



THE CENTRE FOR PALLIATIVE CARE RESEARCH AND EDUCATION

GENERAL PRACTICE PALLIATIVE CARE EDUCATION INITIATIVE

2009-2010 REPORT

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INTRODUCTION

From 2002 Queensland Health has allocated annual funding to the value of \$46,863 specifically for the development of palliative care education and skill enhancement for General Medical Practitioners (GPs) throughout Queensland. The Centre for Palliative Care Research and Education has been responsible for the overall management and evaluation of the GP palliative care education program.

The primary objectives of the General Practitioner Palliative Care Education program are to build the capacity of GPs to support the needs of palliative care patients, and to develop partnerships between the Divisions of General Practice and specialist palliative care providers.

Applications for funding are considered according to criteria assigned to two broad categories of educational activities:

1. Development or review / updating of GP education resources
2. Conference learning activities

Funding is weighted for each category of learning activity according to the anticipated complexity, duration, relevance to GPs throughout Queensland, and sustainability of the projects.

All projects funded through the GP Palliative Care Education Program are expected to be eligible for CPD points from the Royal Australian College of General Practitioners, and/or PDP points from the Australian College of Rural and Remote Medicine.

DESCRIPTION OF PROJECT CATEGORIES

1. A - Development of flexible delivery education resource

Value up to \$10,000 per project (GST inclusive)

The Educational resources learning activities aim to:

- Develop or continue developing palliative care education resources for General Practitioners
- Promote innovation in the design of educational resources for GPs
- Evaluate the effectiveness or relevance of existing educational resources that aim to support the learning needs of GPs

- Improve accessibility to learning resources for GPs in all localities.
- Meet a gap in current resources (this must be clearly identified)

1. B – Review and update of previously developed resources (limited to resources created through this initiative)

Value up to \$5,000 per project (GST inclusive)

- Evaluate the effectiveness or relevance of existing educational resources that aim to support the learning needs of GPs
- Review existing palliative care education resources for General Practitioners as developed through this Initiative
- Update existing content within previously created resources
- Improve accessibility to learning resources for GPs in all localities.

2. GP Conference activities involving palliative care experts

Value up to \$2,500 per project (GST inclusive)

The Conference activities aim to:

- Support the design and delivery of a professional conference, seminars or workshops relating to palliative care topics which should be facilitated by an expert in the field
- Enable interested GPs to attend conferences or other professional meetings that focus on evidence-based palliative care.

SELECTION PROCESS

CPCRE's General Practice Advisory Group is responsible for selection of applicants for funding. The committee comprises representatives from the following organisations:

- Australian College of Rural and Remote Medicine (ACRRM)
- Centre for Palliative Care Research and Education (CPCRE)
- General Practice Queensland
- University of Queensland Discipline of General Practice

ESSENTIAL CRITERIA

Each of the following criteria should be addressed in the application and details given of how the criteria will be met.

1. Demonstrate ability to complete the project to a high standard, within the required timeframe and to budget

2. Demonstrate current evidence-based practice and educational methodology appropriate for the proposed project
3. Demonstrate how your proposal is meeting an unmet need
4. Involvement of General Practitioners in the project planning and implementation
5. Appropriate methodology for evaluating the project. Project budgets should include funding to support the evaluation phase of the project.

All projects should involve collaboration and / or partnership with a palliative care service provider and a similar organisation such as a local training consortium, Australian College of Rural and Remote Medicine (ACRRM), Royal Australian College of General Practitioners (RACGP), Queensland Rural Medical Support Agency (QRMSA) or the Centre for Palliative Care Research and Education.

DESCRIPTION OF 2009-2010 FUNDED PROJECTS

Table 1 lists the organisation, category, project activities, and value of the funds awarded for each project.

