



PAEDIATRIC LOSS AND GRIEF TRAINING PROJECT

Evaluation Report

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QUEENSLAND HEALTH CENTRAL ZONE



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EXECUTIVE SUMMARY

Queensland Health Central Zone Management Unit (QHCZMU) has identified the clinical support, training, education, and performance improvement for health professionals supporting children with life-limiting illness and their families as a strategic priority. To this end a three-day palliative care training workshop focusing on paediatric loss, grief and bereavement was developed collaboratively by the Loss and Grief Unit of the University of Queensland, and the Centre for Palliative Care Research and Education [CPCRE], in consultation with key stakeholders.

Held in Bundaberg, Queensland, 31 health, education, disability and pastoral care professionals attended the workshop. The overall aim of the workshop was to increase the knowledge and skills of professionals working with children with life-limiting illness and their families specifically in the area of paediatric loss and grief. Participants were administered pre- and post-workshop surveys to assess their awareness, knowledge and perceived skills in this area.

With response rates of 97% and 71% respectively, the pre- and post-workshop surveys demonstrated an increase in self-reported levels of knowledge and skill in the field of paediatric loss and grief. Descriptions derived from open-ended questions suggested a pre-existing awareness of loss and grief issues, with some suggestion that this awareness had been strengthened following the training.

The use of an intensive training workshop has been successful in this instance, and arguably could be replicated elsewhere in the State of Queensland with appropriate resourcing. The subject matter has appeal and relevance across sectors of health, education, disability and pastoral care, and it may be appropriate to consider intersectoral support for further programs. Given the resource constraints however, it may be beneficial to consider how alternative delivery modes may be utilised – such as web-based on-line learning, CD-ROM, videoconferencing, or a combination of these with workshops.

RECOMMENDATIONS

It is recommended that Queensland Health:

1. Disseminate the educational resource being developed as a complementary activity of this workshop, across government and non-government sectors including health, education, and disability. Palliative care services providers are particularly noted as a key target;
2. Encourage a whole of government approach to planning and resourcing of any future education and training in paediatric loss and grief, by involving the health, education, disability, and pastoral care sectors; and,
3. Investigate flexible modes of delivery for the education resource being developed to enhance the accessibility of this educational program (eg: on-line learning, CD-ROM, videoconferencing or combinations of these with workshops). CPCRE to promote access to the education resource by making it available on their website at www.cpcrc.com.

INTRODUCTION

In 2003, a three-day Paediatric Loss and Grief training workshop was held in Bundaberg, Queensland, for professionals involved in the support of children with life-limiting illness and their families. This was an initiative of Queensland Health Central Zone Management Unit, who contracted the Centre for Palliative Care Research and Education [CPCRE] to manage the project. CPCRE subsequently brokered the involvement of the Loss and Grief Unit in the University of Queensland to conduct the workshop, under the leadership of Dr Judith Murray.

Dr Murray developed an innovative program with the assistance of Ms Liz Crowe, Social Worker at the Royal Children's Hospital. The workshop was scheduled for August 2003 and marketed to health, education, disability, and pastoral care sectors within Queensland Health Central Zone. Numbers were restricted to 40 to enable the facilitation of small group work. The workshop was fully subscribed, although eight registrants were unable to participate.

Participants were administered pre- and post-workshop surveys to evaluate their awareness, knowledge and perceived skills in loss, grief and bereavement in the context of care for children with life-limiting illness and their families. This report details findings from this evaluation.

BACKGROUND

In 1999, Ms Crowe was seconded by Queensland Health to undertake an extensive needs analysis looking into the requirements of families with children suffering from non-malignant, life-limiting illnesses. The *Statewide Paediatric Palliative Care Education and Community Awareness Project* funded specifically by the Statewide Non-government Health Services Unit, was completed in July 2000. Amongst the project report's recommendations, education and training for health care professionals was highlighted, particularly in regard to working with children with life-limiting conditions in the area of loss, grief and bereavement.

In early 2001, the Queensland Health Central Zone Management Unit (QHCZMU) developed a palliative care service model to improve palliative care service provision and strategic allocation of resource enhancements across the Central Zone. The model was the result of a consultative process with a palliative care reference group, comprised of a number of palliative care representatives from across the Zone.

Two specific areas highlighted in the subsequent *Central Zone Management Service Development Plan 2001-2004* included clinical support, training, education and performance improvement for health professionals along with a review of paediatric palliative care services throughout the Zone.

