

REVERSE Placement Participant Information Guide for PEPA 2020-2023



PEPA Program of
Experience in the
Palliative Approach

PEPA Indigenous Program
of Experience in the
Palliative Approach



Version Number	Date	Changes
National template v1	20 July 2020	Developed for PEPA 2020-2023

Acknowledgements

Resource Development

This *Information Guide for REVERSE PEPA Placement Participants* was adapted from resources developed in previous phases of PEPA by the National Coordination Team at QUT, in consultation with PEPA Managers and representatives from the Australian Government Department of Health. This current version was updated in August 2020 for use in the PEPA 2020-2023 phase.

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PEPA 2020-2023 INFORMATION GUIDE FOR PLACEMENT PARTICIPANTS

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This Information Guide for Placement Participants may be downloaded from the PEPA web site at: www.pepaeducation.com.



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Application Process

This *Information Guide for REVERSE Placement Participants* provides important information about the management of the Program of Experience in the Palliative Approach (PEPA).

All applicants should read this guide in its entirety and agree to the conditions before applying for entry into the program.

Application forms are available online at: www.pepaeducation.com . Completed forms should be submitted to the PEPA Manager in your state of territory <https://pepaeducation.com/about-pepa/our-team/> .



The Program of Experience in the Palliative Approach (PEPA)

1.0 PROGRAM OBJECTIVES

The Australian Government funds a range of national palliative care projects to enhance the quality of palliative care service delivery and increase support for people who are dying, their families and carers. In 2020-2023 the Department of Health has provided funding for a Palliative Care Education and Training Collaborative that incorporates the Program of Experience in the Palliative Approach (PEPA and IPEPA) and the Palliative Care Curriculum for Undergraduates (PCC4U) projects. This collaborative takes a whole-of-workforce approach to building the capability and capacity of the health workforce to provide quality palliative care to all Australians. The project takes a strategic approach to education and training of the health workforce, by aligning project activities to the Palliative Care Workforce Development Pathway developed as an outcome of the most recent phase of the Australian Government's PCC4U project.

IPEPA is a new evolution within the PEPA program that has responded to feedback given to PEPA in regard to barriers for Aboriginal and/or Torres Strait Islander people's palliative care within their communities across Australia. IPEPA is focussed on an Indigenous Program of Experience in the Palliative Approach which will work together with Aboriginal and/or Torres Strait Islander people's in their communities to support and understand palliative care in the best way possible for their needs. IPEPA is supported by a National Indigenous PEPA Manager and a team of Aboriginal and Torres Strait Islander Project Officers and Consultants from communities across Australia.

PEPA/IPEPA focuses on:

1. Delivery of Education and Training programs:

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

The aims include:

- 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;
- Creating opportunities for all health professionals to be more culturally aware when delivering care to Aboriginal and Torres Strait Islander people;
- Enabling Aboriginal and Torres Strait Islander health care professionals/providers to gain culturally appropriate experience in the palliative approach to care; and
- Providing professional skills development opportunities for clinicians.



2. Participant Outcomes

Participation in this program aims to enhance a participant's knowledge, skills and confidence in the palliative approach to care.

On completion of the program, participants should be able to 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 clear 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 their 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 their 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.

Please note:

Participation in this program aims to enhance your knowledge and skills in the palliative approach to care. It does not constitute a formal qualification, nor does it aim to develop advanced skills in the field.

3. Service and System Level Outcomes

At the service and system level, participation should result in:

- Improved skill and confidence of the generalist workforce to work with people with palliative care needs;
- Strengthened linkages between generalists and specialist palliative care providers.

2.0 Purpose of this Document

The purpose of this document is assist PEPA Participants to understand what a Reverse PEPA placement is and the process of participating in the placement.

This document aims to assist PEPA Participant/s to:

- Understand the principles and benefits of reverse PEPA placements;
- Clarify to participants what their facility/organisation managers responsibilities are during reverse PEPA placements;
- Prepare and support participants to understand their responsibilities when undertaking a reverse PEPA placement.



3.0 General Flow Summary of Reverse PEPA Process For Participants

Before Placement

- The PEPA manager will send your Manager/Team Leader the name and contact details when available of the **Palliative Care Specialist (PCS)** mentor.
- The nominated Manager/Team Leader from your site will be the contact person for the PCS mentor. The Manager/Team leader will be responsible for orientating and follow up communication with the PCS mentor after placement.
- You will receive PEPA resources for your work site and staff to keep and read.
- Each participant will be given a copy of the PEPA learning Resources. Ensure each participant reads through and completes the learning resources prior to and during the placement.
- Ensure each participant has at least two days when they are free from their usual workload (supernumery) allowing time to learn from the PCS mentor.
- Participants to work through *Your Personal Checklist* of the *PEPA Learning Resources*.

