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Pathway for Improving the Care of the Dying (PICD)

On 28th August 2008 A/Prof Kate Jackson and Clinical Nurse Consultant Gabrielle O'Connor of Southern Health presented a remarkable information session at Latrobe Regional Hospital. The session detailed the development and pilot of the Pathway for Improving the Care of the Dying (PICD) in general medical wards at Southern Health. Testament to the high level of interest in piloting the PICD in Gippsland hospitals, around 80 staff from Gippsland regional health services attended the session in person or via remote technology. Based on the Liverpool Care Pathway, the accepted standard of care in most UK hospitals, the PICD was originally developed to support in particular early-career staff caring for the dying. The PICD utilises prompts, guidelines and algorithms for:

Jennie Wood,
Clinical Nurse
Educator
at Latrobe
Regional
Hospital
attended
the PICD
Information
Session and
writes ...

- early acknowledgement of a patient's inevitable death
- ensuring a consistently high standard of care wherever it is provided
- giving guidance and support for generalist staff

There are five major domains of PICD, including patient comfort, communication between the patient and the entire care team, psycho-social, cultural and spiritual assessment & support, targeted written information, and care after death.

The issues that prompted the development of PICD at Southern Health are equally relevant in Gippsland hospitals: many of the doctors, nurses and allied health staff who are left caring for dying patients are early-career staff who have an emphasis on "saving lives".

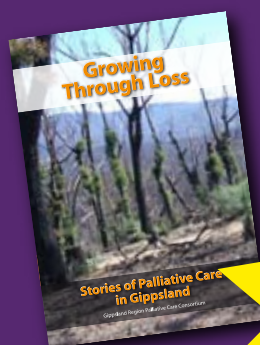
Such staff may equate cessation of (futile) treatment with euthanasia. A/Prof Jackson and Gabrielle O'Connor discussed the need for all staff to receive more contact and support when caring for dying patients. PICD also hopes to reverse the trend for reduced nursing and medical contact time that frequently occurs with dying patients and their families. Kate suggested that there is often a lack of clear discussion in acute hospital units around dying patients.

The pilot of PICD at Southern Health showed improvements in several significant areas and feedback from medical, nursing and allied health staff was extremely positive. Importantly, staff said they felt the PICD gave them increased confidence and ability to ensure dying patients and their families were receiving the best care for their individual needs. Kate and Gabrielle closed by saying how successful the PICD pilot had been at Southern Health. They urged session attendees to develop and trial the PICD in their Gippsland health facilities and encouraged contact with the GRPCC for more information.

Message from the Chair, Anne Curtin

The GRPCC continues to support many exciting initiatives in palliative care across the region. Our focus is firmly on strengthening palliative care for the future.

Our first Annual Report is to be released shortly. It will provide a summary of the work being undertaken in Gippsland to strengthen palliative care services across our region. This newsletter provides you with an update of recent events in Gippsland.



**2008
REPRINT**

growing through loss:
stories of palliative care in gippsland

copies available on-line or email prfarm@sympac.com.au

*Photo of bush regrowth at Mt Angus,
Victorian high country by Jon Lee*

Health promoting palliative care information session

Friday 7th November 10am – 3pm at the DHS Offices in Traralgon.
RSVP by Friday 7th November to Maggie Goss 5155 8300.

Focusing on how services can promote a better understanding and awareness of death, dying, loss and bereavement within their communities.

Palliative care workers including volunteers who have an interest in this exciting new program are invited to attend.

Discussion will include:

- What is health promoting palliative care and how is it relevant?
- What sorts of activities are part of this approach?
- What are “café conversations” and what do they involve?

For more information call Maggie or email Consortium Manager, Anthony Hooper at prfarm@sympac.com.au

GPs access Post Graduate Palliative Care Education

Medical Scholarship Fund

The Consortium continues to offer funding to GPs for course fees through the Medical Scholarship Fund.

GPs wishing to improve their skills and confidence in palliative medicine through participation in university based post-graduate education can access financial support through the General Practitioners Medical Scholarship Fund. There is a variety of recognised post-graduate courses available allowing flexibility in learning such as off-campus, on-line and face-to-face learning components. The length of courses varies from six weeks to two years.

