

PEPA

Program of
Experience in the
Palliative Approach

Funded by the Australian Government Department of Health

Learning Guide for Nurses and Allied Health Professionals



Acknowledgements

This resource for the Program of Experience in the Palliative Approach (PEPA) has been developed with funding from the Australian Government Department of Health, as part of the Palliative Care Education and Training Collaborative.

This resource has been compiled by the PEPA National Clinical Educator and is based on the original resources, the *PEPA Mentoring Guide* and the *PEPA Program for Aboriginal and Torres Strait Islander Health Workers Learning Guide*. Acknowledgement is extended to all PEPA Managers, the PEPA National Team, Projects Officers from the Australian Government Department of Health and the Project Director Professor Patsy Yates, Queensland University of Technology for their contributions to the development of this resource.

Disclaimer: The information in this learning guide is for educational use only and is provided in good faith without any express or implied warranty. All practitioners need to use sound clinical judgement in individual situations.

© Commonwealth of Australia, 2016

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and enquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney-General's Department, National Circuit, Barton AACT 2600 or posted at www.ag.gov.au/cca

To cite this guide please use the following:

PEPA Project Team (2016). *The Program of Experience in the Palliative Approach Learning Guide for Nurses and Allied Health Professionals*.

Queensland University of Technology: Brisbane.

Contents

Introduction	2
What is in this Learning Guide?	2
PEPA Contacts	2
Host Site Contacts	3
Welcome to the Program of Experience in the Palliative Approach	4
Section 1: An Introduction to the Principles of Palliative Care	5
Defining Palliative Care	5
Understanding the Palliative Approach	5
Key Points about a Palliative Approach*	5
Understanding Needs of people who has a Life Limiting Illness	6
Section 2: Preparing for your Placement	7
Roles and Responsibilities	7
Process for Resolving Issues	8
Suggested Pre-reading and Activities	8
Pre-placement Learning Plan	9
Section 3: Undertaking your Placement	10
Communication with People who have a Life Limiting Illness	10
Assessment Processes in Palliative Care	13
Common Symptoms Associated with Advanced or Chronic Illness	14
End of Life Care	16
Loss, Grief and Bereavement	17
Self-Care	19
Section 4: Completion of your Placement	20
Developing Supportive Networks	20
Placement Completion Form	21
Reflection of Learning	22
Post Placement Workplace Activity Plan and Reflection	23
Palliative Care Databases and Resources	23
Workplace Activity Plan	24
Evaluation	25
Suggested Readings, Journals and Websites	26
Palliative Care Resources	26
Policy Documents	27
Journals	28
Websites	28
Appendix: Your Personal Checklist	30

Introduction

Welcome to the Program of Experience in the Palliative Approach (PEPA). We hope your participation in the program will be a rewarding and interesting experience and that people you care for will benefit from the knowledge and skills you develop through the program.

What is in this Learning Guide?

This learning guide provides you with an outline of PEPA and information about activities you should complete before, during and after your placement. This learning guide is divided into four sections:

- Section 1 provides a brief overview of the principles of palliative care and the palliative approach.
- Section 2 outlines what you need to do to prepare for your placement.
- Section 3 includes activities to help you make the most of your time while on placement.
- Section 4 provides information about what you should do to translate learning into practice following your placement.

PEPA Contacts

If you have any queries about your placement please contact the PEPA manager in your State or Territory in the first instance. He/she will be able to direct you to the relevant information/person to address your queries.

PEPA MANAGER DETAILS

--

WEBSITE:

To find out more about PEPA or to access the contact details of your local PEPA Manager if the above box is blank, visit www.pepaeducation.com

Your Contact Information

Name:

Workplace:

Address:

.....

Phone:

Email:

Host Site Contacts

Once your placement has been confirmed, your host contact person and/or mentor will be your main contact regarding information relating to your host site and placement activities.

Host Site 1

Host site:

Host contact person:

Host mentor:

Address:

.....

Phone:

Email:

Host Site 2 (if applicable)

Host site:

Host contact person:

Host mentor:

Address:

.....

Phone:

Email:

Host Site 3 (if applicable)

Host site:

Host contact person:

Host mentor:

Address:

.....

Phone:

Email:

Welcome to the Program of Experience in the Palliative Approach

The Program of Experience in the Palliative Approach (PEPA) provides healthcare practitioners with the opportunity to develop skills, knowledge and confidence in the palliative approach through undertaking a supervised clinical placement in a specialist palliative care service. Placements are available in all Australian states and territories for health care practitioners from a range of disciplines including nursing, allied health and medicine. Aboriginal and Torres Strait Islander health and community workers and aged care workers are also eligible to participate in the program. We encourage applications from people working in these roles in regional, rural and remote areas.

PEPA aims to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.

PEPA WILL ACHIEVE THIS AIM BY:

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

The focus of PEPA is on assisting you to expand your knowledge and skills in the palliative approach to care. This opportunity is not designed to develop you as a specialist palliative care provider, but rather to assist you to incorporate the principles of palliative care into your practice.

To achieve these aims, PEPA provides supervised clinical placements within specialist palliative care services. Your supervised clinical placement may include experience in the following settings:

- An inpatient palliative care unit, which can provide experience in the ongoing management of patients, case conferencing and the role of the multidisciplinary team;
- An acute hospital or regional consultancy service, which involves experience in the management of persons with a life limiting illness and family/carer needs, and management of complex problems;
- A clinical settings such as oncology, renal medicine, neurology or aged care; or identified priority areas including indigenous health and care of persons from culturally and linguistically diverse communities;
- A community palliative care service, which will provide experience in the management of patient and family/carer needs in the community, and develop knowledge of resources and equipment available for care in the home.

On completion of the program, you will demonstrate:

- An increased appreciation of dying and death as a normal part of the life continuum;
- An increased awareness of the scope of, and benefits of timely and appropriate access to, palliative care services;
- An increased awareness and understanding of culturally appropriate palliative care provision;
- A clearer understanding of the principles of palliative care;
- An ability to identify the needs of individuals with a life-limiting illness and their family including care preferences, spiritual requirements and bereavement expression;
- An ability to identify the role of your discipline in managing issues faced by individuals with a life-limiting illness;
- An ability to identify services and resources to support individuals with a life-limiting illness and their families;
- An ability to recognise your own knowledge base and scope of practice with regard to optimal palliative care provision; and
- An ability to identify personal coping strategies to effectively manage the personal issues related to working in this field.