Table 1. Projects awarded for the period 2009-2010

Lead Organisation	Category	Project	Funds awarded
GP Links Wide Bay PO Box 2178 BUNDABERG Qld 4670	2. GP Conference activities involving palliative care experts	2 x GP education workshops in Bundaberg / Wide Bay area	\$2500
	2. GP Conference activities involving palliative care experts	2 x GP education workshops in Hervey Bay / Fraser Coast area	\$2500
South East Alliance of General Practice (Brisbane) Ltd PO Box 8004 WOOLLOONGABBA Qld 4102	1a. Development of flexible delivery education resource	Develop a resource intended to increase GP's uptake of the End of Life Care Pathway (EOLP) in Residential Aged Care Facilities (RACFs)	\$10000
	2.GP Conference activities involving palliative care experts	Workshop for GPs regarding the EOLCP in RACFs	\$2500

Moreton Bay General Practice Network Ltd PO Box 258 MARGATE BEACH Qld 4019	1a. Development of flexible delivery education resource	Development of a palliative care education module for GPs (flexible learning tool) on 'Symptom Management and Cancer Related Pain'	\$10000
	1.b Review and update of previously developed resources (limited to resources created through this initiative)	Review the first GP learning module 'Assessment and Management of Cancer Related Pain'	\$5000
	2. GP Conference activities involving palliative care experts	4 x face to face workshops to deliver Active Learning Module 'Assessment and Management of Cancer Related Pain'	\$2500
Australian College of Rural & Remote Medicine, Level 4, 410 Queen Street Brisbane Qld 4000	1.b Review and update of previously developed resources (limited to resources created through this initiative)	Review and update of existing palliative care education resource for GPs – 'Palliative Care Resources for Rural Doctors on Handheld Computers'	\$5000
Centre for Palliative Care Research & Education	N/A	Evaluation of GP Education Initiative Program from 2002 – 2008	\$6863
		TOTAL	\$46863

PROJECT REPORTS

GP Links Wide Bay Ltd (1)

Project title: Palliative Care Workshops for General Practitioners in the Fraser Coast area

Summary of project

This project provided two workshops for GPs (and other Health Care Professionals) in the Fraser Coast area. 23 people attended these workshops, including 10 GPs.

Project description

GP Links Wide Bay planned and delivered workshops in Hervey Bay and Maryborough during the project period. Data and information from previous GP events were used to build a program for the workshops which took place in May and July 2010.

The speakers for the workshops included:

- Dr Louise Welch – Director of Palliative Care, Sunshine Coast & Wide Bay District, Queensland Health
- Dr Peter Whan – Palliative Care Medical Specialist, Metro North District Outreach, Queensland Health
- Dr Carol Douglas – Director of Palliative Care, RBWH

Evaluation

Post workshop evaluations were conducted. Evaluations show that GP learning needs were 'entirely met' in 80% of GP delegates and 'partially met' in the remaining 20%. The speaker presentations were evaluated as relevant to the GP learning needs. This workshop had five learning objectives for GP and all were either entirely (50 – 90%) met or partially (50 - 10%) met. 90% of GPs rated the workshop as 'entirely relevant' to their practice, the remaining 10% rated the workshop at 'partially relevant'.

The GP evaluation reports can be seen in Appendix 1.

GP Links Wide Bay (2)

Project title: Palliative Care Workshops for General Practitioners in the Fraser Coast area

Summary of project

This project provided two workshops for GPs (and other Health Care Professionals) in the Bundaberg / Wide Bay area. 26 people attended these workshops including 8 GPs.

Project description

GP Links Wide Bay planned and delivered workshops in Bundaberg in November 2009 and 11 GPs attended. Data and information from previous GP events were used to build a program for the workshops.

Evaluation

Post workshop evaluations were conducted. Evaluations show that GP learning needs were 'entirely met' in 75% of GP delegates and 'partially met' in the remaining 25%. The speaker presentations were evaluated as relevant to the GP learning needs. This workshop had five learning objectives for GP and all were either entirely (63 – 88%) met or partially (37 – 12%) met. 88% of GPs rated the workshop as 'entirely relevant' to their practice, the remaining 12% rated the workshop at 'partially relevant'.

The full GP evaluation report can be seen in Appendix 1.

South East Alliance of General Practice (1)

Project Title: RAC EoLCP Workshop

Summary of project

The Project was to develop and organise a workshop to increase GPs' awareness of the RAC EoLCP and provide them with knowledge on how to use the Pathway. The project aimed to increase the uptake of the Pathway by GPs and thereby enhance quality end of life care provided by GPs to Aged Care Facility residents.

Project description

The workshop was held on Thursday 10 June 2010 from 6:30-9:00pm.

Dr Ramsay facilitated the workshop and presented the case scenario and Dr Petchey presented on symptom management and use of the Pathway. Dr Liz Reymond (Clinical Director, Metro South Palliative Care Services/ Director, BSPCC) introduced the RAC EoLCP to the group.

