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Clinical Practice Group

The Consortium recently sought expressions of interest from palliative care clinicians and General Practitioners in the Gippsland region to be members of the Clinical Practice Group. This group is being established to advise the Consortium and its member health services on clinical issues, strengthening the Consortium's commitment to work with local health services on the provision of quality palliative care services across the region.

Nominations from palliative care clinical and GP representatives with palliative experience from each sub region (Central/West, East and South Gippsland) were sought and confirmation of these appointments will occur at the Consortium's October meeting. At the time of writing we still seek to fill the GP representative position.

The group, mandated by the Department of Health has been established to:

- ensure that decisions that are made by the consortium are based on good clinical practice
- facilitate collective problem solving in the implementation of the Strengthening Palliative Care Principles at a clinical level
- develop resources that promote good clinical practice

The Clinical Practice Group will assist in addressing the priorities of the GRPCC Strategic Plan 2005-2009 and work collaboratively to facilitate the provision of consistent clinical practice by all palliative services across the region.

For further information please contact
Anne Curtin - Chair, GRPCC



Better Access to Specialist Palliative Care Services for Gippsland

The Consortium is working with local services and specialist palliative care providers in Southern Region to improve access to specialist services in Gippsland.

A framework to guide the implementation of the new service model is being developed with the assistance of Dr Jane Fischer CEO, Calvary Healthcare Bethlehem. It is envisaged that the new arrangements will enable visiting palliative care specialists from Southern Region to be available for consultations with Gippsland-based GPs and palliative care services on a regular basis.

The Consortium is also assisting with the roll out of Nurse Practitioner roles as part of a specialist team model based around the sub regions of South Gippsland, Central/West Gippsland and East Gippsland. Initially, two lead services, Bass Coast Community Health Service and Latrobe Community Health Service will be supported to develop and implement the Nurse Practitioner roles. East Gippsland services have begun discussions about the most effective implementation plan for their sub region. It is envisaged that the full model with accredited Nurse Practitioners will be in place by 2013/2014.

For further information please contact
Anthony Hooper - Consortium Manager, GRPCC

Medical Scholarship Recipient Report

Approximately 30 Nurses, Occupational Therapists and General Practitioners attended each day. Half of the group was undertaking the full Specialist Certificate but I had chosen which days to attend based on the content I thought most relevant to my GP practice.



The first day concentrated on "Symptom Management in Palliative Care", providing an opportunity to revise previous education I had received on assessing pain and pain management; mouth care; GIT symptoms; terminal restlessness; and diagnosing & managing dying. Whilst I don't see a lot of cancer patients on a regular basis the knowledge provided by the Specialist Certificate short course program will be helpful when required.

The second day covered "Palliative Care in Non-Cancer Contexts". This was really valuable and the knowledge gained will be used regularly in my practice. Discussions included organ failures, neurological conditions such as Multiple Sclerosis and Motor Neurone Disease, HIV, Paediatrics and also aged care and dementia. Receiving the latest information on these topics was particularly timely for me as one of my long term patients with MS has started to deteriorate and I now feel more confident in supporting her family through this process.

Speakers on each topic were very knowledgeable, engaging and allowed plenty of time for questions and discussion. On both days course participants were provided with a large folder full of various articles on each topic. These are excellent resources which I plan to share at our monthly clinical meetings.

Dr Ros Giles, with GRPCC support, recently attended a two-day component of the Specialist Certificate in Palliative Care short course program through St Vincent's Hospital and Melbourne University. She writes...

GRPCC Volunteer Conference

14-15 November 2009

The GRPCC Volunteer Conference will be held on Saturday 14th & Sunday 15th November 2009 in East Gippsland at the Coonwarra Farm Resort in Stratford.

We are fortunate to have an active volunteer base within Gippsland, strongly focussed on professional development and further education; and the theme Spirituality & Self Care was chosen in response to their feedback.

Funding from the Consortium has enabled us to engage some dynamic speakers. Volunteers will have the opportunity to enhance the care that they provide to clients and families through exploring aspects of spirituality, delivery of spiritual care and tools for self care. Highlights of the weekend include launch of our first café conversations, meditation with a local monk and special guest speakers. See "About the Speakers" panel on page 3 for more information. This is also a wonderful opportunity to spend time with other volunteers from across Gippsland.