Section 1: An Introduction to the Principles of Palliative Care

In this section, we will review the principles of palliative care and examine the elements of a palliative approach to care. Completing the activities in this section will provide you with an understanding of the fundamental concepts and principles that you will see displayed during your placement, and enable you to reflect on how these principles can be applied in your own practice.

Defining Palliative Care

Palliative care is provided by multidisciplinary health care teams including doctors, nurses, allied health workers, pastoral care workers and volunteers.

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (World Health Organisation 2012).

According to the World Health Organisation (2012), palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patients illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Understanding the Palliative Approach

The palliative approach is used by health care practitioners to improve the quality of life for individuals with a life-threatening illness and their families. The philosophy underpinning a palliative approach reflects a positive and open attitude towards death and dying. A palliative approach is not confined to the end stages of an illness. Instead, a palliative approach provides a focus on active comfort care and a positive approach to reducing an individual's symptoms and distress, while also promoting understanding of loss and bereavement in the wider community. This approach facilitates identification of the wishes of individuals and their families about care throughout a period of declining health and especially during end-of-life care.

Key Points about a Palliative Approach*

A palliative approach can be implemented in any location but it is important, wherever possible that the service is provided where the person and the family want to be.

The palliative approach can be provided in a person's home, aged care facility, other areas of the general community, in a hospital or specialist palliative care unit.

The palliative approach is appropriate at any time during the person's illness when they have worrying symptoms. Some people may just need a short time to control their symptoms while others require a longer period as their illness gets worse.

A palliative approach extends to offer supportive care for individuals and families during their time of grief and bereavement.

The distress of the person and their family can be made worse if they are not aware of the services and resources available to help and support them.

Palliative care is a holistic approach that aims to address the physical, emotional, psychological, social, cultural and spiritual concerns of the person.

The palliative approach aims to embrace the person, their family, friends and community.

The primary carer can be the person's spouse, child, family member, other relative or friend. They provide the primary support role at all levels of need.

* Adapted from PEPA Project Team (2010). *The Program of Experience in the Palliative Approach Aboriginal and Torres Strait Island Health Workers' Learning Guide*. Brisbane, Queensland University of Technology.

ACTIVITY

How would you explain a palliative approach to a person with a life limiting illness and their family?

.....

.....

.....

.....

Achieving optimal palliative care requires a multidisciplinary approach, what are the main contributions that your discipline adds to the multidisciplinary team when providing palliative care?

.....

.....

.....

.....

Understanding Needs of People who have a Life Limiting Illness

Individuals and their family members living with a life-limiting illness have a range of care needs, physical, emotional, social and spiritual. Palliative care is holistic in approach, acknowledging the importance of attending to needs and experiences in each of these domains. Before attending your placement, it is important to reflect on the experiences and needs of the individuals you will see in palliative care settings.

ACTIVITY

Think about how you and your immediate family react and respond to death and dying. What cultural or personal factors influenced the way you or your family reacted when someone close to you died? If you haven't experienced the death of someone close to you, consider how you think it would make you feel.

.....

.....

.....

.....

What are some of the common concerns people facing life-limiting illnesses might have? To answer this question, you may wish to refer to some of the readings found within the reference and resource list included with this learning guide.

.....

.....

.....

.....

Section 2: Preparing for your Placement

In this section, the roles and responsibilities of participants, the host site, your mentor at the host site and the PEPA state/territory manager are outlined. Please read these carefully so that you have a clear understanding of expectations for each person and host site involved.

Roles and Responsibilities

RESPONSIBILITIES OF THE PARTICIPANT

- Be familiar with the content and work through the activities of this learning guide;
- Complete and return all necessary documents to your PEPA manager, pre and post placement according to *Your Personal Checklist (Appendix 1)*;
- Prepare for the supervised clinical placement by referring to the educational resources provided and identifying your individual learning needs for the program;
- Attend the clinical placement as an observer and work closely with the allocated supervisor at all times;
- Consider how learning can be transferred into your current practice and work environment;
- Be sensitive to the work demands of the mentor;
- Abide by the policies and procedures of the host site.
- Reflect on your experience and critically appraise care provision of people in your community;
- Undertake an activity on return to your own workplace/ practice within three months of completing the supervised clinical placement to promote transfer of your learning;
- Comply with the host site policy, and contact your PEPA manager in the event that any injury or illness occurs on placement;
- Notify the mentor and PEPA manager if you are unable to attend your supervised clinical placement for any reason.

RESPONSIBILITIES OF THE HOST SITE

- Provide mentors who have appropriate clinical teaching experience;
- Ensure that mentors are aware of the dates that they have been assigned a participant;
- Ensure that the participant is supernumerary to the staffing of the service;
- Ensure that the participant is aware of local policies and procedures relating to safety and security;
- Complete and return the PEPA host site evaluation survey every six months;
- Advise the PEPA manager of any issues or concerns during the supervised clinical placement.

RESPONSIBILITIES OF THE MENTOR

- Be familiar with the contents of the *PEPA Mentoring Guide*;
- Be familiar with the contents of the PEPA Learning Guide relevant to your participant's discipline (online versions). All guides are available for download from the PEPA website (www.pepaeducation.com);
- Plan time and working arrangements for the placement period;
- Incorporate the features of a 'best practice' placement as outlined in the *PEPA Mentoring Guide*;
- Sign off on the participant's *PEPA Placement Completion Form* for allocation of Continuing Professional Development hours.

RESPONSIBILITIES OF THE PEPA MANAGER

- Coordinate and implement the PEPA program.
- Resolve any procedural issues that may arise during the course of the program.
- Ensure the participant is placed in a suitable host facility to meet their learning needs.

Process for Resolving Issues

While every effort will be made to ensure appropriate placements, at times a participant or host site might identify a problem with the placement. The mentor, participant and host venue need to address the issue and, if this does not work, the mentor can contact the PEPA manager in their State or Territory to resolve the problem (www.pepaeducation.com).

We suggest that you follow the simple process below to help you ascertain the extent of the issue and take appropriate action.

- In the first instance, clarify in your own mind what the issue seems to be from your point of view. Then see if you can think about the issue from the other person's point of view. Taking both perspectives into account, think of possible solutions or alternative ways you might move the situation forward.