A brochure outlining the various courses offered is available by visiting the Palliative Care Education page on the GRPCC website.

The post-graduate courses outlined in the brochure are eligible for Category 1 CPD points for RACGP registered GPs and Professional Development Points (PDP) for ACRRM Registered GPs

The Consortium can also assist with travel, accommodation and locum backfill expenses associated with post-graduate education in palliative medicine.

GPs interested in accessing funding should contact Kate Graham, on 0417 551 211 or kategraham@dcsi.net.au

Dr David Monash, Medical Scholarship Holder

Dr David Monash, located at Sale is currently enrolled in the Specialist Certificate in Palliative Care through the University of Melbourne via the Consortium Medical Scholarship Fund. He writes ...

The recent course I attended as a part of the Gippsland Palliative Care Consortium education program has exposed me to the full extent of the benefits of the palliative care multi-disciplinary team approach to this speciality. I have been impressed by the enthusiasm and skill that this approach can apply to solving the difficult problems faced in this area of medicine. I recommend this educational approach to other GPs interested in progressing their knowledge of palliative care. It has certainly moved on from the lone ranger approach of yesteryear into a dynamic and progressive speciality.

Mitchell et al (2004) identifies barriers to the average GP successfully fulfilling the role of palliative care team member. These include:

- GP undersupply and uneven distribution
- time constraints
- lack of structured basic training
- culturally specific palliative care
- “Specialisation” of palliative care

Despite these barriers the benefit to the patient of having their own GP as part of the team are significant. Acknowledgement of the barriers and attempts by all to work towards removing them is in everyone's best interest.

1 Palliative care: promoting general practice participation Geoffrey K Mitchell, Elizabeth J Reymond and Barry P M McGrath Author MJA 2004; 180 (5): 207-208

Specialist Palliative Care Partnerships in Gippsland

Specialist visits to Gippsland are providing new opportunities for our local services and GPs. They offer forums to discuss the partnership possibilities and to act as a conduit to receive feedback. (See report on the PICD session on page 1).

We look forward to visiting several areas in South Gippsland, Latrobe Valley and East Gippsland with a combination of case reviews and presentations, education and general information sessions. Negotiations are currently underway with local services, Divisions of General Practice and our Specialist partners.

Upcoming Specialist visits in the Gippsland region will be featured in future newsletters and on the GRPCC website. In the meantime the following partnership programs are highlighted.

Clinical Attachments

GPs and Palliative Care clinicians across Gippsland are encouraged to participate in Clinical Attachments in conjunction with our metropolitan specialist palliative care partners, Southern Health & Calvary HealthCare Bethlehem.

Attachments can be tailored to meet individual needs and specific learning objectives including care pathways and symptom management. 2 – 3 day clinical attachments are available to GPs and nurses with the option of working across a variety of settings at both Monash Supportive & Palliative Care Unit and Bethlehem. Attachments could include time spent at:

- Inpatient and oncology units
- community palliative care, outpatient and day centres

Secondary phone consultations

The GRPCC has engaged the services of a number of Palliative Medicine physicians to provide secondary consultation services to GPs and palliative care services in Gippsland. We warmly welcome Dr Brian McDonald to work within our Partnership alongside the other Physicians (A/Prof Kate Jackson, Dr Jane Fischer, Dr Tamsin Bryan and Dr Alex Burke). The Consortium has allocated each of the physicians to sub-regions of Gippsland and Brian has been allocated the South Gippsland region.

The secondary phone service operates during business hours and is not intended for crisis or emergency situations.

