To ensure quality end-of-life care, our workforce must be adequately prepared in the principles and practice of palliative care.

This conference will identify future directions for building a workforce capable of meeting the needs of our communities.

Third National Palliative Care Education Conference
Building our workforce
11–12 February 2010, QUT, Brisbane

This conference is sponsored by the Palliative Care Curriculum for Undergraduates (PCC4U) project, funded by the Australian Government Department of Health and Ageing
This conference is sponsored by the Palliative Care Curriculum for Undergraduates (PCC4U) project, funded by the Australian Government Department of Health and Ageing.
WELCOME

Dear Colleagues

On behalf of the Palliative Care for Undergraduates (PCC4U) Project Team, I am delighted to welcome you to the Third National Palliative Care Education Conference. I would also like to acknowledge and thank the Australian Government Department of Health and Ageing for their support of the PCC4U project, and their ongoing commitment to palliative care education.

To ensure quality end-of-life care, our workforce must be adequately prepared in the principles and practice of palliative care, hence our conference theme ‘building our workforce’.

The conference will identify future directions for building a palliative care workforce capable of meeting the needs of our communities. We have been fortunate to secure a range of experts to participate in the conference, including:

Peter Carver  Executive Director, National Health Workforce Taskforce
Rod MacLeod  University of Auckland and North Shore Hospice, New Zealand
Ron Oliver  Pro-Vice-Chancellor (Teaching and Learning), Edith Cowan University, Western Australia
Jennifer Tieman  Director, Australian Palliative Care Knowledge Network
David Currow  Professor and Chair of Palliative and Supportive Services at Flinders University, South Australia

The conference is being held at Queensland University of Technology, Kelvin Grove campus. The campus is part of the Kelvin Grove Urban Village, a master-planned community bringing together residential, educational, retail, health, recreational and business opportunities into a vibrant precinct. I hope you have time to wonder around the village while visiting Brisbane.

The conference will also be a time to network with known colleagues and benefit from engaging with new contemporaries.

Thank you for attending this third national conference in Brisbane and I hope you find the program both informative and inspiring.

Regards

PATSY YATES
PROFESSOR OF NURSING
QUEENSLAND UNIVERSITY OF TECHNOLOGY
THE PCC4U PROJECT

WHAT IS THE PURPOSE OF THIS PROJECT?
The Palliative Care Curriculum for Undergraduates (PCC4U) project is an initiative of the Australian Government Department of Health and Ageing through the National Palliative Care Program. It aims to promote the inclusion of palliative care education as an integral part of all medical, nursing and allied health undergraduate training.

The project team provides support to enhance the inclusion of palliative care in undergraduate health curricula. This includes assistance with curriculum mapping, site visits, customisation of the learning resources and capacity building activities.

WHAT DO THE PCC4U LEARNING RESOURCES INCLUDE?
• A publication entitled *Principles for Including Palliative Care in Undergraduate Curricula*
• A publication entitled *Principles for Including a Palliative Approach to Aged Care in Undergraduate Nursing Curricula*
• An interactive CD-ROM and web based teaching and learning resources, with accompanying facilitator guides
• A video learning resource
• A resource compendium

WHAT ARE THE LEARNING RESOURCES AIMING TO ACHIEVE?
The learning resources are designed to facilitate the development of four core *graduate capabilities* identified as being integral for health professionals to provide a palliative approach to care for persons with a life-limiting illness.

GRADUATE CAPABILITIES IN PALLIATIVE CARE

1. Effective communication in the context of an individual's responses to loss and grief, existential challenges, uncertainty and changing goals of care
2. Appreciation of and respect for the diverse human and clinical responses of each individual throughout their illness trajectory
3. Understanding of principles for assessment and management of clinical and supportive care needs
4. The capacity for reflection and self evaluation of one's professional and personal experiences and their cumulative impact on one's self and others

The PCC4U Project is led by Queensland University of Technology in collaboration with the Queensland Government, Flinders University, Charles Darwin University and Curtin University of Technology.

This project is funded by the Australian Government Department of Health and Ageing.
# PROGRAM

## DAY 1 | THURS 11 FEB

**FRAMEWORKS AND STRATEGIES FOR DEVELOPING THE PALLIATIVE CARE WORKFORCE**

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<td>Welcome – Professor Patsy Yates</td>
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<td>Contemporary issues in preparing the health workforce for the future</td>
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<td>Mr Peter Carver, Executive Director, National Health Workforce Taskforce</td>
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<td>Chair – Professor Robyn Nash, Queensland University of Technology</td>
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<td>1020–1050</td>
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<td>Development of workforce capabilities in palliative care</td>
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<td>Professor Rod MacLeod, Director of Palliative Care at the North Shore Hospice, New Zealand</td>
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<td>Chair – Ms Kim Devery, Flinders University</td>
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<td>Facilitator – Professor Patsy Yates, Queensland University of Technology and Director, Centre for Palliative Care Research and Education</td>
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<td>Dr Frank Brennan – St George and Calvary Hospitals</td>
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<td>Dr Tony Bush – Royal Melbourne Institute of Technology</td>
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<td>Dr Pam Meredith – The University of Queensland</td>
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<td>Ms Robyn Teed – Monash University</td>
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<td>Student perspective</td>
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<td>Ms Jenny Fox – Queensland University of Technology</td>
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<td>Mr Connor O’Neil – The University of Queensland</td>
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<td>Developing graduate capabilities in palliative care</td>
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<td>Workshop 1 – Room N417</td>
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<td>Strategies to promote effective teaching and learning in palliative care communication</td>
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<td>Facilitator – Dr Jane Turner, The University of Queensland</td>
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<td>Workshop 2 – Room N418</td>
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<td>Responding to diverse end of life preferences – advance care planning</td>
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<td>Facilitator – Dr Susan Lee, Monash University</td>
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<td>Educating for evidence based clinical practice</td>
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<td>Facilitator – Professor Geoff Mitchell, The University of Queensland</td>
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<td>Workshop 4 – Room N408</td>
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<td>Reflection as a key tool in life-long learning</td>
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<td>Facilitator – Dr Frank Brennan, St George and Calvary Hospitals</td>
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<td>1630–1800</td>
<td>Relax and chat</td>
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<td>POSTER SHOWCASE</td>
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## DAY 2 | FRIDAY 12 FEB