The workshop was attended by 13 GPs and 7 nurses. The workshop allowed ample time for question and answers and discussion between participants.

Participants were given resource packs with the resources from the Facilitator's Manual.

Evaluation

The following methodologies for data collection were used:

- Pre and post workshop questionnaires
- Workshop evaluation forms

Pre and Post Workshop Questionnaires

Sixteen participants completed both the pre and post workshop questionnaires. The analysis of the pre workshop questionnaires compared with the post workshop questionnaires showed improvements in participants' confidence and understanding of issues surrounding palliative care. Prior to the workshop, 68.75% of participants felt confident in their overall practice of palliative care, post education this increased to 81.25%

feeling confident, and 12.5% feeling strongly confident. An increase in confidence in managing different symptoms in palliative care was also reflected.

Participants' understanding of the RAC EoLCP also increased with only 43.75% rating their understanding of the RAC EoLCP as good prior to the workshop, and 75% rating their understanding as good and 25% as excellent after the workshop. Similarly there were increases in confidence/understanding around the issues of safe use of medications in the community, principles of advanced care planning and communicating with palliative patients and their families.

The number of palliative care patients that participants had treated in the past three months ranged from 0-20. Seventy percent of these patients were able to die in the environment of their choice and in most circumstances this was their RACF. Some reasons for patients not being able to die in the environment of their choice included RACF staff not being able to manage palliative residents and the family not having the means to care for these residents. Seventy-five percent of participants stated they needed to discuss the management of their palliative patients with someone else and examples of resources they used were Brisbane South Palliative Care Services, Bayside Palliative Care Services, St Vincent's and Princess Alexandra Hospital Palliative Care Nurse.

Workshop Evaluation Forms

Seventeen participants completed workshop evaluation forms. The outcomes for the workshop evaluations were very positive. All the participants stated that the learning objectives of the workshop were partially to entirely met. Almost all of the participants stated that their own learning needs were entirely met. All participants rated the resources/handouts provided at the workshop as good. All the summative comments were positive with comments such as "Excellent presentation and relevant to palliative care needs", "Good discussion and practical application" and "Very thought provoking and helpful". Anecdotal feedback from participants after the workshop was also affirmative.

South East Alliance of General Practice (2)

Project Title: Development of Facilitator's Manual for Residential Aged Care End of Life Care Pathway (RAC EoLCP)

Summary of project

The activities of the project have focused around the development of a Facilitator's Manual to promote and assist the use of the Residential Aged Care End-of-Life Care Pathway (RAC EoLCP) developed by the Brisbane South Palliative Care Collaborative (BSPCC). The aim of the Project was to develop a resource that could be easily transferable to other Divisions and organisations to increase the uptake of the RAC EoLCP by GPs. The Facilitator's Manual will support facilitators in delivering workshops to increase GPs' awareness of the RAC EoLCP and provide them with knowledge on how to use the Pathway.

Project description

The South East Alliance of General Practice (Brisbane) (SEA-GP (Brisbane)) contracted BSPCC to develop the content of the Facilitator's Manual and the workshop. SEA-GP (Brisbane) and BSPCC had regular contact with each other in the planning of what was to be included in the Manual and in the workshop via face to face meetings, telephone and email.

It was originally planned for the development of the Facilitator's Manual to be overseen by the SEA-GP (Brisbane) Palliative Care Panel, however the Panel was only used at the early stages of the Project and then were not required once BSPCC was contracted. As the developers of the RAC EoLCP, BSPCC had a good understanding of what was required for the Manual. Furthermore, the Director of BSPCC is also a FRACGP as was one of the reviewers.

BSPCC developed, sourced and collated the following resources for the Facilitator's Manual:

- Learning objectives for the workshop
- Workshop outline
- Powerpoint presentation
- Powerpoint presentation slide outline

- Case scenarios
- Resource list
- Resources specific to the RAC EoLCP Medication Imprest System, including a Symptom Management Check List, Symptom Control Guidelines, Medical Officer Guidelines: Drugs frequently used in palliative care, Educational Guidelines: Drugs frequently used in palliative care, Guidelines for Opioid Conversion, Suggested Medication Imprest Items.
- Relevant journal articles, websites and publications relevant to the RAC EoLCP.