For further information please contact Maggie Goss - Regional Volunteer Support, GRPCC

Gippsland Health Promotion Conference

On behalf of the GRPCC Steve Kirkbright, Communications Officer and Karen Hansen, Newsletter Editor submitted an abstract titled Using Performing Arts to Encourage Community Discussion About Palliative Care, Death and Dying to the Gippsland Health Promotion Conference organisers. Steve and Karen's Poster Presentation submission was accepted and will feature at the Conference.

The Gippsland Health Promotion Conference, this year themed 'Learning and Sharing Through Evaluation' provides GRPCC the opportunity to present on the evaluation methods that were used

to measure the success of the Four Footprints Tour of Gippsland in May this year. The aims of the Four Footprints Tour meets well the role of Health Promotion described as any combination of strategies designed to improve people's health. The Conference is being held at Monash University Churchill Campus on Tuesday 20th October.

More information is available by contacting Debbie Mitchell (03) 5177 2610 Debbie.Mitchell@dhs.vic.gov.au <http://www.health.vic.gov.au/healthpromotion/gippsland>

Culturally Responsive Palliative Care

Death and dying is a universal human experience. Yet human beings' beliefs, feelings and practices in regard to this experience vary widely between different religions and cultures. As health workers there is a need to learn how to incorporate sensitivity to unique religious and/or cultural needs into their daily practice. For patients from diverse cultures, quality of care means culturally appropriate care. There is a need to remember that dying is difficult enough; no one needs to undergo additional stress or suffering as a result of cultural misunderstanding.

As all health care workers know, the patient is the focus of their care. Therefore, patients and their families from cultures with which they may not be familiar should be viewed as a source of knowledge about their

special religious/cultural needs and norms. In many cases, accommodating these needs in a hospital setting is simple, but does require creativity and just a few extra minutes of their time.

Often, just being aware of Culturally and Linguistically Diverse (CALD) communities' perceptions and religious/cultural practices; and possessing a degree of openness toward other individuals' unique needs, is more than enough to lead to basic common sense in caring competently for dying patients from diverse cultural and linguistic backgrounds during this difficult time.

However, Health workers should avoid the temptation to generalisation or assumptions that all individuals from the same cultural, ethnic or religious background are exactly alike. Within many ethnic populations and religious groups, there is a great deal of diversity in terms of cultural practices, geographic origin, etc. Above all, it's important to realise whether you are dealing with recent migrant or with first- or second-generation individuals.

Ahmed Zeed, Project Worker at Gippsland Multicultural Services (GMS) writes about Culturally Responsive Palliative Care

We at GMS are available to provide practical advice, interpreter and cross culture training, tools that assist service providers in dealing with CALD communities and guidelines on building CALD access structures. There are many resources and information regarding culturally responsive palliative care, including attitude to death and dying in accordance with various faiths/beliefs.

I am available for further support and or assistance - Ahmed Zeed, Gippsland Multicultural Service.

accessworker@gmsinfo.com.au (03) 51337072
Comprehensive information dealing with various cultures and beliefs is available at:
www.health.qld.gov.au/multicultural/health
The Centre for ethnicity and Health (CEH) <http://www.ceh.org.au>
<http://www.supportiveoncology.net/journal/articles/0306432.pdf>
<http://www.sikhwomen.com/health/care/protocol.htm>
http://www.ashfordstpeters.nhs.uk/attachments/526_Hindu.pdf
http://www.icn.ch/congress2009/presentations/M1_BISCHOFF_HALL5-6/index.html
http://www.lutheranworld.org/what_we_do/dts/TLC_Augsburg/Papers/Arnold.pdf

Volunteer News

It's Spring and one can't help but feel enthusiastic about all things as the beauty of nature shares the promise of new life in all living things. Of course having 6 weeks holiday has also helped improve my outlook on all things.

Special thanks to Kerrie Marriott for filling my role while I was away

Around the District

Omeo and District Health are recruiting volunteers and hope to run their first training program early 2010. Penny Carruthers, Manager of Palliative care Volunteers is very enthusiastic about her new role. Penny and I have been working together over the last 6 months with an exciting new program for Omeo. Stay tuned for more news.

Latrobe Community Health Palliative Care in Morwell is working towards running a new training program and currently establishing guidelines before recruiting volunteers. They are hoping that some of the experienced palliative care volunteers will take part in the new training program.