In response, the QHCZMU allocated funds to CPCRE to facilitate project management. The CPCRE's responsibilities were to:

- ◆ identify and outsource appropriate professional personnel to:
 1. conduct a training workshop for health and other relevant professionals practising in the Central Zone, specifically on the topic of grief and loss in paediatric palliative care;
 2. develop of a sustainable education resource for use throughout the Central Zone and the State; and,
- ◆ conduct an evaluation of the training workshop, to inform the development of the education resource.

The results of a national review into paediatric palliative care services, undertaken 2002-3 as part of the Australian Government's National Palliative Care Strategy, have not been published at the time of undertaking this project. Consequently, recommendations originally outlined by Liz Crowe in *Statewide Paediatric Palliative Care Education and Community Awareness Project* were utilised by Central Zone in the development of this project.

PROJECT AIMS

Following discussion with representatives from Queensland Health Central Zone Management Unit, two key project aims were developed:

1. To address the education and training needs of those professionals in Central Zone working with children with life-limiting disease and their families, specifically in the area of loss, grief and bereavement; and,
2. To develop an educational resource and guidelines, utilising the data from evaluation of the training workshop.

OBJECTIVES

Six training objectives were identified by the University of Queensland Loss and Grief Unit, stating that at the end of this training, participants should be able to:

- ◆ Be conversant with the experiences of families in Queensland (QLD) affected by life-limiting illness in children;
- ◆ Identify the issues of loss that affect the various groups of people affected by life-limiting illness including the children, their families and staff;
- ◆ Be conversant with respect to underlying principles of loss as they relate to life-limiting illness;
- ◆ Apply the principles of loss to determine possible means of providing meaningful care to affected families;
- ◆ Utilise some specific skills that may assist in the care of children faced with life-limiting illness and their families; and,
- ◆ Explore the issues of workplace stress, including values, beliefs and emotions related to dealing with children and families facing multiple loss/bereavement.

PROGRAM

To achieve these objectives, a workshop program was developed covering the following topics:

- ✦ Findings from the Queensland Health Paediatric Palliative Care Project;
- ✦ The realities for families;
- ✦ Bereavement, loss and chronic sorrow;
- ✦ Child development and grief and loss;
- ✦ The stakeholders' perspectives – emotional/spiritual costs of this area;
- ✦ Practical skills and creative ways of working with children; and,
- ✦ Planning for the future in Central Queensland in this area of care of families facing life-limiting conditions.

As a follow up to this project, an educational resource is currently being developed. This resource will be used as an adjunct to paediatric loss and grief training, and will contain information to assist professionals in their understanding of grief and loss issues for families of children with life-limiting illness. It will incorporate real case studies as well as practical information about support. As the resource is still under development, this report describes the outcomes of the evaluation of the workshop program only.

EVALUATION METHODOLOGY

Data Collection

Registrants were administered pre- and post-workshop surveys which aimed to assess knowledge and skills in the area of working with children who are living with life-limiting illness and their families. The survey comprised the following sections:

- ✦ Demographic data;
- ✦ Degree of knowledge of loss and grief concepts;
- ✦ Perceived emotional benefits and costs for professionals;
- ✦ Psychosocial demands on families;
- ✦ Descriptions of, and limitations to, "working to potential" by professionals;
- ✦ Workshop evaluation including program structure and content, facilitation, venue/catering;
- ✦ Putting learning into practice; and,
- ✦ Further comments.

Surveys comprised fixed response questions using four- or five-point Likert scales, and open-ended questions to obtain descriptive data. Opportunity to make general comments was included.

Pre-workshop surveys were administered at the beginning of the workshop, whilst the post-workshop surveys were administered at the conclusion of the workshop.

Data Analysis

Quantitative data were collated, and descriptive statistics calculated to obtain frequencies, mean responses and standard deviations for each item. Qualitative data were examined to identify common themes. Data categories emerging during this process were identified and grouped into core themes.

FINDINGS

Response Rates

A total of 31 people attended all or some of the workshop. Of these, 97% returned the pre-workshop survey, whilst 74% returned the post-workshop survey. The lower post-workshop survey response was related in part to several of the participants being required to return to their workplaces before the end of the three-day workshop. To enable a more accurate comparison of the impact of participation in the workshop, pre and post workshop data reported in the following section refers only to respondents who completed both pre- and post-workshop surveys.

Demographic Data

Respondents represented a broad cross-section of professions, particularly health, education, families, and pastoral care. The group was 82% female, mostly above the age of 35, with no nominated representatives of indigenous or NESB origins.

