

# Reverse PEPA Placement Guide 2020



**PEPA** Program of Experience in the Palliative Approach

**PEPA** Indigenous Program of Experience in the Palliative Approach



# Your Personal Checklist

## Before the placement:

- Read this placement guide and mark off the key tasks in this checklist as you work through your placement
- Read the [Placement Information Guide](#) for your state or territory, available on the PEPA website
- Complete the pre-placement evaluation this will arrive 1-2 weeks prior to your placement via email from [pepaevaluations@qut.edu.au](mailto:pepaevaluations@qut.edu.au) (check 'junk' mailbox and/or contact PEPA Manager if you have not received this).
- The PEPA Manager will send your Manager / Team Leader the name and contact details of the Palliative Care Specialist (PCS) Mentor/s and some information about them
- Review the roles and responsibilities ([Section 2.1](#)) of participants, the host site, the PCS Mentor and the PEPA Manager
- Review the resources, including learning guides sent by the PEPA Manager and complete relevant learning activities prior to the placement. Reviewing your organisation's palliative care policies, pathways and issues is also important.
- Complete your pre-placement learning plan including your goals and strategies ([Section 2.3](#)) and bring this with you to discuss with your PCS Mentor on the first day of the placement.
- Ensure you have been rostered or allocated as supernumerary / offline for the days of the Reverse PEPA placement. Contact your Manager / Team Leader regarding any administrative issues.

## At commencement of the placement:

- Manager / Team Leader to orientate the PCS Mentor to the workplace and invite them to have meals / breaks with staff
- Review your learning goals with your PCS Mentor
- Identify activities / opportunities with the PCS Mentor to achieve learning goals (ie, assessments and interventions, reviewing policies / procedures, reviewing care of palliative patients and families, medication reviews, case conferencing, multidisciplinary team meetings, referral processes, family meetings, home visits, inservices etc.).

## During the placement:

- Review the various learning activities outlined in [Section 3](#) of this guide and record your responses in the spaces provided
- Research additional resources and sources of information as required (refer to [Section 2.2](#) for a list of learning resources)
- Seek opportunities to debrief, review goals and seek feedback from your PCS Mentor at the end of each day.

## On the last day of the placement:

- Debrief and review your placement goals with your PCS Mentor
- Ensure the **Placement Completion Form** ([Section 4.2](#)) is signed by the PCS Mentor and a copy sent to the PEPA manager.



### Checklist Reminders:

Throughout this guide you will find several **checklist reminders** that are intended to help you complete the key steps required for a successful PEPA placement. When you see this icon, please make sure you have completed the task and check it off back here.

## After the placement:

- Complete your **Reflection of Learning** ([Section 4.3](#)) and send a copy to your PEPA manager
- Discuss your planned workplace activity with your workplace manager and plan for implementation of the activity within three months of completing your PEPA placement
- Complete your **Workplace Activity Report** ([Section 5.3](#)) and send a copy to your PEPA manager within three-months of placement completion. This will generate your PEPA Certificate of Completion.
- Build on your workplace's palliative care network at each opportunity.

## Notes

# Acknowledgements

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The PEPA Team acknowledges the contribution of the following individuals and groups in the development of this resource:

- The PEPA National Team
- State and Territory PEPA Managers
- PEPA Palliative Care Specialist Mentors
- Project Director Dist. Professor Patsy Yates, Queensland University of Technology.



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## Recognition

PEPA acknowledges and pays our deepest respect to the past, present and future Traditional Custodians and Elders of the many lands on which we work and live, and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

PEPA recognises the contributions and partnerships of Aboriginal and Torres Strait Islander and non-Indigenous Australians in the development, promotion and delivery of the program to ensure Aboriginal and Torres Strait Islander peoples have equal and genuine access to quality, holistic and culturally-responsive palliative care.