### PATHWAYS OF PROFESSIONAL DEVELOPMENT AND LIFE-LONG LEARNING

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Topic</th>
<th>Presenter/Institution</th>
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| 0830–0930| Plenary 3| Using information and evidence to develop palliative care capabilities | Ms Jennifer Tieman, Director, Australian Palliative Care Knowledge Network  
Chair – Professor Carol Grbich, Flinders University |
| 0930–1030| Plenary 4| Where is teaching and learning heading? Technology and other factors | Professor Ron Oliver, Pro-Vice-Chancellor (Teaching and Learning), Edith Cowan University  
Chair – Professor Carol Grbich, Flinders University |
| 1030–1100|          | MORNING TEA                                                           |                                                 |
| 1100–1230|          | WHAT’S NEW IN PALLIATIVE CARE EDUCATION?                              | room N417 CLINICAL EDUCATION  
Chair – Mr John Haberecht, Centre for Palliative Care Research and Education |
| 1100     |         | Evidence based practice in residential aged care – the palliative care theory-practice gap in rural and remote facilities | Julie Redway, Murrumbidgee General Practice Network,  
Geoff Mitchell, The University of Queensland |
| 1115     |         | Implementing the Liverpool Care Pathway in Western Australia – an innovative approach to embedding quality improvement into clinical practice | Valerie Colgan, WA Cancer and Palliative Care Network |
| 1130     |         | NIKKIPEDIA                                                            | Jane Connolly, Hope Healthcare North |
| 1145     |         | Safe medication practice in palliative care – first do no harm. Development of documentation to safely prescribe and administer continuous subcutaneous infusions (CSCI) in palliative care | Tony Hall, Griffith University |
| 1200     |         | Lymphoedema website                                                   | Mara Bennett, Bond University |
| 1215     |         | Discussion                                                            |                                                 |
|          | Room N418| STRENGTHENING THE WORKFORCE                                          | room N418 STRENGTHENING THE WORKFORCE  
Chair – Ms Carol Hope, Centre for Palliative Care Research and Education |
| 1100     |         | What’s next for the Victorian Palliative Medicine Training Program (VPMT)?? | Helen Austin, Centre for Palliative Care Education and Research |
| 1115     |         | Establishing a collaborative to support the palliative care nurse practitioner in Victoria | Mark Boughhey, St Vincent’s Hospital and the University of Melbourne |
| 1130     |         | Survey serendipity – building capacity through education             | Julie Flood, Hope Healthcare North |
| 1145     |         | Chicken or egg? The translation of graduate capabilities to clinical practice | Susan Lee, Katrina Récoché, Monash University |
| 1200     |         | Palliative care capacity building in a rural workforce               | Katrina Récoché, Susan Lee, Monash University |
| 1215     |         | Discussion                                                            |                                                 |
| Room N408 | **UNDERGRADUATE CURRICULUM INNOVATION**  
Chair – Dr Bev Turnbull, Charles Darwin University |
|-----------|--------------------------------------------------|
| 1100      | Rattling the curriculum cage – the time for reform is now  
Amanda Johnson, University of Western Sydney |
| 1115      | Integrating palliative care into undergraduate nursing curriculum – The University of Newcastle’s experience  
Victoria Pitt, University of Newcastle |
| 1130      | Knowledge to action – building graduate capabilities in palliative care through use of the PCC4U curriculum resources in a third year undergraduate nursing course at UniSA  
Anne Hofmeyer, Australian Catholic University and St Vincent’s and Mercy Private Hospitals |
| 1145      | Integrating the PCC4U modules into a new undergraduate nursing curriculum – The University of Notre Dame, Australia – Sydney’s experience  
John Ramjan, The University of Notre Dame Australia |
| 1200      | Occupational therapy and palliative care – a Deakin University adventure  
Genevieve Pepin, Deakin University |
| 1215      | Understanding the concepts of healing and suffering – an innovative approach to assessment  
Amanda Johnson, Lyn Stewart, University of Western Sydney |

| Room 419 | **INTEGRATING DIVERSITY**  
Chair – Mr Vlad Aleksandric, Palliative Care Australia |
|-----------|--------------------------------------------------|
| 1100      | Resilience – a skill to be learnt and taught in palliative care  
Liz Crowe, Royal Children’s Hospital |
| 1115      | Bringing the lived experience of spiritual engagement to undergraduate students through greater emphasis on personal interaction and emotional connection  
Joy Penman, University of South Australia |
| 1130      | Teaching spirituality to our students and our workforce  
Geoff Mitchell, University of Queensland |
| 1145      | Pedagogical principles of PEPA for Indigenous health workers  
Deborah Prior, Queensland University of Technology |
| 1200      | Cultural safety in PEPA remote education  
Cindy Paardekooper, PEPA, Territory Palliative Care |
| 1215      | Discussion |
| 1230–1315 | LUNCH |

| 1315–1500 | **Expert Panel session**  
**Building our future workforce**  
Facilitator – Sophie Scott, National Medical Reporter for the Australian Broadcasting Corporation  
**Expert Panel:**  
Ms Cheryl Burns, Nursing Director – Education, Clinical Education and Training, Queensland  
Professor David Currow, Chair, Palliative and Supportive Services, Flinders University  
Ms Donna Daniell, Chief Executive Officer, Palliative Care Australia  
Ms Meg Hegarty, Head (Academic) Palliative and Supportive Services, Flinders University  
Professor Rod MacLeod, Director of Palliative Care, North Shore Hospice, New Zealand  
Professor Ron Oliver, Pro-Vice-Chancellor (Teaching and Learning), Edith Cowan University  
Ms Jennifer Tieman, Director, Australian Palliative Care Knowledge Network |

| 1500–1530 | **Close**  
Professor Patsy Yates, Queensland University of Technology and Director, Centre for Palliative Care Research and Education |
SPEAKERS AND FACILITATORS

**DR FRANK BRENNAN**

Frank Brennan is a Palliative Care Physician at St George and Calvary Hospitals in Sydney. He is attached to the University of NSW and is involved in teaching of Palliative Care to undergraduate Medical students. Frank is interested in the use of Arts and Humanities in teaching. In his teaching he includes the reading to students of a series of narratives he has written based on his work.

**MR PETER CARVER**

Peter Carver is the Executive Director of the National Health Workforce Taskforce. He is a public policy strategist specialising in the area of workforce and service policy and planning in health and human services. He has extensive experience at a senior executive level in the public sector. Prior to his appointment as the Executive Director of the National Health Workforce Taskforce (NHWT) in Sept 2007, He worked as the Director, Service and Workforce Planning in the Department of Human Services, Victoria From 2001. Recently, he designed the latest reform package agreed through the National Partnership through the Council of Australian Governments (COAG).

At a national level Peter was Victoria’s representative on the AHMAC Health Workforce Principal Committee, chaired a number of national workforce sub-committees, and chaired the national Community Services and Health Industry Skills Council, as the Community Services Minister’s Advisory Committee nominee. Peter also represents the Australian Health Minister’s Advisory council on a number of external health workforce related bodies such as the Education Policy Board of the Royal Australasian College of Surgeons.

The creation of the NHWT was a decision of COAG, running for four years in the first instance and acting as a primary vehicle for driving health workforce innovation and reform in Australia.

The NHWT became operational at the beginning of December 2007. It is a national body, with employees located in Queensland and Tasmania as well as the primary office in Victoria.

The NHWT has been given carriage of a number of the COAG Health Workforce Reforms via the Health Workforce Principal Committee on behalf of Health Ministers. These will form part of the broader Health Workforce Work-Program to provide a strong strategic direction in workforce reform and innovation.

**PROFESSOR DAVID CURROW**

Professor David Currow holds the Chair of Palliative and Supportive Services at Flinders University, Adelaide. He has published widely in palliative care journals and the general medical literature. Research interests include the symptomatic management of dyspnoea, improving population based planning for people with life limiting illnesses and improving the evidence base for therapeutic interventions.

David holds grants from the National Health and Medical Research Council, the National Institutes of Health (USA) and the Cancer Council Australia. He continues on the Board of the International Association of Hospice and Palliative Care (IAHPC) and is a senior associate editor of the Journal of Palliative Medicine.

He is a Co-chief investigator on the CareSearch project (www.caresearch.com.au) to improve the availability of evidence in palliative care.

He is an author of Internal Medicine: The Essential Facts, Emergencies in Palliative and Supportive Care and an editor of Supportive Care for the Urology Patient and Supportive Care in Respiratory Disease (2nd edition).
**MS DONNA DANIELL**

Donna Daniell was appointed to the role of Chief Executive Officer of Palliative Care Australia in 2006. Palliative Care Australia is the national peak body for palliative care, representing the interests and aspirations of everyone who shares the ideal of quality care at the end of life for all Australians.

