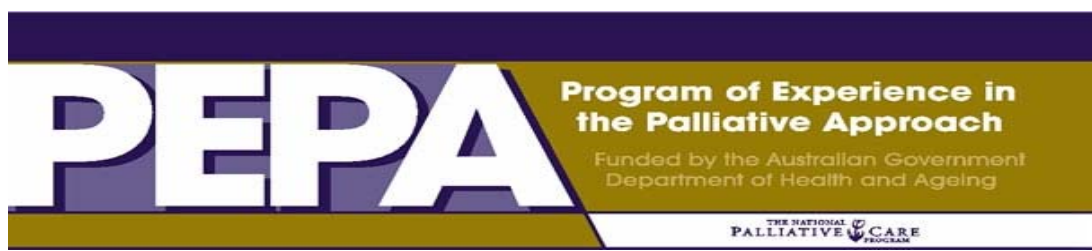




PEPA Report Queensland

July to December 2008



Queensland (QLD) (July to December 2008 Report)

Introduction

The overall aim of the Program of Experience in the Palliative Approach (PEPA) is to improve the quality, availability and access to palliative care for people who are dying, and their families, by improving the skills and expertise of health practitioners, enhancing collaboration and increasing professional exposure to, and experience in palliative care. The principal PEPA learning activities include facilitated clinical placements in specialist palliative care services, structured workshops, and other tailored educational activities developed for specific populations including Aboriginal and Torres Strait Islander groups.

The aim of this report is to provide a summary of the evaluation data for the period from July – December 2008. To allow for full reporting of follow up evaluation data, this report includes evaluation data for:

- placements undertaken in the period from January – June 2008 (allows inclusion of 3 month post placement evaluation data)
- workshops undertaken in the period from July – December 2008.

Evaluation Methods

Placements:

The impact of PEPA placements is assessed through pre and post placement survey questionnaires. Participants are assessed before and three months after their placement.

Workshops:

Participants attending the PEPA workshops are surveyed immediately before and after the workshop.

EVALUATION OF PEPA WORKSHOP FOR MEDICAL PRACTITIONERS

In this reporting period QLD conducted one PEPA workshop for medical practitioners attended by 23 participants.

Profile of participants

Participants in the workshop for medical practitioners were from various practice areas. Participants' practice areas have been categorised into groups as shown in Table 1.

Table 1: Practice Area

Practice Area	
n=15	
General Practice	10
Rural/region hospital	1
Aboriginal and Torres Strait Islander Medical Service	1
Other	3

The ethnic background of participants in the Medical Workshop is presented in Table 2.

Table 2: Ethnic Group

Ethnic Group	
n=15	
Australian	11
Torres Strait Islander	1
Other	3

EVALUATION OUTCOMES

Impact on knowledge, attitudes and practice

Participants completed a survey questionnaire immediately before and after the workshop. The following table presents the distribution of responses given by the participants.

Participants' self-rating of their knowledge was assessed using a scale ranging from 1=Very Limited Knowledge - 5=Very Extensive Knowledge as shown in Table 3.

Table 3: Knowledge

	n	Mean	Standard Deviation	VLK %	LK %	MK %	EK %	VEK %
Knowledge*								
How do you rate your knowledge of the palliative approach to care								
Pre-workshop	15	2.66	0.81	6.7	33.3	46.7	13.3	0
Post-workshop	19	3.78	0.71	0	0	36.8	47.4	15.8

(*Scale 1=Very Limited Knowledge, 2=Limited Knowledge, 3=Moderate Knowledge, 4=Extensive Knowledge and 5=Very Extensive Knowledge).

Participants' perception of their role and confidence in caring for people with life limiting-illness was assessed on scale ranging from 1=Strongly Disagree - 5= Strongly Agree as shown in Table 4.