- Introduce the topic of concern in your next meeting, or if appropriate before your next meeting. Outline your concerns and ask the other person how they perceive the issue. Use the information from both points of view to find a way of working through the issue to an appropriate solution.
- If an appropriate solution cannot be agreed upon, either party may contact the PEPA manager to resolve the problem.

Where a serious issue or concern arises, follow the appropriate policies and procedures for your host site service and inform the PEPA manager as soon as practicable.

Suggested Pre-reading and Activities

Look through the resources at the back of this workbook, source and read through a variety of articles, websites and videos. Your PEPA manager will be able to assist you to access some of these resources.

Another source of evidence-based palliative care information is the CareSearch knowledge network www.caresearch.com.au. CareSearch is an online resource designed to help those needing relevant and trustworthy information about palliative care. There are sections designed specifically for health professionals, including a *Nurses Hub*, and others for patients, carers, and for family and friends. The *Clinical Practice* link has valuable information surrounding physical symptoms, psychological, social and spiritual issues, patient considerations, diseases and conditions and information pertaining to families, carers, and professional and specific population groups.



Your Pre-placement Learning Plan

It will be helpful for your mentor and host site to understand your background knowledge and experience, as well as what you hope to learn from your PEPA placement. **Print this page and return to your PEPA manager** who will forward it on to your host site so that they know how to better assist you during your placement.

What is your background in terms of professional experience and qualifications?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

What previous experience and/or education have you had in palliative care?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Your name Signature

Date

Section 3: Undertaking your Placement

During your PEPA placement you will have the opportunity to learn some core skills to enable you to provide a palliative approach to care, including skills in communication, symptom management, providing psychological and spiritual support. In this section, we review some background principles underpinning the core capabilities required of all health professionals providing a palliative approach to care.

Communication with People who have a Life Limiting Illness

Providing support to a person with a life-limiting illness requires you to use communication skills that enable you to understand the meaning of the illness and its effects on the person. It also requires being able to identify the person's concerns and why he or she may be distressed. Some people may not be used to discussing personal psychological issues and may find these conversations difficult. There are some general communications strategies that may help facilitate discussion about existential and psychological concerns, and demonstrate respect for the person's individuality.

Key strategies can be used when communicating with a person with a life-limiting illness and their family. The acronym PREPARED* is used to convey these strategies.

P

Prepare for the discussion, where possible

- ensure facts about the patient's clinical circumstances are correct
- try to ensure privacy and uninterrupted time for discussion
- mentally prepare
- negotiate who should be present during the discussion e.g. *"Is there anyone else you would like to be here with you while we talk?"*

R

Relate to the person

- develop a rapport
- show empathy, care and compassion during the entire consultation *"This has been a tough time for you and your family..."*
- broach the topic in a culturally appropriate and sensitive manner
- make eye contact (if culturally appropriate), sit close to the patient, use appropriate body language, allow silence and time for the patient to express feelings.

E

Elicit patient and caregiver preferences

- identify the reason for this consultation and elicit the patient's expectations
- clarify the patient's or caregiver's understanding of their situation and establish how much detail they want to know
- consider cultural and contextual factors influencing information preferences.

P

Provide information tailored to the individual needs of both patients and their families

- offer to discuss what to expect, in a sensitive manner, giving the patient the option not to discuss it
- give information in small chunks at the person's pace
- use clear, jargon-free, understandable language
- engage in active listening i.e. attend to the patient fully, reflect what you think they have said e.g. *"If I've heard you right, you seem to be saying..."*
- explain the uncertainty, limitations and unreliability of prognostic and end-of-life information e.g. *"I know that often people expect doctors to know what is going to happen, but in truth we can often only take educated guesses and can often be quite wrong about what the future holds, and especially how long it is. What we can be sure about is ... and what we don't know for sure is ..."*
- avoid being too exact with timeframes unless in the last few days
- consider the caregiver's distinct information needs, which may require a separate meeting with the caregiver (provided the patient, if mentally competent, gives consent)
- try to ensure consistency of information and approach provided to different family members, the patient and clinical team members
- use the words 'death' and 'dying' where appropriate

A**Acknowledge emotions and concerns**

- explore and acknowledge the patient's and caregiver's fears, concerns and their emotional reaction to the discussion e.g. *"What worries you most about...?"* or *"What is your biggest concern at the moment?"*
- be willing to initiate and engage in conversations about what may happen in the future and the dying process e.g. *"Do you have any questions or other concerns?"*
- respond to the patient's or caregiver's distress regarding the discussion, where applicable.

R**(foster) Realistic hope (e.g. peaceful death, support)**

- be honest without being blunt or giving more detailed information than desired by the patient
- do not give misleading or false information to try to positively influence a patient's hope
- reassure the patient that support, treatments and resources are available to control pain and other symptoms, but avoid premature reassurance
- explore and facilitate realistic goals and wishes and ways of coping on a day-to-day basis, where appropriate.

E**Encourage questions and further discussions**

- encourage questions and information clarification; be prepared to repeat explanations
- check understanding of what has been discussed and whether the information provided meets the patient's and caregiver's needs
e.g. *"We've spoken about an awful lot just now. It might be useful to summarise what we've said ... Is there anything from that that you don't understand or want me to go over again?"*
- leave the door open for topics to be discussed again in the future.

D**Document**

- write a summary in the medical record of what has been discussed
- speak or write to other key health care providers involved in the patient's care. As a minimum, this should include the patient's general practitioner.

*Adapted from Clayton, J., Hancock, K., Butow, P., Tattersall, M., Currow, D. (2007). *Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers*. MJA, 186 (12), S77-S108. Retrieved June 28, 2012 from <http://www.pcc4u.org/index.php/learning-modules/core-modules/2-communication/2-support/activity-3-communication-principles>



ACTIVITY:

During your placement, complete the following questions.

1. What specific communication strategies did you observe that health professionals used in the following situations? You may also wish to discuss your responses to this question with your mentor.

a) Responding to an individual's emotional distress

.....

.....

.....

.....

b) Introducing the concept of palliative care

.....

.....

.....

.....

c) Responding to questions about dying

.....

.....

.....

.....

2. Make a list of communication strategies you will use in the future to support individuals with a life limiting illness and their families.