Donna's career has focused on system improvements since putting aside her career in pharmacy and embarking on a mission to find out who makes the decisions in health care in Australia.

Towards this endeavor, Donna has held positions in lobbying, research, business analysis, policy development, project management, marketing and media management for government, small business and not-for-profit organisations.

Donna is a former senior policy adviser to two Federal Health Ministers, advising on portfolio areas including health finance electronic health, immunisation, chronic disease, pharmaceuticals and privacy.

Donna holds a Master of Business Administration from the University of New South Wales and a Bachelor of Pharmacy from the Victorian College of Pharmacy.

Now that Donna has achieved knowledge of decision making in health care, her current challenge is focused on influencing them. Her specific passion and interest is to ensure that there is timely access to quality palliative care for all Australians.

**MS MEG HEGARTY BN, MPHCPALL CARE**

Meg is a lecturer in the Department of Palliative & Supportive Services, Flinders University, Adelaide where she co-ordinates the post-graduate Palliative Care in Aged Care courses, the topics: Palliative Care in Aged Care Settings and Palliative Care for Indigenous Populations; Health, Culture & Society and teaches in Palliative Clinical Management, Communication at the End of Life, Spiritual & Cultural Aspects of Palliative Care and Death, Dying, Loss & Grief, an elective topic for the Graduate Medical Program.

Previously she worked as a Registered Nurse in Palliative Care, in clinical management and education positions.

Her research involvement currently is in palliative care provision in acute care settings; the role and support of care workers in palliative care in community settings; and palliative care in Australian health care undergraduate curricula. Her further research interests lie in the interface of ageing and palliative care and the ways care of the human spirit is managed in palliative care.

**DR SUSAN LEE**

Susan Lee is a member of the Palliative Care Research Team, Senior Lecturer and NHMRC Research Fellow in the School of Nursing and Midwifery at Monash University. She has worked in Palliative Care education and research for the past 18 years. Her most recent research has explored the skill development of health professionals in relation to assisting patients to be involved in their care decisions and advance care planning.

**PROFESSOR ROD MACLEOD**

Rod is Director of Palliative Care at the North Shore Hospice, Takapuna, Auckland. He is also Honorary Clinical Professor in General Practice and Primary Health Care, University of Auckland and Adjunct Professor in the Departments of General Practice and Medical and Surgical Sciences at University of Otago, Dunedin School of Medicine.

He has a longstanding interest in education in palliative care; his PhD was titled ‘Changing the way that doctors learn to care for people who are dying’. He has published widely in the area of palliative care and palliative care education in national and international peer reviewed journals.
PROFESSOR GEOFF MITCHELL

Geoff is Professor of Primary Care Research at the University of Queensland. His main research interests are the role of General Practitioners in palliative care and cancer in general, and the care of complex conditions in general practice. He has published extensively in these areas. Current research includes a trial of an intervention to improve outcomes for caregivers with advanced cancer, discharge planning from hospital to home, and single patient trials in palliative care. He has research in other areas including chronic wound care. Publications include contributions to Therapeutic Guidelines Palliative Care and an edited book entitled Palliative care: a patient centered-approach, published in January 2008. He maintains a clinical practice in Ipswich, Queensland.

PROFESSOR RON OLIVER

Ron is the Pro-Vice-Chancellor (Teaching and Learning) at Edith Cowan University in Western Australia. Throughout his teaching career he has used emerging technologies to engage and motivate his students. He has actively researched in this area and has experience in the design, development, implementation and evaluation of technology-facilitated learning materials. His particular interests include authentic learning and task-based learning and the sharing and reuse of technology-facilitated learning activities.

Ron has won many awards for his innovative teaching and research with learning technologies including an Australian Award for University Teaching (1997) and an Australian Learning and Teaching Council Fellowship (2006). He is an active member of the editorial boards of several international e-learning journals and conference committees. He is regularly invited to share his work and ideas at national and international conferences.

SOPHIE SCOTT

Sophie Scott is the national medical reporter for the Australian Broadcasting Corporation. Her stories appear on the ABC’s flagship news bulletin at 7.00pm, Lateline, Stateline and 7.30 Report. Her reports can be seen throughout the Asia-Pacific Region, through ABC’s Australia TV network. She can also be heard on ABC radio.

In 2005, Sophie Scott received the Health Research in the Media award at the Research Australia ‘Thank You’ Day Awards in recognition of her ability to communicate complex information in a way that the general community can easily understand. In 2004, she won the Australian Museum Eureka award for medical reporting.

Sophie Scott was a television newsreader for ABC Tasmania 1998 to 2000. She is the Vice President of the Australian Medical Writers Association and is on the board of the Australian Medical Association Charitable Foundation NSW. Her first book titled ‘Live a Longer Life’ is published by ABC books.

She is an accomplished MC and speaker, having hosted events for the National Health and Medical Research Foundation, the Bowel Cancer Institute, and the Australian Medical Association. Sophie has been a guest speaker at scientific conferences and an entertaining after dinner speaker for Health conferences.

MS JENNIFER TIEMAN

Jennifer is Director and Co Chief Investigator of the Australian Knowledge Network in palliative care project which is responsible for the CareSearch website (www.caresearch.com.au). As part of this project she was involved in bibliometric research to identify relevant literature from the many possible sources of interest to palliative care. This work resulted in the development of a palliative care search filter which is one of the first content filters in the world.

Jennifer is also involved with a number of other national projects and grants. She is part of the investigator team developing the Guidelines for Palliative Care in the Community Aged Care Setting (COMPAC). These guidelines are presently before the NHMRC for endorsement. She is a member of the Reference Group for the National Standards Assessment Project in palliative care and the Scientific Advisory Committee for the Palliative Care Outcomes Collaboration. She recently received an NHMRC Palliative Care Research Program Grant to investigate issues around eHealth literacy and readability in palliative care. She has an ongoing interest in online learning and how the web can contribute to knowledge translation in health.
DR JANE TURNER

Jane Turner is a Senior Lecturer in Psychiatry at the University of Queensland. Her clinical and research interests are the promotion of wellness following the diagnosis and treatment of cancer, and the impact of advanced cancer, in particular the issues facing families when a parent has advanced cancer. Dr Turner chaired the working groups which developed the Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer (under the auspices of the National Breast Cancer Centre and National Cancer Control Initiative) and the consumer version of these guidelines, and is Chair of the Psychosocial Oncology group of the Clinical Oncology Society of Australia. She has extensive experience in oncology health professional education, including communication skills training.

PROFESSOR PATSY YATES

Patsy is jointly appointed as Professor of Nursing at Queensland University of Technology, and Director for Queensland Health’s Centre for Palliative Care Research and Education, a state-wide service that was established to enhance palliative care services in Queensland through education and research. As Director for the Centre, Patsy leads a range of programs focused on developing workforce capacity in palliative care, researching priority issues in palliative care, and strengthening the nexus between research, policy and practice. Patsy has developed a program of research aimed at improving management of symptoms associated with advanced progressive disease, having undertaken studies evaluating non-pharmacological and behavioural interventions for people with cancer experiencing cancer pain, breathlessness, fatigue and nausea. She was National Chair for the Cancer Nurses Society of Australia, and has served as member of the Executive Committee and Council of the Clinical Oncological Society of Australia (COSA). She is currently a member of the Executive Committee for Palliative Care Australia, and of the Board of Directors for the International Society of Nurses in Cancer Care. In November 2009 Patsy received the COSA Tom Reeve Award for Outstanding Contributions to Cancer Care.
ACKNOWLEDGEMENTS
This conference is sponsored by the Palliative Care Curriculum for Undergraduates (PCC4U) project, funded by the Australian Government Department of Health and Ageing.