Table 4: Role and Confidence

	n	Mean	Standard Deviation	SD %	D %	U %	A %	SA %
Role*								
I understand my role in the care of people with life limiting-illness								
Pre-workshop	15	3.40	0.82	0	13.3	40	40	6.7
Post-workshop	19	4.57	0.50	0	0	0	42.1	57.9
Confidence*								
I feel unsure about caring for a person who is dying								
Pre-workshop	15	2.73	0.88	6.7	33.3	40	20	0
Post-workshop	19	1.36	0.49	63.2	36.8	0	0	0
I am confident to contact a palliative care service to discuss the needs of people who have a life-limiting illness in my care								
Pre-workshop	15	3.46	0.99	0	20	26.7	40	13.3
Post-workshop	19	4.36	0.83	0	5.3	5.3	36.8	52.6

(*Scale 1=Strongly Disagree, 2= Disagree, 3=Uncertain, 4=Agree, and 5= Strongly Agree)

Participants' confidence in caring for people with a life-limiting illness was assessed on a scale ranging from 1=Need further basic instruction - 4=Confident to perform independently as shown in Table 5.

Table 5: Confidence

	n	Mean	Standard Deviation	NBI %	CEC %	CMC %	CPI %
Confidence*							
Discussing dying with patients who have a life limiting illness and their families							
Pre-workshop	15	2.80	0.94	13.3	13.3	53.3	20
Post-workshop	19	3.68	0.47	0	0	31.6	68.4
Supporting the patient and family member when they become upset							
Pre-workshop	15	2.93	0.88	6.7	20	46.7	26.7
Post-workshop	19	3.63	0.49	0	0	36.8	63.2
Informing patients and their caregivers about the support services available							
Pre-workshop	15	2.53	0.83	13.3	26.7	53.3	6.7
Post-workshop	19	3.63	0.49	0	0	36.8	63.2
Answering queries about the effects of certain medications							
Pre-workshop	15	2.80	0.86	6.7	26.7	46.7	20
Post-workshop	19	3.52	0.61	0	5.3	36.8	57.9
Managing pain for the patient with a life limiting illness							
Pre-workshop	15	2.66	0.61	0	40	53.3	6.7
Post-workshop	19	3.68	0.47	0	0	31.6	68.4
Managing other symptoms the patient reports							
Pre-workshop	15	2.66	0.72	0	46.7	40	13.3
Post-workshop	19	3.57	0.60	0	5.3	31.6	63.2

(*Scale 1=Need further basic instruction, 2=Confident to perform after extensive consultation, 3=Confident to perform after minimal consultation, 4=Confident to perform independently).

After the workshop, participants were asked to respond to open-ended questions about their perceptions of the workshop. The responses were categorised into themes as shown in Table 6.

Table 6: Participants perceptions of the workshop

Item	No. of responses	Response
What did you like about the workshop?	3	The holistic approach in care.
	8	Pain management in terminal illness.
What did you not like about the workshop?	N/A	
How could the PEPA workshop be improved?	1	Actual syringe driver demonstration.
	1	More about cultural diversity.
	2	To keep the sessions within the time limit.

EVALUATION OF WORKSHOP FOR ALLIED HEALTH PROFESSIONALS

Impact on knowledge, attitudes and practice

In this reporting period QLD conducted one allied health workshop attended by a total of 35 participants. Workshop participants' discipline background are summarised in Table 1.

Table 1: Allied Health Workshop Participants' Discipline

Discipline	
n=27	
Social Workers	10
Occupational Therapists	9
Physiotherapists	4
Dieticians	3
Speech Pathologists	3
Psychologists	3
Other Allied Health Professionals	3

The ethnic background of participants in the Allied Health Workshops is presented in Table 2.

Table 2: Allied Health Workshop Participants' Ethnic Background

Ethnic Group	
n=27	
Australian	23
Australian Aboriginal	4

Participants' self rating of their knowledge pre and post workshop was assessed on a scale ranging from 1=Very Limited Knowledge – 5= Extensive Knowledge. Responses are shown in Table 3.

Table 3: Allied Health Participants' Knowledge Pre and Post Workshop

	n	Mean	Standard Deviation	VLK %	LK %	MK %	EK %	VEK %
Knowledge*								
How do you rate your knowledge of the palliative approach to care?								
Pre-workshop	27	2.70	0.82	3.7	37	48.1	7.4	3.7
Post-workshop	21	3.47	0.51	0	0	52.4	47.6	0

(*Scale 1=Very Limited Knowledge, 2=Limited Knowledge, 3=Moderate Knowledge, 4=Extensive Knowledge and 5=Very Extensive Knowledge).

Participants' confidence in caring for people with a life-limiting illness was assessed pre and post workshop using a scale ranging from 1=Not at all Confident - 5=Completely confident. Responses are shown in Table 4.

