



# CareSearch and Partner Projects

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PalliWELLBEING Education for HPs  
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CARESEARCH®  
palliative care knowledge network

CareSearch is funded by the Australian Government Department of Health and Aged Care

[caresearch.com.au](http://caresearch.com.au)



## What I'm covering

- Acknowledgement of country
- The National Palliative Care Program
- CareSearch and palliAGED and our partner projects
- CareSearch Updates
  - CareSearch portal: 3 Centres
  - Evidence and Translation Centre
  - palliAGED modules and Practice Tips
  - Packaging our resources

CareSearch provides nationally available websites to connect health professionals and the general public with trustworthy, evidence-based information, and resources in palliative care.



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## The need for palliative care

- Demand for palliative care is increasing due to ageing of the population and prevalence of cancer and other chronic diseases.
- Palliative care can be needed at any point across the life course from birth, adolescence, middle years through to advanced older age.
- Palliative care relates to almost all settings of healthcare from general practices, acute hospitals, residential and community aged care services, and generalist community services.
- We are a diverse population with differing views, backgrounds and expectations.
- There are diverse evidence and resource requirements to meet the differing knowledge needs in the sector.

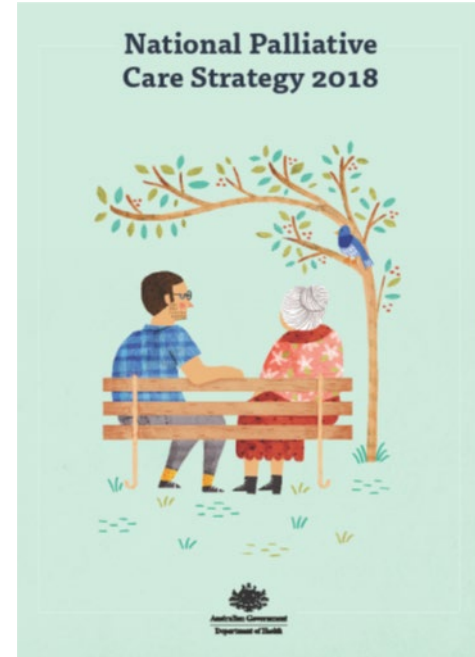


## Palliative Care Projects and Initiatives

The Strategy: That people affected by life-limiting illnesses get the care they need to live well

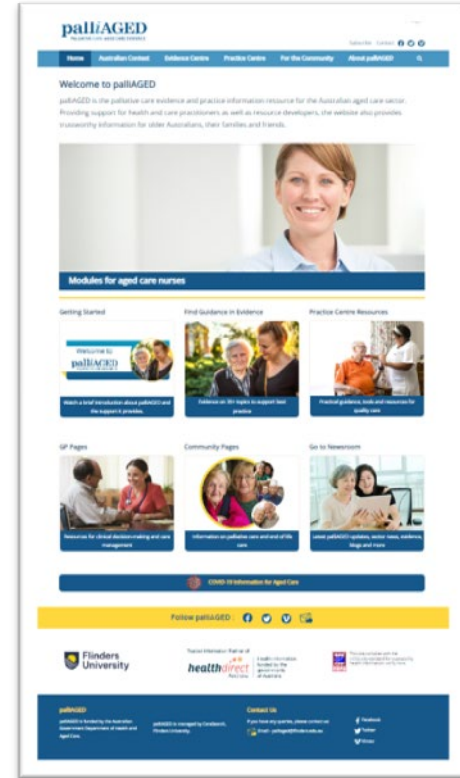
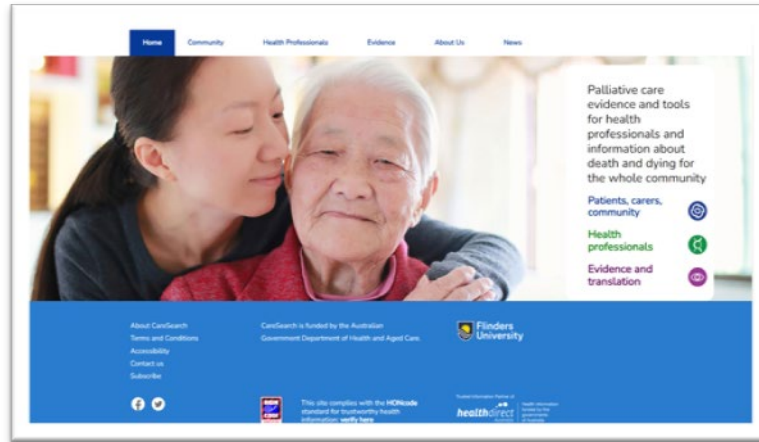
Implementation Plan: Outcomes supported by an Implementation Plan and a Monitoring and Evaluation Plan

Projects and Initiatives: Fund a range of national palliative care initiatives and programs with focus on education, training, quality improvement, and ACP