Staff from Bayside Palliative Care Services also assisted in the development and review of the Facilitator's Manual.

SEA-GP (Brisbane) developed the following resources for the Facilitator's Manual:

- Relevant Medicare Item Information for RACFs
- Instructions for organising a workshop
- Workshop invitation
- Workshop program
- Pre and post workshop questionnaires
- Workshop evaluation form
- Facilitator feedback form.

It was originally planned for the Manual to be produced in hard copy however it has been decided that the Manual will be produced in electronic form so that updating the Manual can be simpler. Furthermore resources can be easily printed off and reproduced if in electronic form. SEA-GP (Brisbane) is currently in the process of formatting the Manual into an easy to use electronic form. CDs can then be made for other Divisions/organisations wishing to use the Manual for workshops.

A draft version of the Facilitator's Manual was provided to the Facilitators before the workshop. The SEA-GP (Brisbane) Aged Care Program Officer acted as the 'supporting Facilitator' and organised the venue, advertising, collation of participant resource packs, evaluations and other administrative duties as needed.

Evaluation

The methodology of the evaluation was a facilitator feedback form which asked whether the Facilitator found the Manual helpful in facilitating the workshop, the usefulness/appropriateness of the case scenarios, power point and handouts, whether any issues arose during the workshop that the Facilitator felt unprepared to answer and suggestions to improve the Manual or workshop.

Both Facilitators returned the facilitator feedback forms with positive feedback. The Facilitators found the Manual helpful in facilitating the workshops and easy to read and understand. One Facilitator stated more detail was needed on the slide objectives. They found the power point presentations easy to follow, the handouts and resources useful/appropriate and the case study appropriate for the workshop. One Facilitator felt unprepared when answering questions related to the costs of drugs in the community but stated that her co-presenter was able to answer these. She suggested perhaps information on this could be included in the Manual. Another suggestion for the Manual was for the resources to be refined to be more specific to aged care. The results from the Facilitator feedback forms may have some bias due to the fact that the Facilitators had input into the development of the Manual.

Moreton Bay General Practice Network Ltd (1)

Project Title: Development of a palliative care education module for GPs (flexible learning tool) on 'Symptom Management and Cancer Related Pain'

Summary of project

Writing the second module in the series of three for GPs: "Management of Common Symptoms" for patients who are in the palliative phase of care, covering

- Assessment and Diagnosis
- Management of Symptoms & Drug Therapy

The resource would be developed in such a way that it would lend itself for future expansion to be delivered:

a) flexibly to GPs in face to face workshops as Active Learning Modules for RACGP QA&CPD category 1 points and

b) for those who do not have the time to attend workshops, as an innovative audio visual education resource through web base access that would make it available to all GPs Australia wide that can access the internet at a time suitable to them. Project description

Project Description:

Due to unforeseen workforce issues this project has not been completed within the project timeline. The Specialist Palliative Care doctor unexpectedly retired prior to completion. CPCRE agreed to roll over the funding to this project to 2010 – 2011 period to allow time for recruitment of a specialist in the Redcliffe area.

Four systems and topic areas to be covered by this ALM have been identified for preliminary work – research and gathering of literature

"Management of Common Symptoms" for patients who are in the palliative phase of care"

	Systems	Topic areas
1	Gastro Intestinal	<ul style="list-style-type: none">• Mouth symptoms and hiccoughs• Nausea & vomiting• Bowel obstruction & constipation• Diarrhoea• Liver pain & obstructive jaundice
2	Respiratory	<ul style="list-style-type: none">• Cough• Dyspnoea• Chest pain

		<ul style="list-style-type: none"> • Infections • Plural effusion
3	Central Nervous System	<ul style="list-style-type: none"> • Confusion • Fitting / seizures • Raised intracranial pressure • Terminal restlessness
4	Renal	<ul style="list-style-type: none"> • Terminal renal failure • Infections / urinary tract infections • Fatigue / lethargy • Oedema states • Homeostatic disturbances - electrolyte disturbances

Evaluation:

For completion and reporting in 2010 – 2011.

Moreton Bay General Practice Network Ltd (2)

Project Title: Review of previously developed resource

Project Summary:

Review Module 1 “Assessment and Management of Cancer Related Pain” for currency and to develop as an Active Learning Modules (ALM) and web base format

Project Description:

“Assessment and Management of Cancer Related Pain” was the first module to be produced through a CPCRE funding GP mentoring and Community Leadership project in 2006-07 and delivered via face to face workshops in 2006.

