

REVERSE PEPA PLACEMENT: Facility Manager and Participant APPLICATION FORM QUEENSLAND

Instructions

Step 1: Facility manager applying to have a reverse PEPA placement at their work place must understand the Reverse PEPA Placement Overview and complete this form.

Step 2: Participants will be setup with logins for the online application.

Once application form is completed return to PEPA manager:

Aurora Hodges – 07 3646 6216 – All forms to be emailed to pepaqld@health.qld.gov.au

Reverse PEPA Placement Overview

Reverse PEPA placements offer the opportunity to integrate learning in the workplace, establish networks of support and educate health care staff about the palliative approach to care. The reverse PEPA placement learning experience will help the staff in the participating workplace to:

- Gain a clearer understanding of the principles of good palliative care
- Identify the needs of their clients/residents with life-limiting conditions
- Understand the role of various disciplines in managing common problems faced by people with life-limiting conditions
- Recognise their own knowledge base/scope of practice in regard to optimal palliative care provision
- Identify personal coping strategies for effective management of personal issues related to working in this area.

Reverse PEPA placements involve a Palliative Care Specialist mentor (PCS mentor) spending up to 4 days at a facility working with a maximum of 4 nominated staff (participants). The mentor may provide palliative care educational sessions, one-to-one mentoring, discuss cases, discuss medication, and review procedures and policy documentation relevant to palliative care.

A representative (facility, health service or practice manager) from the site to host the reverse PEPA placement is required to submit this application on behalf of their workplace. Nominated staff (participants) who will attend a reverse PEPA placement must also complete a section on this application form. The PEPA manager in the relevant State/Territory will then liaise with the facility, health service or practice manager and the PCS mentor to confirm the learning goals of the placement and suitable dates.

Please Note: On completion of the reverse PEPA placement it is a requirement that all participants implement a quality improvement activity within their workplace within 4-6 weeks. This may be undertaken as a group activity with other PEPA participants.

Examples of activities that previous participants have undertaken include:

- Development of new policy
- Development or introduction of new patient assessment tools
- Setting up support networks
- In-service education
- Provision of resource folders for patients and staff
- Establishment of a Palliative Care Committee

PEPA MANAGER USE ONLY

Form Version: National Template Final

Date Received _____ Approved ____/____/_____
____/____/_____

PEPA Manager

Date Notified _____ Facility Name _____
____/____/_____

Facility Manager's Name

Placement Dates _____ to _____
____/____/_____

PCS Mentor's Name

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- Provision of formal staff education
- Introduction of multi-disciplinary team meetings.

Facility manager must complete following section

Privacy & Confidentiality - *facility manager to complete*

All information provided by you in this application will be kept private and confidential. This information will only be used for the purposes of:

- Assessing the eligibility of your workplace to be a facility for the program
- Allocation of clinical placements
- Follow-up and post-placement support
- Program evaluation

For these purposes, your details and program report may be forwarded to the QUT PEPA national team

Please tick

- I understand and agree to the information I have provided to be used for the above purposes.
- I consent to my name and contact details being forwarded to the relevant person for post-placement support activities.
- I consent to my name and contact details being forwarded to the QUT PEPA national team for program evaluation.

Facility Details – *facility manager to complete*

Name of facility: _____

Address of facility: _____

Postal address of facility: _____

Facility manager's details:

Title: Mr Mrs Ms Dr Other _____

Surname: _____

Given Name(s): _____

Position: _____

Phone number: _____

Email address: _____

Placement Preferences – *facility manager to complete*

Q1. What are the preferred dates/times for the reverse PEPA placement?

Q2. Are there any dates/times that would NOT be available for reverse PEPA placement?

Q3. Reverse PEPA placements generally run for up to 4 consecutive days. Each participant must be supernumerary for at least 2-3 of these days to work with the PCS mentor. Refer to information guide for information about paid backfill for these days. Will participants be available for these days? Yes _____ No _____

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Learning Goals – *facility manager to complete*

Examples of teaching and learning activities that may be provided by the PCS mentor at your workplace are:

- Assessments and interventions (medical, physical, psychosocial, spiritual etc.)
- Medication reviews
- Procedures and policy documentation reviews
- Referral processes
- Training/in-services given to other staff members, on: symptom management, family support/family meetings, loss and grief, team work/team meetings.

Are there any specific activities that you would like, while the PCS mentor is at your workplace?

Facility Manager’s Declaration – *facility manager to complete*

Q4. How many staff (participants) are nominated to undertake a PEPA placement at your workplace? _____

Q5. List the names, discipline, email addresses and mobile numbers of the nominated staff (participants):

Name	Discipline	Email	Mobile

Q6. Who is the identified ‘team leader’ from the nominated participants? The ‘team leader’ should be a participant in the program and be willing to act as the liaison between the PEPA manager, facility manager, participants and PCS mentor _____

Q7. Do you support the nominated participants to undertake a reverse PEPA placement at your workplace and provide support for the learning that will be implemented in the workplace?

- Yes No

Q8. Do you agree to release the nominated participants during the reverse PEPA placement, so that they are supernumerary, allowing for at least 2-3 (depending on discipline) days working with the palliative care specialist mentor on an individual basis?

- Yes No

Q9. Will you support the participants in their post placement activity and possible implementation of strategies (please see Learning Goals for examples of activities and strategies)?

- Yes No

Q10. Having read the PEPA Information Guide, do you understand and agree to comply with all requirements for participation in the program?

- Yes No

Manager’s Name (printed) _____

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Manager's Signature _____ Date ____/____/____