The CareSearch team manage the CareSearch and palliAGED websites. And we have partner relationships with Advance Dementia, CarerHelp, Caring@Home, ELDAC, End of Life Essentials, QuoCCA and TEL



## Rapid Fire Updates: Partners

### End of Life Essentials

- New learning modules
- Educator resources coming

### CarerHelp

- Information pack for services
- Diversity resources coming soon

### ELDAC

- Linkages continuing
- My Care Matters Campaign
- Self-care room

### Advance Project

- Dementia for clinicians released
- Dementia for careworkers soon

### Caring@Home

- Palliative Care Clinical Box

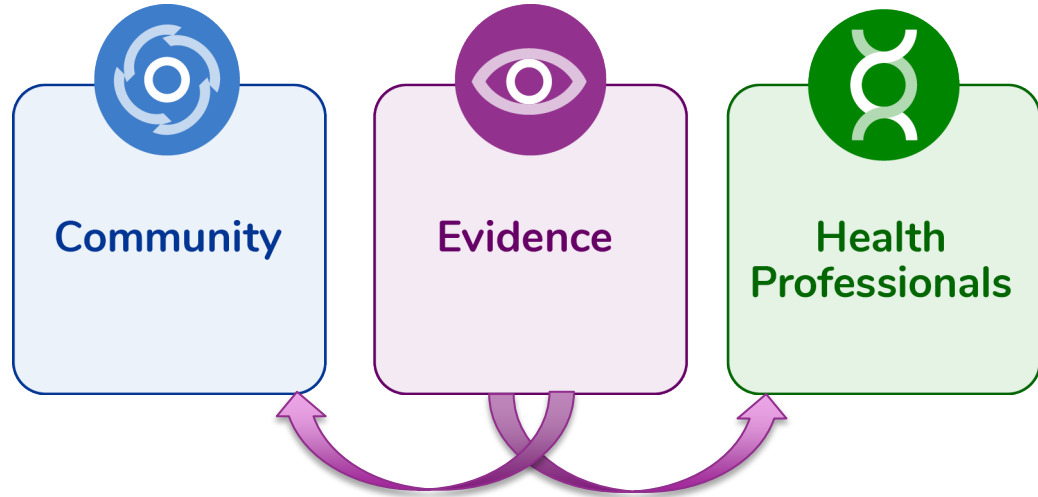




CareSearch 2021  
redevelopment:

Supporting everyone  
to be informed &  
involved

There are no wrong  
doors when looking  
for evidence.



**Transparent & rigorous quality processes**

**Ensure access to evidence and trustworthy  
information for everyone**





# Community

- Patients & Carers
- Older Australia
- Diversity
- Dying2Learn

**Providing inclusive palliative care**

Recognising diversity can help to improve palliative care access and support for everyone. You can use this tool to reflect on diversity in your community, and the diversity of those you care with. This will help you to understand some of the cultural dimensions to accessing and providing palliative care services. You will also find a list of resources to assist you to overcome some of the barriers to providing palliative care.

**Know your community and reflect on your practice**

Use the data from the Qualtrics map survey to determine diversity form factors to assist the profile of your community.

First, visit the Qualtrics map. Enter your postcode and/or state/territory. This will view your map, language spoken, types of birth, employment, and more for that suburb or area.

Then use the practice reflection form to record your community profile and reflect on your practice, your organisations, services, and your team. From this you may identify areas for improvement.

**Practice reflection form**

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Cancer Research Australia

**Books to help you understand death and grief**

These are some recommended books to help you understand, learn, cope and grieve. You can use them to help you understand death and grief, how to help someone who is grieving, and how to help someone who is dying.

**Books and Authors (10 - 4 years)**

- Love Aunt (2016), by Angela**  
This is a story about a young girl who is sad because she is going to lose her aunt. It is a story about love and how to say goodbye.
- Morgan and Tobias (2016), The Book of**  
This is a story about a boy who is sad because he is going to lose his dog. It is a story about love and how to say goodbye.
- Who's taking care of me? The Memory Tree**  
This is a story about a boy who is sad because he is going to lose his grandmother. It is a story about love and how to say goodbye.
- My Grandpa and I (2016), by Angela**  
This is a story about a young girl who is sad because she is going to lose her grandfather. It is a story about love and how to say goodbye.
- My Grandpa and I (2016), by Angela**  
This is a story about a young girl who is sad because she is going to lose her grandfather. It is a story about love and how to say goodbye.

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**Palliative Care Support for Patients, Carers, and Families**

CareSearch provides trustworthy information about palliative care for patients, carers, and families as well as for health professionals.

CareSearch is funded by the Australian Government Department of Health. Printed June 2021.

**Learn why access to palliative care matters for these groups**

Some population groups that find out more about their health needs in the context of palliative care services. This tool summary can help you to understand the barriers that they may face in accessing palliative care services.

