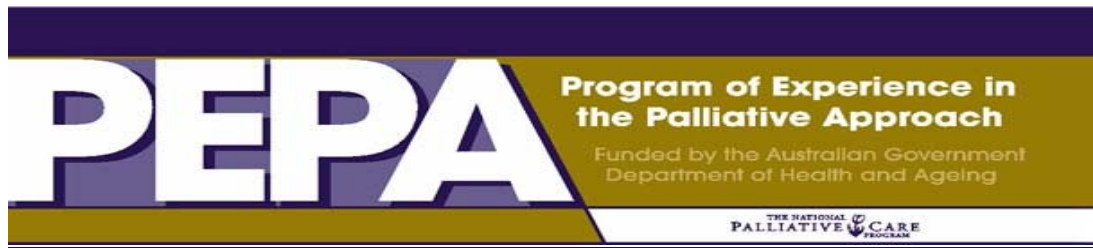




PEPA Report Queensland

January – June 2008



Queensland (QLD) (January-June 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 January to June 2008. To allow for full reporting of follow up evaluation data, this report includes evaluation data for:

- placements undertaken in the period from July - December 2007 (allows inclusion of 3 month post placement evaluation data)
- workshops undertaken in the period from January – June 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. Employers of participants and Managers of services who host participants are also surveyed 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 47 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=37	
General Practice	24
Rural/region hospital	4
Metropolitan hospital	2
Other	7

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

Table 2: Ethnic Group

Ethnic Group	
n=36	
Australian	21
New Zealander	3
European	3
Asian	8
American	1

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	37	3.10	0.61	0	13.5	62.2	24.3	0
Post-workshop	27	3.59	0.57	0	0	44.4	51.9	3.7

(*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	37	4.05	0.46	0	0	8.1	78.4	13.5
Post-workshop	28	4.28	0.46	0	0	0	71.4	28.6
Confidence*								
I feel unsure about caring for a person who is dying								
Pre-workshop	37	1.86	0.78	32.4	54.1	8.1	5.4	0
Post-workshop	31	1.96	0.91	29.0	54.8	9.7	3.2	3.2
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	37	3.67	1.22	8.1	13.5	5.4	48.6	24.3
Post-workshop	31	3.80	1.35	12.9	6.5	3.2	41.9	35.5

(*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	37	2.94	0.91	8.1	18.9	43.2	29.7
Post-workshop	31	3.25	0.81	6.5	3.2	48.4	41.9
Supporting the patient and family member when they become upset							
Pre-workshop	37	3.24	0.72	0	16.2	43.2	40.5
Post-workshop	31	3.48	0.56	0	3.2	45.2	51.6
Informing patients and their caregivers about the support services available							
Pre-workshop	37	2.72	0.83	5.4	35.1	40.5	18.9
Post-workshop	31	3.19	0.70	0	16.1	48.4	35.5
Answering queries about the effects of certain medications							
Pre-workshop	36	2.91	0.80	5.6	19.4	52.8	22.2
Post-workshop	31	3.22	0.56	0	6.5	64.5	29.0
Managing pain for the patient with a life limiting illness							
Pre-workshop	37	3.0	0.74	2.7	18.9	54.1	24.3
Post-workshop	31	3.25	0.63	0	9.7	54.8	35.5
Managing other symptoms the patient reports							
Pre-workshop	36	2.86	0.79	2.8	30.6	44.4	22.2
Post-workshop	31	3.16	0.58	0	9.7	64.5	25.8

(*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?	20	Broad range of topics covered.
	2	Good presenters.
	1	New strategies for treatment.
What did you not like about the workshop?	1	Do not like group work.
	1	Some topics were too vague.
	1	More practical clinical aspects required.
How could the PEPA workshop be improved?	1	Email the presentations.
	1	Longer time allotment for topics.
	1	More time for questions and give lecture handouts.
	1	Present more case studies.

EVALUATION OF PEPA INDIGENOUS WORKSHOP

Participants completed a survey questionnaire immediately before and after the workshop. Participants' self rating of their knowledge in palliative care was assessed using a scale ranging from 1=Very limited knowledge to 5=Very knowledgeable as shown in Table 1.

Table 1: Knowledge

	n	Mean	Standard Deviation	VLK %	SK %	MK %	GK %	VK %
What do you know about palliative care?								
Pre-workshop	20	2.35	1.26	25	45	10	10	10
Post-workshop	20	4.05	0.99	5	0	15	45	35

(Scale: 1=Very limited knowledge, 2=Some knowledge, 3=Moderate knowledge, 4=Good knowledge, 5=Very knowledgeable)

Participants were asked if they were comfortable in taking care of patients with a life-limiting illness using a scale from 1=Very uncomfortable to 5=Very comfortable as shown in Table 2.

Table 2: Role in caring patients

	n	Mean	Standard Deviation	VU %	U %	MC %	C %	VC %
How comfortable are you with your role in caring for patients with a life-limiting illness?								
Pre-workshop	19	3.31	1.00	5.3	15.8	47.4	26.3	5.3

(Scale: 1=Very uncomfortable, 2=Uncomfortable, 3=Moderately comfortable, 4=Comfortable, 5=Very comfortable)

Participants were asked after the workshop if they can recognise pain when taking care of patients with a life-limiting illness as shown in Table 3.

