



Funded by the Australian Government Department of Health

REVERSE PEPA AGED CARE PLACEMENT Application Form
For -Aged Care Service Manager and Participant/s

STATE / TERRITORY:

Instructions

Step 1: Read the Reverse PEPA Information Guide (Available [online](#) or through your PEPA Nurse Educator).

Step 2: The Aged Care Services Manager who applies to have a Reverse PEPA AGED CARE placement at their workplace **must** ensure they understand the Reverse PEPA Placement process to complete this form.

Step 3: Complete this form and send this to the PEPA Nurse Educator (if known) or pepa@qut.edu.au

Step 4: Form will be received and a PEPA Nurse Educator will contact you to arrange a TEAMS (online) meeting to discuss further.

Reverse PEPA AGED CARE Placement Overview

Reverse PEPA AGED Care educators will meet the needs of the *Improving Palliative Care Training and Outcomes in Aged Care Program* by offering the opportunity to integrate learning in the workplace through participation in a placement learning experience. This will enhance training for the aged care workforce to improve the quality of, and timely access to, palliative care for older Australians.

The placement learning experience will support staff in the participating workplace to:

- Gain a clearer understanding of the principles of good palliative care and apply a palliative approach to an aged care setting
- Identify the needs of their clients/residents with life-limiting illnesses according to their individual scope of practice.
- Develop strategies to individualise the palliative care approach
- Understand the role of various disciplines in managing common problems faced by people with life-limiting illnesses
- 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.
- To demonstrate good communication skills using evidence-based tools to assist in recognition and communication of palliative care needs to other team members both internally and externally, to aid in timely access to palliative care support for people living with life limiting illnesses.
- Gain a clear understanding of networks of support within their region to maintain and strengthen linkages across the primary, aged care, and palliative care sectors.
- To develop an understanding the role of mentorship in palliative care to embed change in an organisation

Reverse PEPA AGED placements involve a Palliative Care Nurse Educator spending up to 4 days at a facility working with a minimum of 8-10 nominated participants.

PEPA EDUCATOR USE ONLY

Form Version: National Template Final

Date Received
 ____/____/____

Approved ____/____/____

PEPA Aged Care Nurse Educator

Date Notified
 ____/____/____

Facility Name

Aged Care Manager Name:

Placement Dates
 ____/____/____ to ____/____/____

REVERSE PEPA APPLICATION FORM – Aged Care Manager and Participant

A representative from the site to host the reverse PEPA AGED placement is required to submit this application on behalf of their workplace.

Nominated staff (participants) who will attend a reverse PEPA AGED placement must have their current details completed within this application form.

The PEPA Palliative Care Nurse Educator will then liaise with the applicant to confirm the learning goals of the placement and suitable dates.

To assist in recognising learning needs and gaps to inform a learning plan for the placement it is recommended prior to the placement the organisation and the individual participant partake in a reflection on their own learning needs and gaps. Tools to assist in this process are available through End-of-Life Directions in Aged Care (ELDAC).

After Death Audit:

https://www.eldac.com.au/Portals/12/Forms/Toolkits/ELDAC_After%20Death%20Audit_Interactive%20Form_FA.pdf

Palliative Care and Advance Care Planning Organisational Audit

https://www.eldac.com.au/Portals/12/Forms/Toolkits/ELDAC_Organisational%20Audit_Interactive%20Form_FA.pdf

Personal Learning Assessment (for participants to complete)

<https://www.eldac.com.au/Portals/12/Forms/Toolkits/Personal%20Learning%20Assessment%20Form.pdf>

Completion of these assessment tools will enable use as evidence to meet Aged Care Accreditation Standards:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's Service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance

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 & procedures
- 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 working group (champions/mentors)
- Provision of formal staff education
- Introduction of multi-disciplinary team meetings.

REVERSE PEPA APPLICATION FORM – Aged Care Manager and Participant

Manager must complete following section

Privacy & Confidentiality - *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
- Development of an individualised education plan to meeting the learning needs identified by the aged care Service and the participants

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.