Aboriginal and Torres Strait Islander peoples	Carers
Cultural and linguistic diversity	Diverse populations
Individual abilities	Lesbian, gay, bisexual, transgender and intersex
Older Peoples	People with disability
Rural and remote areas	Vulnerable populations

**Working out what matters to you is important with a life-limiting illness**

There is information here that can help in making informed choices. You will need to think about you and all the things that matter to you. There are many things to consider. This could be for you or for those around you. You may need to think about your quality of life, what is important to you? Whether you continue to work, how things are likely to change and how you can prepare for them to improve.

**Living with illness video**

**Living with Illness**

Choose your language:

- English
- Arabic
- German
- Greek
- Russian
- Ukrainian

**Living with illness resources**

- Need the Cancer Council booklet on Understanding Palliative Care?
- Download the Guidelines for Palliative Care Booklet for Carers?
- Explore additional resources.

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**Advance Care Planning**  
Five Easy Steps



Health Professionals  
 -GPs  
 -Nurses  
 -Allied Health  
 -Aboriginal & Torres Strait Islander Care  
 -HP Education  
 -Settings of Care  
 -Covid19

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**Helping Patients and Families Plan for an Expected Home Death:**  
**The GP's Checklist**

The GP has a critical role in end of life care for patients who wish to die at home. This checklist is designed to guide the GP through decision-making about care, to help them support the patient and family, and to identify the need for appropriate supports early in the process which may need to be addressed ahead of time.

GPs managing patients dying at home usually share care with other services, including palliative care and home nursing. This checklist can act as a planning tool for shared care, and a trigger to help clarify how care will be organised between those providing the service.

**GP's managing patients dying at home usually share care with other services, including palliative care and home nursing. This checklist can act as a planning tool for shared care, and a trigger to help clarify how care will be organised between those providing the service.**

Patient name/ID: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Clarify expectations and support**

Has the patient indicated they want to die at home?

**Actions needed:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Do those who live with the patient know about and share that wish?  
 • Has the plan been discussed within the family?  
 • Consider -young children, others with care needs in the household

**Actions needed:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there enough people to share the care?  
 • Consider practical, hands-on availability for the round the clock. Suggest a roster to support carer and provide time out.  
 • Consider specific services that can support families caring for someone who is dying at home, e.g. night nursing services or volunteers – the local palliative care service can advise.

**Actions needed:**  
 \_\_\_\_\_  
 \_\_\_\_\_

[www.caresearch.com.au](http://www.caresearch.com.au)

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**MBS Items for Allied Health Professionals**

Note: This webpage aims to provide clear guidance on the remuneration that Allied Health Professionals can obtain for palliative care services for patients within the community.

Dating Frequency	Service Description	MBS Item	MBS Description	MBS Amount % of 10/17/2012
Once every 12 months	Preparation of a GP Management Plan (GPiM)	221	Attendance by a medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any items 735 to 758 and items 253 to 260 apply)	\$91.50 (90%) \$122.00 (100%)
Once every 12 months	Coordination of the development of Team Care Arrangement (TCA)	252	Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 and items 253 to 260 apply)	\$72.75 (70%) \$106.70 (100%)
Once every 3 months	Contribution to a Multidisciplinary Care Plan or to a review for a patient who isn't in a residential aged care facility	244	Contribution by a medical practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 and items 253 to 260 apply)	\$64.68 (79%) \$83.90 (100%)
Once every 3 months	Contribution to a Multidisciplinary Care Plan or to a review for a resident in an aged care facility	245	Contribution by a medical practitioner, to a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility, or a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 and items 253 to 260 apply)	\$64.68 (79%) \$83.90 (100%)

[www.caresearch.com.au](http://www.caresearch.com.au)

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**Supportive and Palliative Care Indicators Tool (SPICT<sup>SM</sup>)**

The SPICT<sup>SM</sup> is used to help identify people whose health is deteriorating. Access: them for current supportive and palliative care needs. Plan care.

**Look for any general indicators of poor or deteriorating health.**

- Unexplained hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day)
- Dependence on others for care apart from increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- Progressive weight loss, remains underweight, low muscle mass.
- Recurrent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