.....

.....

.....

.....

Assessment Processes in Palliative Care

Assessment is an essential process to ensure that the person with a life limiting illness and their family's worries and concerns are known and that appropriate intervention or treatment is provided. It is important to apply a holistic approach which means considering all domains of the person's life when assessing their symptoms.

The five domains making up the circle of palliative care are shown in diagram 1.

Diagram 1: The Five Domains of Holistic Care*



* Adapted from PEPA Project Team (2010). *The Program of Experience in the Palliative Approach Aboriginal and Torres Strait Island Health Workers' Learning Guide*. Brisbane, Queensland University of Technology.

ACTIVITY

Observe the assessment methods and how the observations are recorded in the palliative care service that you visit. You may find the following guidelines useful.

- Listen to the individual's and family's story about the illness and symptoms;
- Look for contributing factors or situations that make the symptoms or distress worse, for example: movement, position, emotions, anxiety, fear;
- Ask about the person's treatment, medications and other therapies they are using;
- Observe the person for signs and symptoms of changes in their physical condition;
- Ask the person what is worrying them the most;
- Talk to the person's primary carer(s) about changes or symptoms they have noticed;
- Check for other changes in the person's spiritual, emotional, cultural, social and family needs.

Common Symptoms Associated with Advanced or Chronic Illness

People with advanced disease or chronic illness can have physical, psychological and spiritual symptoms. During your placement, you will have the opportunity to observe and discuss strategies for managing these concerns.

ACTIVITY

Refer to the CareSearch website at www.caresearch.com.au and read the section on *Physical Symptoms* under *Clinical Practice*. As pain is a common symptom experienced by those facing life limiting illness and can be difficult to control due to its complex nature, it will be beneficial for you to pay particular attention to the *Pain* section and to do further readings.

The following table lists physical symptoms that are common in advanced disease and chronic illness. During your PEPA clinical placement, write down what you learn about these symptoms and how they are treated in palliative care.

SYMPTOM or INDICATOR	PALLIATIVE TREATMENT/ MANAGEMENT TECHNIQUES
Pain	
• neuropathic	
• nociceptive	
• breakthrough pain	
Gastric problems	
• vomiting	
• nausea	
• constipation	
• diarrhoea	
• incontinence	
Breathing difficulties	
• breathlessness	
• coughing – dry or moist cough	
• haemoptysis	
• obstruction	
Loss of appetite	
• cachexia	
• anorexia	
• dehydration	

SYMPTOM or INDICATOR	PALLIATIVE TREATMENT/ MANAGEMENT TECHNIQUES
Difficulty swallowing/dysphagia	
Dry mouth	
Oral complications/infections	
Skin problems	
• itching	
• dryness	
• malignant wounds	
Oedema	
Confusion	
• delirium	
• restlessness	
Infections	
Depression	
Anxiety	
Insomnia-lack of sleep	
Fatigue	
• reduced energy levels	
Nightmares	
Others symptoms	

What other symptoms did you identify on your placement?

.....

.....

.....

.....

.....

End of Life Care

There are certain symptoms or changes which indicate that the person's illness is at the final stage and the person is nearing the end of physical life. It is important to recognise these symptoms so you can help the person's family and friends by explaining that the symptoms are expected.

SIGNS AND SYMPTOMS OF THE FINAL STAGE OF A PERSON'S ILLNESS

Place Signs and Symptoms that indicate a person is near the end-stage of their illness (this will vary according to the person's condition) may include:

- Peripheral shutdown seen as changed skin colour which may look patchy;
- Loss of appetite, the person refuses any offer of food;
- Profound weakness;
- Drowsiness, unresponsive to other people;
- Irregular and noisy breathing;
- Retained upper airway secretions heard as 'gurgling or bubbling' noises in the throat;
- Difficulty swallowing;
- Restlessness, agitation, muscle twitching;
- Longer periods of semi-consciousness with laps of unconsciousness.

Australian Government Department of Health and Ageing (2006)

ACTIVITY

Talk with your mentor or another palliative care specialist about how the signs and symptoms of the final stage of an illness are managed. Use this space to write down what you learn about end-of life care.

.....

.....

.....

.....

.....

.....

.....

.....

Loss, Grief and Bereavement

Loss, grief and bereavement are normal experiences of life. The pain of loss and grief and bereavement can be experienced physically, emotionally, spiritually or culturally and the consequences can affect social and family relationships. Everyone experiences loss and grief and responds in their own way and people in the same family may react differently. Understanding these responses will help you to support the person their family and help them understand that people react differently to the same situation. (PEPA Project Team 2010)

ACTIVITY

A person who is nearing the end of physical life deals with many losses, take a moment to think about what these losses might be. Write down the losses a person with a life limiting illness may experience.

.....

.....

.....

.....

.....

.....

.....

.....

The way people cope with loss is influenced by their personal style and how they have dealt with losses before. Some people have had to deal with several quite devastating losses during their life, for example, the loss of a child, or loss of the family home through bush fires or loss of loved ones through accidents or violence. Grief is an emotional and physical response to loss. There is no one-way to grieve; the experience is as individual as the people themselves.

Any of the following responses can be experienced by people who are grieving:

- **Mental:** Confusion, preoccupation, hallucinations, dreams of the deceased person.
- **Emotional:** Sadness, Guilt, anxiety, loneliness, fatigue, longing, hopelessness, relief.
- **Physical:** Hollowness in the stomach, tightness in the chest, tightness in the throat, breathlessness, dry mouth, digestive and related problems.
- **Behavioural:** Projection of feelings, avoiding reminders of the deceased, or visiting places and carrying reminders or treasured objects of the deceased.
- **Spiritual:** Feelings of anger, feeling alienation from God, feeling life has lost its meaning, social isolation, depression.

Bereavement is the period of grieving experienced by family and friends after a loved one has died. When we lose someone our feelings can be very confusing, we can be angry, sad and guilty all at the same time. It is important to give extra support for people during their bereavement, because they need time to adjust to their loss. Bereavement care can take the form of a telephone call, a visit from a counsellor, health worker, or volunteer trained for this type of work. Some palliative care organisations have an annual memorial service for the families of people who have passed on.

ACTIVITY:

Talk with your mentor or another palliative care specialist about how loss, grief and bereavement reactions are supported in your placement setting.

.....

.....