# Section 1: Welcome to PEPA

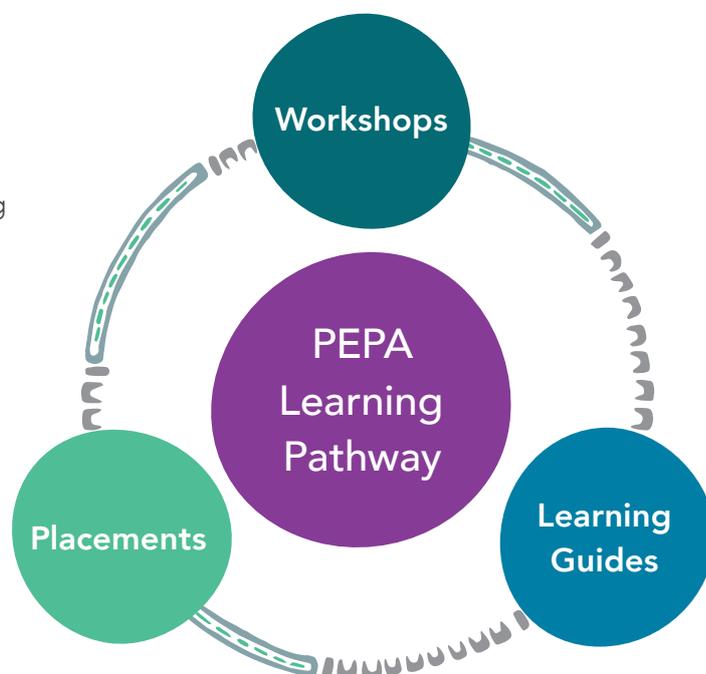
## 1.1 About PEPA

PEPA forms part of the Palliative Care Education and Training Collaborative (the Collaborative). As a national palliative care project, the Collaborative takes a strategic approach to education and training of the health workforce and delivers programs for priority healthcare provider groups across primary, secondary and tertiary settings. Specifically, PEPA aims to enhance the capacity of the healthcare team to deliver a palliative care approach through their participation in either clinical placements with specialist palliative care services or interactive workshops.

The PEPA team acknowledges that palliative care is sensitive business, and deeply respects and acknowledges the journey that you are taking to improve the quality of life for those with life-limiting illness and their families. The palliative approach reflects a positive and open attitude towards dying and death, although it is important to note that 'palliative care' is not confined to the end stages of illness.

## 1.2 Learning Pathway

The PEPA learning pathway is aimed at assisting you to develop skills, knowledge and confidence in the palliative approach to care. We focus on a positive approach to managing symptoms and reducing distress. This approach facilitates early identification of individuals' beliefs, needs and choices, and provides guidance for ways you can support them and their families, carers and community.



Workshops	Learning Guides
<p>PEPA offers a range of workshops, including:</p> <ul style="list-style-type: none"> <li>• Palliative Care – with content tailored to participants working in acute care, aged care, community and Aboriginal and Torres Strait Islander healthcare professionals</li> <li>• Palliative Care for Aboriginal and Torres Strait Islander Peoples</li> <li>• Culture-Centred Palliative Care</li> <li>• Mentoring Workshops.</li> </ul>	<p>PEPA offers a range of learning guides for:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health Professionals</li> <li>• Allied Health Professionals</li> <li>• Care Workers</li> <li>• General Practitioners</li> <li>• Nurses.</li> </ul>

## 1.3 Reverse PEPA Placements

PEPA provides the opportunity to develop skills, knowledge and confidence in the palliative approach through supervised clinical placements in a specialist palliative care service or, in the case of Reverse PEPA, with a specialist palliative care provider attending your workplace.

Placements are available in all Australian states and territories for members of the healthcare team from a range of professions, roles, specialties, and contexts. The focus of PEPA placements are to assist 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 help you incorporate the principles of palliative care into your day-to-day practice.

Reverse PEPA placements entail a Palliative Care Specialist (PCS) Mentor 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 (eg, Residential Aged Care Facilities or Aboriginal and Torres Strait Islander community-based organisations in both cities and regional areas).

The benefits of reverse PEPA placements are:

- Participants are supported to learn how to apply a palliative approach to care in their own workplace
- Training is provided for more than one participant in a single workplace
- Learning opportunities can be provided for other staff at the workplace as well as the participants
- Cost-efficiency of placements is optimised
- Unit / facility-specific issues in relation to palliative care can be identified by the PCS Mentor/s
- Networks between specialist palliative care services and unit / facility staff are strengthened.