**Look for clinical indicators of one or multiple life-limiting conditions.**

Cancer	Heart/vascular disease	Kidney disease
Functional ability deteriorating (due to progressive cancer). Too fit for cancer treatment or treatment is no symptom control.	Heart failure or asthma, with breathlessness at rest or on minimal effort between exacerbations.	Stage 4 or 5 chronic kidney disease (eGFR <30) with deteriorating health.
Recurrent/ bulky	Coronary, inoperable peripheral vascular disease.	End-stage liver disease with complications or liver failure.
Unable to dress, walk or eat without help. Changing and driving too difficult with swallowing (dysphagia) and/or cognitive (dementia).	Respiratory disease	Liver disease
Not able to communicate by speaking, with reduced expression. Frequent falls, fractured bones. Recurrent febrile episodes or infections, constant pneumonia.	Progressive disease long term, with breathlessness at rest or on minimal effort between exacerbations. Pastoral history needing long-term oxygen therapy. Has needed ventilation for recurrent illness or is intubated.	Chronic with one or more complications in the past year: diabetic neuropathy, osteoarthritis, hepatic encephalopathy, haemodialysis, bacterial peritonitis, recurrent variceal bleeds.
<b>Neurological disease</b>	<b>Other conditions</b>	Low transplant or not possible.
Progressive deterioration in physical and/or cognitive function despite optimal therapy. Recurrent problems with swallowing difficulty communicating and/or progressive difficulty with swallowing. Recurrent aspiration pneumonia, deliriums or respiratory failure. Persistent pruritus after stroke with significant loss of function and ongoing disability.	Delirium and at risk of dying with other conditions or comorbidities that cannot be managed with best available care.	

**Review current care and care planning**

- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family, support family carers.
- Then discuss early if there is decision-making capacity to study and record, communicate and coordinate the care plan.

**For more on palliative care visit [www.caresearch.com.au](http://www.caresearch.com.au)**

Source: Adapted from SPICT<sup>SM</sup> available here: [www.caresearch.com.au](http://www.caresearch.com.au)

**Anticipatory care**

Anticipatory care planning is a key component of palliative care. It involves identifying and addressing patient needs before they become acute. This helps to reduce hospital admissions and improve quality of life.

### Planning ahead for predictable changes and needs

**What is it?**  
Anticipatory care planning is a key component of palliative care. It involves identifying and addressing patient needs before they become acute. This helps to reduce hospital admissions and improve quality of life.

**Why it matters**  
Anticipatory care planning is part of palliative care and involves helping people to prepare for changes to their health and to the care they need. It can help to reduce hospital admissions and improve quality of life.

**In practice**  
There are a number of factors that can influence anticipatory care planning. These include the person's condition, their preferences, and the resources available. It is important to involve the person and their family in the planning process.

**Planning**  
Anticipatory care planning can take many forms, from simple conversations to more complex assessments. It can be done at any time, and it is a continuous process.

**Family involvement**  
Family involvement is a key component of anticipatory care planning. It can help to ensure that the person's wishes are known and that the care plan is realistic and achievable.

**Anticipatory prescribing**  
Anticipatory prescribing is a key component of anticipatory care. It involves identifying and addressing patient needs before they become acute. This helps to reduce hospital admissions and improve quality of life.

**Rationalising medication and dispensing**  
Rationalising medication and dispensing is a key component of anticipatory care. It involves identifying and addressing patient needs before they become acute. This helps to reduce hospital admissions and improve quality of life.

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## Evidence Centre

Moving to use  
of evidence

Organised according to your purpose:

1. About evidence
2. Practice ready evidence
3. Searching for specific evidence
4. Evidence training
5. Translation training

**Awareness and understanding of evidence translation theories, models, and frameworks**

**Understand core activities including dissemination, planning, implementation, evaluation, sustainability.**

# Practice ready

## Palliative care guidelines

Home / Evidence / Searching for Evidence / Palliative Care Guidelines

### Guidelines providing access to evidence you can trust

Health care quality standards and indicators tell you what outcomes are expected of the care you provide. Structures should be in place or available. Achieving aspirational care goals and standards requires evidence-based guidance on what works and how to implement this in practice.

A good place to start is to consider what palliative care guidance is currently used within your organisation or it requires updating, then it is important to know where to access evidence.

However, healthcare practitioners often lack the time and skills to sift through every study, judge its quality, and determine whether it should be applied in patient care or if there is insufficient evidence. Evidence-based resources, national- and state-based guidelines and guidance documents can help. These might be used directly or referred to when updating or developing local guidance that better reflects your local care context.

Here we list selected guidelines and guidance specific to palliative care in Australia. If you know of other documents that might be considered for this collection please contact us at [caresearch@flinders.edu.au](mailto:caresearch@flinders.edu.au).

- National
- New South Wales
- Queensland
- South Australia
- Victoria
- Western Australia

## Pain

Home / Evidence / Searching for Evidence / Clinical Evidence Summaries / Pain

### Key messages

- More than half of all seriously ill patients experience pain. [1-4]
- Many palliative care patients continue to experience unacceptably high levels of pain.
- Under assessment is more likely among people living in residential care, patients with cognitive impairment, [5,6] patients in neonatal, paediatric and adult intensive care units, [7-9] and members of minority ethnic communities. [10]
- The majority of pain in palliative care patients can be effectively treated using a multimodal approach and best practice management strategies. [4]
- Pain in palliative care patients should be actively identified, carefully assessed.
- There are many pain assessment tools available to assist clinicians in identifying unmet needs that are yet to be validated.
- Choice of opioid, when managing severe pain, will depend on access to the patient's history, the specific condition of the patient, as well as discussion with the patient.
- For non-pharmacological management there is evidence to support the use of behavioural therapy (CBT), relaxation, and music.
- Neuropathic pain in palliative care has been identified as a considerable problem.
- For bone pain due to metastases, external beam radiotherapy is an effective treatment.
- Use of paracetamol in the palliative care setting is not well studied but clinically important.