The reviewed module has been updated to conform to the RACGP requirements for ALMs and formatted to be a web based audio visual, self-directed learning module accessible to GPs Australia wide. This includes a web-based self directed learning module with audio match to powerpoint presentation and two active learning modules attached.

Evaluation:

The module was researched, updated/revised and rewritten by Dr Bruce Stafford Director of Palliative Care for the Metro North Health Service District, Redcliffe & Caboolture. RACGP approved the educational activities, Palliative Medicine - A Course for General

Practitioners, Assessment and Appropriate Investigations and Diagnosis of Cancer Related Pain and Drug Therapy and other Modalities to manage cancer pain in the Palliative Care Setting. These two activities were approved as two Active learning Modules (ALM) attracting 40 Category 1 QA&CPD points for each module for general practitioners. The ALMs will be uploaded on to the Moreton Bay General Practice Network website as self directed, online learning packages.

Moreton Bay General Practice Network Ltd (3)

Project Title: Palliative Care Workshop for GPs

Project Summary:

The purpose and key objective of the project is to deliver “Assessment and Management of Cancer Related Pain” in the format of two Active Learning Modules (ALM):

ALM 1 “Assessment of Pain -Investigations and Diagnoses in Cancer Pain, in the Palliative Care Setting”

ALM 2 “Drug and other Modalities to Manage Pain in the Palliative Care Setting”

RACGP Active Learning Modules, attracting 40 Category 1 QA&CPD Program points.

Project Description:

The ALM’s were delivered over four workshops in March 2010. They were presented by Dr Bruce Stafford, Palliative Care Specialist. Thirteen GPs completed the first Active Learning Module (ALM) and 14 completed the second ALM in the palliative care program consisting of two Active Learning Modules divided into the topics Assessment of cancer pain and Drug and other Modalities to manager cancer pain in the palliative patient. There were 17 GPs that completed one session only of the first ALM. Twenty – one registered initially but not all were able to able to attend on the day.

Evaluation:

Conference Activity: “Assessment of Pain - Investigations and Diagnoses in Cancer Pain, in the Palliative Care Setting”

Summary: Attendees evaluation overall were excellent and they noted that the sessions were very relevant to their practice 100%, and would like more sessions like these in Palliative Care with the facilitator who is a very good and engaging speaker. 93% of GPs stated that their learning needs were entirely met and 7% partially met.

Conference Activity: “Drug Therapy and Other Modalities to Manage Pain in the Palliative Care Setting”

Attendees evaluation overall were excellent and they noted that the session were entirely relevant to their practice 93% and 7% partially relevant. Again GPs requested more sessions like these in Palliative Care with the facilitator who is an engaging speaker. 79%GPs stated that their learning needs were entirely met and 21% partially met.

Palliative Care Education Pre & Post-Survey analysis:

The purpose of this survey was to gather information about the participating GPs experience and confidence with providing palliative care, prior to and following the education workshops so that Redcliffe Palliative Care Service in collaboration with MBGPN can continue to improve the quality of the education offered to GPs.

Summary:

The majority of doctors (76%) had been working in general practice for more than 10 years, 16% of doctors had worked as GPs for between 12 months and 5years and were internationally trained and had only been in the geographical area for a short period. 8% had worked as a GP for more than 5years but less than 10years. Sixty-five percent of the GPs had up to one patient requiring palliative care per month, 23% had between 2 - 4 patients and 15% had more than four patients requiring palliative care per month. Fifty percent of the GPs had not attended up-skilling education programs in relation to palliative care prior to these workshops

Section B: Confidence with Providing Palliative Care

This section contained a number of statements about palliative care. GPs were asked to consider each statement and indicate if based on their current knowledge, did they think it is “True” or “False” or “Don’t Know”.

Summary:

The participating GPs improved their knowledge score after attending the palliative care workshops. The average improved score was 23.6%. The average pre workshop score of 73.6% increased to 97.2% post workshop.

Prior to the educational workshops according to GPs personal rating, 42.7% of GPs were either not confident or had little confidence with providing palliative care, 28.5% were confident and 4.7% very confident. Following the workshop 50% were confident in providing palliative care and 50% very confident.

