in this period, with the outcome that a further 600 participants have received some education in the Palliative approach in this period of time.

Throughout the course of the program PEPA WA has received an amazing amount of support from all of the host sites and many other organisations for which we are enormously grateful. The feedback from the participants has almost always been glowing with the only criticism that the placement needed to be longer!

So... where to from here? As many of you may be aware, the government pledged some funding in the May 2010 budget, allowing a 12 months extension of the PEPA program. At this stage, National PEPA and all states and territories are in negotiation to finalise how this will be offered. So, as we go to press we are eagerly awaiting the outcome and ready to get started for the next exciting round of this highly successful program.

Once again, I would like to express my sincere thanks to all host sites and those organisations that have been so supportive of PEPA WA and hope that we can continue to work in collaboration over the coming 12 months.

## PEPA NT

### Cindy Paardekooper

This will be my first newsletter article as NT PEPA Manager. The positions of Aboriginal Educator and PEPA Manager have now merged. Working for PEPA on remote Aboriginal Education since October 2008 has been a wonderful learning experience for me. In particular overseeing the Indigenous component from inception through to its establishment as a sustainable component of PEPA in the Northern Territory, has been both exciting and rewarding.

However I look forward to continuing my association with everyone through my new role as an Indigenous influenced NT PEPA Manager and contributing to improved palliative care for all Territorians in 2010-2011.

The 5th Annual Territory Palliative Care Network Conference was held in Darwin in May. The conference theme was *'The Final Days: Best Practice at the End of Life'*. The conference was an opportunity for post placement support for PEPA participants as well as a great chance to network, learn and strengthen partnerships for the 66 delegates that attended.



5th Annual Territory Palliative Care Network Conference

Guest speaker Valerie Colgan spoke about the effectiveness of the Liverpool Care Pathway Project. Libby Massey from the MJD Foundation presented a spectacular presentation on *Macardo Joseph Disease* and the intense generational spread throughout Groote Eylandt and Arnhem Land and stressed the importance of palliative care for the end stages of this tragic disease. Beverley Derschow and Cindy Paardekooper from the Territory Palliative Care: Top End team spoke on *'Finishing up Business: The Aboriginal Way'* which focused on important complexities of funeral and ceremony at end of life. Delegates also received a one on one educational session on the new Nikki Syringe drivers.

NT PEPA has maintained a steady schedule of placements with a mix of Nurses and Aboriginal Health Workers. The recent NT PEPA participants have had the exciting opportunity to attend a guided tour of the new Alan Walker Cancer Centre (the first Radio-Oncology centre in the NT) and Barbara James Accommodation Facility, which commenced operation in 2010.

The Community Outreach Program (Reverse PEPA) is geared up to continue servicing the remote areas of the NT with culturally acceptable education and has received extremely positive employer and service provider feedback. The success of a recent workshop in the Pitjatjanjara lands was noted in the Nganampa Health's Council's Annual Report 2009.

New PEPA applications are still arriving at a steady rate and we are confident PEPA will continue successfully in the Northern Territory throughout the next 12 months of the Program.

"Health workers and aged care staff attended a one-day palliative care workshop organised by Cindy Paardekooper from Program of Experience in the Palliative Approach. This highly interactive workshop dealt with symptom management, family support and care, loss and grief, working as a team and an Indigenous approach to palliative care."



Nganampa Health Council

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A copy of this newsletter is available online at:  
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