# Caring Communities Program - Project Overview

**Organisation:** Mornington Peninsula Division of General Practice

**Name of Project:** Experiential Palliative Care Program for General Practitioners

**Length of Project:** 3 years

**Project Summary:**

General practitioners practising in the catchment area covered by Peninsula Hospice Service will be funded to leave their practices to experience palliative care as provided by a community palliative care service, in a 15 bed inpatient palliative care unit and by an acute hospital consultancy team.

**Project Objectives:**

1. Improve the management of patients from a symptom management and psycho-social support perspective.
2. Improve the understanding of local GPs of how the 'Triangle of Care' functions in the region.
3. Enhance the knowledge and skills in symptom management of palliative care patients.
4. Improve networking and communication with specialist palliative care providers.
5. Improve the understanding by specialist palliative care providers of the challenges and constraints on GPs providing palliative care to their patients.
6. Increase the likelihood of patients being able to die at home if that is their preference.

**Project Activities:**

1. General practitioners will be invited to apply for a grant to allow them to employ a locum or to take time off from their practice for three half day sessions and two one hour sessions to predominantly be an observer with the Director of Palliative Care Medicine (across both Peninsula Hospice and Peninsula Health).
2. Peninsula Hospice – Attendance at a community patient multidisciplinary case conference (half day) with community palliative care nurses, introduction to EO and administrative staff, counselling staff, volunteer coordinator, QA/Research Officer.
3. Palliative Care (Hospice) Inpatient Unit – Attendance at ward rounds, inpatient multidisciplinary case conference, death/discharge review, introduction to nurse unit manager, nursing staff, pastoral care counsellor, music therapist, occupational therapist, physiotherapist.
4. Frankston Hospital – Ward rounds with palliative care consultancy team. Opportunity to observe consultant in palliative medicine working with clinical nurse consultant and pastoral care counsellor in the acute hospital environment including liaison consultancy role.
5. General time for reflection on palliative care practice including discussion/tutorials on specific topics.

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# *Main Message*

**What you did**

- We recruited 57 general practitioners to participate in the project and provided a high quality experience in a clinical attachment to local palliative care services which included RDNS, Peninsula Hospice and Palliative Inpatient Unit.
- Each GP undertook 14 hours of clinical attachment. This was a hands-on approach for general practitioners, an active learning module.
- GPs reflected on what they wish to gain from the attachment, the host agencies reported the benefits of this engagement and the patients received greater access to services at earlier intervals.
- A broader range of patients were provided with palliative care options.

**What has been learned?**

- General Practitioners are keen and enthusiastic about this hands on model of experience through clinical attachments.
- A greater understanding is gained by all participants.
- Host agencies not only provide opportunities to general practitioners to learn about their services, their role and resource options and the supports available for general practitioners and their patients but host agencies and staff gain insight into the challenges facing general practice.

**What is useful to other projects/communities?**

If projects need to engage GPs they should make provision in the funding submission to be able to do so. Divisions of General Practice have proven their ability to hold funds and manage projects, they know their GP populations and can engage with general practitioners successfully.

GPs prefer a real experience rather than a lecture experience to increase their knowledge and understanding. They gain a greater understanding of the care being provided to their patients when they make a referral. They gain confidence and feel supported in their role by developing relationships with other service providers.

**What have been the benefits of disseminating information about this project?**

This project has been used to inform national health policy around palliative care eg PEPA 2 program and the Palliative Care Framework for the future.
General practitioners have gained an understanding through the experience of their peers within their own practices.
The role of the ‘specialist GP in palliative care” within their own practices has assisted a greater understanding of palliative care across their whole practice. Their experience has been disseminated to other general practitioners within the Division through newsletter articles from participating GPs and participating agencies.