Table 1: Demographic Profile of Participants

<i>Occupation:</i> Of the 31 survey respondents, only ten identified their occupations. This does not capture the interdisciplinary and intersectoral range of registrants:					
Social Worker = 3	Registered Nurse = 2	Psychologist = 1			
Chaplain = 1	Students = 1	Genetic Counsellor = 1			
Teacher Aide = 1					
<i>Place of employment:</i> Similarly, only 24 respondents identified their place of employment:					
Health = 9	Education = 4	Families = 3	Pastoral Care = 3	Other = 5	
<i>Gender:</i> 24 females, 6 male, 1 not answered.					
<i>Age Groups:</i>					
Under 25 = 1	26-35 = 4	36-45 = 9	46-55 = 7	Over 55 = 9	N/A = 1
<i>Ethnicity:</i> None of the 28 respondents of this question identified themselves as Aboriginal, Torres Strait Islander, South Sea Islander, or Non-English Speaking Background.					

Loss and Grief Issues

In this evaluation, a positive shift in mean scores between pre- and post-workshop surveys was evident in all items assessing self reported knowledge and skills, with an average increase of 1.3 on a five-point Likert scale. Similarly, open-ended questions yielded evidence of a high level of understanding of the issues integral to this work. Substantial increases were particularly noted in perceived knowledge levels of loss and grief issues regarding:

- ◆ Underlying principles of loss and grief;
- ◆ The integration of loss;
- ◆ Three basic steps in caring for families;
- ◆ The use of safety in care;
- ◆ Specific skills used to assist in care; and,
- ◆ Strategies for dealing with stress.

Respondents were asked to rate their level of understanding of loss and grief issues on a five-point Likert scale with the following anchors:

None = 1; Very Little = 2; Some = 3; Considerable = 4; In-depth = 5.
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Table 2 shows the number of respondents for each question for both pre- and post-workshop surveys, together with the mean scores and standard deviations in parentheses.

Table 2: Mean Ratings of self-report of knowledge regarding Paediatric Loss and Grief Issues (scores calculated only on surveys where pre and post were completed)

Loss Concepts	n=	Pre Mean [SD]	n=	Post Mean [SD]
The 'symptoms' of grief	22	3.3 [0.71]	21	3.9 [0.38]
Theories / Models of grieving	22	2.9 [0.78]	22	3.6 [0.49]
Chronic sorrow	22	2.6 [0.90]	22	3.8 [0.56]
Risk factors associated with grieving among the families facing life-limiting illness among their children	22	2.7 [0.70]	21	3.7 [0.62]
Assumptive world theory as it relates to loss	22	2.0 [0.92]	22	3.4 [0.50]
The three basic steps in caring for families facing life-limiting illness among their children	22	2.2 [0.75]	22	3.6 [0.56]
The use of 'safety' in the care of families facing life-limiting illness among their children	22	2.1 [0.83]	22	3.7 [0.65]
The integration of loss	22	2.3 [0.90]	22	3.8 [0.61]
The link between understanding of grieving and intervening (enabling)	22	2.5 [0.85]	22	3.7 [0.55]
Levels of care	22	2.5 [0.81]	22	3.5 [0.60]
Renegotiation of the self in the face of illness	22	2.5 [0.96]	22	3.6 [0.66]
Differences in adults and children's understandings of loss	22	2.6 [0.78]	22	4.0 [0.49]
The underlying principles of loss as they relate to the experience of children with life limiting conditions and their families compared to those with cancer and malignancies.	22	2.0 [0.75]	22	4.0 [0.54]
Issues of loss (physical, emotional, social, and spiritual), that affect those people touched by life limiting conditions (including children, their families and other staff members).	22	2.8 [0.66]	22	3.7 [0.65]
Specific skills that can be used to assist in the care of children faced with life limiting conditions and their families.	22	2.2 [0.92]	22	3.8 [0.53]
Access to appropriate resources to assist me to respond to loss experiences of families impacted by life-limiting conditions.	22	2.3 [0.89]	22	3.5 [0.67]
Strategies used to deal with the stress of working with children and families facing multiple loss/bereavement.	22	2.2 [0.82]	22	3.8 [0.53]

Open-ended questions

Workshop participants were also asked a number of open-ended questions regarding their understanding of loss and grief concepts. Each question is reproduced in the following section, with a summary of emergent themes supported by direct quotes from the participants' responses.