Organisation Details –*manager to complete*

Name of Aged Care Service:

Address of Service: _____

Postal address of Service: _____

Manager's details:

Title: Mr Mrs Ms Dr Other (please complete)

Surname: _____

Given Name(s): _____

Position: _____

Phone number: _____

Email address: _____

Placement Preferences –*manager to complete*

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

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

Q3. Reverse PEPA AGED placements generally run for up to 4 days. To support palliative care practice changes in your organisation each participant must be supernumerary for these days to work with the Nurse Educator. Refer to information guide for information.

Will participants be available for these days? Yes No

REVERSE PEPA APPLICATION FORM – Aged Care Manager and Participant

Learning Goals

Examples of teaching and learning activities that may be provided by the Nurse Educator at your workplace to meet your learning needs are: (education is delivered appropriate to a participant's scope of practice)

- Advance Care Planning – how to start the conversation
- Advance Care Planning – implementation
- Assessments and interventions (medical, physical, psychosocial, spiritual etc.)
- Management of Symptoms & Disease Trajectories
- Recognition of deterioration & dying
- Communication skills – ISBAR, Family & Person-Centred communication
- Cultural safety and Culturally Responsive Care (In collaboration with IPEPA if appropriate)
- Palliative Care Emergencies – recognition, assessment, and management
- Medication management inclusive of routes of administration (syringe drivers)
- Individual Case Reviews
- Procedures and policy documentation reviews
- Referral processes & knowledge of local Services to support palliative care delivery
- Training/in-Services given to other staff members on palliative care topic.
- Mentoring – how to support other team members and build palliative care skills in the workplace.

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

Are there any perceived learning barriers or concerns that the Nurse Educator should be aware of?

Manager's Declaration –*manager to complete*

Q 4. Have you been part of the ELDAC facilitator project in the past? (This will not preclude your ability to undertake a RPEPA AGED placement. This will allow us to build on the work you have already undertaken).

Yes No

If yes, can you provide the name of the ELDAC facilitator.....

Q5. How many staff (participants) are nominated to undertake a Reverse PEPA AGED placement at your workplace?

REVERSE PEPA APPLICATION FORM – Aged Care Manager and Participant

Q6. List the names, discipline, current email addresses and mobile numbers of the nominated staff (participants) – you may choose to nominate more than 10 staff due to availability of staff.

Participant 1: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 2: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 3: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 4: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 5: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 6: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			

REVERSE PEPA APPLICATION FORM – Aged Care Manager and Participant

Participant 7: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 8: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 9: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 10: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 11: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			
Participant 12: Name	Discipline	Email	Mobile
Does this participant identify as Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander			

Please use extra sheet if needed.

REVERSE PEPA APPLICATION FORM – Aged Care Manager and Participant

Q7. **Who is the identified ‘team leader’ for the nominated participants?** The ‘team leader’ should be a participant in the program and be willing to act as the liaison between the PEPA Nurse Educator, manager, participants.

Please provide:

Contact Name:

Telephone:

Email:

Q8. Do you support the nominated participants to undertake a reverse PEPA AGED placement at your workplace and provide support for the learning that will be implemented in the workplace?

Yes

No

Q9. Do you agree to release the nominated participants during the reverse PEPA AGED placement, so that they are supernumerary, allowing for at least 2-3 (depending on discipline) days working with the Nurse Educator?

Yes

No

Q10. 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

Q11. Having read the Reverse PEPA AGED Placement Information Guide, do you understand and agree to comply with all requirements for participation in the program?

Yes

No

Q12. Would you like more time with the Nurse Educator to discuss your questions regarding this Reverse PEPA AGED Placement Application?

Yes

No

Manager’s and participants are invited to be part of the PEPA community of practice (COP) and PEPA mentoring hub. You are welcome to take part in these activities before the RPEPA placement and read stories that previous participants have experienced.

<https://pepaeducation.com/participant-reflections/>

<https://pepaeducation.com/pepa-mentoring/>

Manager’s Name (printed) _____

Manager’s Signature _____ Date ____/____/____