## Key Points

- Placement involves a small group (eg, 3–6) participants at the reverse PEPA site
- It is required that participants be allocated as supernumerary / offline (ie, not required to do your usual work) for a minimum of 2 and maximum of 4 days
- Placement can be completed as one block or divided blocks
- Placements are supported by one or two PEPA PCS Mentors
- A cultural mentor can also be involved where any of the participants identify as Aboriginal or Torres Strait Islander peoples, or culturally and linguistically diverse. The cultural mentor works in conjunction with the other PEPA Mentor/s
- Participants complete pre and post evaluations and a undertake workplace activity.
- Placement participants may qualify for contributions towards professional development to support employers or self-employed healthcare workers and professionals. Rural participants may also receive a contribution for travel and accommodation if required to travel for a placement opportunity. For more information on contributions towards placement participation please contact the [PEPA Manager](#) in your state or territory.

## 1.4 Aims and Objectives

The aims of the Reverse PEPA placement are to:

- Further improve the skill and confidence of members of the healthcare team across a variety of settings to work with people affected by life-limiting illness
- Provide opportunities to ensure members of the healthcare team across the continuum of care are aware of, and provide culturally-responsive palliative care and end-of-life support including supporting care preferences, spiritual requirements and bereavement expression for people with palliative care needs
- Enhance linkages between specialist palliative care and other members of the healthcare team involved in caring for people at the end of life.

### Learning Objectives

On completion of the placement, you will be able to:

- Demonstrate an enhanced understanding of the application of the principles of palliative care in the clinical setting
- Identify the needs of individuals with a life-limiting illness and their family / carers, including care preferences, spiritual requirements and bereavement expression
- Appreciate the benefits of timely and appropriate access to palliative care services
- Identify the role of your profession / work role in managing issues faced by individuals with a life-limiting illness
- Demonstrate an enhanced understanding of culturally-responsive palliative care provision
- Identify services and resources to support individuals with a life-limiting illness and their families
- Recognise your own knowledge base and scope of practice regarding palliative care provision
- Identify personal coping and self-care strategies to effectively manage the issues related to working in this field.

## 1.5 Target Groups

Reverse PEPA specifically targets units / facilities where there are multiple participants who require a placement (eg, a residential aged care facility (RACF), Aboriginal and/or Torres Strait Islander community-based organisation or regional area). It may also be useful in other healthcare settings.

Setting	Target Group
RACF	<ul style="list-style-type: none"> <li>• Care workers / Assistants in nursing</li> <li>• Registered nurses</li> <li>• Enrolled nurses</li> <li>• Allied health professionals.</li> </ul>
Regional / Remote Areas	<ul style="list-style-type: none"> <li>• Four or more healthcare professionals from one regional area or remote community who would benefit from a PEPA placement.</li> </ul>
Aboriginal and Torres Strait Islander Community / Health Service	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander health practitioners</li> <li>• Aboriginal and Torres Strait Islander health workers</li> <li>• Aboriginal and Torres Strait Islander hospital liaison officers.</li> </ul>
Culturally and Linguistically Diverse (CALD) Community-based organisation	<ul style="list-style-type: none"> <li>• Registered / Enrolled Nurses</li> <li>• Allied health professionals</li> <li>• General Practitioners</li> </ul>

## 1.6 Learning and Support

Participation in a PEPA workshop or completion of the relevant learning guide as part of preparation for your placement will provide you with an overview of the theory and practice of the palliative approach for your specific profession or work role. Information regarding workshops and learning guides is available on the [PEPA website](#).

- If you would like to keep informed and connect to others in the PEPA network, you can follow us on [Facebook](#).
- You can also [subscribe](#) to our eNewsletter for regular updates.
- To find out more about PEPA and to access the contact details of your local PEPA Manager, visit our [website](#).
- For Aboriginal and Torres Strait Islander health professionals, IPEPA welcomes you to join our closed [Facebook group](#) for a safe, supportive platform to ask questions and connect to others with an interest in palliative care.