Table 4: Allied Health Participants' Confidence Pre and Post Workshop

	n	Mean	Standard Deviation	NAC %	SC %	MC %	VC %	CC %
Confidence*								
Identify the needs of people who have a life-limiting illness								
Pre-workshop	27	2.81	1.0	7.4	25.9	55.6	0	11.1
Post-workshop	21	3.38	0.49	0	0	61.9	38.1	0
Identify the interventions required by the people who have a life-limiting illness								
Pre-workshop	27	2.55	0.89	11.1	37	37	14.8	0
Post-workshop	21	3.42	0.59	0	0	61.9	33.3	4.8
Discuss end of life issues with people with a life-limiting illness and their families								
Pre-workshop	27	2.22	1.18	33.3	29.6	25.9	3.7	7.4
Post-workshop	21	3.04	0.80	0	23.8	52.4	19	4.8
Implement the interventions required for people who have a life-limiting illness								
Pre-workshop	27	2.62	1.00	7.4	44.4	33.3	7.4	7.4
Post-workshop	21	3.52	0.74	0	0	61.9	23.8	14.3
Assess the ongoing needs of people who have a life-limiting illness								
Pre-workshop	27	2.59	0.88	7.4	44.4	29.6	18.5	0
Post-workshop	21	3.61	0.86	0	4.8	47.6	28.6	19
Identify personal coping strategies to effectively manage personal issues associated with caring for people who have a life-limiting illness								
Pre-workshop	27	2.55	1.18	25.9	18.5	0	33.3	3.7
Post-workshop	21	3.61	0.74	0	0	52.4	33.3	14.3
Discuss the needs of people in my care who have a life-limiting illness with palliative care specialists								
Pre-workshop	27	2.62	1.00	14.8	29.6	33.3	22.2	0

Post-workshop	21	3.76	0.88	0	4.8	33.3	38.1	23.8
Refer people with life-limiting illness to a palliative care specialist when needed								
Pre-workshop	27	2.66	0.91	7.4	37.0	40.7	11.1	3.7
Post-workshop	21	3.80	0.87	0	4.8	33.3	38.1	23.8

(*Scale 1=Not at all confident, 2=Somewhat confident, 3=Moderately confident, 4=Very confident, 5=Completely confident).

After the workshop, participants were asked to respond to open-ended questions about their perceptions of the workshop. Themes identified from the responses are presented in Table 5.

Table 5: Allied Health Participants' perceptions of the workshop

Item	No. of responses	Response
What did you like about the workshop?	4	Speakers were good and informative.
	6	Variety of topics was covered.
	2	Good information on medications.
	3	Opportunities to network
What did you not like about the workshop?	3	Lot of information.
List the main things that you learned from the workshop	4	Holistic approach to care.
	3	Dealing with symptom management.
	2	Importance of team work.
	7	Pain management
	6	Team work and communication.

Participants were asked to rate the quality and appropriateness of the workshop on a scale ranging from 1=Too Basic to 3=Too Complex. Responses are shown in Table 6.

Table 6: Allied Health Participants' Rating of Workshop Level

n=21	
Too basic	0
Appropriate	100%
Too complex	0

Evaluation of PEPA Participants' Clinical Placement for Nurses and Allied Health Professionals in QLD (January – June 2008)

Impact on knowledge, attitudes and practice

The following section describes the participant outcome data for all PEPA participants who had completed their placement during the January to June 2008 reporting period for QLD. A total of 45 placements were completed from January to June 2008 period.

The following table presents the distribution of responses given by the participants.

Participants' were assessed on the various aspects of PEPA including the program administrative processes, knowledge and learning, and professional support using a scale ranging from 1=Strongly Disagree to 6=Strongly Agree as shown in Table 1.