"I consider the emotional benefits of working with children who are living with life limiting illness and their families to be:"

Three key themes emerged from these data. Firstly, respondents described in both pre- and post-workshop surveys a benefit relating to the opportunity to experience personal enrichment from a reassessment of their inner values. This respondent stated:

"...a life-changing experience through the challenge of having to reassess values. It brings everyday things into their right perspective. Things that were once considered important become redundant."

This respondent saw that the emotional benefits to her could also have a positive effect on the families she supports:

"...insight into my own emotional health. Perhaps a new perspective which will strengthen both the families and myself."

Secondly, in both surveys respondents described a benefit in being able to share in a profoundly personal family experience, using words such as *'privilege'* and *'honour'*.

Thirdly, there was a marked increase in the post-workshop surveys in the frequency of comments around notions of helping. Respondents described the emotional benefits as *'satisfaction'* and *'reward'*. This respondent, who had not mentioned this concept in the pre-workshop survey, stated:

"I feel a sense of being able to make a positive contribution, feel good, feel positive about that."

"I consider the emotional costs of working with children who are living with life limiting illness and their families to be:"

Four key themes emerged from these data. Firstly, *'stress'* and *'burnout'* were concepts consistently used across both surveys. One respondent was able to pinpoint, prior to the workshop a particular characteristic of this work that contributes to this stress:

"It is emotionally draining and you are not always able to see the results of your work."

Indeed, another respondent reiterated this in the post-workshop survey:

"Feelings of helplessness and hopelessness. Realising you can't always make a difference."

Secondly, feelings of *'sadness'* and *'despair'* were described as emotional costs, and related closely to the first theme.

Thirdly, some mention was made in the post-workshop surveys that this work could have a negative impact on the professionals' families.

Interestingly, another theme that was not mentioned at all in the pre-workshop surveys emerged frequently in the post-workshop surveys – that of *'strategies'*.

Whilst not conceptually considered an emotional cost, respondents consistently described actions they have formulated in the course of the workshop to address the emotional costs of this work. For example, this respondent stated:

"I have new strategies to care for myself and a better understanding of the role I play as a health professional."

"I consider some of the psychosocial demands on families living with life limiting conditions would include:"

Responses to this question yielded three key themes. Firstly, respondents identified that caring for a child with life-limited disease was underpinned by issues of loss and grief. This may find its expression in emotional hardship, with feelings of guilt and sorrow. *'Guilt'* was a word seen frequently in the post-workshop survey data. Alternatively, respondents frequently and consistently described the impact on families' day to day functioning; in particular, *'financial burden'* and *'keeping the family together'*.

Secondly, respondents frequently identified *'social isolation'* in both surveys as a key psychosocial demand on families. One respondent showed the breadth of this impact by stating that the families' adjustment to their loss impacted:

"...on parents' time for one another, other children, friends, social activities, hobbies, and leisure pursuits, education."

Paradoxically, whilst social isolation was identified as a common experience, respondents also reported on the demands sometimes placed on families to go on as normal despite their predicament.

Lastly, the impact of this situation on parents' health was identified as a significant demand on families. Specifically, problems such as *'fatigue'*, *'lack of sleep'*, and *'a deterioration in health'* were mentioned.

"I am/could be working to my potential in supporting children with a life limiting illness and their families when:"

Three key themes emerged from responses to this question. Firstly, respondents identified in both surveys, *'knowledge'* as a key indicator of fulfilled potential.

Secondly, descriptions of *'empowering'* and *'enabling'* were evident in both surveys as another measure of optimal potential. This respondent described how her skill could be validated:

"The family tell me that I have really helped them in whatever that may be."

Thirdly, more frequently in the post-workshop survey, respondents described fulfilment of their potential in quite individualised and concrete terms. For example, this respondent portrayed a scenario which would demonstrate her potential in supporting children:

"...a child lets me sit near at crisis times during their life journey."

Similarly, there were mentions made of being clear about the individual family's need at any given time, demonstrated in this comment:

"Identify where they are and how to assist them attend to their needs..."

“I am limited from working to my potential when supporting children with a life limiting illness and their families due to:”

Three themes emerged from these data. Firstly, *‘time constraints’* was the answer frequently identified by respondents in both pre- and post-workshop surveys. Some respondents also identified specific organisational issues affecting time management, for example:

“Other demands on my role. Ratio of students 1600:1. Departmental paperwork and legal requirements to keep files up to date.”