All registered participants (21) completed the pre survey but not all participants were able to attend the sessions. Not all pre surveys had the GPs name identified on them to directly compare with the post survey which identified the GPs for the reflective activity for the ALM requirements. Participants requested feedback which could be given on post scores but not as a comparison of individual pre and post. However the post workshop survey indicated that all GPs were confident in their improved knowledge with providing palliative care.

Australian College of Rural & Remote Medicine:

Project Title: Palliative Care Guidelines for PDA and Mobile Device

Project Summary:

The ACRRM Palliative Care Guidelines for Rural Doctors – this project was previously funded by the CPCRE 2003-4 General Practice Palliative Care Education Program and has now been completely reviewed and updated.

These guidelines have been incorporated within the 'ACRRM Clinical Guidelines for PDA and mobile devices' - a resource for rural doctors. They are available free of charge to all ACRRM members and affiliated institutions.

Project Description:

The project was based on the idea that rural doctors all keep a note book ("cheatbook") containing recent changes in management of common problems and the usual formulae for working out patient doses, tube sizes etc. The project took existing guidelines and augmented them so that they were practical, easy to read, road tested and relevant and developed in a format suitable for use on a Palm PDA (personal digital assistant).

Initially Palm's were distributed to a cohort of rural registrars based on the Atherton Tablelands in 2002. The practicality and educational impact of the Palms was evaluated over a one-year period. Outcomes included development of a series of management guidelines to promote an appropriate decision making process by participating registrars and provision of information about a specific topic. Evaluation results indicated that the project delivered a genuinely useful tool for clinical decision support in a near patient setting and as such has the potential to contribute to better outcomes for patients and to enhanced rates of certainty for doctors in information and decision-making.

The ACRRM Clinical Guidelines for PDA for rural doctors is now a permanent resource available for download from the ACRRM educational website <http://www.rrmeo.com>. These guidelines have proved extremely popular amongst rural as well as metropolitan GPs and are also a well accepted training tool for younger doctors and medical students by increasing their clinical knowledge and confidence through access to relevant and up to

date information. They are practical, easy to read and well referenced with images and links to external resources included.

An official editorial process is in place for the continual review and approval of these guidelines with a panel consisting of a hospital based doctor, a rural GP and a specialist in the field of each discipline prior to publication.

Designed to provide a set of clinical guidelines tailored for rural and remote medicine they have been developed so that they can be accessed at three different levels - on a PDA/mobile device as an instant clinical decision support tool, printed out in booklet form or accessed on a computer via RRMEO as an online activity linking with many other resource websites.

The Guidelines are aligned with the ACRRM core and advanced curricula, are continually being updated and expanded and currently include the following disciplines:

- Adult Internal Medicine
- Anaesthetic Crisis Algorithms (developed by the Aust. Patient Safety Foundation)
- Anaesthetics
- Child and Adolescent Health
- Dermatology
- Emergency Medicine
- Obstetrics and Women's Health
- Ophthalmology
- Orthopaedics
- Palliative Care
- Radiology Tips for Rural Doctors
- Rheumatic Heart Disease Guides (developed by the National Heart Foundation of Aust)
- Stroke and TIA Management
- Surgery

The guidelines provide immediate access, at the point of treatment, to best practice

information. The numbered linear sequence replicates the reality of acute interaction with a patient.

This project has now been expanded to include all PDA and mobile device operating systems (Palm, Pocket PC/Windows, iPhone, Android, Blackberry and Symbian). The files and software required for downloading the guidelines are available from the ACRRM online education website www.rrmeo.com.

These files are free to all ACRRM members and affiliated institutions however there is a small fee (US\$20 approx) for iPhone, Android, Blackberry and Symbian users who are required to purchase the iSilo e-reader software for their handhelds prior to downloading the guideline files (website details to purchase this can be found on guidelines download page).

Evaluation:

No formal evaluation has been done and this was not covered by the project funding. ACRRM has recently been approached by several Divisions of General Practice for a copy of the Palliative Care guidelines for use in their educational programs.

Presently RRMEO has approximately 9,000 enrolled subscribers consisting of GPs, hospital based doctors, interns, registrars, medical students and other health institutions.

There are currently 1771 users enrolled into the ACRRM Clinical Guidelines for PDA resource on RRMEO.