.....

.....

.....

.....

What strategies can you implement when you return to your own practice settings to support individuals experiencing loss, grief and bereavement?

.....

.....

.....

.....

.....

.....

Look in to the services and resources for individuals and families dealing with loss, grief and bereavement in your local area.

.....

.....

.....

.....

.....

.....

Self-Care

It is normal for you in your role as a health care worker to become attached to the people you care for. So you can experience some of the symptoms of grief when witnessing a decline in the health of the people you are caring for. It is important for your health that you acknowledge your grief and find time to share feelings with other colleagues, friends or family members, though be mindful of patient confidentiality.

ACTIVITY

How do you deal with your grief when a person in your professional care has died?

.....

.....

.....

.....

.....

.....

.....

.....

During your PEPA clinical placement ask about the different ways that carers are supported in their grief, and write your findings

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Section 4: Completion of your Placement

In this section, we will review your original goals and objectives, reflect on what you have learnt during your placement, and examine strategies you can use to implement your learning in your workplace.

Developing Supportive Networks

The first step towards developing networks with palliative care specialist providers is getting to know the palliative care specialists that serve your local area. Find out the names and contact details of the palliative care team members in your region. This list can be a useful reference for you and others in your work place.

Occupation	Name	Contact details
Director Palliative Medicine		
Clinical Nurse Manager/Consultant		
Consultant in Palliative Medicine		
Medical Registrar		
General Practitioner (GP)		
Nurses – Practitioner (NP)		
Nurses – Hospital		
Nurses – Community		
Aboriginal Health Worker*		
Volunteer Coordinator		
Social Worker		
Occupational Therapist		
Pastoral Care Worker		
Spiritual Care Worker		
Grief and Bereavement Counsellor		
Local Pharmacists		
Organisation in Community		
Hospital Organisation		
Advance Care Planning Coordinator		
Physiotherapist		
Dietician		
Other Staff		

**this term may vary between state and territories.*

PEPA Completion Form 1 - Placement Completion Form

- The form is to be completed on the last day of placement at each host site and returned to the PEPA manager within 2 weeks of placement completion.
- The information in this form contributes to evidence for your reimbursement.

Participant's name:

AHPRA number (if applicable):

Participant Workplace:

Discipline:

Phone/Mobile Number:

Email address:

Postal Address to send certificate:

	Hours completed at host site	Signature	Print name	Date
Participant:				
Pepa Manager:				
Host Site 1 Name:			Mentor's Name:	
Host Site 2 Name: (if applicable)			Mentor's Name:	
Host Site 1 Name: (if applicable)			Mentor's Name:	

PEPA Completion Form 2 - Reflection of Learning

Form to be completed and emailed/sent to the PEPA Manager within 2 weeks of placement completion.

Now that you have time to reflect, go back to Section 2 of the PEPA Learning Guide and review each of your goals in your Pre-placement Learning Plan.

Have you met your initial goals? If they have changed, what may have influenced this?

.....

.....

.....

.....

List the key areas of learning and new skills you have acquired during your clinical placement.

.....

.....

.....

.....

Which of these new knowledge and new skills will you be able to take back to your own workplace?

.....

.....

.....

.....

Have you decided what your workplace activity will be? Write down an outline of what your activity will be. Remember the 250 word report on this activity is due within 3 months of placement completion.

.....

.....

.....

.....

Name of workplace:

Participant's name: Signature Date

Post Placement Workplace Activity Plan and Reflection

Now that you are back in your clinical setting, make a plan for a palliative care project and implement it. It can take any form you think is applicable to your workplace. Here are some ideas:

- Organise a workshop or present an in-service or case study
- Design an assessment tool for your workplace
- Develop a palliative care resource folder
- Amend or introduce a policy and procedure
- Conduct a research activity
- Plan something for the annual Palliative Care Week

When devising your post placement activity, consider aspects such as

- Approximately how many people will you expect to attend?
- Where will you hold the activity?
- What resources will you require?
- How might this positively affect the people who attend the workshop?
- What knowledge do you expect the workplace/participant to gain in relation to palliative care?
- How will you evaluate workplace/participant's knowledge pre and post activity?

Once you have decided what to do, discuss your ideas with the manager in your workplace and make the necessary arrangements to undertake the activity. Briefly describe your activity in the space below, considering some of the aspects above.

Palliative Care Databases and Resources

Palliative care's knowledge base is expanding rapidly. To keep abreast of changes, it is good to have a current *Therapeutic guidelines: palliative care* as a baseline reference. The Therapeutic Guidelines is also available as an online resource at eTG Complete <https://tgldcdp.tg.org.au/etgAccess>. There are also useful websites and databases dedicated to palliative care.

CareSearch www.caresearch.com.au is an online resource of palliative care information and evidence which is a good place to start. *My Learning* on the CareSearch site will assist you to develop skills in identifying evidence and resources to providing quality clinical care. The Education section is a collaborative project which will help you to consider and identify your educational needs.

Palliative Care Curriculum for Undergraduates [PCC4U] is a part of the Palliative Care Education and Training Collaborative. PCC4U provides educational resources which are free to access at www.pcc4u.org.

More suggested readings, journals and websites are available at the end of this learning guide.

PEPA Completion Form 3 - Workplace Activity Reporting Template

- You may use this template or write a separate 250 word report to describe your workplace activity.
- The completed report is to be sent to the PEPA Manager within 3 months of placement completion.

Outline the activity that you have undertaken.

.....

.....

.....

Where was the activity held and who participated?

.....

.....

.....

In what way has or will your workplace activity influence the care of a person with a life-limiting illness in your or your colleagues care?

.....

.....

.....

What went well with the activity?

.....

.....

.....

How will you continue to share your knowledge and skills learned on your PEPA placements?

.....

.....

.....

Name of workplace:.....

Participant's name:..... Signature Date

Workplace Manager:..... Signature Date

Evaluation

At three months post placement, you will be asked to complete a questionnaire about your PEPA experience. This is an important part of your learning experience and for the evaluation of the PEPA project.

The evaluation will ask you to consider:

- What knowledge and skills have you gained from your PEPA placement?
- How have your own practices changed in the palliative approach?
- What changes have occurred at your workplace since your placement?
- In what way did your Post Placement activity influence your workplace practices?