## 1.7 Introduction to the Placement Guide

This guide is a part of the PEPA learning pathway that is intended to help inform and guide your learning journey in palliative care. It provides important information about activities you should complete before, during and after your placement.

This learning guide is divided into four sections:

1. Preparing for your placement
2. Undertaking your placement – activities to help you make the most of your time while on placement
3. Completing your placement – forms you need to complete to provide evidence of your placement activities
4. Post-placement – information about what you should do to translate learning into practice following your placement.

The [checklist](#) at the start of this guide provides a summary of all the key tasks you need to do before, during and after the placement. It will be helpful for you to refer to and use this throughout the placement.

## 1.8 PEPA Contacts

If you have any queries about your placement, please contact the PEPA Manager in your state or territory in the first instance. They will be able to direct you to the relevant information / person to address your queries.



### Checklist Reminder:

Ensure you have all contact information for the placement

## PEPA Manager Details

## Your Contact Information

Name

Workplace

Address

Phone

Email

## Notes

# Section 2: Preparing for your Reverse PEPA Placement

## 2.1 Roles and Responsibilities

In this section, the roles and responsibilities of the PEPA Manager, the PCS Mentor, the host site Manager / Team Leader and the placement participants are outlined. Please read these carefully so that you have a clear understanding of expectations for each person involved.

### Responsibilities of the Participant

- Be familiar with the content of this guide and work through the learning activities during your placement
- Complete and return all necessary documents to your PEPA manager, pre and post placement according to Your Personal Checklist
- Prepare for the placement by referring to the educational resources provided and identifying your individual learning needs for the program
- Reflect on your experience and critically appraise care provision of people in your community
- Undertake an activity on return to your own workplace within three months of completing the supervised clinical placement to promote transfer of your learning. Participants can choose whether they do an individual workplace activity or joint activity. However, each participant needs to complete a Workplace Activity Plan and provide a report of their workplace activity within three-months of completing the Reverse PEPA placement
- Complete pre and post-placement evaluation surveys.

### Responsibilities of the Reverse PEPA Host Site Manager / Team Leader

- Provide orientation to the workplace for the PCS Mentor, including local policies and procedures relating to safety and security
- Ensure that participants are aware of the dates for the Reverse PEPA placement and roster / allocate them as supernumerary for the days of the placement
- Ensure that the participant is supernumerary to the staffing of the service

- Complete and return the Reverse PEPA host site evaluation survey every six months
- Advise the PEPA Manager of any issues or concerns during the Reverse PEPA placement program.

### Responsibilities of the Palliative Care Specialist (PCS) Mentor

- Be familiar with the contents of the [PEPA Mentoring Guide](#) and have completed the workshop / online learning for mentors
- Be familiar with the contents of the PEPA Learning Guide relevant to participant/s. All guides are available for download from the [PEPA website](#)
- Develop a program of planned activities in collaboration with the Reverse PEPA site Manager / Team Leader. For example, assessments and interventions, medication reviews, policy and procedure review, referral processes, training sessions for symptom management, family support, loss and grief, and team work
- Bring relevant learning resources and clinical documentation to show participants
- Incorporate the features of a 'best practice' placement as outlined in the [PEPA Mentoring Guide](#)
- Explore existing documentation at the Reverse PEPA site and incorporate this in the learning activities and/or introduce alternative documentation as needed
- Identify opportunities for formal and informal interactions with Reverse PEPA participants and other staff
- Sign each participant's PEPA Placement Completion Form for allocation of continuing professional development hours / points
- Provide feedback as appropriate to Reverse PEPA site Manager / Team Leader and participants in relation to resources, documentation and practices relating to palliative care.