Table 3: Pain

Able to recognise pain	
n=10	
Yes	7
No	3

Participants were asked after the workshop the symptoms/signs that they think are important that indicates that a patient is in pain. Participants' responses are shown in Table 4.

Table 4: Signs and symptoms of pain

Symptoms/Signs that a patient is in pain	
n=20	
Body language	7
Patient in distress/asking for more pain medications	4
Moans and groans, facial expressions	4
Changes in skin colour	2
Sweat, pale	3

Participants were asked after the PEPA workshop to indicate if the workshop had met their expectations. Participants' responses are shown in Table 5.

Table 5: Workshop expectations

Workshop expectations	
n=20	
Gained more knowledge	10
Increased knowledge in relation to palliative care procedures	3
Helpful insight on what patients go through when they are in pain	4
Good to see how palliative care operates	2
How to practice as a evidence base practitioner	1

Evaluation of PEPA Participants' Clinical Placement for Nurses and Allied Health Professionals in QLD (July – December 2007)

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 July to December 2007 reporting period for QLD. A total of 14 placements were completed from July –December 2007 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	12	4.66	0.88	0	0	0	58.3	16.7	25.0
Post-placement	13	5.07	0.95	0	0	0	38.5	15.4	46.2
I was adequately prepared for my PEPA placement									
Pre-placement	12	4.33	0.98	0	8.3	50	0	33.3	8.3
Post-placement	13	5.07	0.95	0	0	0	38.5	15.4	46.2
Knowledge and learning*									
I have an understanding of the principles of palliative care									
Pre-placement	12	4.50	0.67	0	0	0	58.3	33.3	8.3
Post-placement	13	5.38	0.87	0	0	0	23.1	15.4	61.5
I can confidently identify the needs of people who have a life-limiting illness in my care									
Pre-placement	11	4.09	0.53	0	0	9.1	72.7	18.2	0
Post-placement	13	5.23	0.83	0	0	0	23.1	30.8	46.2
I can confidently identify interventions required by people who have a life-limiting illness in my care									
Pre-placement	11	3.63	0.92	0	9.1	36.4	36.4	18.2	0
Post-placement	13	5.07	0.75	0	0	0	23.1	46.2	30.8
I am confident when discussing end of life issues with people with a life-limiting illness and their families									
Pre-placement	12	3.33	0.88	0	16.7	41.7	33.3	8.3	0
Post-placement	13	4.84	0.68	0	0	0	30.8	53.8	15.4
I have the ability to implement the interventions required for people who have a life-limiting illness									
Pre-placement	12	3.83	0.71	0	0	33.3	50	16.7	0
Post-placement	13	4.69	0.75	0	0	7.7	23.1	61.5	7.7
I have the ability to assess the ongoing needs of people who have a life-limiting illness in my care									
Pre-placement	12	4.0	0.42	0	0	8.3	83.3	8.3	0
Post-placement	13	5.07	0.86	0	0	0	30.8	30.8	38.5
I feel unsure about caring for a person with a life-limiting illness									
Pre-placement	12	3.50	1.16	8.3	8.3	25	41.7	16.7	0
Post-placement	13	2.61	1.50	30.8	15.4	30.8	15.4	0	7.7
I understand the role of my discipline in supporting people who have a life-limiting illness									
Pre-placement	12	4.0	0.60	0	0	16.7	66.7	16.7	0
Post-placement	13	5.30	0.94	0	0	0	30.8	7.7	61.5
I can identify personal coping strategies to effectively manage personal issues associated with caring for people with a life-limiting disease									

Pre-placement	12	3.58	0.79	0	16.7	8.3	75	0	0
Post-placement	13	4.84	0.80	0	0	0	38.5	38.5	23.1
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	12	4.08	0.79	0	0	16.7	66.7	8.3	8.3
Post-placement	13	4.92	0.95	0	0	0	46.2	15.4	38.5
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	12	3.75	0.62	0	0	33.3	58.3	8.3	0
Post-placement	13	4.92	1.03	0	0	7	30.8	23.1	38.5
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	12	4.25	0.96	0	0	16.7	58.3	8.3	16.7
Post-placement	13	5.23	0.92	0	0	0	30.8	15.4	53.8

(*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	1	Development of a resource folder with referral details, palliative guidelines and service availability.
	1	We have made individual client posters with photos for dementia and palliative care patients so that we will help them in better communication.
	1	Change of organisational policy and we are now using slide sheets for lifting and moving.
	1	I did an in-service education, equipment demonstration and Grasby pump use.
How have the activities you have implemented influenced the care of people with life-limiting illnesses in your workplace / organisation?	1	Due to PEPA I focus on the patient and not on their illness. I use a holistic approach to care.
	1	Due to change in policies our patients are having better health outcomes especially in relation to better pain management.
	1	I was able to give a lot of support, comfort and guidance to a person whose wife passed away due to terminal illness. PEPA taught me the necessary skills to do so.
Give an example of how you have applied your PEPA experience back in your usual workplace	1	I have assisted staff in relation to the various aspects of clinical and educational needs.
	1	Information that I obtained on my placement enabled me to discuss with confidence, the treatment/management of pain for a resident.