Table 1: Processes, Knowledge and Learning, Professional Support

	n	Mean	Standard Deviation	SD %	MD %	D %	A %	MA %	SA %
Processes*									
The aims and objectives of PEPA were clear to me									
Pre-placement	21	5.04	0.97	0	0	0	42.9	9.5	47.6
Post-placement	12	5.41	0.66	0	0	0	8.3	41.7	50
I was adequately prepared for my PEPA placement									
Pre-placement	21	4.76	0.99	0	0	4.8	47.6	14.3	33.3
Post-placement	12	5.08	0.90	0	0	0	33.3	25	41.7
Knowledge and learning*									
I have an understanding of the principles of palliative care									
Pre-placement	21	5.0	0.83	0	0	0	33.3	33.3	33.3
Post-placement	12	5.58	0.66	0	0	0	8.3	25	66.7
I can confidently identify the needs of people who have a life-limiting illness in my care									
Pre-placement	21	4.66	0.91	0	0	9.5	33.3	38.1	19.0
Post-placement	12	5.41	0.66	0	0	0	8.3	41.7	50
I can confidently identify interventions required by people who have a life-limiting illness in my care									
Pre-placement	21	4.38	0.86	0	0	14.3	42.9	33.3	9.5
Post-placement	12	5.25	0.62	0	0	0	8.3	58.3	33.3
I am confident when discussing end of life issues with people with a life-limiting illness and their families									
Pre-placement	21	4.38	1.07	0	4.8	9.5	47.6	19	19
Post-placement	12	5.16	0.71	0	0	0	16.7	50	33.3
I have the ability to implement the interventions required for people who have a life-limiting illness									
Pre-placement	21	4.47	0.98	0	0	14.3	42.9	23.8	19
Post-placement	12	5.16	0.71	0	0	0	16.7	50	33.3
I have the ability to assess the ongoing needs of people who have a life-limiting illness in my care									
Pre-placement	21	4.47	0.87	0	0	9.5	47.6	28.6	14.3
Post-placement	12	5.33	0.49	0	0	0	0	66.7	33.3
I feel unsure about caring for a person with a life-limiting illness									
Pre-placement	21	3.0	1.48	19	19	28.6	14.3	14.3	4.8
Post-placement	12	3.0	2.0	33.3	16.7	16.7	16.7	16.7	0
I understand the role of my discipline in supporting people who have a life-limiting illness									
Pre-placement	21	4.90	0.94	0	0	4.8	33.3	28.6	33.3
Post-placement	12	5.75	0.45	0	0	0	0	25	75
I can identify personal coping strategies to effectively manage personal issues associated with caring for people with a life-limiting disease									
Pre-placement	21	4.66	0.91	0	0	9.5	33.3	38.1	19
Post-placement	12	5.41	0.51	0	0	0	0	58.3	41.7

Professional Support*									
I consult with other disciplines in my local community who can assist in the care of people who have a life-limiting illness									
Pre-placement	21	4.23	1.44	4.8	4.8	23.8	19	23.8	23.8
Post-placement	12	5.41	0.66	0	0	0	8.3	41.7	50
I consult with other disciplines in my local community who can assist in the care of families of people who have a life-limiting illness									
Pre-placement	21	4.14	1.35	4.8	4.8	19	33.3	19	19
Post-placement	12	5.08	1.08	0	0	0	16.7	41.7	41.7
I am confident to contact a palliative care service to discuss the needs of people who have a life-limiting illness in my care									
Pre-placement	21	4.42	1.39	4.8	4.8	9.5	33.3	19	28.6
Post-placement	12	5.41	0.66	0	0	0	8.3	41.7	50

(*Scale 1= Strongly Disagree, 2=Moderately Disagree, 3=Disagree, 4=Agree, 5=Moderately Agree, 6=Strongly Agree)

After the placement, participants were asked to respond to open-ended questions about their perceptions of the placement and activities that had been undertaken as a result of their participation in PEPA. The responses were categorised into themes as shown in Table 2.

Table 2: Participants perception of the workshop

Item	No. of responses	Response
Describe the activity/activities you have undertaken in your workplace as part of your PEPA experience	2	Development of syringe size additive labels to fit Grasby syringe drivers.
	3	Educating other staff about evidence based care.
	1	Focused more time with relative of clients and their bereavement needs.
	4	In service education and resource development.
How have the activities you have implemented influenced the care of people with life-limiting illnesses in your workplace / organisation?	1	I have raised discussion about palliative care and advanced health care planning between staff and with families and friends of residents.
	2	I am more confident in my abilities to care for people with a life limiting illness.
	1	Provided support for families and staff by being able to provide information.
Give an example of how you have applied your PEPA experience back in your usual workplace	1	I am undertaking a post graduate course in cancer care due to PEPA.