## Responsibilities of the PEPA Manager

- Coordinate and implement the Reverse PEPA placement program
- Provide the contact details and some information about the PCS Mentor/s to the Manager / Team Leader at the placement site
- Provide PEPA learning resources to placement site
- Link the Manager / Team Leader with the appropriate resources for ongoing support and information (eg, those in [Section 3.2](#))
- Provide the PCS Mentor with the relevant PEPA learning guides for participants and the Reverse PEPA placement guide
- Ensure the PCS Mentor/s have completed the relevant training (eg, online modules, workshops)
- Offer cultural awareness training and/or cultural mentor support through liaison with the state / territory PEPA Indigenous Project Officer, if the placement is being undertaken in an Aboriginal and/or Torres Strait Islander health service. The PEPA Manager can also provide copies of the Cultural Considerations flipchart or send a link to the [online version](#)
- Support the PCS Mentor with preparation for the placement and debrief / discussion post-placement
- Resolve any administrative issues that arise during the Reverse PEPA placement.

## 2.2 Pre-Placement Learning

PEPA workshops and learning guides are helpful ways for you to enhance your understanding of the palliative approach to care prior to undertaking a placement:

- The **PEPA Learning Guide** that is relevant to your profession or work role provides a guide to key information, and links to detailed content and learning resources. It presents opportunities for reflection and ongoing learning, which will assist you in developing knowledge, skills and confidence for applying a palliative approach to care.
- **PEPA Palliative Approach Workshops** provide an overview of the palliative approach to care prior to undertaking a placement. Culturally relevant learning for Aboriginal and Torres Strait Islander health professionals, and others working with people from culturally and linguistically diverse backgrounds are also available.



## Resources: Evidence-based palliative care information



### Advance Care Planning Australia

Advance Care Planning Australia is a national program that encourages people to consider their values, beliefs and current and future healthcare goals.

The learning program delivers a range of online courses, face-to-face workshops and webinars for all those interested in learning more about advance care planning. ACP Learning offers modules for healthcare professionals and care workers.



### caring@home

The caring@home education modules for registered nurses will support community-based services to improve symptom control by integrating carers into the multidisciplinary team and supporting them to help manage breakthrough symptoms safely using subcutaneous medicines.



### CareSearch Palliative Care Knowledge Network

An online directory that consolidates palliative care knowledge for health professionals, people needing palliative care and their families, and for the general community.

The education section provides options for health professionals, educators and managers, and care workers and volunteers.

The clinical evidence section provides information for health professionals with pages based on systematic reviews of relevant evidence written by Australian health professionals and peer-reviewed. It is recommended to bookmark this page for easy access.



### End of Life Law for Clinicians (ELLC)

The ELLC course aims to address current gaps in clinicians' knowledge of end of life law. The online course comprises ten modules, each of which takes approximately 15-30 minutes to complete. Content includes an overview of the law and its application to clinical practice, case studies, legal case examples and self-assessment activities.



### eTG Complete – Palliative Care (by Therapeutic Guidelines)

Therapeutic guidelines provide independent therapeutic information to support health professionals in clinical decision-making for their patients. eTG Complete provides access to all therapeutic guidelines to subscribers online, with some topics available in printed volumes also. Personal and organisational subscriptions are available, and content can be accessed online or via a mobile app.

The Palliative Care section provides links to a range of topics relating to palliative care.



### Palliative Care Australia (PCA)

PCA is the national peak body for palliative care and represents all those who work towards high quality palliative care for all Australians. The PCA website has resources on policy, national standards, position statements as well as a range of content aimed at enhancing understanding of palliative care.



### Palliative Care Curriculum for Undergraduates (PCC4U)

PCC4U aims to improve the skill and confidence of the health workforce to work with people with palliative care needs by promoting the integration of palliative care training within all health undergraduate and entry-to-practice, and relevant post-graduate curricula.



### Palliative Care Outcomes Collaboration (PCOC)

PCOC aims to improve palliative care patient and carer outcomes. PCOC uses five clinical assessment tools to help identify and manage common symptoms and problems.

A comprehensive education program is available to services participating in PCOC – staff can complete an online essentials program, clinical leaders can attend a workshop program, and a web-based package is available for staff to complete at their own direction.



## Resources: Sector / Context-specific



### Acute Care – End-of-life Essentials

End-of-life Essentials education is based on the Australian Commission on Safety and Quality in Health Care's National Consensus Statement: Essential elements for safe and high-quality end-of-life care. The focus of this education is on end-of-life care in the acute hospital setting.