I am pleased to say that the Memoir Writing Scrap Booking workshops held last year have resulted in completion of a client's written memoir by a Gippsland Lakes Com-

munity Health palliative care volunteer, Gill Morpeth. The client has since died and I know this man's family will treasure this gift. He had lead a varied life and at times was difficult to work with partly due to his illness and to his own unique personality yet Gill persevered when many would have given up. As the story evolved Gill learned so much about her client and felt very blessed to be trusted with his "life story". Confidentiality prevents giving more detail but this is a shining example of the gifts that volunteers bring to our palliative service.

I have recently had discussions with ABC Gippsland about having a regular timeslot on the morning program to talk about Palliative Care in Gippsland, Grief and Loss as well as the D word. I have lots of ideas around this Health Promoting event and will discuss this with Celine Foenander in a couple of weeks.

Tour of Springvale Crematorium

A group of 21 Palliative Care Volunteers and Managers from Yarram, Lakes Entrance and San Remo travelled to the Springvale Botanical Cemetery recently. Although I won't say it was a fun thing to do it was very informative. A mini bus and Tour Guide

were provided by the crematorium and we toured the lawn cemetery the mausoleum, and the cremator. A confronting experience for all of us but a valuable learning exercise.

We learned about different cultural aspects of death, dying and after death care. A new Asian section under construction includes a temple and Zen Garden. We asked dozens of questions and a common one was "I really wonder if you get your own ashes back?". After spending considerable time with the manager of the cremator I have no doubt whatsoever. The care and respect during the whole process was heart warming; and the comprehensive system which ensures that the correct ashes are presented to families is most reassuring.

While not for the faint hearted, this tour was free and worth the early morning start for such an amazing day. On the trip back the Lakes Entrance volunteers enjoyed some retail therapy and the bus was buzzing with laughter, singing and planning another excursion. Why would managers of volunteers change jobs when they have such incredible volunteers? I feel very blessed to work with such generous and loving individuals.

Maggie Goss - Regional Volunteer Support, GRPCC

GRPCC Volunteer Conference 14-15 November 2009

About the speakers

Dr Heather Tan

PhD, MGrief & P.C.Couns; BSc; Grad Dip Ed; CCPE



Heather is Research Fellow, Palliative Care Research Team, School of Nursing and Midwifery, Monash University, Frankston.

Heather has a background in education, pastoral care and counselling with a particular focus for the last 9 years on palliative care. Her PhD thesis investigated the implementation of a family meeting model as an instrument of psycho-social and spiritual care of palliative patients and their family members. Her current

and past research projects include: spiritual expression of in-patient hospice patients, after hours community palliative care and end of life decision making.

Programme

Saturday 14th November

Welcome & Opening remarks

Café Conversation

LUNCH

Dr Heather Tan "Providing Spiritual Care as a Volunteer"

AFTERNOON TEA

Michael Anderson "Mindfulness Meditation"

BREAK

Unpack, change, time out

DINNER

After dinner activities & Camp fire

Michael Anderson

Psychologist

Michael currently works in private practice along the Surfcoast in Victoria, and supervises and trains health professionals including Psychologists in mindfulness practice in therapeutic contexts. Michael has been practicing mindfulness meditation for over 20 years and his early interest was stimulated by the work of the late Dr Ainslie Meares; and through the practice of Yoga. He has been teaching mindfulness in organisational and community settings since 1995. Michael has also been integrating the principles of mindfulness within his professional work as a psychologist since 1995.

Michael has been actively integrating mindfulness into a range of environments from counselling through to leadership training and executive development. He is the author of a book titled Mindfulness Meditation.

Sunday 15th November

Early morning walk.

Laughter therapy facilitated by Bronwyn Roberts – President of the Laughter Club of Victoria

MORNING TEA

11am - Meditation with Monk

Conclusion & Farewell: Tying it all together to volunteers and the families for whom they care.

LUNCH

Optional Sausage sizzle, cooked by Volunteer Coordinators

DEPARTURE

Health Promoting Palliative Care

Health promotion is any combination of strategies designed to improve people's health. Usually these strategies are education, information and service delivery. Health promotion takes on a preventive, early intervention or harm minimisation approach.

Ottawa Charter (1986) for Health Promotion states that in promoting health we should:

- Build public policies that support health
- Strengthen community action
- Develop personal skills
- Reorient health services

Kerrie Marriott is Volunteer Coordinator at West Gippsland Healthcare Group

Allan Kelleher, Director of Palliative Care Unit, Latrobe University introduced the notion that the issues and experience of death could be assisted by early intervention and a more social approach, as people living with a terminal illness spend most of their time within the community they live. People move within schools, work places, clubs and churches in their every day life. It is through these networks that social support and networks continue and further develop. Families, friends, workmates, employers, and parishioners increase a person's capacity to meet the stresses of a life threatening illness loss and the demands of caring.

