

## PEPA

### The Program of Experience in the Palliative Approach

aims to improve the quality, availability and access to palliative care for people who are dying, and their families. PEPA's overall objective is to enhance the capacity of health professionals to deliver a palliative approach through facilitating clinical attachments in specialist palliative care services. PEPA is supported by the Australian Government Department of Health and Ageing's National Palliative Care Program. PEPA offered attachments for over 240 medical practitioners. During the reporting period, 110 medical practitioners participated in the program.

## Results

Table 1 presents a summary of the total number of eligible respondents and response rates.

Table 1: Total number of eligible respondents and response rates by data collection strategy

	Total n	Response rate n(%)
<b>Medical practitioner PEPA participants</b>		
Evaluation Survey:		
Pre-attachment survey	110	104(94.5)
Post-attachment survey	110	61 (55.4)
Post-attachment reports	110	44 (40.0)
Interviews (purposive sampling)	19	5(26.3)
<b>Specialist palliative care host site mentors*</b>		
	110	68(61.8)

\* 33 host sites offered placements for medical practitioners during the reporting period, 26 sites are represented in the data.

## The Learning Experience

Factors that assisted learning:

- Observing host site staff caring for patients and families
- Observing the variety of settings for care provision
- Experiencing clinical techniques such as medication administration via syringe drivers and CADD pumps and other techniques for management of troublesome symptoms
- Accessing the expertise of the multi-disciplinary team through family meetings, discharge planning reviews and case conferencing
- Accessing educational and patient management resources from the host site

Medical practitioners discussed the benefits of the placement, highlighting the clinical placement provided experiential learning.

*The clinical attachment was seeing ... practice... how things work, how the team works, who does what, how to refer, what they're going to do to help you with. I really like watching the physician, I followed him around and watched him interact with patients and their families, that gave me a framework to work with and I found that extremely valuable, just observing the [mentor].*

## The Impact of PEPA

### Self-rated understanding and ability in a palliative care approach

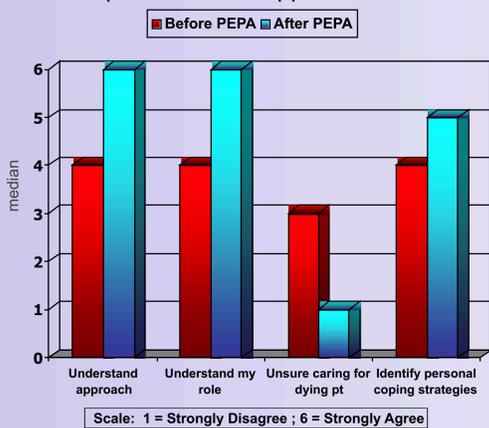


Figure 1 presents the median scores for items assessing medical practitioners' understanding and ability in the palliative approach to care. The majority of respondents indicated a moderate to good level of understanding of the palliative approach to care and their role in caring for people with life limiting illness, before they undertook the attachment. These scores increased following the attachment.

### Self-rated knowledge of support services to refer patients and families

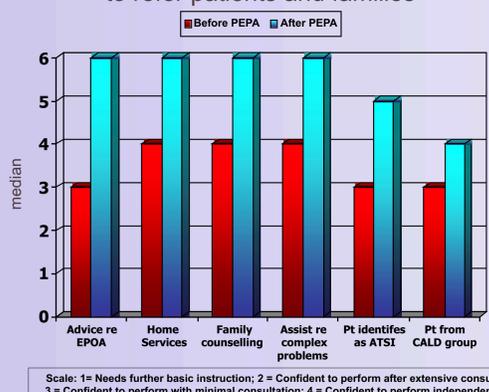


Figure 2 depicts the median scores for items assessing medical practitioners' knowledge of services to support people with life limiting illness. Statistically significant improvement in levels of knowledge of support services can be noted for all items in this scale following the placement.

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## Method

### Questionnaires

Each participant was sent pre-and post-attachment questionnaires including fixed-response items exploring their knowledge and confidence caring for people with life limiting illness. Open-ended questions explored the PEPA experience and activity following PEPA. Host sites mentors were also sent questionnaires examining their experience offering PEPA.