To discuss these opportunities please contact Kate Graham on 0417 551 211 or kategraham@dcsi.net.au

Our vision: “to establish a framework for promoting and delivering high quality palliative clients, carers, families and the community into the next decade and beyond for the

Postgraduate Scholarships in Palliative Care

In 2009 the DHS is again offering 20 clinical scholarships up to \$3,000 each for medical, nursing and allied health professionals for postgraduate study in the area of palliative care. Details at www.pallcarevic.asn.au

Current funding opportunities

The Victorian Cancer Agency grants are now available in the following categories: Workforce Development Initiatives, Capacity Building Initiatives and Consumer Initiatives. Closing date for submissions is 2pm Thursday 30 October 2008. Details at www.victoriancanceragency.org.au

Cultural Issues in Palliative Care

The relationship between Home and Community Care and Palliative Care

Most terminally ill Aboriginals of Gippsland, and those that "come home to country" because they are terminally ill, are supported by their families, their communities and by Aboriginal Community Controlled Organisations delivering primary health care and/or community welfare services. In Gippsland these services are not funded to provide palliative care however staff members at these services, not trained in this specialised area, are called upon by their community to provide such care.

Gippsland-based Home and Community Care (HACC) programs that are delivered by a Community Controlled Aboriginal Organisation generally provide respite, meals, homecare and property maintenance to the palliative client and/or their family. Allied Health, Nursing and Personal Care services are provided by Non Aboriginal agencies and play a significant role in the provision of holistic palliative care. The uptake of these services by Aboriginal clients is dependent on trusted relationships

being forged long before a diagnosis is given. Achieving Cultural Safety is fundamental to building trust. (See Cultural Safety article later in this edition).

Gippsland Aboriginal HACC Five Year Plan 2006-2011

Sandra Kelly is responsible for the implementation of the Gippsland Aboriginal HACC Five Year Plan 2006-2011. Its objectives are aligned to the Victorian Government's aim to integrate the palliative approach into the practice of all health and community care services.

Sandra reports that Gippsland agencies have made significant progress towards the achievement of these goals. See below web link for more details.

refer to Strengthening Palliative Care: a policy for health and community care providers 2004-09, www.health.vic.gov.au/palliativecare/strategy

Sandra Kelly is the Gippsland Aboriginal Home and Community Care (HACC) Regional Development Officer, a DHS position.

About the GRPCC Logo

"My great Grand uncle passed the healing secrets of the sarsparilla plant to me. The plant has been used by generations of my people"

Aunty Marion Pearce is a Gunai Kurnai woman from Monaro and contributed to the GRPCC logo development.

Gippsland Region

Palliative Care Consortium



ive health care services in partnership with people in Gippsland Region".

Carmel's Story

Back in 2002 my mother was diagnosed with terminal cancer. In 1999 she had throat cancer and had a laryngectomy. I wish I had heard of Palliative Care back then. I didn't know what Palliative Care was.

The day that she was told that her cancer was terminal she was on her own at the doctors. I wish that he had planned the talk with her so that she had someone with her.

Now I know that there is help out there, back then none of us knew anything. Everyone should know about Palliative Care before they need it- just in case or so that others can get help if they need it.

I helped her near the end with her morphine medication. I should have known more about her pain management I could have known more if someone had explained to me. My Mum had visits from the District Nurses. They were all whitefellas. If her medical visitors had been with Aboriginal Health Workers I think it would have been more normal for Mum. Our mob are easy to be with. They do not make you feel anxious and shamed. You just don't know until you're in that position just how comforting your own mob can be.

Even the times when the Gippsland and East Gippsland Aboriginal Co-operative (GEGAC) medical service drove Mum and me to Melbourne for treatments, it was comforting for her to be with her own mob. I was able to unload and share with the drivers too. It was good for me.

When Mum had her stoma fitted and then used an artificial voice it was a huge shame job. I taught her to be proud and not be shamed by her appearance. I taught the rest of the family to use words like stoma instead of "the hole". I did lots that an Aboriginal Health Worker trained in Palliative Care could have done. No one came to visit us. I know that Palliative Care workers take all these things into account- Holistic Care. It would have been so good to have had that care.

I am so keen to make sure that my community does not miss out on knowing about Palliative Care. I am an Aboriginal Health Worker now and Palliative Care is something I am passionate about.

Carmel Hood is a Ganai Kurnai Woman from East Gippsland

Gippsland Region

Palliative Care Consortium



Understanding Cultural Safety

Cultural safety is the effective practices of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

A Palliative Care worker will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice.