References

- Australian Government Department of Health and Ageing. (2006). *Guidelines for a Palliative Approach in Residential Aged Care*. Canberra: prepared by Edith Cowan University, Western Australia for the Chronic Disease and Palliative Care Branch, DoHA. 174-175.
- CareSearch. (2016). Education. *Education*. Retrieved from <http://www.caresearch.com.au/caresearch/tabid/3876/Default.aspx>
- CareSearch. (2016). My Learning. *Finding and Using Evidence*. Retrieved from <https://www.caresearch.com.au/caresearch/tabid/2181/Default.aspx>
- Clayton, J., Hancock, K., Butow, P., Tattersall, M., and Currow, D. (2007) *Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers* MJA, 186 (12), S77-S108. Retrieved June 28, 2012 from <http://www.pcc4u.org/index.php/learning-modules/core-modules/2-communication/2-support/activity-3-communication-principles>
- Palliative Care Curriculum for Undergraduates (PCC4U) Project Team. (2014). *Palliative Care Curriculum for Undergraduates (PCC4U)*. Retrieved from www.pcc4u.org
- PEPA Project Team. (2010). *Program of Experience in the Palliative Approach program for Aboriginal and Torres Strait Island Health Workers*, Learning Guide. Queensland University of Technology: Brisbane.
- Therapeutic Guidelines Limited. Palliative Care Expert, G. (2010). *Therapeutic guidelines: palliative care* (Vol. Version 3, 2010.). North Melbourne, Vic: Therapeutic Guidelines Ltd.
- Therapeutic Guidelines Limited. (2016). *eTG complete [Internet]* Retrieved from <https://tgldcdp.tg.org.au/etgcomplete>
- World Health Organisation (2012). *Definition of Palliative Care*. <http://www.who.int/cancer/palliative/definition/en>



Suggested Readings, Journals and Websites

Palliative Care Resources

PALLIATIVE CARE TEXTBOOK

Hanks, G., Cherny, N. I., Christakis, N. A., Fallon, M., Kaasa, S., & Portenoy, R. (Eds.). (2010). *Oxford Textbook of Palliative Medicine* (4th ed. ed.). Oxford, New York: Oxford University Press.

O'Connor, M., Lee, S., & Aranda, S. (Eds.). (2012). *Palliative Care Nursing: A guide to practice* (3 ed.). Ascot Vale, Vic: Ausmed Publications.

CLINICAL PRACTICE GUIDES

Analgesic Expert Group. (2012). *Therapeutic Guidelines: analgesic* (6th ed.). Melbourne: Therapeutic Guidelines Limited. [Available for purchase at www.tg.org.au/]

Australian Medicines Handbook Pty Ltd (2011) *Australian Medicines Handbook*. Finsbury Press, South Australia. [Available for purchase at www.amh.net.au/index.php?page=product_list]

Fisch, M.J. and Bruera, E. (2003) *Handbook of Advanced Cancer Care*. Cambridge University Press, UK.

International Association for Hospice and Palliative Care (IAHPC). (2013). *Essential Medicines in Palliative Care: Executive Summary*. [Retrieved from www.who.int/selection_medicines/committees/expert/19/applications/en/]

Palliative Care Expert Group (Ed.). (2010). *Therapeutic guidelines: palliative care* (3 ed.). Melbourne: Therapeutic Guidelines Limited. [Available for purchase at www.tg.org.au/]

Regnard, C., & Dean, M. (2010). *A Guide to Symptom Relief in Palliative Care* (6th ed.). Oxford: Radcliffe Medical Press.

Watson, M., Lucas, C., Hoy, A., Back, I., & Armstrong, P. (2014). *Palliative Care Guidelines*. [Retrieved from www.book.pallcare.info/index.php]

GRIEF AND BEREAVEMENT

Aoun, S. (2004). *The Hardest Thing We Have Ever Done: The social impact of caring for terminally ill people in Australia, 2004*. [Retrieved from www.palliativecare.org.au/Portals/46/The%20hardest%20thing.pdf]

Australian Government Department of Human Services. (2014). *What to do following a death*. [Retrieved from www.humanservices.gov.au/customer/subjects/what-to-do-following-a-death]

Doka, K. J., & Martin, T. L. (2010). *Grieving beyond gender: understanding the ways men and women mourn* (2 ed.): Taylor & Francis.

Hall, C., Hudson, P., & Boughey, A. (2012). *Bereavement support standards for specialist palliative care services*. Melbourne: Department of Health, State Government of Victoria. [Retrieved from [www.docs.health.vic.gov.au/docs/doc/9BC429EA82D005DBCA257AB600045CFB/\\$FILE/Bereavement%20support%20standards.pdf](http://www.docs.health.vic.gov.au/docs/doc/9BC429EA82D005DBCA257AB600045CFB/$FILE/Bereavement%20support%20standards.pdf)]

Parkes, C. M., & Prigerson, H. G. (2013). *Bereavement: studies of grief in adult life* (4th ed.). Bristol: Routledge.

Rubin, S., Malkinson, R., & Witztum, E. (2011). *Working with the bereaved: Multiple lenses on loss and mourning*: Routledge.

Walter, T. (1999). *On Bereavement: The Culture of Grief*. University of Michigan: Open University Press.

SPIRITUAL CARE

Cobb, M. (2004) *The Dying Soul: Spiritual Care at the End of Life*. Open University Press, Buckingham.

Cobb, M., Puchalski, C., & Rumbold, B. (Eds.). (2012). *Oxford Textbook of Spirituality in Healthcare*. New York: Oxford University Press Inc.

AGED CARE

Australian Government Department of Health and Ageing. (2006). *Guidelines for a Palliative Approach in Residential Aged Care: Enhanced Version*. [Retrieved from www.webarchive.nla.gov.au/gov/20140802032319/www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-pubs-workf-guide.htm]

Australian Government Department of Health and Ageing. (2011). *Guidelines for a Palliative Approach for Aged Care in the Community Setting - Best practice guidelines for the Australian context*. [Retrieved from www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-pubs-compac-guidelines.htm]

CareSearch. (2014). RAC [Residential Aged Care] Hub. [www.caresearch.com.au/caresearch/tabid/2256/Default.aspx]

Martin, G., & Sabbagh, M. (2010). *Palliative Care for Advanced Alzheimer's and Dementia: Guidelines and Standards for Evidence-Based Care*. New York: Springer Publishing Company.