The education is free to use, evidence-based and has been peer reviewed by doctors, nurses and allied health professionals around Australia.



### Aged Care – palliAGED

The palliative care evidence and practice information resource for the Australian aged care sector.

Specific resources include: evidence to support best practice; practice guidance, tools and resources; GP resources for clinical decision-making and care management.



### Aged Care – End of Life Directions for Aged Care (ELDAC)

ELDAC is a project that seeks to improve the care of older Australians through connecting those who work in aged care with palliative care and advance care planning information, resources and services.

One aspect of the project is the ELDAC toolkits which provide a collection of information, resources and tools around a particular topic or practice area. There are five toolkits - home care, primary care, residential aged care, legal and working together.



### Aged Care (Community) – Palliative Care Online Training and Information Portal

Developed by the Australian Healthcare and Hospitals Association (AHHA) with input from industry and other specialists, the portal assists people providing frontline palliative care to aged persons in the community to improve the quality of their practice.

The portal offers six free, self-paced online training modules, discussion forum and knowledge base designed to improve care provider skills and knowledge.



#### Dying to Talk – What Matters Most Resources

Dying to talk aims to encourage all Australians to talk about dying and end-of-life care conversations. There are a range of discussion starters and cards, with specific resources for Aboriginal and Torres Strait Islander peoples and Older Australians - What Matters Most).

The What Matters Most resources can be used to support health and aged care workers to have important discussions with the older person and their family and friends. Resources include a facilitator guide, discussion starter and discussion cards.



#### Australian Indigenous HealthInfoNet

This site provides support to those working in the Aboriginal and Torres Strait Islander health sector by making research and other knowledge readily accessible via an online directory.

It provides details of publications, resources, policies, programs, courses and events on a range of health topics. Search 'palliative care' to find relevant information.



#### General Practice – The Advance Project

The Advance Project provides a practical, evidence-based toolkit and a training package, specifically designed to support Australian general practices to implement a team-based approach to initiating advance care planning and palliative care into everyday practice.

There are education resources for GPs, general practice nurses and general practice managers.



#### Paediatric Palliative Care Education – Quality of Care Collaborative – Australia (QuoCCA) Project

The QuoCCA project aims to improve the quality of palliative care provided to children through providing palliative care education to health professionals who may care for children and young people with palliative and end-of-life care needs.

Their site provides access to a range of education resources and has a specific online module on 'Communicating with families about children who have life-limiting conditions'.

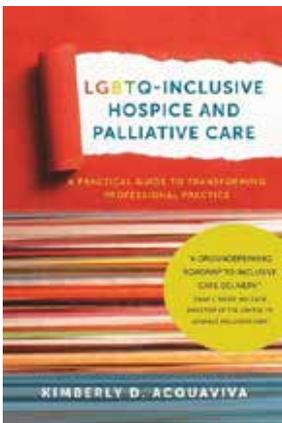


### **Talking End of Life** ...with people with intellectual disability

#### Talking End of Life with people with an intellectual disability (TEL)

TEL is a resource that shows how to teach people with an intellectual disability about end-of-life issues. It is designed for disability support professionals but is also helpful for families, health professionals and educators.

There are 12 modules that are designed around three key topics – how to talk about end of life, teaching how to understand dying, death and loss, grief and mourning, and teaching planning options.



Lesbian, Gay, Bisexual, Transgender, Queer/  
Questioning (LGBTQ) Inclusive Practice

#### Book:

Acquaviva, K. D. (2017). LGBTQ-inclusive hospice and palliative care: A practical guide to transforming professional practice. Columbia University Press.

## 2.3 Pre-Placement Learning Plan

It will be helpful for your PCS Mentor to understand your background knowledge and experience, as well as what you hope to learn during your Reverse PEPA placement. Complete this page and bring it with you on the first day of the placement to discuss with your PCS Mentor so that they know how to best 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?

When completing your PEPA application, you completed questions to assist in developing an awareness of what your palliative learning goals are and what you would like to take away from your reverse PEPA Placement.

