

## REVERSE PEPA PLACEMENT: Manager and Participant Application Form Victoria

### Instructions

1. Manager applying to have a reverse PEPA placement at their work place must understand the Reverse PEPA Placement Overview and complete this form.
2. Participants will be setup with logins for the online application.

Once the application form is completed please return to PEPA manager:

Tracey Mander – 03 9231 5757 – All forms to be emailed to [PEPA@svha.org.au](mailto:PEPA@svha.org.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
- Provision of formal staff education
- Introduction of multi-disciplinary team meetings

### PEPA MANAGER USE ONLY

Date Received \_\_\_\_\_ Approved \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Notified \_\_\_\_\_ Host Name \_\_\_\_\_

Placement Dates \_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Form Version: National Template Final  
PEPA Manager \_\_\_\_\_

Host Manager's Name \_\_\_\_\_

PCS Mentor's Name \_\_\_\_\_

**PROGRAM OF EXPERIENCE IN THE PALLIATIVE APPROACH  
REVERSE PEPA – APPLICATION FORM**

**Manager must complete following sections**

**Privacy and confidentiality**

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 host 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.

**Health service/facility/practice details**

Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_

\_\_\_\_\_

Postal address of facility: \_\_\_\_\_

\_\_\_\_\_

Manager details:

Title:  Mr  Mrs  Ms  Dr  Other \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**Placement preferences**

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

\_\_\_\_\_

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

\_\_\_\_\_

3. 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.

4. Will all participants be available for these days?  Yes \_\_\_\_\_  No \_\_\_\_\_