During placement

- On first day, orientate PCS mentor to your work site
- Invite PCS mentor to have meal/breaks with staff
- Work through PEPA suggested learning resources and specific site requested activities, at the end of this document
- At the completion of the placement, ensure the PCS mentor has signed your *Placement Completion Form* in your *PEPA Learning Resources*.

Post placement

- *Each* participant is to complete and return *Placement Completion Form, Reflection of Learning* and *Workplace Activity Plan* from the learning guide to the PEPA manager within 14 days;
- Participants can choose whether they do individual workplace activity or joint activity, however *each* participant must complete a *Workplace Activity Plan* which will include how they will integrate their learning into practice and/or share their learning;
- Suggestions for joint activity
 - Reviewing policies/procedures
 - Providing information to residents/staff about palliative care
 - Establishing a journal club
 - Reviewing care of palliative patients



4.0 Benefits of Reverse PEPA Placements

Additional benefits of reverse PEPA placements include:

- Support to learn how to do palliative care In your workplace;
- Training provided for more than one participant in a single workplace;
- Provision of learning opportunity for facility/organisation/unit staff, other than participants;
- Cost efficiency;
- Identification of facility/organisation/unit specific issues in relation to palliative care;
- Strengthening of networks between palliative care service and facility staff.

5.0 Target Groups for Reverse PEPA Placements

Reverse PEPA specifically targets providers where there are multiple participants from a single Residential Aged Care Facility, Aboriginal and Torres Strait Islander community or regional area requiring a placement. It may also be useful in other health care settings.

Reverse PEPA placements are especially beneficial for the following groups:

- **Residential Aged Care Facility RACF:**
 - Residential aged care workers
 - Community aged care workers
 - Assistants in nursing and personal carers
 - Registered nurses
 - Enrolled (Division 2) nurses
 - Allied health professionals
- **Regional/remote settings:**
 - Where there are four or more health professionals from one regional or remote community that would benefit from a PEPA placement.
- **Aboriginal Health Workers and Aboriginal Medical Services:**
 - Aboriginal and Torres Strait Islander health practitioners
 - Aboriginal and Torres Strait Islander health workers
 - Aboriginal and Torres Strait Islander hospital liaison officers
 - Aboriginal and Torres Strait Islander community workers.

6.0 Overview of Reverse PEPA Placements

Reverse PEPA placements entail a palliative care specialist mentor (up to a maximum of two mentors) travelling to the participant's workplace (reverse PEPA site) to mentor and facilitate learning.

Reverse PEPA placements can be appropriate where the goal is to improve practice through tailored support in a specific practice setting (e.g. Residential Aged Care Facilities or Aboriginal and Torres Strait Islander community in both cities and regional areas).

Reverse PEPA:

- **Involves three or four reverse PEPA participants at the reverse PEPA site;**



- Requires that you are free to learn (not doing your usual work that day) for a minimum 2 and maximum 4 days;
- PEPA supports your facilities palliative care education by employing a specialist palliative care clinician to come into your healthcare environment to provide palliative care education;
- PEPA may be able to provide **some** contribution towards participants professional development – payable to your facility. For more information please contact your PEPA Manager from your state or territory <https://pepaeducation.com/about-pepa/our-team/>
- Can be completed as one block or divided blocks;
- **Normally supported by one or two PEPA mentors.**
- **A cultural mentor may be appropriate where any of the participants are Aboriginal or Torres Strait Islander persons, or culturally and linguistically diverse (CALD); and should work in conjunction with the other PEPA mentor.**
- Participants complete pre and post evaluations as per standard placements.

7.0 Responsibilities: PEPA Manager

7.1 Participant and Reverse PEPA Host Site

The PEPA Manager is required to support the facility manager and participants by:

- Providing the contact details and some information about the PEPA mentor(s) who will be attending, as soon as practical;
- Providing (or recommending to) facilities with relevant palliative care resources, such as:
 - Therapeutic Guidelines Palliative Care 2016;
 - Link to ELDAC Facilitator for their area and ELDAC website <https://www.eldac.com.au/>
 - The Australian Pain Society's Pain in Residential Aged Care Facilities – Management Strategies; and The Australian Pain Society's The PMG Kit for Aged Care. Both available online at <http://www.apsoc.org.au/resources.php>;
 - Relevant PEPA pre-placement modules and learning guides.