THANK YOU...

KEYNOTE SPEAKERS
• Mr Peter Carver
• Professor Rod MacLeod
• Professor Ron Oliver
• Ms Jennifer Tieman

FACILITATORS
• Dr Frank Brennan
• Dr Susan Lee
• Professor Geoff Mitchell
• Ms Sophie Scott
• Dr Jane Turner
• Professor Patsy Yates

EXPERT PANEL
• Professor David Currow
• Ms Donna Daniell
• Ms Meg Hegarty
• Professor Rod MacLeod
• Professor Ron Oliver
• Ms Jennifer Tieman

PCC4U SHOWCASE
• Dr Frank Brennan
• Dr Tony Bush
• Ms Jenny Fox
• Dr Pam Meredith
• Mr Connor O’Neil
• Ms Robyn Teed

SESSION CHAIRS
• Mr Vlad Aleksandric
• Ms Kim Devery
• Professor Carol Grbich
• Mr John Haberecht
• Ms Carol Hope
• Professor Robyn Nash
• Dr Bev Turnbull

TO ALL OUR CONTRIBUTORS AND PARTICIPANTS
THANK YOU!

The PCC4U Project is led by Queensland University of Technology in collaboration with the Queensland Government, Flinders University, Charles Darwin University and Curtin University of Technology. This project is funded by the Australian Government Department of Health and Ageing.
WHAT’S NEXT FOR THE VPMTP?

Helen Austin  
Centre for Palliative Care Education and Research

The former DHS, in response to concerns that Victoria’s palliative medicine workforce was ageing and less than half the recommended minimum set by PCA, provided funding for a two year, state wide, co-ordinated, palliative medicine training program. The aim of this project was to produce a well-trained and viable palliative medicine workforce. Initially much energy was focussed on the specialist work force and their needs, although the training needs of the generalist workforce were also recognised. In mid 2009 funding was granted for a medical coordinator (0.6), project officer (0.4), business manager (0.2) and admin support. We were also made the fund holder for 6 registrar positions and two fellows’ positions. Some of the issues to be addressed by the program in the next two years include

- ensuring that there are adequate funded training positions that meet the accreditation standards of the RACP
- ensuring that the non specialist medical workforce is up skilled in palliative medicine and has access to specialist palliative medicine physicians
- dispersal of the funding for registrar and fellow positions in a fair and equitable manner
- developing a mentoring program to support the small workforce and enable it to provide the services asked of them
- ongoing development of the education program in line with the RACP curriculum
- considering whether we have a role in supporting our colleagues in the palliative care community in South East Asia with access to the fellows’ program.

LYMPHOEDEMA WEBSITE

Mara Bennett  
Bond University

Following discussions with several physiotherapists working in the area of palliative care, the desirability of a resource to explain and demonstrate the physiotherapy management of lymphoedema became apparent. Because of time constraints lymphoedema management is generally not taught in undergraduate physiotherapy programmes. Students may graduate and have very little understanding of lymphoedema and its management, or that these modalities are widely used by physiotherapists working in palliative care to reduce pain and increase function. On application to the QUT Institute of Health and Biomedical Innovation, a grant to produce a web based learning resource to inform physiotherapy students about this important condition was approved. The learning objectives of the website were to define lymphoedema, recognize the incidence of cancer-related lymphoedema in Australia, overview the lymphatic system, detail advice that can be given to patients at risk of developing lymphoedema, create awareness of the signs and symptoms of lymphoedema and the physiotherapist’s role in the management of lymphoedema.
IMPLEMENTING THE LIVERPOOL CARE PATHWAY IN WESTERN AUSTRALIA – AN INNOVATIVE APPROACH TO EMBEDDING QUALITY IMPROVEMENT INTO CLINICAL PRACTICE

Valerie Colgan, Hayley Arnet, Helen Walker

WA Cancer and Palliative Care Network

The WA Cancer & Palliative Care Network collaborated with the Marie Curie Palliative Care Institute, Liverpool (MCPCIL) to adapt the Liverpool Care Pathway for the dying (LCP) for use in Western Australia. A pilot study was conducted to trial the modified pathway in four health settings. Lessons learnt from this study have informed the systematic rollout of the LCP across West Australian.

Rollout of the LCP has commenced in 2009 in three rural regions. The approach used has built on the MCPCIL ten step continuous quality improvement program (CQIP) and aims to provide an innovative and credible framework to improve the care of West Australians in the last few days of life. Formal use of the quality audit cycle supports reflective practice and critical review and augments education and training. Initially many clinicians lacked confidence in using the quality audit cycle in relation to end of life care which prompted this novel approach to embedding quality improvement into end of life care practice. Strategies used have included:

- the development of clinical teaching resources;
- formal workshop days to teach use of the LCP linked to quality practice;
- linking activities directly to Australian Council on Healthcare Standards Equip 4 criteria;
- building quality teams linked across multiple rural towns and
- using follow-up coaching by video and teleconference to maintain enthusiasm and compliance.

This project is being formally evaluated by Edith Cowan University, and the Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) at the University of Western Australia.

NIKKIPEDIA

INTRODUCTION OF THE NIKKI – T34 SYRINGE DRIVER ACROSS A METROPOLITAN PALLIATIVE CARE SERVICE

Jane Connolly, Julie Flood

Hope Healthcare North

This presentation will describe the process of replacing the Graseby Syringe Drivers across a large metropolitan inpatient and community specialist palliative care team. This service supports approximately 800,000 population in Northern Sydney and is a major teaching resource for palliative care.

‘One of the ongoing challenges is developing a motivated and educated palliative care workforce whilst attempting to meet growing needs on the service’. Dr Bee Wee, Hinohara Lecture, Perth 2009. For our service this was certainly so, as we introduced the new Nikki-T34 at the same time as we added ten private rooms to our existing sixteen and almost doubled our nursing workforce, employed a new Nursing Unit Manager and increased medical services to the unit.

So, how did we do this and what were our challenges?

Following the directive that by 2011 the Graseby Syringe Drivers would no longer be able to be serviced, we knew that we would have to begin a replacement programme. In early 2009, we also began to experience problems with our Graseby Syringe Drivers and were finding they needed servicing far more regularly …..we were most concerned about the possibility of harm occurring to our patients. Thus, our aim became to replace the existing syringe drivers by December 2009 when our new wing was to be opened . This we have achieved.

The presentation will describe

- Methodology and reasoning for choosing the particular syringe driver + challenges we faced.
- Extensive liaison with the manufacturers of the product
- The intensive and highly structured education/induction programme and its modules. Staff ownership and engagement with the process.
- Results of the programme.
RESILIENCE – A SKILL TO BE LEARNT AND TAUGHT IN PALLIATIVE CARE

Liz Crowe
Royal Children’s Hospital

Self care of the practitioner in areas such as palliative care was a neglected subject for a long time before a plethora of information came to light on the potential risks to self of burnout; compassion fatigue and vicarious traumatization were published. While there is now numerous articles highlighting potential risks to practitioners’ literature on building and teaching resilience and the potential for human flourishing within palliative care are more difficult to access. Educators within Palliative Care need to teach creative and practical skills of resilience and the potential for personal and professional growth in palliative care work. These skills create a ‘work ready’ and sustainable workforce with realistic expectations of the work and an appreciation of the many positive and humbling aspects of palliative care. This practical talk will use case studies and an overview of the literature on resilience and the field of positive psychology to provide educators with tools to use to build these skills.