Centre for Palliative Care Research & Education (CPCRE)

Project Title: GP Education Initiative Review 2002 – 2008

Project Summary:

This review took place between January 2009 and December 2009 and was conducted by the Director of Learning & Development. The GP Education Initiative Review involved the analysis of annual program reports from 2002-03 through to 2007-08, and also included a survey of all 18 GP divisions within Queensland. These surveys were conducted via email, with follow-up phone calls and emails to increase response rates. The purpose of the review was to determine the effectiveness of the program and make recommendations regarding further funding rounds.

Project Findings:

Since 2002, 46 applications have been submitted to CPCRE for funding consideration. All applications were reviewed according to the selection process. Of the 46 applications received, 37 were awarded funding through this scheme. Total funding awarded for the GP Education Initiative since 2002 (including the 2008-09 financial year) is \$324,095 out of a possible \$328,041 allocated for the Initiative. Further data on the successful applications includes:

- 34 of the 37 funded applications have been from various General Practice Divisions across Queensland, and the remaining three were from the Centre for Palliative Care Research and Education (2) and Mt Olivet (1).
- 13 (or 72%) of the 18 GP Divisions in Queensland have been successful recipients of the funding
- The Wide Bay division has been the recipient of 5 funding grants
- GP Connections in Toowoomba has received the largest amount of funding (\$53,581 received for 4 projects).

Seven of the 13 divisions who had received funding under this scheme responded to the survey, while three of the five divisions who had not received funding under this initiative responded to a separate survey about reasons for non-participation. Participating divisions reported benefits of the program which included improved understanding, communication, collaboration and referral to various members within the multi-disciplinary palliative care

team; improved clinical skills, confidence and ability to deal with a palliative care client and their family; and the ability to develop education according to the local GP needs.

The education initiative has resulted in several tangible outcomes, including improved networking and collaboration between General Practitioners, GP Divisions, Palliative Care Specialists and palliative care services. More specifically, the initiative has also enabled:

- eight new resources to be developed
- 29 clinical placements for GPs
- Around 440 GPs to participate in palliative care-related conference activities across Queensland, and
- Approximately 31 nursing and allied health professionals to participate in conference activities across Queensland

A number of resources have been developed from projects funded through this Initiative. The resources include on-line discussion rooms, templates, guidelines, DVDs and educational resource packages.

The GP Education Initiative as funded by Queensland Health is a valuable initiative contributing to palliative care education for General Practitioners and other primary health professionals across Queensland. This review has highlighted several benefits and outcomes – including a notable numbers of participants, clinical placements and resources developed, as well as positive reports of program outcomes. The Education Initiative has the potential to grow, both in terms of funding expenditure and in terms of outcomes.

Recommendations:

Recommendations are presented according to the three initiative categories.

- Mentoring:
 - General Practitioners have opportunities of mentoring and clinical exchanges through the nationally funded PEPA Program. It is recommended that mentoring and clinical exchanges should be co-ordinated through PEPA and not through this limited funding opportunity. Infrastructure and learning outcomes have been formalised by the PEPA process and are more likely to support both the mentor and mentee in learning environment.
 - With regards to leadership training, further consultation needs to occur with General Practice Queensland in terms of what leadership training

opportunities are available to General Practitioners working in all clinical areas.

- Resources
 - Resource development funding opportunities should remain a priority under this initiative.
 - To keep information accurate and up-to-date resources, it is recommended that resources be reviewed and updated where required. Consideration should be given to dedicating some funding from the program to such revisions.
 - All resources developed through this funding need to be made available on the CPCRE website, as well as GP Divisions' local websites.
 - Consideration should be given to identifying where there are gaps in resources (to avoid duplication), and allocating funding towards resource development where the gaps exist.
- Workshops
 - It is recommended that these activities remain a high priority for funding opportunities.
 - CPCRE, General Practice Queensland and the Divisions of General Practice need to identify strategies for collaborating more effectively to produce workshop packages and sessions that can be delivered with minimal/local modification.
 - Allied Health and Nursing staff should be considered for inclusion in relevant educational activities.