palliative care knowledge network

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## Prescribing resources

Home / Health Professionals / Nurses / Clinical / Symptoms and Medicines Management / Prescribing Resources

### Information to guide palliative care prescribing

A range of resources are available to guide nurses as they support patients, carers and medical officers, when relating to palliative care issues.

#### Clinical Resources (Palliative)

- [Therapeutic Guidelines - Palliative Care](#) - an authoritative handbook for symptom management in palliative care. It is available online in many organisations or can be purchased.

### Medicines from the PBS Prescriber's bag for Terminal Phase Symptoms

PBS Item Code	Pharmaceutical benefit and form	Strength	Packet size	Max qty (packs)	Max qty (units)
3451P	Adrenaline (Epinephrine) injection	1 in 1000 (1 mg/mL)	5 x 1mL amps	1	5
3455W	Clonazepam oral liquid	2.5 mg/mL (0.1 mg/drop)	1 x 10mL	1	1
3466K	Furosemide (Frusemide) ampoule	20 mg/2 mL	5 x 2mL	1	5
3456X	Haloperidol ampoule	5 mg/mL	10 x 1mL	1	10
3470P	Hydrocortisone Sodium Succinate injection*	100 mg (reconstituted to 2mL)	Single injection	2	2
	OR				
3471Q	Hydrocortisone Sodium Succinate injection*	250 mg (reconstituted to 2mL)	Single injection	1	1
3473T	Hyoscine Butylbromide ampoule	20 mg/mL	5 x 1mL	1	5
3476Y	Metoclopramide ampoule	10 mg/2 mL	10 x 2mL	1	10
10178Q	Midazolam ampoule	5 mg/mL	10 x 1mL	1	10
10862Q	Morphine ampoule	10 mg/mL	5 x 1mL	1	5
	OR				
3479D	Morphine ampoule	15 mg/mL	5 x 1mL	1	5
	OR				
10868B	Morphine ampoule	20 mg/mL	5 x 1mL	1	5
	OR				
3480E	Morphine ampoule	30 mg/mL	5 x 1mL	1	5
10786Q	Naloxone injection	400 microgram/mL	5 x 1 mL	2	10
	OR				
11233F	Naloxone injection	400 microgram/mL	10 x 1 mL	1	10

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of March 2021. See [www.pbs.gov.au](http://www.pbs.gov.au) for more.

# Searching for evidence

## Pain

Home / Evidence / Searching for Evidence / Systematic Review Collection / Pain

### Review collection - Pain

328 reviews

General 158 reviews  
Assessment 24 reviews  
Pharmacology 144 reviews

### General

2022

Bissonnette J, Dumort E, Pinard AM, Landry M, Rainville P, Ogez D. *Hypnosis and music sleep and well-being in palliative care: systematic review and meta-analysis*. *BMJ Support Palliat Care*. 2022;003951. doi: 10.1136/bmjspcare-2022-003951. Epub ahead of print.

Hindmarch T, Dalrymple J, Smith M, Barclay S. *Spiritual interventions for cancer pain: a synthesis*. *BMJ Support Palliat Care*. 2022 Mar;12(1):1-9. doi: 10.1136/bmjspcare-2021-2021

Patten L, Avsar P, Nugent DL, O'Connor T, Patten D, Moore Z. *What is the impact of specialist consultations on pain in adult patients with cancer? A systematic review*. *Eur J Oncol Nurs*. 2021;10(1):61-69. doi: 10.1023/A:1022034. Epub 2021 Sep 8.

Rzeaii Haddad A, Hayley J, Mostafa A, Brown M, Pereira E. *Stereotactic Radiofrequency: A Systematic Review*. *World Neurosurg*. 2021 Apr; 24:51878-875921100616-1. doi: 10.1016/j.wneu.2021.102034. Epub 2021 Sep 8.

Surtal Z, Hon CR, Nah H. *Access Barrier in Rural Older Adults' Use of Pain Management: A Systematic Review*. *Am J Hosp Palliat Care*. 2021 May;38(5):494-502. doi: 10.1177/1049731520964644. Epub 2021 Sep 8.