Think about these learning needs and goals and if they have changed since you first wrote them. Think about the best ways to engage with the PCS Mentor to achieve your learning goals. Remember, you only have a few days with the PCS Mentor so you will need to plan to maximise your learning.



### Checklist Reminder:

Complete your learning plan and discuss with your PCS Mentor

# Section 3: Undertaking your Placement

During your Reverse PEPA placement you will have the opportunity to learn some core skills to enable you to better provide a palliative approach to care, including skills in communication, symptom management, providing psychological and spiritual support. The PCS Mentor will structure a learning plan to meet the specific priorities and learning needs of your workplace during the placement through completion of a learning needs analysis.

This section provides a place for you to document your learning regarding some general areas of focus. You may find it helpful to discuss your responses to the questions you complete with your PCS Mentor as your placement progresses.



## 3.1 Learning Activity: Communication

1. What specific communication strategies did the PCS Mentor suggest in the following situations?

**Responding to an individual's emotional distress**

**Introducing the concept of palliative care**

**Responding to questions about dying**

## Conversations about advance care planning

### Support strategies implemented to address a person's needs

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



## 3.2 Learning Activity: Assessment

Review the assessment methods used in your workplace (including tools and checklists) and how observations are recorded with your PCS Mentor.

You may find it helpful to consider the following points as part of your review:

- Listening to the individual's and family's story about the illness and symptoms
- Looking for contributing factors or situations that make the symptoms or distress worse, for example: movement, position, emotions, anxiety, fear
- Asking about the person's treatment, medications and other therapies they are using
- Observing the person for signs and symptoms of changes in their physical condition
- Asking the person what is worrying them the most
- Talking to the person's primary carer/s about changes or symptoms they have noticed
- Checking for other changes in the person's spiritual, emotional, cultural, social and family needs. Describe how these were addressed.



### 3.3 Learning Activity: Common Symptoms

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

As pain is a common symptom experienced by those with life-limiting illness and can be difficult to control due to its complex nature, it will be beneficial for you to pay attention to the management of pain. Use the following table to list the physical symptoms that you observe during your placement and make some notes about what you learn about management of these symptoms, and identify the role of your profession in managing these symptoms.

Symptom Type	Management Approach	Role-specific Management



### 3.4 Learning Activity: Culturally-Responsive Care

Observe the ways that members of the healthcare team interact with people from a variety of cultural backgrounds.

Discuss some examples of culturally-responsive care, particularly in the context of end-of-life care with your PCS Mentor.



## 3.5 Learning Activity: End-of-Life Care

Talk with your PCS Mentor about how the signs and symptoms of the final stage of an illness are best managed.

Write down what you learn about end-of life care, particularly regarding:

**Providing comfort**

**Managing symptoms**

**Implementing advance care plans**

**Supporting family / carers**

**Other aspects of care**



### 3.6 Learning Activity: Loss, Grief and Bereavement

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.

Talk with your PCS Mentor about how loss, grief and bereavement reactions are supported in your setting and how these might be improved.

Talk with your PCS Mentor about the strategies that can be used to support individuals and families with 'legacy' work, storytelling, memory-making etc.

What strategies can you implement in your setting to support individuals experiencing loss, grief, and bereavement?



### 3.7 Learning Activity: Self Care

During your placement find out about the different ways that families and carers are supported in their grief:

It is normal for you in your role as a member of the healthcare team to experience grief when someone you have cared for is dying or dies. It is important that you acknowledge your grief and find time to share feelings with other colleagues, friends or family members (being mindful of the need for confidentiality).

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

If you have not already done this, download Palliative Care Australia's [Self-Care Matters Planning Tool](#) and use it to help you reflect on and plan for your self-care.

Discuss self-care strategies with your PCS Mentor.

# 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 clinical practice.

## 4.1 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 workplace / area. This list can be a useful reference for you and others in your workplace. Please note, the size of the team will vary from one area to another. Some teams can have more providers available to them and other teams can consist of only two or three providers.