The University of Queensland, & Blue Care Research and Practice Development Centre. (2012). *The Palliative Approach Toolkit*. Queensland: The University of Queensland. [Retrieved from www.caresearch.com.au/caresearch/tabid/2840/Default.aspx]

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AND A PALLIATIVE APPROACH

Aboriginal and Torres Strait Islander Health Branch. (2011). *Sad News, Sorry Business: Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying*. [Retrieved from www.health.qld.gov.au/atsihealth/documents/sorry_business.pdf]

CareSearch. (2014). Aboriginal and Torres Strait Islander Resources. [www.caresearch.com.au/caresearch/tabid/2533/Default.aspx]

Maddocks, I., & Rayner, R. G. (2003). Issues in palliative care for Indigenous communities. *The Medical Journal of Australia*, 179(6 Suppl), S17-S19.

McGrath, P., Fox-Young, S., & Phillips, E. (2008). Insights on Aboriginal grief practices from the Northern Territory, Australia. *Australian Journal of Primary Health*, 14(3), 45-57.

Mungabareena Aboriginal Corporation, Wodonga Institute of TAFE, & Mercy Health Service Albury (Palliative Care). (2004). *Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples*. [Retrieved from www.caresearch.com.au/Caresearch/Portals/0/Documents/WhatisPalliativeCare/NationalProgram/IndigenousPCproject/Resource.pdf]

National Indigenous palliative care project. (2013). Australian Indigenous: HealthInfoNet. [Retrieved from www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=455]

Program of Experience in the Palliative Approach (PEPA) project team. (2010). *PEPA Aboriginal and Torres Strait Islander Health Workers' Communication Guidelines*. Brisbane: Queensland University of Technology. [Retrieved from www.pepaeducation.com/pepa-mentors/communication-guidelines-for-engaging-aboriginal-and-torres-strait-islander.aspx]

Program of Experience in the Palliative Approach (PEPA) project team. (2010). *PEPA Aboriginal and Torres Strait Islander Health Workers' Participant's Learning Guidelines*. Brisbane: Queensland University of Technology. [Retrieved from www.pepaeducation.com/learning-workplace-support/pepa-learning-guides.aspx]

Program of Experience in the Palliative Approach (PEPA) project team. (2014). *PEPA Learning Guide for Aboriginal Guide for Aboriginal and Torres Strait Islander Health Workers*. Brisbane: Queensland University of Technology. [Retrieved from www.pepaeducation.com]

Sullivan, K., Johnston, L., Colyer, C., Beale, J., Willis, J., Harrison, J., & Welsh, K. (2003). *National Indigenous Palliative Care Needs Study: final report*. Canberra: Department of Health and Ageing. [Retrieved from [www.pandora.nla.gov.au/pan/56044/20060529-0000/www.health.gov.au/internet/wcms/publishing.nsf/Content/5619BFE763995E17CA256F410011C5C3/\\$File/needall.pdf](http://www.pandora.nla.gov.au/pan/56044/20060529-0000/www.health.gov.au/internet/wcms/publishing.nsf/Content/5619BFE763995E17CA256F410011C5C3/$File/needall.pdf)]

PAEDIATRIC PALLIATIVE CARE

Australian Government Department of Health and Ageing (2003). *Paediatric Palliative Care Service Model Review Final Report*. Rural Health and Palliative Care Branch Australian Government Department of Health and Ageing, Canberra.

Crowe, L. (2004). *When Children have a Life-Limiting Illness – Questions and Answers around Grief and Loss*. Queensland Health, Brisbane. [Retrieved 17 May 2011: www.health.qld.gov.au/cpcre/pdf/chldrn_lifelim.pdf]

GENERAL RESOURCES

Callanan, M. (2009). *Final Journeys: a practical guide for bringing care and comfort at the end of life*: Bantam.

Gawande, A. (2014). *Being Mortal: illness, medicine and what matters in the end*. Great Britain: Profile Books Ltd.

Kellehear, A. (ed) (2000). *Death and Dying in Australia*. Oxford University Press, Melbourne.

Kellehear, A. and Ritchie, D. (eds) (2003). *Seven Dying Australians*. St Luke's Innovative Resources, Bendigo.

SELF-CARE AND SUPERVISION RESOURCES

Brisbane South Palliative Care Collaborative. (2013). *Bereavement support booklet for residential aged care staff*. Brisbane: Queensland Health. [Retrieved from www.caresearch.com.au/Caresearch/Portals/0/PA-Toolkit/Bereavement_Support_Booklet_for_Residential_Aged_Care_Staff.pdf]

Bond, M., & Holland, S. (2011). *Skills of Clinical Supervision for Nurses: A Practical Guide for Supervisees, Clinical Supervisors and Managers (2nd Edition)*. Berkshire, GBR: McGraw-Hill Education.

Canning, D., Yates, P., & Rosenberg, J. (2005). *Competency standards for specialist palliative care nursing practice*. Brisbane: Queensland University of Technology. [Retrieved from www.health.qld.gov.au/cpcre/pdf/compstand.pdf]

Hawkins, P., & Shohet, R. (2012). *Supervision in the helping professions*. Maidenhead: Open University Press.

Policy documents

Australian Government Department of Health and Ageing. (2011). *Supporting Australians to live Well at the End of Life - National palliative care strategy 2010*. Endorsed by Australian Health Ministers. [Retrieved 17 May 2011: [www.health.gov.au/internet/main/publishing.nsf/Content/533C02453771A951CA256F190013683B/\\$File/NationalPalliativeCareStrategy.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/533C02453771A951CA256F190013683B/$File/NationalPalliativeCareStrategy.pdf)]

National Breast Cancer Centre & National Cancer Control Initiative. (2003). *Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer*. National Breast Cancer Centre, Camperdown, New South Wales. [Retrieved 17 May 2011: www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/cp90.pdf]