Secondly, respondents cited *‘lack of knowledge’* in the pre-workshop survey but less frequently in the post-workshop survey.

Lastly, *‘personal issues’* were described as a limitation to working to potential in this group. Respondents referred to their own experiences of loss, and the age of their own children/grandchildren. These responses were more frequently seen in the pre-workshop survey rather than the post-workshop survey.

Additional Evaluation Data: Post Workshop

Respondents were asked to rate various aspects of the workshop content and delivery using a four-point Lickert scale ranging from: Strongly Disagree = 1; Disagree = 2; Agree = 3; Strongly Agree = 4. Table 3 presents a summary of mean scores for each question. Qualitative data (unsolicited) is noted in italics.

Table 3: Rating of Workshop Content and Delivery

TRAINING & ORGANISATIONAL SUPPORT		
	n=	Mean [SD]
1. The venue was suitable for the workshop	23	3.9 [0.34]
2. The catering was suitable	23	3.9 [0.29]
<i>Comments:</i>		
<ul style="list-style-type: none"> • <i>Excellent.</i> • <i>Fantastic.</i> 		
3. The equipment was appropriate for the workshop	21	3.5 [0.51]
<i>Comments:</i>		
<ul style="list-style-type: none"> • <i>PowerPoint would be good.</i> • <i>PowerPoint would be great.</i> • <i>Needed PowerPoint.</i> • <i>Computer projector?</i> 		
4. Adequate workshop information was provided	22	3.9 [0.29]

WORKSHOP PLANNING, STRUCTURE, CONTENT, OUTCOMES & EXPECTATIONS		
5. I found the workshop relevant/useful in relation to my work	21	3.7 [0.48]
<i>Comments:</i>		
• <i>I am not working with children (respondent did not score Q5).</i>		
6. The workshop helped me look at the subject afresh	22	3.9 [0.29]
7. The workshop helped me feel more confident in dealing with the subject	22	3.9 [0.29]
8. There was new information presented that built on my existing knowledge	22	3.9 [0.29]
<i>Comments:</i>		
• <i>Info seen in greater clarity.</i>		
LEARNING MATERIALS		
9. Learning materials were of a high quality	22	3.9 [0.29]
10. Learning materials were appropriate for the content	22	3.9 [0.35]
11. Learning materials expanded my knowledge	22	3.9 [0.21]
FACILITATION		
12. The facilitators related learning experiences to my workplace	21	3.6 [0.51]
<i>Comments:</i>		
• <i>I work with the elderly. Subject could be used in this area (respondent did not score Q12).</i>		
13. The facilitators created a supportive learning environment	22	3.9 [0.29]
14. The facilitators controlled the communication flow effectively	22	3.9 [0.21]
CHILDREN AND FAMILIES WITH LIFE LIMITING CONDITIONS		
15. The workshop has given me ideas of how to care for children and their families	21	3.7 [0.56]
16. I now have a better understanding of children and families faced with life limiting conditions	22	3.8 [0.53]
17. The workshop has increased my confidence in caring for children and families faced with life limiting conditions	22	3.6 [0.58]
18. I have learnt some things about myself during the workshop	22	3.6 [0.59]

Mean scores were high for each item, ranging from 3.5 to 3.9 on a four-point Likert scale.

In addition, qualitative data was obtained from open-ended questions to assess a range of other learning outcomes including participants' perceptions of the impact of the program on practice, under the following subheadings:

◆ **TAKING IT INTO PRACTICE**

“For me the most useful session of the workshop was:”

The session that reported on the *Statewide Paediatric Palliative Care Education and Community Awareness Project* was most frequently noted to be the most useful. It is important to note that this report provided the framework for this session. The session on *Chronic Sorrow* was mentioned frequently also. Notably, a significant number of respondents indicated ‘all’ as ‘useful’ or ‘helpful’.

“As a result of the workshop, are there things that you believe that you may be able to do in your individual practice or within your organisation?”

Yes = 18	No = 0	Not answered = 5
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“If so, what are these things you can do?”

Eight respondents indicated they would provide some form of *inservice for staff* or *information sharing session* in their workplace. An equal number of respondents identified an *increased awareness* of loss and grief issues in their individual practice.

“If not, why do you not think that you will do things within your practice?”

The *constraints of time* were again mentioned here.