<b>Aboriginal and/or Torres Strait Islander Health Professional</b>
<b>Advance Care Planning Coordinator</b>
<b>Clinical Nurse Manager/Consultant</b>
<b>Community Nurses</b>
<b>Consultant in Palliative Medicine</b>
<b>Dietician</b>
<b>Director Palliative Medicine</b>
<b>General Practitioner (GP)</b>
<b>Grief and Bereavement Counsellor</b>

Hospital Nurses

Hospital Organisation

Local Pharmacists

Local Equipment Supplier / Provider

Medical Registrar

Nurse Practitioner

Occupational Therapist

Other Staff

Pastoral Care Worker

Physiotherapist

Social Worker

Spiritual Care Worker

Volunteer Coordinator

## 4.2 PEPA Completion Form 1 – Placement Completion Form



### Checklist Reminder:

Complete this form on the last day of the placement and return to your PEPA Manager within two weeks of placement completion.

**Participant Name:**

**AHPRA Number (if applicable):**

**Participant Workplace:**

**Profession:**

**Phone/Mobile Number:**

**Email Address:**

**Postal Address to send certificate:**

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**PEPA Manager**

**Workplace**

**Reverse PEPA Days / Hours**

**PCS Mentor's Name**

**Signature**

**Date**

## Notes

## 4.3 PEPA Completion Form 2 – Reflection of Learning



### Checklist Reminder:

Complete this form on completion of the placement and return to your PEPA Manager within two weeks of placement completion.

First, take some time to review the goals you outlined in your Pre-Placement Learning Plan ([Section 3.3](#)). 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 Reverse PEPA placement.

Which of these new knowledge and new skills will you be able to start using in your day-to-day work?

What will your planned workplace activity be? Write an outline here.

Remember, your 250-word report on your workplace activity is due within **three months** of placement completion – write yourself a due-date reminder in your diary or calendar for this now.

**Participant's Name**

**Signature**

**Name of Workplace**

**Date**

# Section 5: Post-Placement Workplace Activity

Now that you have experienced a PEPA placement and reflected on what you have learned, you can plan and implement a palliative care project in your own workplace.

## 5.1 About the Workplace Activity

Your post-placement workplace activity 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 / participate?
- Where will you hold the activity?
- What resources will you require?
- How might this positively affect the people who attend / participate in the workshop / activity?
- What knowledge do you expect the workplace / participants 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.

When you have done this, you will need to write up a workplace activity report (see template in [Section 5.3](#)) and send it to your PEPA Manager.

## 5.2 PEPA Community of Practice

When you have completed your post-placement workplace activity report, the PEPA manager in your state or territory will upload your activity to the PEPA Community of Practice (on the PEPA website) for your mentors and other people interested in palliative care to review. Your PEPA PCS Mentor will offer further commentary about your activity that may inspire additional thinking for you and your workplace.

A **community of practice** is a group of people who share a passion for something that they know how to do and who interact regularly to learn how to do it better. Communities of practice began as a way of sharing knowledge and have developed into effective tools to improve professional practice and facilitate the implementation of evidence-based practice.

The PEPA Community of Practice provides an opportunity for participants to share the ways in which they have changed their practice through undertaking a PEPA placement. Mentors and other past PEPA participants can contribute their knowledge and experience in undertaking similar activities. This will provide an ongoing support network for PEPA participants and will enhance the integration of learning with practice. Your PEPA manager will provide you with further details regarding how you can make your contribution once you have completed your workplace activity report.

## 5.3 PEPA Completion Form 3 – Workplace Activity Reporting Template



### Checklist Reminder:

Use the form provided here (or write a separate 250-word report) to describe your workplace activity and send it to your PEPA Manager within three-months of placement completion.

### Name of workplace:

Provide an outline of the activity

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 work setting?

What went well with the activity?

What could have been improved?

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

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**Workplace Manager's Name**

**Signature**

**Date**

**Participant's Name**

**Signature**

**Date**

## 5.4 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?

## Notes

## Notes





**PEPA** Program of Experience in the Palliative Approach

**PEPA** Indigenous Program of Experience in the Palliative Approach