SURVEY SERENDIPITY – BUILDING CAPACITY THROUGH EDUCATION

Julie Flood
Hope Healthcare North

The shift from the Hospice to the sub-acute palliative care model in an inpatient unit highlighted the need to increase the skill base of nursing staff and empower this group to have become both competent and confident in their palliative care practice.

A specific tool, a Palliative Care Nursing Workforce Survey was developed to capture the profile of the nursing team and within that, the significant implications for nursing education.

The nursing workforce survey related to palliative care nurses from two inpatient units, three community teams, lymphoedema clinic, education in Residential Aged Care Facilities, Inreach into private and public hospitals and three Day Hospitals.

The primary aim of this inaugural survey was to obtain a nursing workforce profile to identify the focus for recruitment and retention strategies, education and training and clinical guideline development in the Palliative Care Service.

The survey results showed a surprising and serendipitous educational focus. Although staff indicated that there were few real or perceived barriers to education they produced an overwhelming list of topics they would like addressed, ranging from portfolios, tutorial topics, competencies and expressions of interest in post-graduate education.

Significantly three major areas for education were identified: psychosocial issues, clinical practice and others e.g. computer skills, teaching of students.

The major recommendations included increased clinical nurse consultant hours, professional supervision, allocation and development of portfolios, creativity and flexibility in educational delivery, improved teaching of undergraduates, increased support for new graduates, increased online learning opportunities, provision of experience for our staff at other palliative care centres of excellence, hosting experience for others, attraction of funding for special learning projects, improved communication by e newsletter, creative tutorials and ‘home’ learning.

Shortly after survey results were published, implementation of recommendations commenced with an externally funded study day. There were strong signs that staff had begun to take responsibility for their own learning. Capacity building had begun.

Reference:
SAFE MEDICATION PRACTICE IN PALLIATIVE CARE – FIRST DO NO HARM.
DEVELOPMENT OF DOCUMENTATION TO SAFELY PRESCRIBE AND ADMINISTER CONTINUOUS
SUBCUTANEOUS INFUSIONS (CSCI) IN PALLIATIVE CARE

Tony Hall, Carol Reid2, Carol Douglas3, Veronica Connors3
Griffith University 1, Medication Services Queensland2, Palliative Care Team, Royal Brisbane & Women’s Hospital3

INTRODUCTION
The most common medications used in Palliative Care are also recognised as those most associated with accidental harm in health care. Queensland Health's Safe Medication Practice Unit (now SMMU) has been associated over many years with the development of standardised communication tools to document the prescribing and administration of medications. The National Inpatient Medication Chart is one such tool now used in public hospitals across Australia.

Among the projects undertaken by the unit was the development of a standardised form to document safely the Prescription and Administration of CSCI medications, in partnership with our clinical colleagues working in Palliative care.

METHODOLOGY
1. A steering committee of clinicians from medical, nursing and pharmacy professions working in Palliative Care was established and key principles of safe medication practice in Palliative Care established.
2. Development of a document to address the findings of the steering committee.
3. Audit use of the Document within a specified unit at the RBWH.
4. After much iteration a suitable document was prepared and tested on a ward at the Royal Brisbane and Women’s Hospital. Educational materials were developed to provide effective training for nurses and junior medical staff on this unit.
5. Pre and post audits of documentation were carried out.

AUDIT RESULTS
There was:
• poor uptake of regular medication order review by medical staff
• standardisation to single type of subcutaneous infusion pump within hospital
• nursing calculation documentation in 92 per cent of patients at post audit
• standardisation to single rate of administration throughout hospital
• regular four hourly observational check in 95 per cent of patients at post audit

CONCLUSION
Standardisation and the development of a form to document prescribing and administration processes for Continuous Subcutaneous Infusions (CSCI) led to clear improvements in most identified elements of safe medication practice in Palliative Care. Although there was poor documentation of a regular medication order review it was identified by our junior medical staff that they undertook this more often but did not document this process.
KNOWLEDGE TO ACTION – BUILDING GRADUATE CAPABILITIES IN PALLIATIVE CARE THROUGH USE OF THE PCC4U CURRICULUM RESOURCES IN A THIRD YEAR UNDERGRADUATE NURSING COURSE AT UNISA.

Anne Hofmeyer
Australian Catholic University and St Vincent’s and Mercy Private Hospital

Commonly, palliative care taught in undergraduate nursing curriculum is associated with cancer and terminal care which perpetuates ‘commonly held assumptions’. Typically, the focus is on disease, symptom management, and assumption that services are only available in hospices. This educational approach fails to prepare the next generation of health professionals to deliver quality palliative care across the health system and provide access to a palliative approach to care for patients with non-cancer diseases. In this presentation, part of the findings from a study which examined nursing students’ perceptions of palliative care prior to and following a knowledge intervention (4 modules and a 2 day workshop utilizing PCC4U resources) will be presented. In particular, issues for students about negative assumptions regarding palliative care, cancer, and building capability in effective communication for their subsequent clinical practicum in a palliative care setting will be explored. Data was collected using pre and post-knowledge intervention questionnaires. Prior to the knowledge intervention, respondents reported ‘commonly held assumptions’. Following the modules and workshop, respondents reported enhanced knowledge and skill development in PCC4U graduate capabilities. Transferring knowledge into action by promoting a palliative approach to care in mainstream health care depends on educational change. Less than 5 per cent of nurses undertake postgraduate education in Australia, so the integration of PCC4U resources in undergraduate curricula is essential. Building graduate capabilities in palliative care will improve the capacity of health professionals to provide a palliative approach to care and foster quality health experiences and outcomes for patients and their families.

RATTLING THE CURRICULUM CAGE – THE TIME FOR REFORM IS NOW

Amanda Johnson
University of Western Sydney

Nurses face an escalating need to deliver a palliative care approach as a core component of their everyday practice. Understanding this experience is equally important to nurse administrators and nurse education if future graduates are to be prepared to meet workforce needs. This paper presents a compelling case to ‘rattle their cage’ of curriculum designers too include a palliative care approach in future nursing programs.

A two-phase, mixed methods longitudinal study was conducted. A descriptive survey, of Australian undergraduate nursing curricula, followed by depth interviews with undergraduate and new graduate nurses was conducted. The survey results described death and dying education as inconsistent, with minimal penetration in the overall curriculum and pedagogically underdeveloped. Following thematic analysis of the interviews four themes emerged: 1) Being confronted; 2) Being transformed by death; 3) Grieving the loss of a patient and 4) The buck stops with you: being responsible for the care of the dying. These themes showed the experience to be traumatic and transformative. Importantly this study provides results and findings which, when corroborated, confirm and substantially strengthen the argument for undergraduate nursing curricula to be re-designed to more adequately prepare graduates for contemporary practice.

Failure to re-dress this issue of curriculum reform will lead to a nursing workforce continually challenged and left with feelings of personal inadequacy, unable to provide contemporary practice to meet the needs of their patients, lack resilience to re-encounter dying patients, adding further to their stress which may culminate in substantial loss of nurses from the profession.
UNDERSTANDING THE CONCEPTS OF HEALING AND SUFFERING – AN INNOVATIVE APPROACH TO ASSESSMENT

Amanda Johnson, Lyn Stewart
Undergraduate Studies of University of Western Sydney

Internationally nursing students frequently encounter patient situations involving suffering and loss related to chronic illness and dying. Studies identify students are substantially challenged and confronted by these experiences. The literature highlights students receive minimal preparation by their education program. The opportunity for an innovative assessment task addressing this gap arose during a curriculum review of an undergraduate nursing program. The review attempted to drive the inclusion of non traditional assessments tasks capable of responding to multiple learning styles that extended beyond written tasks.