## PubMed searches

Home / Evidence / Searching for Evidence / PubMed Searches

### The CareSearch PubMed filters

Search filters are a search strategy developed by experts to objectively retrieve all possible specific topic from a database. In this way everyone can conduct optimal searches even when using a specialist librarian. The Palliative Care Search Filter for PubMed, developed by the Care team, is the first topic filter to appear. Since then CareSearch has used this expertise in the development of other filters to create these for a number of topics. Here you can access many of the search filters you want to use: the Palliative Care filter to quickly explore different related topics go to [Quick Search](#)

### Bereavement

These searches use the [Bereavement Search Filter](#) to find literature on a selection of topics related to bereavement, in PubMed.

### Dementia

These searches use the [Dementia Search Filter](#) to find literature on a selection of topics related to dementia, in English, in PubMed.

### Costs of care

These searches retrieve literature from PubMed on costs and economics of palliative care or costs for health systems and providers.

### Heart failure

These searches use the [Heart Failure Search Filter](#) to find literature on specific heart failure topics, in English, in PubMed.

## Grey Literature searches

Home / Grey Literature / Search Literature

### The CareSearch grey literature database

CareSearch captures palliative care information and evidence that can be hard to find. The database is a free and reliable way for you to find relevant palliative care grey literature in English. If you find any missing Australian literature relevant to palliative care by emailing [caresearch@caresearch.org.au](#)

Home / Evidence / Searching for Evidence / Latest Australian Research

### Find out what Australian researchers are publishing in palliative care

The following lists palliative care research primarily conducted by Australian research groups. The list is based on the application of the [CareSearch search filter for palliative care](#) to identify articles held within the PubMed database and corresponding to the strongest evidence. Articles have been selected based on relevance and new articles are added automatically on a regular basis.

Whilst not an exhaustive list, the aim is to keep the community informed by providing a snapshot of recent research findings and planned studies in the Australian setting.

April 2022

#### Association of polymorphisms in ADRB2 and clinical response to methadone for pain in advanced cancer

Joseph D. Hayward A, Sutherland MG, Yu C, Albury CL, Zunk M, George R, Good P, Griffiths LR, Hardy J, Haupt LM. *Background:* The prescription of methadone in advanced cancer poses multiple challenges due to the considerable inter-individual variability in response to treatment. Genetic polymorphisms in ADRB2, a beta-2 adrenergic receptor, have been associated with differences in response to methadone in advanced cancer. This study aims to investigate the association between ADRB2 polymorphisms and clinical response to methadone in advanced cancer.

## Quick search

Home / Evidence / Searching for Evidence / Quick Search

### Run a tailored PubMed search for studies in palliative care

The search box on this page provides an easy and reliable way for you to find the relevant palliative care literature in English. These searches use the [Palliative Care Search Filter](#) as their basis. Each request you enter runs an immediate search of PubMed and all searches are automatically updated as new articles are added to the database.

#### Select Category

- Patient problems     Specific needs     Issues relating to care & treatment  
 Diseases and conditions     Health professionals     Carers

#### Select a topic

#### Select Search Option

- Free full text only     All citations

#### Select Filter

Search

# Evidence training examples

Home Community Health Professionals Evidence About Us News

## Build skills in evidence based practice

Home / Evidence / Evidence Training / Evidence Based Practice (hidden) / Build Skills in Evidence Based Practice (NEW hidden)

### The 5As: Ask, Acquire, Appraise, Apply, Assess

Core skills across EBP are often referred to as the 5As: Ask, Acquire, Appraise, Apply, Assess. Sometimes the terminology used differs, but the essential skills remain the same. Many generic courses are freely available, and these provide a good starting point. Here we explore EBP in the context of palliative care to highlight key considerations and useful resources. Click on each term to learn more.

- 1 Ask
- 2 Acquire (Search)
- 3 Appraise & Synthesise
- 4 Apply
- 5 Assess (Evaluate)

Abc  
Practical  
Search  
Evidence

## Journal club basics

Home / Evidence / Evidence Training / Journal Club Basics

### A way to keep up with the latest research

Being part of a regular journal club can help you and others to keep up to date and needed to use evidence to improve practice.

A journal club is a way in which people interested in a common topic can come to research articles published in peer reviewed journals.

Why you might want to get involved with journal clubs:

- You are finding it hard to keep up with the volume of new research in your field
- Your organisation is being asked to implement evidence-based care
- You are responsible for developing or implementing evidence based policy
- You have an interest in evidence-based care but aren't sure where or how to

Often journal clubs will include discussion of it and how the evidence may impact practice. It is one way of keeping up with an increasing volume of palliative care evidence, highlighting new findings, and developing skills in appraising articles. Having these skills can help you to evaluate new findings and what they might mean in terms of the care you and your organisation provide.

There is evidence for the positive impact of journal clubs on Evidence Based Practice (EBP) knowledge and skills. [1,2]

### Holding a journal club

The journal club will be shaped by your audience and the articles chosen.