Journals*

Advances in Palliative Medicine
American Journal of Hospice and Palliative Medicine
BMC Palliative Care
BMJ Supportive & Palliative Care
Current Opinion in Supportive and Palliative Care
Death Studies*
End of Life Care Journal
European Journal of Palliative Care
Funeral Service Journal
Grief Digest
Indian Journal of Palliative Care
International Journal of Palliative Nursing
Internet Journal of Pain, Symptom Control and Palliative Care
Journal of Hospice and Palliative Nursing
Journal of Pain & Palliative Care Pharmacotherapy
Journal of Pain & Symptom Management*
Journal of Palliative Care*
Journal of Palliative Medicine*
Journal of Social Work in End of Life & Palliative Care
Journal of Supportive Oncology
Living with Loss Magazine
Loss, Grief and Care (until 2004)
Mortality
Omega. Journal of Death and Dying*
Palliative and Supportive Care
Palliative Medicine*
Progress in Palliative Care
Supportive Care in Cancer*

*CareSearch. (2013). Specialist Palliative Care Journals. *Finding and Using Evidence*. [Retrieved 3 December 2014: from www.caresearch.com.au/caresearch/tabid/347/Default.aspx]

Websites

ABORIGINAL AND TORRES STRAIT ISLAND

Australian Indigenous Health Info Net
www.healthinfonet.ecu.edu.au

The Lowitja Institute
www.lowitja.org.au

National Aboriginal and Torres Strait Islander Health Worker Association NATSIHWA
www.natsihwa.org.au

National Aboriginal Community Controlled Health Organisation
www.naccho.org.au

ADVANCED CARE PLANNING

Decision Assist
www.caresearch.com.au/caresearch/tabid/2583/Default.aspx

International Society of Advance Care Planning & End of Life Care
www.acpelsociety.com

Respecting Patient Choices
www.advancecareplanning.org.au

AGEING

Alzheimer's Australia
www.fightdementia.org.au

Dementia Centre
www.dementiacentre.com.au

National Ageing Research Institute
www.mednwh.unimelb.edu.au

BEREAVEMENT

Australian Centre for Grief and Bereavement
www.grief.org.au

Bereavement Care Centre
www.bereavementcare.com.au

CANCER INFORMATION

American Cancer Society
www.cancer.org/index

Cancer Council Australia
www.cancer.org.au

National Cancer Institute at the National Institutes of Health
www.cancer.gov

Peter MacCallum Cancer Institute
www.petermac.org

Virtual Medical Centre – Cancer Care
www.myvmc.com/cancer-centre

CHILDREN AND TEENAGER

CanTeen www.canteen.org.au

Childhood Cancer Association
www.childhoodcancer.asn.au

Children Cancer Institute
www.ccia.org.au

Starlight Children's Foundation
www.starlight.org.au

Teenage Cancer Trust
www.teenagecancertrust.org

CULTURAL DIVERSITY

Centre for Cultural Diversity in Ageing
www.culturaldiversity.com.au

Diversicare
www.diversicare.com.au

EDUCATIONAL/RESEARCH

CareSearch
www.caresearch.com.au

Centre for Palliative Care Research and Education,
Queensland Health
www.health.qld.gov.au/cpcrc

Centre for Palliative Care: St Vincent's Hospital and University of
Melbourne collaborative
www.centreforpallcare.org

NHMRC National Health and Medical Research Council
www.nhmrc.gov.au

Palliative Care Curriculum for Undergraduates
www.pcc4u.org

Program of Experience in the Palliative Approach
www.pepaeducation.com

PAIN

Australian Pain Society
www.apsoc.org.au

International Association for the Study of Pain
www.iasp-pain.org

Palliative Drugs Information
www.palliativedrugs.com

PALLIATIVE CARE

Australian Government Department of Health: National Palliative
Care Projects
www.health.gov.au/internet/main/publishing.nsf/Content/palliativecare-program.htm

Ehospice
www.ehospice.com/australia/en-gb/home.aspx

World Health Organization: Palliative Care
www.who.int/cancer/palliative/definition/en

PALLIATIVE CARE ASSOCIATIONS

International Association for Hospice and Palliative Care
www.hospicecare.com

Palliative Care Australia
www.palliativecare.org.au

PALLIATIVE PRACTITIONERS

Australian and New Zealand Society of Palliative Medicine
www.anzspm.org.au

AUSTRALASIAN CHAPTER OF PALLIATIVE MEDICINE:

The Royal Australasian College of Physicians
www.racp.edu.au/page/australasian-chapter-of-palliative-medicine

Cancer Nurses Society of Australia
www.cnsa.org.au

Palliative Care Nurses Australia
www.pcna.org.au

Appendix: Your Personal Checklist

BEFORE THE PLACEMENT:

- Read this learning guide
- Read through and mark off this checklist as you work through your clinical placement
- Complete your *PEPA pre-placement learning plan* including your goals and strategies (2.3 of this guide) and submit a copy to your PEPA manager
- Contact the PEPA manager regarding any administrative issues
- Make telephone contact with your host site to confirm your attendance (at least one week before your attendance)
- Ensure you know the address, contact details and where to meet at your host site

AT THE COMMENCEMENT OF THE PLACEMENT:

- Review your learning goals with your mentor
- Identify activities/opportunities to achieve learning goals i.e. ward rounds, hand over, case conferencing, team meetings, family meetings, home visits, in-services etc.
- Prepare a tentative schedule with your mentor that includes time to observe multidisciplinary approach to care and an opportunity to network with staff from other disciplines.
- Establish regular meeting times and a way for you to be contacted throughout the day

DURING THE PLACEMENT:

- Seek out resources and sources of information as required
- Be mindful of behaviours and attitudes
- Take time to reflect, read patient records (as appropriate), policies, pamphlets, *PEPA Learning Guide for Nurses and Allied Health*
- Seek opportunities to debrief and review goals at the end of each day
- Your mentor will give you ongoing feedback as appropriate

ON COMPLETION OF THE PLACEMENT:

- Debrief and review of goals with your mentor
- Discuss your planned workplace activity with your own workplace manager (must be implemented in their service within three months of completing a PEPA placement)
- Ensure the *Placement Completion Form* is signed off by **each mentor** at the different host sites for your Continuing Professional Development (CPD) points and for your PEPA manager to sight that you have completed your placement. For further information re (CPD) points, visit the PEPA website and follow the links to the page for nurses – <http://pepaeducation.com/health-professionals/nurses.aspx>
- Complete your *PEPA Reflection of Learning* and your *Workplace Activity Plan* within this guide and submit a copy to your PEPA manager
- Build on your workplace's palliative care network at each opportunity

Notes:

A series of horizontal dotted lines for taking notes.