An assessment task in a core teaching unit on chronic illness and palliation required students to assemble a poster which visually conveyed their understanding of healing or suffering using a variety of art media. This paper describes the process, outcomes and benefits when an assessment task involving art was implemented.

Innovative assessment tasks, developed with an arts and humanities focus, have the capacity to engage learners by promoting personal growth and creating understanding about death, loss and suffering. This approach strengthens nursing education by better preparing graduates for their everyday practice. It is highly probable students will experience personal growth and build resilience which leads them able to re-encounter chronically ill and dying patients. Furthermore quality palliative care is more likely to be provided as a result. Failure to build a capacity for resilience in our workforce will manifest in continued high levels of anxiety and stress in the workplace, displays of inappropriate behaviour, inadequate provision of palliative care and potential loss of nurses from the profession.

CHICKEN OR EGG? THE TRANSLATION OF GRADUATE CAPABILITIES TO CLINICAL PRACTICE

Susan Lee, Katrina Récoché
Monash University

In 2009, we commenced using the PCC4 U resources for capacity building generalist health professionals in a rural area to provide the palliative approach in acute medical settings, aged care and the community. The scope of the short course and the evaluation are reported in another abstract. In this presentation, we would like to explore the use of the graduate capabilities in improving clinical practice.

A mentoring framework was used to build the capability of participants in the short course to provide the palliative approach. A descriptive guide to participants and mentors was provided. Within the guides, the art of mentoring and being mentored were outlined, including the mentor and mentee responsibilities and establishing and closing relationships. Each capability was mapped to general nursing competencies at enrolled and registered levels. Attempts to map other disciplines were more problematic. The guides also gave examples of possible activities that might be used to practice and demonstrate individual capabilities and a framework for assessment.

Using the experience of the short course designers and the feedback from participants and mentors, this presentation will explore the complexity of using capabilities to identify the skills required by various disciplines, the management of skill deficit and the knowledge and skills required for successful mentoring.

Discipline-specific skills, shortage of specialist palliative care mentors and the education and capabilities of non-skilled care providers are issues that will be addressed in this presentation. The experience of using the capabilities in this setting will be translated to the development of clinical activities for undergraduate students in the health sciences in 2010.
TEACHING SPIRITUALITY TO OUR STUDENTS AND OUR WORKFORCE

Geoff Mitchell, Judith Murray, Richard Hutch, Trish Wilson, Pam Meredith

University of Queensland

All definitions of palliative care emphasise that a whole person approach, including the person’s spirituality, should be dealt with by health professionals. However, many health professionals do not want to explore a person’s spirituality, believing that they may intrude on a personal domain and worrying that they may be seen to press their own views onto a group that is vulnerable. This project explored the literature on what spirituality is, and whether its exploration was warranted by health professionals in the palliative setting. If it was, the project sought to identify how this should be done in a way that addressed health professional’s anxieties.

We found that spirituality is the domain of existence that addresses those things that give a person their meaning, and that understanding this helped people find hope and allay fears embedded in the vulnerability of palliative care. Religiosity was a means of expressing spirituality in an organized way, was a subset of spirituality, and yet different from it. Understanding the difference was important in determining how a person was likely to react in a palliative care setting.

We developed and piloted a multimedia teaching package that can be used for personal reflection and as the basis for public teaching. This includes video interviews of dying people and health professionals that care for them. Segments of these interviews reinforce the messages that are being portrayed. This package improved health professional’s confidence to deal with a person’s spirituality without influencing their own spirituality- these impacts persisted for three months after the pilot.

CULTURAL SAFETY IN PEPA REMOTE EDUCATION

Cindy Paardekooper

PEPA, Territory Palliative Care

The Indigenous Palliative Care Educational component of PEPA is becoming successful at all levels as it travels throughout the Northern Territory. The primary focus of PEPA to educate Aboriginal Health Workers is being received well despite initial obstacles such as their complex role in the community including cultural obligations and family dynamics, poor support for their professional development and great communication breakdown between non indigenous clinic staff and the Indigenous community.

Through PEPA we have developed greater engagement between the community and primary health care providers to implement the palliative approach for clients with life limiting illness . Ultimately we developed a working relationship with the Aboriginal Health workers to enable palliative patients the support that enabled them to return to their community / country to ‘finish up’.

Cultural safety and sensitivity is a priority for Aboriginal Health Workers PEPA experience. All PEPA related education is delivered by an Aboriginal person who identifies with the target audience as ‘of their kind’. The education is delivered in a culturally sensitive manner which includes incorporating as specific aspects of tradition and culture in the content. PEPA education for AHW also comprises of realistic situations of Aboriginal settings, scenarios, patient’s journeys and stories relating to the Aboriginal way of life. Discussions prior to sessions are carried out with participants by the dedicated PEPA Aboriginal Educator to ensure a culturally safe working environment.

In this paper I will present other methods of cultural safety implemented in PEPA for Aboriginal Health Workers in the Northern Territory and discuss the overall effects on the general community.
BRINGING THE LIVED EXPERIENCE OF SPIRITUAL ENGAGEMENT TO UNDERGRADUATE STUDENTS THROUGH GREATER EMPHASIS ON PERSONAL INTERACTION AND EMOTIONAL CONNECTION

Joy Penman, Mary Oliver

University of South Australia

The purpose of this paper is to discuss the outcomes of a doctoral study that resulted in insightful meaning and plausible interpretations of spirituality and ways of engaging with spiritual matters. Van Manen’s hermeneutic phenomenology was the methodology employed in this study to guide the exploration and understanding of the human phenomena. Interview transcripts of fourteen participants, four with a life-limiting condition and ten caring (or having cared) for loved ones with life-limiting conditions, provided rich experiential discourse of spirituality and spiritual engagement. The paper will include the lived experience of the participants as well as the study findings and outcomes.

The study participants felt the need for greater responsiveness to their spiritual needs and placed high importance on spiritual matters. The study therefore recommends the incorporation of spirituality and spiritual engagement in clinical practice and increased inclusion in the education of health professionals during their undergraduate and ongoing professional education. More specific recommendations relate to gaining understanding of spirituality; heightened sensitivity and discernment of spiritual concerns; creation of environments that value relationships, even amongst strangers; the facilitation of spiritual engagements that might be useful and comforting for clients and caregivers; and, conceptualisation of personal understanding of spirituality.

Key words: spirituality, spiritual engagement, life-limiting condition, hermeneutic phenomenology

OCCUPATIONAL THERAPY AND PALLIATIVE CARE – A DEAKIN UNIVERSITY ADVENTURE

Genevieve Pepin

Deakin University

Occupational Therapy is the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007, p. 372). To do so occupational therapists must develop a reflective practice based on evidence and must be able to support individuals when they face challenges, losses, and an uncertain future. As a profession occupational therapy shares strong links with core values underpinning Palliative Care such as dignity, respect, empowerment, equity and advocacy.

This presentation will describe how core concepts of Palliative Care are integrated in the Occupational Therapy curriculum at Deakin University. It will highlight specific links between Occupational Therapy and Palliative Care and more specifically, it will describe the experience of introducing the PCC4U resources to forth year students. Also, it will demonstrate how these resources are utilised in the course to address the specificity and complexity of Palliative Care. Students’ perspective and reflection on being prepared in the principles and practice of Palliative Care will be reported and finally, as Occupational Therapy formation in Australia is undergoing major transformations future trends and actions to further the application of core values and principles of Palliative Care in this evolving context will be identified.