Home / Evidence / Evidence Training / Journal Club Basics

Home / Evidence / Evidence Training / Journal Club Basics

Home / Evidence / Evidence Training / Journal Club Basics



### PICO

This framework is often used for qualitative clinical questions. Use the fields that are useful. You do not have to use all fields.

Begin by describing the issue or problem in your own words.

Issue or problem		In your words	

Now define the issue.

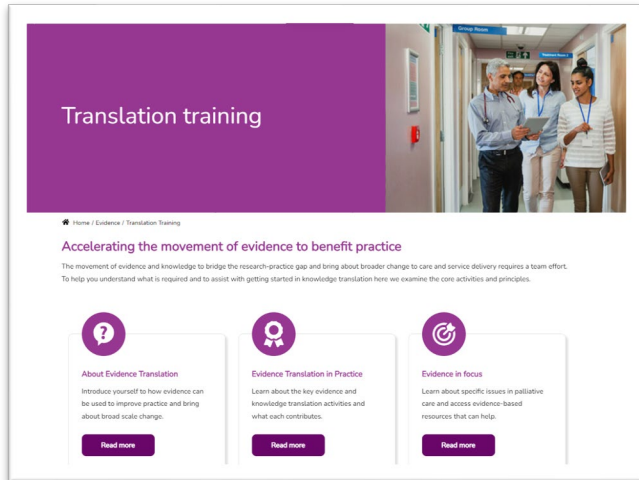
P = Population	
I = Intervention	
Co = Context	

Then develop your question.

Your question



# Translation training examples



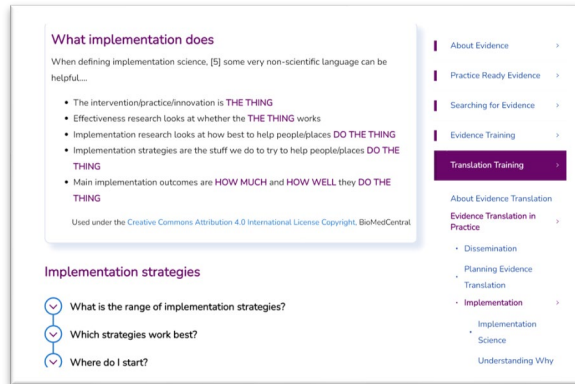
**Translation training**

Home / Evidence / Translation Training

**Accelerating the movement of evidence to benefit practice**

The movement of evidence and knowledge to bridge the research-practice gap and bring about broader change to care and service delivery requires a team effort. To help you understand what is required and to assist with getting started in knowledge translation here we examine the core activities and principles.

- About Evidence Translation**  
Introduce yourself to how evidence can be used to improve practice and bring about broad scale change.  
[Read more](#)
- Evidence Translation in Practice**  
Learn about the key evidence and knowledge translation activities and what each contributes.  
[Read more](#)
- Evidence in focus**  
Learn about specific issues in palliative care and access evidence-based resources that can help.  
[Read more](#)



**What implementation does**

When defining implementation science, [5] some very non-scientific language can be helpful...

- The intervention/practice/innovation is **THE THING**
- Effectiveness research looks at whether the **THE THING** works
- Implementation research looks at how best to help people/places **DO THE THING**
- Implementation strategies are the stuff we do to try to help people/places **DO THE THING**
- Main implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**

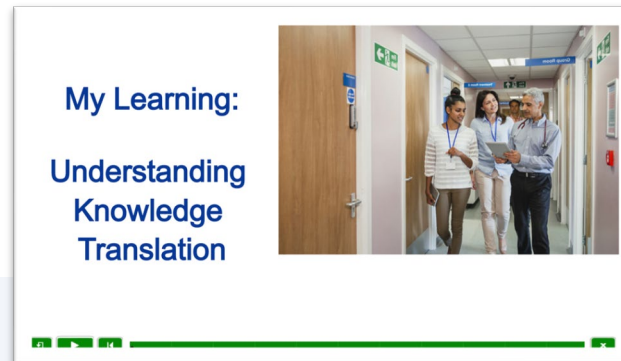
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**Implementation strategies**

- ✓ What is the range of implementation strategies?
- ✓ Which strategies work best?
- ✓ Where do I start?


Navigation menu:

- About Evidence
- Practice Ready Evidence
- Searching for Evidence
- Evidence Training
- Translation Training**
- About Evidence Translation
- Evidence Translation in Practice
- Dissemination
- Planning Evidence Translation
- Implementation
  - Implementation Science
  - Understanding Why



**My Learning:**

**Understanding Knowledge Translation**



## Tell us what you think



Please tell us about any palliative care specific challenges that palliative care health professionals or services may face in implementing evidence into practice.