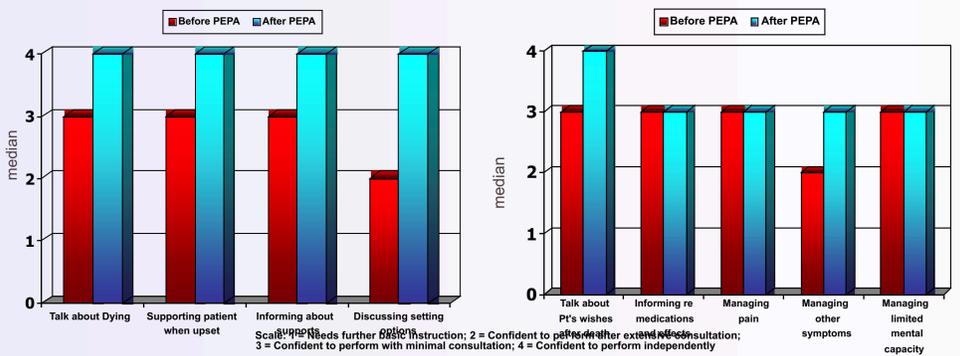
### Reports

Participants were required to submit a report on their placement within three months of completing their attachment. Permission was sought from all medical practitioners for a copy of their report to be submitted to the evaluation team.

### Interviews

A purposive sample of key stakeholders was interviewed to explore experiences of involvement in PEPA and the impact of PEPA on care for people with life limiting illness. Written consent was obtained from the participants who agreed to be interviewed.

### Confidence providing care



Figures 3 and 4 present the median scores for items assessing medical practitioners' confidence in providing a palliative approach to care, pre- and post-attachment. More than 40% of participants indicated they required further instruction before they would feel confident to perform seven of the nine tasks measuring self-reported confidence in providing a palliative approach, before undertaking PEPA. Post-attachment, over 90% of this sample indicated that they felt confident to perform eight of the nine tasks listed with minimal consultation or independently.

### Confidence and knowledge in the palliative approach scales

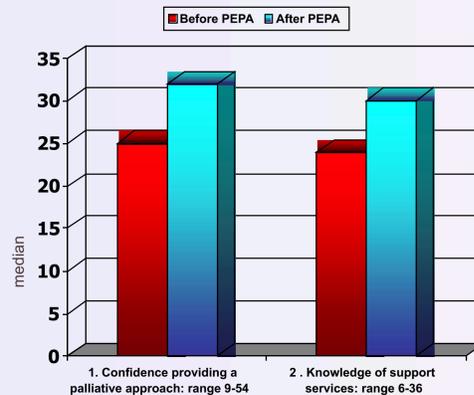


Figure 5 presents median scores for two scales.

- Medical practitioners' confidence in providing a palliative approach ( $\alpha=0.89$ ): 53 out of 58 participants increased their confidence to manage people with life limiting illness following the attachment ( $Z = -6.409$ ;  $p = .000$ ).
- Medical practitioners' knowledge of services to support people with life limiting illness ( $\alpha=0.85$ ): 51 out of 57 participants increased their confidence to manage people with life limiting illness, following the attachment ( $Z = -6.250$ ;  $p = .000$ ).

Specific areas in which medical practitioners reported improved confidence included:

- Identifying and dealing with patient and family problems
- Symptom management and prescribing medications
- Communicating with patients and families about end of life issues
- Approaching other disciplines and services

*I feel more confident in addressing end of life issues, both clinical, for example, improved personal formulary, and spiritual, for example discussing end of life issues.*

## Sustainability of PEPA outcomes

Activities implemented following their PEPA attachment:

- Education of colleagues
- Implementation of symptom assessment tools and other documentation
- Change in medical practice to incorporate a palliative approach
- Changes at the workplace to facilitate better care
- Increased consultation with other services and disciplines
- Ongoing contact with the host site following the attachment

Nearly 75% of medical practitioners who completed the post-attachment survey agreed that contact with the host site had assisted them in their work, including:

- management of complex issues such as pain and other symptoms
- improved referrals
- further increase in knowledge and skills
- improved clinical decisions

*When I've spoken to the [Host site]... its helpful ... with this particular patient ... it's a really difficult situation so we set up a family meeting and that was really helpful because the person that came from the [Host site] help run the meeting. I think it made that whole situation a lot more easy.*

Host sites report that PEPA has resulted in:

- earlier and more appropriate intervention
- improved management of patients in the local area, resulting in reduced need to transfer to emergency or a palliative care facility
- improved patient documentation
- improved team approach.

Results suggest that PEPA has been a useful strategy for developing medical practitioners' capacity to provide a palliative approach.