Unsafe cultural practice comprises any action which diminishes, demeans or dis-empowers the cultural identity and wellbeing of an individual.

Carmel Hood explains the process toward achieving cultural safety in the diagram shown.

Cultural Safety

Is an outcome of education that enables safe service to be defined by those who receive the Service.

Cultural Sensitivity

Alerts people to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact this may have on others

Cultural Awareness

Is a beginning step toward understanding that there is difference.

Many people undergo courses designed to sensitise them to formal ritual and practice rather than the emotional, social, economic and political context in which people exist.

Carmel Hood is a Ganai Kurnai Woman from East Gippsland and also an Aboriginal Health Worker at Gippsland & East Gippsland Aboriginal Cooperative.

Volunteer Training Programs Update

Maggie Goss – Volunteer Coordinator, GRPCC

The first part of the new and exciting Gippsland Memoir Program was completed by 10 participants in August. We look forward to featuring volunteer stories about delivering this service to clients throughout Gippsland. In this issue, volunteer Gill Morpeth gives her perspective on the program.

Later this year Kerrie Marriott, Palliative Care Volunteer Coordinator, West Gippsland Healthcare Group will facilitate the next part of the Memoir Program using Scrap Booking as a medium. This event is to be held at Latrobe Regional Health. As there was high interest in this particular medium at the Consortium's Professional Development Day in Sale during National Palliative Care Week in May all services across Gippsland will receive an invitation to participate.

Gail Mann from Bass Coast Regional Health in Wonthaggi is currently deliver-

ing training to Palliative Care volunteers in her region. The six trainees are enthusiastic about their participation in the course and Gail describes both the Volunteer Training Manual Facilitators Guide and the new Resource Kit as "brilliant and easy to work with". Future Palliative Care Volunteer trainees will benefit from a new resource, a video titled "Walk Me to the Water".

Some time ago I submitted an abstract featuring a "Palliative Care Volunteer Bereavement Support Program" to Palliative Care Victoria's October State Conference "Palliative Care, Beyond the Boundaries". My abstract was accepted and Kerrie Marriott agreed to present on my behalf. This is an important opportunity to keep Gippsland on the map.

Attendees at the Professional Development workshops in May at Sale will remember Dr. Colleen Nordstrom from the Palliative Care Unit at Latrobe University who spoke about the concepts of health promoting

palliative care. All Palliative Services across Gippsland will have received an invitation to discuss Dr Nordstrom's ideas (see details earlier in this newsletter). A key aim will be to explore how we can implement the Café Conversations program in Gippsland. A Train the Trainer workshop on this brilliant concept will be offered soon. The workshop focuses on promoting death, dying and grief as part of life, endeavouring to break down some of the "dark side" of death.

With the end of a cold and very dry Winter comes a renewed energy and enthusiasm as we look forward to the hope that comes from Spring. No matter what season, palliative care in Gippsland is blooming.

Finally, A warm welcome is extended to Helen Flynn, the new Coordinator of Palliative Care Volunteers at Bairnsdale Regional Health Palliative Care Service. I look forward to working with Helen and offering her support as she embarks on her role working with volunteers in Bairnsdale.

Memoir Recording Workshop

Gill Morpeth - Palliative Care Volunteer

I recently attended a Memoir Recording workshop run by the GRPCC. Palliative Care Volunteers from all over Gippsland met at Latrobe Regional Hospital in Traralgon to undertake training to become Memoir Service Volunteers.

GRPCC Volunteer Coordinator, Maggie Goss facilitated the sessions and explained the many reasons why clients are offered the opportunity to record a Memoir, including:

- enhancing self-esteem and personal worth

- providing an opportunity to reminisce
- restoring interest and give meaning to life
- helping to focus on the person rather than their illness.

A Memoir is a story spoken by clients who choose events in their lives they would like to talk about and have recorded. Course participants practiced their skills by making brief recordings of each other's memoirs. This exercise helped us practice using the equipment and illustrated the range of stories volunteers would be likely to transcribe for clients.



As with all Palliative Care Training I have so far undertaken, it was a real privilege, both educationally and emotionally. I very much hope that one day soon I will have the opportunity to put the training into practice.