Evaluation of PEPA participants' placement outcomes for GPs, Rural and Remote Medical Practitioners (January to June 2008)

Medical practitioners' completed a survey questionnaire before and three months after their clinical placement. A total of 4 placements were completed from January to June 2008 period. Medical practitioners self rating of their knowledge in the palliative approach to care was assessed using a scale ranging from 1=Strongly disagree to 6=Strongly agree as shown in Table 1.

Table 1: Knowledge in the palliative approach to care

	n	Mean	Standard Deviation	SD %	MD %	D %	A %	MA %	SA %
Processes									
The aims and objectives of PEPA are clear to me									
Pre-placement	3	4.66	0.57	0	0	0	33.3	66.7	0
Post-placement	3	4.66	0.57	0	0	0	33.3	66.7	0
I was adequately prepared for my PEPA placement									
Pre-placement	3	5.0	0	0	0	0	0	100	0
Post-placement	3	5.0	0	0	0	0	0	100	0
Knowledge and learning									
I have an understanding of the principles of the palliative approach to care									
Pre-placement	3	5.33	0.57	0	0	0	0	66.7	33.3
Post-placement	3	4.66	0.57	0	0	0	33.3	66.7	0
<i>I know who to refer to when a patient with a life-limiting illness:</i>									
• and family requires advice on (medical) enduring power of attorney									
Pre-placement	3	3.66	0.57	0	0	33.3	66.7	0	0
Post-placement	3	4.66	0.57	0	0	0	33.3	66.7	0
• wants to stay at home and they require practical support									
Pre-placement	3	5.0	1.0	0	0	0	33.3	33.3	33.3
Post-placement	3	5.33	0.57	0	0	0	0	66.7	33.3
• and family require counselling									
Pre-placement	3	4.66	0.57	0	0	0	33.3	66.7	0
Post-placement	3	5.33	0.57	0	0	0	0	66.7	33.3
• has a problem that I cannot manage myself									
Pre-placement	3	4.66	1.15	0	0	0	66.7	0	33.3
Post-placement	3	5.33	0.57	0	0	0	0	66.7	33.3
• identifies as an Aboriginal and Torres Strait Islander									
Pre-placement	3	4.0	1.0	0	0	33.3	33.3	33.3	0
Post-placement	3	5.66	0.57	0	0	0	0	33.3	66.7
• is from a culturally and linguistically diverse population									
Pre-placement	3	3.66	1.15	0	0	66.7	0	33.3	0
Post-placement	3	5.33	0.57	0	0	0	0	66.7	33.3
I feel unsure about caring for a person who is dying									
Pre-placement	3	2.33	0.57	0	66.7	33.3	0	0	0
Post-placement	3	4.0	2.64	33.3	33.3	0	0	0	33.3
I understand the role of medical practitioner in supporting people who have a life-limiting illness									
Pre-placement	3	4.0	2.64	33.3	0	0	0	33.3	33.3
Post-placement	3	5.66	0.57	0	0	0	0	33.3	66.7
I can identify personal coping strategies to effectively manage personal issues associated with caring for people who have a life-limiting illness									
Pre-placement	3	3.66	1.52	0	33.3	0	33.3	33.3	0
Post-placement	3	5.66	0.57	0	0	0	0	33.3	66.7

(Scale 1=Strongly disagree, 2=Moderately disagree, 3=Disagree, 4=Agree, 5=Moderately Agree, 6=Strongly Agree)

Medical practitioners were asked to rate their knowledge in palliative care on a scale ranging from 1=Limited knowledge to 10=Extensive knowledge as shown in Table 2:

Table 2: Knowledge in palliative care

Rating of knowledge in palliative care generally (1=Limited Knowledge to 10=Extensive Knowledge)													
	n	Mean	Standard Deviation	1 %	2 %	3 %	4 %	5 %	6 %	7 %	8 %	9 %	10 %
Pre-placement	3	7.0	0	0	0	0	0	0	0	100	0	0	0
Post-placement	3	8.33	0.57	0	0	0	0	0	0	0	66.7	33.3	0

Medical practitioners were asked to rate their degree of confidence on the various issues that they may encounter when caring for people with a life-limiting illness on a scale ranging from 1=Need further basic instruction to 4=Confident to perform independently as shown in Table 3.