Reference:

INTEGRATING PALLIATIVE CARE INTO UNDERGRADUATE NURSING CURRICULUM –
THE UNIVERSITY OF NEWCASTLE’S EXPERIENCE

Victoria Pitt, Pamela Van Der Riet, Tracy Levett-Jones

University of Newcastle

The Palliative Care Curriculum for Undergraduate Project (PCC4U) provided the University of Newcastle’s (UoN), School of Nursing and Midwifery (SoNM), an opportunity to review how palliative care was integrated into the Bachelor of Nursing (BN) curriculum. This review was incorporated into the 2009 external review and BN curriculum reaccreditation.

The initial phase activity was a rigorous mapping exercise. At commencement of the project, a review of the course objectives was undertaken and palliative care related content was evident in approximately 10 percent of the program. On completion of the mapping exercise which considered, course outlines, modules and lectures from mandatory courses, palliative care topics were identified in many aspects of courses, but were not explicitly stated within course objectives.

The second phase included stakeholder consultation with academics, clinical partners within the area health and aged care sector and a PCC4U workshop. As a result of consultations three themes emerged: promoting linkages and partnerships between clinicians and academics; promoting student-centred learning and embedding curriculum/inter-professional learning (PCC4U, 2009).

The third phase was the development of recommendations for integration into the 2011 curriculum and involved taking into consideration; principles of care influencing nursing practice, stakeholder feedback, mapping activities and capabilities and attributes of nursing graduates. Recommendations included learning outcomes for the graduates, suggested content and a flowchart, which outlined how palliative care would be presented in each course over three years of the program. The significance of this flowchart is to ensure integration across the program, transparency and consistency for future changes and development within the BN program.

PEDAGOGICAL PRINCIPLES OF PEPA FOR INDIGENOUS HEALTH WORKERS

Deborah Prior

Queensland University of Technology

The Program of Experience in the Palliative Approach (PEPA) aims to improve the quality and accessibility of palliative care for all people with life-limiting illness, and their families. The key strategy for achieving the aim of PEPA is developing abilities of the health care workforce to apply principles of palliative care. At the commencement of PEPA in 2003, it was known that Indigenous peoples did not access palliative care services to the level expected given the long term illnesses and advanced diseases effecting this population. Furthermore, in 2003 only two palliative care services employed an Indigenous person.

In the first triennium of PEPA the uptake by Aboriginal and Torres Strait Islander (Indigenous) Health Workers was minimal. Thus a priority for the second triennium (2007–2010) was to provide culturally appropriate support and learning experiences that would encourage Indigenous Health Workers to undertake PEPA. While PEPA for Indigenous Health Workers is consistent with the national objectives, the pedagogy is informed by a cultural respect framework. The broad principle of cultural respect relevant to PEPA is that learning experiences including clinical placement, consider cultural rights, practices, values and expectations of Indigenous participants.

This paper will present the pedagogical principles underpinning the Indigenous component of PEPA, which included building relationships, integrating cultural consideration relating to ‘sorry business and raising cultural awareness in the palliative care workforce.
ESTABLISHING A COLLABORATIVE TO SUPPORT THE PALLIATIVE CARE NURSE PRACTITIONER IN VICTORIA

Karen Quinn, Mark Boughey presenting
Centre for Palliative Care Education and Research

Escalating health care costs, consumer expectations, an ageing population, complex prolonged diseases and diverse demographics all contribute to the challenge of providing effective, time efficient and patient focused palliative care. An emerging and innovative advanced practice nursing role with potential to both enhance care delivery and address some of the specific palliative care challenges is that of a Nurse Practitioner (NP). The NP role aims to meet the identified gaps and add value to patient service delivery from an advanced nursing practice perspective, promoting a seamless and quality service to a specified group of patients. Victorian palliative care NPs were first endorsed by the Nurses Board in 2004. However, both national and international experience suggests that to be sustainable and to promote NPs continuing to function autonomously and with advanced practice way they benefit from the opportunity to collaborate with colleagues, mentors and academics.

In 2008 the Victorian Government provided funding to scope the role of palliative care NPs within several palliative care services, resulting in eleven services committing to support and finance at least one NP candidate each. A Victorian Palliative Care Nurse Practitioner Collaborative has been developed, the purpose of which is to assist with the development, support and mentorship of Palliative Care NPs in Victoria. Importantly, the collaborative seeks to integrate research, education, clinical practice; management skills and leadership. Consideration will be given to evaluating the effectiveness of the collaborative in terms of support and mentorship for palliative care nurse practitioners and ongoing sustainability.

INTEGRATING THE PCC4U MODULES INTO A NEW UNDERGRADUATE NURSING CURRICULUM – THE UNIVERSITY OF NOTRE DAME, AUSTRALIA – SYDNEY’S EXPERIENCE

John Ramjan, Cathy Costa, Louise Hickman, Jane Philips
The University of Notre Dame Australia

Since commencing its NSW undergraduate nursing curriculum in 2006 the University of Notre Dame, Australia has endeavoured to prepare graduates with a comprehensive understanding of palliative care principles. An innovative approach has been adopted which has ensured that palliative care content is integrated throughout the three year curriculum in a sequential manner. Palliative care principles are introduced in first year units including: Clinical Care, Communication and Anatomy and Physiology. Introducing palliative care concepts at the commencement of the undergraduate nursing program is considered critical as many students will undertake a placement in aged or palliative care where there is a significant burden of illness and death.

The foundation palliative care knowledge is substantially built upon for students in the Pathophysiology and Pharmacology unit completed during their second year. The PCC4U resources are utilised during the sixteen face-to-face hours devoted to the palliative care content of this unit. Importantly, 35 per cent of the overall unit mark is based on a palliative care work assessment. A range of teaching strategies are employed during these case based tutorials allowing students to engage in an active manner with the material. Students are also encouraged to discuss palliative care encounters emerging from their clinical placements in a supported, reflective environment thus bridging the theory practice gap. In the final year, palliative care is comprehensively embedded in the Compulsory Chronic Illness and Palliation unit, where issues related to ageing, illness trajectories and multidisciplinary team management are explored in detail.
PALLIATIVE CARE CAPACITY BUILDING IN A RURAL WORKFORCE

Katrina Récoché, Susan Lee
Monash University

Monash University was commissioned by a rural consortium of palliative care providers, to develop a short course aimed at building palliative care capacity for the generalist health workforce in the area. A secondary aim was to raise awareness and kindle interest in opportunities for specialisation in palliative care in the future.

As the authors had facilitated pilot site testing of the PCC4U on Peninsula Campus of Monash University in 2006, they considered the resource a fitting framework from which to develop the short course. However, the diversity of potential course participants in terms of their professional discipline or work grouping, their educational preparedness, their age and their comfort with and access to appropriate technology, were the imperatives which drove adding to the program in order to meet both their needs and those of the commissioning agencies.

The elements of the development included face-to-face workshops with both didactic and interactive components, mentored clinical skills development, extra readings and self-governing tutorial groups. The rural location and distance from the education centre of the participants increased the importance of the self-directed learning and tutorial groups which were run by participants in either small local groups, in online environments, by email or even telephone. Assessment tasks were also added, but given the purpose of the short course and the diversity of participants this proved counter-productive.

This study will present the issues arising from the development of this activity in the context of the evaluation of the first cohort of participants.