General recommendations for the project include:

- All projects that are awarded funding through the initiative should be funded to the level required to achieve project outcomes, or where resources are limited, the scope of activities be negotiated to fit within available resources and achieve optimal outcomes.
- Applications should be assessed according to standard criteria that can be made available to the applicants prior to submission. This will create transparency and accountability for both the applicants and reviewers.
- The process for applications and evaluation be streamlined to allow for more efficient and effective reporting, to reduce the burden on Divisions, and allow the funding provided to be spent on the actual activity planned.

2010 – 2011 Funding Round:

Following the review, the GP Advisory Group at CPCRE has recommended a change to the current grant process. For the 2010 – 2011 grants period funds will be used to provide palliative care education workshops in Queensland for GPs, clinical General Practice staff and other clinical primary health care staff. Expressions of Interest will be invited from Divisions of General Practice and Specialist Palliative Care providers in Queensland to organise and host a specific palliative care education workshop in their geographical area.

CPCRE has researched potential workshop providers and has selected the Cognitive Institute to deliver their 'Healing at the End of Life' workshop. This workshop addresses issues and challenges for GPs and primary care providers to deliver palliative care in the home, by teaching strategies for overcoming such challenges. The overall aim of the workshop is to increase the capacity of GPs to provide palliative care in the community. This was confirmed with the Community Services Unit in a letter to Kim Woolgar, Director on 20th May 2010.

CPCRE will undertake an evaluation of the project in 2011 and the results of this will be used to inform future GP Education Projects.

CONCLUSION

The Centre for Palliative Care Research and Education, in its management of the Queensland Health General Practitioner Palliative Care Education Initiative, continues to support the development of GPs' capacity to provide medical management and coordinated supportive care for palliative care patients in the community.

The overall success of the GP Palliative Care Education Initiative is evident in the increasing numbers of GPs interested in pursuing palliative care projects that build capacity and resources for their practice. The consultative and educational links developed between GPs and specialist palliative care providers as a result of the mentorship programs have resulted in better outcomes for patients in terms of a coordinated continuum of palliative care.

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- Mr Lex Lucas, Multimedia Project Manager, Australian College of Rural and Remote Medicine
- Dr Geoff Mitchell, Centre for General Practice, University of Queensland
- Carol Hope, Director of Learning and Development, CPCRE
- Kathryn Laurent, Qld PEPA Manager, CPCRE
- John Haberecht, Research Officer, CPCRE
- Mr Tim Heywood, General Practice Queensland

Appendix 1 – GP Links Wide Bay Ltd GP Workshop Evaluation Reports



ACTIVITY REPORT

Provider number: 215642

Provider name: GP Links Wide Bay

Activity number: 748615

Activity title: Palliative Care: Pain management and end of life planning

Date of activity: 1 July 2010

Number of GPs attended: 8

Number GP evaluations returned: 8

	Learning objectives	Not met %	Partially met %	Entirely met %
1	Broadened understanding of pain management delivery methodologies		12	88
2	Extended ability to communicate end of life planning with patient and family		12	88
3	Improved communication pathways between all key stakeholders		37	63
4	Broadened understanding and promotion of advanced care planning		25	75
5	Confirmed the need for a systems approach that ensures comprehensive patient care and safety		37	63

2. Rating of learning needs

%	GP participant rating on whether learning needs were met
Not met	
Partially met	25
Entirely met	75

3. Rating of **relevance** to their individual General Practice

%	GP participant rating on relevance to their individual practice
Not relevant	
Partially relevant	12
Entirely relevant	88



ACTIVITY REPORT

Provider number: 215642

Provider name: GP Links Wide Bay

Activity number: 748615

Activity title: Palliative Care: Pain management and end of life planning

Date of activity: 3 June 2010

Number of GPs attended: 10

Number GP evaluations returned: 10

	Learning objectives	Not met %	Partially met %	Entirely met %
1	Broadened understanding of pain management delivery methodologies		10	90
2	Extended ability to communicate end of life planning with patient and family		40	60
3	Improved communication pathways between all key stakeholders		50	50
4	Broadened understanding and promotion of advanced care planning		20	80
5	Confirmed the need for a systems approach that ensures comprehensive patient care and safety		30	70

2. Rating of learning needs

%	GP participant rating on whether learning needs were met
Not met	
Partially met	20
Entirely met	80

3. Rating of **relevance** to their individual General Practice

%	GP participant rating on relevance to their individual practice
Not relevant	
Partially relevant	10
Entirely relevant	90