Table 3: Degree of confidence

	n	Mean	Standard Deviation	1 %	2 %	3 %	4 %
Rate your degree of confidence							
Discussing the dying process with patients who have a life-limiting illness and their families							
Pre-placement	3	4.0	0	0	0	0	100
Post-placement	3	4.0	0	0	0	0	100
Supporting the patient and family member when they become upset							
Pre-placement	3	3.66	0.57	0	0	33.3	66.7
Post-placement	3	4.0	0	0	0	0	100
Informing patients and their caregivers about the support services available							
Pre-placement	3	3.0	1.0	0	33.3	33.3	33.3
Post-placement	3	4.0	0	0	0	0	100
Discussing different environmental options (Eg: hospital, home, nursing home, inpatient palliative care)							
Pre-placement	3	3.33	0.57	0	0	66.7	33.3
Post-placement	3	4.0	0	0	0	0	100
Discussing patient's wishes for after their death							
Pre-placement	3	3.66	0.57	0	0	33.3	66.7
Post-placement	3	4.0	0	0	0	0	100
Answering queries about the effects of certain medications							
Pre-placement	3	3.0	1.0	0	33.3	33.3	33.3
Post-placement	3	3.66	0.57	0	0	33.3	66.7
Managing pain for the patient with a life-limiting illness							
Pre-placement	3	2.66	0.57	0	33.3	0	66.7
Post-placement	3	3.66	0.57	0	0	33.3	66.7
Managing other symptoms the patient reports							
Pre-placement	3	2.66	0.57	0	33.3	0	66.7
Post-placement	3	3.66	0.57	0	0	33.3	66.7
Coping with limited patient decision-making capacity							
Pre-placement	3	3.0	1.0	0	33.3	33.3	33.3
Post-placement	3	3.66	0.57	0	0	33.3	66.7

(Scale 1=Need further basic instruction, 2=Confident to perform after extensive consultation, 3=Confident to perform with minimal consultation, 4=Confident to perform independently).

Medical practitioners were asked if they had enough professional support to look after people with a life-limiting illness on a scale ranging from 1=Strongly disagree to 6=Strongly agree as show in Table 4.

Table 4: Professional support

	n	Mean	Standard Deviation	SD %	MD %	D %	A %	MA %	SA %
Professional Support									
I consult/liaise with other disciplines in my local community who can assist in the care of people who have a life-limiting illness									
Pre-placement	3	3.66	1.52	0	33.3	0	33.3	33.3	0
Post-placement	3	6.0	0	0	0	0	0	0	100
I consult/liaise with other disciplines in my local community who can assist in the care of families who have a life-limiting illness									
Pre-placement	3	3.66	1.52	0	33.3	0	33.3	33.3	0
Post-placement	3	6.0	0	0	0	0	0	0	100
I have enough professional support when looking after a person who is dying									
Pre-placement	3	4.33	0.57	0	0	0	66.7	33.3	0
Post-placement	3	6.0	0	0	0	0	0	0	100
I am confident in contacting a palliative care service to discuss the needs of people who have a life-limiting illness in my care									
Pre-placement	3	4.0	1.73	0	33.3	0	0	66.7	0
Post-placement	3	6.0	0	0	0	0	0	0	100

(Scale 1=Strongly disagree, 2=Moderately disagree, 3=Disagree, 4=Agree, 5=Moderately Agree, 6=Strongly Agree)

Medical practitioners were asked to describe the various activities that they had undertaken in their workplace as part of their PEPA placement. Participants' responses are shown in Table 5.

Table 5: Activities

Item	Response
Describe the activity/activities you have undertaken in your workplace /practice as part of your PEPA placement?	<ul style="list-style-type: none"> Complied a resource pack, contact list and guide to online and other resources.
How have the activities you have implemented influenced the care of people with life-limiting illnesses in your workplace / practice?	<ul style="list-style-type: none"> Improved my practice and hopefully improved the practice of my colleagues.

Demographic information of the PEPA participants is shown in Table 6.

Table 6: Demographic information of the PEPA participants

PEPA participant discipline (n=3)	
General Practitioner	3
PEPA participant geographic location (n=3)	
Accessible	1
Highly Accessible	1
Moderately Accessible	1
Very Remote	0
PEPA participant sector (n=3)	
Community	3