There are mixed attitudes, often negative, toward death and dying and we need to find ways to get people thinking about their attitudes to death and dying so that community members are better able to support themselves, and their own, together with the care delivered by health professionals whose core role centres around people who are living with a terminal illness. For those palliative care services moving towards a health promoting palliative care approach the entire community becomes the target group, and their work becomes more in tune with social needs to support a preventative, harm minimisation and early intervention approach.

Many people are unprepared when they or a loved one are diagnosed with a terminal illness. Health promoting palliative care is about enhancing a community's capacity to share the responsibility for dying, loss and palliative care in partnership with formal, professional care. Through health promotion activities in the community we have the opportunity to equip the public with good attitudes and skills to care for those dealing with a life threatening illness and to remind the community of the place of dying and death as a part of life.

By adopting a strong health promoting palliative care approach in Gippsland we have the opportunity to strengthen the delivery of palliative care, as our community will have a greater capacity to care for those dealing with a life threatening illness and the bereaved as neighbours, family and friends.

Caring for the Carers

Carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail. Carers can be parents, partners, brothers, sisters, friends or children of any age. These people all provide unpaid, informal care.

Each care situation is different. Some carers assist with tasks of daily living and spend their days feeding, bathing, dressing, toileting, transferring or administering medication. Others care for people who are fairly independent but need supervision or help with their finance and transport. Carers also provide emotional support to the people that they care for.

In Gippsland a range of services provide support to carers however the primary support service for carers in Gippsland is Carer Services through Latrobe Community Health Service. Carers Services provide support to carers by:

- Arranging respite to give carers a break from their carer role (this may include financial assistance to attend activities eg. movie tickets)
- Acting as a single access point for carer support in the region;
- Helping carers plan their respite in line with their needs; and
- Providing information about services and support groups for carers.

The Carer Satisfaction Survey 2009 conducted by Bartley Consulting indicated that where contact was made with Carer Services and a service provided, 96% of carers felt that this improved their caring role. Likewise 91% of respondents who received information only from Carer Services advised that this assisted them in their caring role.

Information through Carer Services can come in many forms and can be made through telephone contact with a Carer Support Coordinator who provides information about relevant support services. Information is also provided through support groups and training sessions run across the region. Recent groups managed by Carer Services include:

- 'Creative Ways to Care' – a support and information group aimed at carers caring for people with dementia and;
- 'Building Blocks to Better Health' – a program run for carers to assist them to look after themselves and include strategies for stress management, assertiveness training, connectedness to their community and respite and support planning.

Carer Services can be contacted by calling 1800 059 059 or 1800 242 696



Cameron Murdoch, Manager - Carer Services, Latrobe Community Health Service.

YDHS PC volunteer course

by Karyn Craighead Coordinator Community Nursing Palliative Care and Jenny Finlay Community/Palliative Care Nurse YDHS.

Yarram and District Health Palliative Care Service recently completed training of seven Palliative Volunteers. The training and management of palliative volunteers is new for us and we are excited both about the value of these volunteers as members of our palliative care team and our increased capacity to provide care and support to our palliative clients and their families. The volunteers were trained using the Palliative Care Volunteer Training Resource Kit 2008. Community Nurse Jenny Finlay facilitated the 7 week; 9 module course aided by guest speakers from a variety of backgrounds including funeral directors, social workers, bereavement counsellors and allied health professionals. The volunteers who are from diverse backgrounds and ages enjoyed the course immensely and gave very positive feedback about all areas of the training; and have reported they feel well prepared and supported for their new roles.

At the completion of the course it was found the volunteers had developed into a strong supportive group, brought together in part by their desire to become volunteers in the challenging field of palliative care and also through the sharing of their experiences.

As a group the volunteers have been keen to further their education by attending external workshops and internal meetings

Comments from the volunteers on their evaluation of the course included:

- (Training topics and palliative care) spoken about in a way we could all understand; and the friendship that has been made by sharing our stories.
- Our group was so supportive of each other and I was thrilled to see such a variety of ages 30's -70's



- That the course was easy to comprehend and very informative. Also how at ease we were made to feel; and (having met) all my new friends.
- I enjoyed the interaction with the other volunteers. I found it interesting to listen to other people's reactions to different situations.
- It made me a better person and gave me a strong understanding of people's beliefs and needs.