- > Improving Practice
- > Symptoms and Medicines
- > Practice Resources
  - > Practice Tip Sheets for Carworkers
  - > Practice Tip Sheets for Nurses
  - > Forms
  - > palliAGED Introduction Modules
  - > Introduction Modules Manual
- > For GPs
- > For Nurses
- > For Pharmacists
- > palliAGED Apps
- > Information and Resources
- > Training and Education
- > Practice Roles
- > e-Health Resources
- > Palliative Care and COVID-19
- > Understanding the Standards

## palliAGED Introduction Modules for Aged Care

The palliAGED Introduction modules for aged care nurses provide a gateway to training and understanding in palliative care including symptoms and care issues. A companion manual for the Introduction Modules is also available. This provides communication tips and more detailed information about selected tools and processes referred to in the modules.

To get started simply select the topic of interest to go to the module and begin.



Introduction to palliative care and palliAGED 1



Self-care 2



Person-centred care 3



Talking about dying 4



Recognising deterioration 5



Palliative care case conferences 6



End-of-life care pathways 7



Pain management 8



Symptom management 9



Care Issues 10

Introduction Modules companion manual

## palliAGED Practice Tips for Nurses in Aged Care



palliAGED

1

Introduction & Care Provider Issues

2

Decision-Making & Communication

3

Care Issues

Content is funded by the Australian Government Department of Health. Printed March 2019. Flinders



## palliAGED Practice Tips for Careworkers in Aged Care

1

Introduction & Care Provider Issues

2

Decision-Making & Communication

3

Care Issues

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palliAGED

## palliAGED Practice Tips Introduction Modules Manual

Content is funded by the Australian Government Department of Health. Updated April 2021. Flinders



# Resources for your practice

The screenshot shows the palliAGED website interface. The header includes the logo 'palliAGED PALLIATIVE CARE AGED CARE EVIDENCE' and a 'Login' link. A navigation bar contains 'Home', 'Australian Context', 'Evidence Centre', 'Practice Centre', 'For the Community', and 'About palliAGED'. The 'Practice Centre' is selected, leading to 'Practice Resources'. A sidebar on the left lists categories like 'Improving Practice', 'Symptoms and Medicines', and 'Practice Resources'. The main content area features a 'Practice Resources' heading, a description of the resources, a 'Getting started' button, and four image-based links: 'Practice Tips for Careworkers', 'Practice Tips for Nurses', 'Online modules for Nurses', and 'Forms for your practice'. At the bottom, there is a 'palliAGED resources order form' with a 'Please fill in all fields' instruction and input fields for 'Your Name' and 'Your Role'.

## CareSearch resource packs

Home / About Us / Our Model / Getting the Most Out of CareSearch / CareSearch resource packs

### Useful forms and checklists to help you provide palliative care

Download packs or individual items below.

Printed packs are also available for free. To order please complete our order form.



#### Forms for Primary Care

- About the Primary Care Package (coming soon)
- Communication Starters (125kb pdf): Checklist for initiating difficult conversations
- Recognising changing needs: forms to help you identify changes in a person's condition and needs:
  - Supportive and Palliative Care Indicators Tool (SPICe) (299kb pdf)
  - Needs Assessment Tool: Progressive Disease (NAT-PD) (128kb pdf)
- Needs Assessment Tool for Carers of People with a Chronic Condition (NAT-CC) (270kb pdf)
- Medicines from the PES Prescriber's bag for Terminal Phase Symptoms (148kb pdf)
- Helping Patients and Families Plan for an Expected Home Death: The GP's Checklist (238kb pdf)
- MIS Remuneration for palliative care:
  - MIS Remuneration to Support a Planned General Practice Palliative Care Pathway (Residential Aged Care) (226kb pdf)
  - MIS Remuneration to Support a Planned General Practice Palliative Care Pathway (Home) (228kb pdf)
  - MIS forms for Nurse Practitioners (168kb pdf)

Download Primary Care Pack (1.498kb pdf)



#### Forms for Case Conferences

- Using the palliAGED Palliative Care Case Conference Forms (77kb pdf)
- Palliative Care Case Conference Planning Checklist - Home Care (94kb pdf)
- Palliative Care Case Conference Planning Checklist - Residential Care (113kb pdf)
- GP Invitation - Palliative Care Case Conference (76kb pdf)
- GP Confirmation - Palliative Care Case Conference - GPs (48kb pdf)
- Information for you and your family - What is palliative care and why do you need a case conference (53kb pdf)
- Invitation for you and your family - Palliative Care Case Conference (84kb pdf)
- Confirmation for You and Your Family - Palliative Care Case Conference (82kb pdf)
- Staff Communication Sheet - Palliative Care Case Conference (58kb pdf)
- Palliative Care Case Conference Summary - Home Care (94kb pdf)
- Palliative Care Case Conference Summary - Residential Care (113kb pdf)

Download Case Conference Pack (898kb pdf)

Last updated: 23 September 2022

We all have a  
part to play



- Trustworthy information for your patients and families
- Evidence to guide your care
- Training to build your skills
- Resources to support your practice
- Free to access, available when needed



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