◆ **FURTHER COMMENTS**

“Suggested workshop improvements (for this workshop)”

A small number of respondents replied to this question and answers were not homogenous. One respondent felt the need for a ‘*debriefing*’ after a session she found particularly harrowing. Another suggested the workshop be scheduled for a longer period each day for three days, and shorten the length of the overall workshop.

“Other Comments that you may like to make:”

Overwhelmingly, respondents to this question expressed their thanks to the presenters for the workshop. Notably, two respondents evaluated the workshop relative to others they’d attended:

“I can honestly say that this is one of the best/most relevant [workshops]...”

and

“This has been one of the most enjoyable and effective workshops that I have participated in, in years.”

DISCUSSION

The Paediatric Loss and Grief training workshop has endeavoured to increase the knowledge and skills of professionals working with children with life-limiting illness and their families. This evaluation focused on participants' self-reports of the benefits of the program. The findings demonstrate an overall increase in self-reported levels of knowledge and skills in this area. Qualitative descriptions suggest a pre-existing awareness of loss and grief issues, with some suggestion of greater awareness of these issues following the training.

At the end of the workshop, respondents reported they were more conversant with the experiences of families in Queensland affected by life-limiting illness, as described in the session which explored the outcomes of the *Statewide Paediatric Palliative Care Education and Community Awareness Project*. Indeed, this was nominated as the most effective session in the entire workshop.

Self reported understanding of issues of loss affecting children, families and others was similarly increased through the workshop. Respondents showed an increased alertness to the experiences of families affected by life-limiting illness, including its broad social impact. Issues of financial burden, threats to family unity, and practical issues such as lack of sleep, were acknowledged.

Exploration of the underlying principles of loss relating to life-limiting illness was one component where a substantial increase in pre- and post-workshop ratings of knowledge was evident. Similarly, respondents showed a significant increase in their perceived knowledge of specific strategies and skills in working with children with life-limiting illness and their families.

Respondents also identified working with children to be enormously emotionally beneficial to them despite the substantial emotional costs and potential for workplace stress. Notably, in the post-workshop evaluations respondents did not limit their answers to descriptions of emotional costs, but included specific strategies for their management of the stressors inherent in their work with children with life-limiting conditions and their families. Respondents saw themselves as working to their potential when their knowledge, and enabling ability for their clients, were optimised. These concepts were described frequently in concrete, rather than abstract, terms.

Most respondents agreed that there were activities they would undertake in their workplaces as a result of the workshop, primarily inservice education for colleagues, or some form of information sharing.

Whilst this workshop was located in Bundaberg, a number of participants travelled from as far south as Brisbane, and north from Rockhampton, and Mackay which is located in Queensland Health Northern Zone. It is also worthy of note that not all registrants were able to attend as planned, and that amongst participants, several were unable to stay for the entire workshop due to work commitments.

Overwhelmingly, the workshop structure and content was viewed as relevant, useful, refreshing, and of a high standard. The value of this mode of intensive training in paediatric loss and grief has been demonstrated in this instance. Clearly, the subject matter has appeal and relevance across sectors of health, education, pastoral care, and disability, and it may be appropriate to consider intersectoral involvement in future programs.

This evaluation data will be utilised by Liz Crowe in the development of a Paediatric Loss and Grief education resource, which will be available in early 2004. Given the geographical size of Central Zone, it may be beneficial to consider what delivery modes could be utilised in future loss and grief training. Using the education resource as an adjunct to this training, modes such as web-based on-line learning, CD-ROM, videoconferencing, or a combination of all of these, could be considered. However, in light of the sensitive and sometimes confronting nature of the subject matter, the face to face delivery utilised in this workshop may be the most appropriate teaching method.

It is hoped that the education resource will complement Central Zone's attempt to address this area of professional development as identified in their palliative care strategic plan. The CPCRE is well placed to assist in promoting this educational resource through its website and its quarterly newsletter.

CONCLUSION

In assisting the professionals involved in the support of children with life-limiting illness and their families, the Paediatric Loss and Grief Training project appears to have successfully achieved its aims. The six key objectives were addressed in the program structure and content, and evaluated by participants as being effective in increasing their awareness, knowledge and skills in supporting children with life-limiting illness and their families.

Acknowledgment is made of the contributions of Wendy Bowman (Queensland Health Central Zone Management Unit), Dr Judith Murray and Rebecca Farley (Loss and Grief Unit, University of Queensland), Liz Crowe (Royal Children's Hospital), the Yangulla Rural Training Unit - Rockhampton (Queensland Health Central Zone), and Associate Professor Patsy Yates (CPCRE).