EVIDENCE BASED PRACTICE IN RESIDENTIAL AGED CARE – THE PALLIATIVE CARE THEORY – PRACTICE GAP IN RURAL AND REMOTE FACILITIES

Julie Redway¹, Geoff Mitchell²
Murrumbidgee General Practice Network¹, University of Queensland²

Murrumbidgee General Practice Network (MGPN) is the lead agency of a consortium of four Divisions of General Practice implementing a project under the Commonwealth’s Evidence Based Practice in Residential Aged Care Initiative. The project is due for completion in October 2010.

This project aims to address the need for improved quality of palliative care in residential aged care facilities from rural and remote communities within NSW, South Australia and Victoria. Though most residential aged care facilities have received education during the Commonwealth’s roll-out of the Guidelines for a Palliative Approach in Residential Aged Care, local sites repeatedly indicate a lack of confidence in implementing strategies that effectively address the guidelines.

The purpose of this project is to address the identified theory-practice gaps that exist between what is proposed in the Commonwealth Guidelines, and what is actually delivered within residential aged care facilities. Project impacts and outcomes are being evaluated by Mater University of Queensland Centre for Primary Health Care Innovation.

This presentation will outline challenges the project has faced in delivering palliative care education and improving end-of-life systems within rural and remote residential aged care facilities across three States and four organisations, and discuss the elements critical to ensuring effective and timely solutions are identified and implemented.
PAEDIATRIC PALLIATIVE CARE PROJECT – LINKING WITH THE COMMUNITY SECTOR TO SUPPORT QUALITY RESPITE CARE IN WA

Marnie Chellew-Hawley
WA Cancer and Palliative Care Network

Aim – The WA Cancer and Palliative Care Network (WACPCN) is working with stakeholders in Western Australia (WA) to address the supportive and palliative care needs of children with life-limiting illnesses and their families. This includes supporting access to quality in-home respite. The WACPCN, in partnership with representatives from acute care services, community services, respite agencies and carers completed a review of respite services for this target group.

Method – The review was completed by process mapping. The mapping outlined the family journey from the time of referral to palliative care services to the cessation of respite. The mapping highlighted the need for respite services with well trained support workers that could meet the complex care needs of children and the psychosocial needs of their families.

Outcome – In response, the WACPCN and a Working Group of stakeholders developed an education program for support workers, focusing on caring for children with life-limiting illnesses and their families. The overall aim of the workshop was to provide support workers with an introduction to paediatric palliative care principles which would in turn support them in delivering quality respite care. The half-day workshop was piloted in November 2009 and 11 respite support workers attended. The workshop was evaluated through a post-workshop focus group. The results indicated the workshop was relevant to support workers and increased their knowledge of paediatric palliative care. The WACPCN developed a workshop report which was disseminated to respite agencies in WA, with recommendations to run the program regularly in partnership with respite agencies.

THE RECONNECTORS - EXPERIENCE OF RECONNECT NURSES IN PALLIATIVE CARE

Heather Coleman, Philippa Allen, Carmel Pelling
Greenwich Hospital

The average age of Australian nurses is 43.3 years (NSW Nurses Association). Many have not nursed continuously, choosing to raise families or gain experience in other fields, before returning to the profession. Returning to any field after a prolonged absence requires updating of theoretical and technological knowledge. Returning to the nursing field can be overwhelming after an extended absence.

Reconnect, funded by the NSW Department of Health, is a re-introduction program for nurses which provides support in the initial period of re-employment (NSW Government Department of Health). The Re-connect nurse has the opportunity to refresh skills in a supported clinical environment, initially working in a supernumerary capacity towards individualized skill goals within a structured program. At the successful completion of the program the nurse may return to the workforce with growing confidence in their skills, and a working knowledge of the ward.

Increased confidence and knowledge is particularly relevant in palliative care, where, combined with life experience and maturity, the registered nurse may deal more effectively with confronting issues faced by clients, families and staff.

This presentation will focus on the experiences of a small group of registered nurses ‘reconnecting’ into a palliative care inpatient setting. It will cover why they decided to return to nursing, why to palliative care, and how as Reconnect nurses they have utilized previous nursing and life experience in dealing with palliative care clients. It will discuss their feelings prior to their re-entry, the support provided and the challenges faced.

Reference
CRASH COURSE IN PALLIATIVE CARE

Glynnis James¹, Jodie Marsh²

Townsville Palliative Care Unit¹, Townsville Hospital²

The Townsville Palliative Care Inpatient Unit officially opened its doors to its first patient on the 12th October 2009. The centre was built with funding from the Cancer Control Council and donations from interested stakeholders in the community. This poster presentation is about the orientation process undertaken with the newly formed interdisciplinary team employed to work in the unit. This team had varying levels of skills and many had not worked in a specialist palliative care setting before. The challenge for educators was how to create a program that addressed not only what staff needed to know in terms of equipment usage and evacuation procedures versus equipping a workforce with knowledge in order to function successfully in this clinical area of practice. Additional challenges faced by educators were how to bring a multicultural team from various disciplines and convert it into a cohesive functioning unit based on mutual respect and trust. The result was a comprehensive two week orientation programme focused on the philosophy and practice of palliative care, clinical skills, symptom management, ethical dilemmas, problem solving, supportive strategies, teambuilding and having lots of fun. This approach essentially provided a crash course in palliative care for nursing and allied health participants and paved the way for the team to provide care when the unit opened its doors to the first patient. The feedback from participants was phenomenal highlighting the success of this approach:

Wow this is different I thought, is this going to last, everyone working together, I thoroughly enjoyed the two weeks.

At first I thought, oh my God, what have I got into but as we reached the end of the two weeks and we were talking about people and their cares, it all clicked into place.

I thoroughly enjoyed it and found this a positive experience and very well done. We squeezed in as much as we could without overflowing our heads, it made me so excited and I wanted to come back for more.’

The way forward continues to challenge educators to come up with strategies to support these new practitioners in this clinical area. Daily in services, on the job training and mentoring, attendance at the skills unit, learning contracts and a transition to a palliative care program are some of the strategies instituted to assist nurses with their learning. The first feedback from nursing staff regarding the outcome of this approach is due early January and will form part of this poster presentation.

NFR – A VEXED QUESTION IN END OF LIFE ISSUES

Bev Turnbull, Peter Brown

Charles Darwin University

How do undergraduate students reach a conclusion about NFRs? Is it ethical for a doctor or nurse to ignore an NFR?

NFR is an issue all health professions will encounter at some stage in their career. The issue is of importance and one where the literature advocates consultation and negotiation. The contemporary literature suggests that NFR orders reduce doctors’ willingness to continue or implement other treatments. Misunderstanding about what an NFR order encompasses can contribute to nurses’ anxieties, anger and even interdisciplinary conflict. When a patient, family member or guardian agrees to an NFR order, it does not necessarily mean they are agreeing to decisions about reducing other measures. It is essential that the scope of an NFR order is clearly understood by all competent parties, yet advanced directives and living wills are not well protected in law, and NFRs remain a vexed issue.

In this paper it will be argued that:

• Patients as much as possible must be consulted about an NFR order
• Their wishes should be respected even where there is conflict with family members
• NFR decisions should occur as early as possible and in a wider discussion of treatment goals
• Nurses’ reactions towards NFR orders are emotional rather than informed?
• NFRs do not necessarily/always meet the principles of ethical decision-making
• NFR orders are a social construction of both nurses and doctors
• Clearly documented consent includes advanced directives and living wills, yet these are not necessarily well protected in law.
The PCC4U Project is led by Queensland University of Technology in collaboration with the Queensland Government, Flinders University, Charles Darwin University and Curtin University of Technology. This project is funded by the Australian Government Department of Health and Ageing.