7.2 Palliative Care Specialist Mentor

The PEPA Manager is required to support the PEPA mentor(s) by:

- Ensuring each PEPA mentor is aware of the relevant PEPA Learning Guide (available on the PEPA website) and has reviewed the relevant pre-placement learning modules;
- Providing information to the PEPA mentor about their responsibilities including:
 - Encouraging new mentors to undertake the PEPA mentor online module called *Mentoring PEPA Participants*. This can be accessed through the PEPA website.
 - Supplying PEPA mentors with information and orientation documents from the reverse PEPA site/community they are attending where available
 - Planning an opportunity for the PEPA mentor to debrief with the PEPA Manager after completing the placement



- Providing a *Certificate of Appreciation* to the PEPA mentor post placement to thank them for involvement in the project activity.
- Offering cultural awareness training and providing sufficient information about the local area from State/Territory PEPA Indigenous Project Officer (where the Reverse PEPA placement is being undertaken in an Aboriginal health service);
- Providing copies of The Cultural Considerations Flipchart or provide the link to the Flipbook on the PEPA website as appropriate.

8.0 Responsibilities: Palliative Care Specialist as a PEPA Mentor

The PEPA mentor should:

- Have completed the Online PEPA mentoring Training modules inclusive of the Cultural Safety mentoring Training module;
- Undertake the activities listed above (8.2)
- Plan time and working arrangements for the placement period;
- Develop a program of planned activities in collaboration with the Reverse PEPA site facility / agency manager and participants;
- Ensure orientation to reverse PEPA facility is conducted on initial arrival by identified team leader from the facility;
- Where possible, take a folder with clinical documentation used in palliative care to show facility / agency staff;
- Explore existing documentation of the host facility and incorporate this in the learning activities and/or introduce alternative documentation if necessary;
- Identify opportunities for formal and informal interactions with Reverse PEPA site facility/organisation/unit staff;
- Work through suggested learning activities such as:
 - Assessments and interventions (medical, physical, psychosocial, spiritual etc)
 - Medication reviews
 - Procedures and policy documentation reviews
 - Referral processes
 - Training/in-services for symptom management; family support / family meetings; loss and grief; team work / team meetings;
- Sign off on *each* participant's supervised clinical placement documentation as appropriate for allocation of continuing professional development points;
- Provide feedback as appropriate to Reverse PEPA site facility / agency manager and participants in relation to resources, documentation and practices relating to palliative care.

9.0 Responsibilities: Participants

- As per standard placement, *each* participant is to complete and submit the *Reverse PEPA Placement Completion Form* to the PEPA Manager within 14 days. It should be signed by the participant's manager and the PEPA mentor. These forms are



available can be downloaded directly from the PEPA website under the Support and Education tab, or will be supplied by the PEPA Manager;

- Participants can choose whether they do an individual workplace activity or joint activity, however *each* participant must complete a *Workplace Activity Plan* (return to the PEPA Manager within 14 days) which will include how they will integrate their learning into practice and/or share their learning;
- Suggestions for joint activity include:
 - Reviewing policies/procedures
 - Providing information to residents/staff about palliative care
 - Establishing a palliative care journal club
 - Reviewing care of palliative patients
 - Similar activities to standard placement;
- Each participant to complete a pre and post placement online evaluation survey.
- Each participant to complete a report of their workplace activity within 3 months of completing the Reverse PEPA placement.

10.0 Evaluation: Survey and Feedback

Prior to commencement of reverse PEPA placement, each participant (**Employee**) is required to complete a pre evaluation online survey as per standard placements.

Within three months of a placement, each reverse PEPA participant/s (Employee) are expected to:

- Review the program and personal objectives and reflect on the extent to which they were achieved and areas for further learning.
As per 10.0 the Placement Completion Form, Reflection of Learning and Workplace Activity Plan should be submitted to the PEPA Manager within 14 days of completing their placement;
- Complete the relevant *PEPA post-placement evaluation* online survey.

One representative from each Reverse PEPA facility/organisation/unit (**ideally - Team Leader**) should complete the *PEPA Evaluation Survey* every 6 months.

11.0 Further Information

For further clarification on reverse PEPA placements please direct questions to the PEPA Manager for the Jurisdiction you are engaged with.

