



Education Strategy

Aim : “to improve access to quality coordinated palliative care services for people in the North West region of Tasmania”

1. Components of the Education Strategy.

This education strategy is a living document which will be added to throughout the life of the project.

a). Ongoing provision of post graduate multidisciplinary primary palliative care education and educational resources.

a) The provision of the current the Palliative Care Therapeutic Guidelines Text to all GPs and health care providers in the North West Region. b) The Provision of CPD/CME based education to all GPs and health care providers. c) The development of a survey to identify specific educational needs (See page 5).

b). Pilot Site Implementation.

a) The fostering of key leader GPs with special knowledge and skills in primary palliative care provision.

How will we achieve this?

1. Have groups of GPs and primary health providers meeting on a regularly basis at a time most convenient to them as a support network in specific regional areas.
2. Ongoing meetings, mentoring and support with the Palliative Care Services’ Medical Specialists.
3. Regular case study presentations and analysis with subsequent discussions.
4. Development of Clinical guidelines and protocols.
5. Education to be provided by the two Medical Specialists employed by the Palliative Care Service.

c). Provision of primary palliative care provision to undergraduate Nursing, Pharmacy and Medicine Students.

o Ongoing liaison with the University of Tasmania's Rural Clinical School Education Advisor and Senior Lecturer.

2. Education to be facilitated by:

Dr R Brogan: Palliative Care Medical Specialist. Dr D Saner: Part-time Palliative Care GP Specialist and Rural Clinical School Lecturer.

An Invitation to keynote speakers will occur in accordance with specific educational needs. Examples of these include:

-Oncologists. -Respiratory Physicians "To prescribe or not to prescribe – the oxygen

dilemma". -Radiation therapists. -Psychiatrists. -Pharmacists. -Interstate Palliative Care Physicians. -Interstate Oncologists.

3. Potential Education Topics

1. The Palliative Approach to Non-Malignant Disease and Organ Failure.

Disease processes may include Chronic Renal Failure, Respiratory Disease, Cardiac Myopathy, Dementia, CCF, Liver Failure, MND and MS

2. Pain Management and Symptom Management (Includes complex pain) - Malignant, Neuropathic, Noiceptive, Inflammatory. -Basic physiology/pathways (including definition of pain). -Pharmacology (Emphasis on non opioid responsive pain). -Non-Pharmacological Approaches. -Psychosocial related pain (Brief covered in full as a topic).

- Common pains i.e. tenesmas, strangulation of bladder and bowel.

It may be appropriate for pharmacists to be education sessions outlining current pharmacological management in primary palliative care.

4. Symptom Control.

- a. Dyspnoea.
- b. Ascites
- c. Dyspepsia,

- d. Respiratory Distress.
- e. Impaired Appetite.
- f. Nausea and Vomiting
- g. Bowel Management.
- h. Oedema.
- i. Demoralization.
- j. Delirium.
- k. Cachexia
- l. Squashed stomach syndrome.
- m. Dry mouth
- n. Oral candidiasis
- o. Dysphagia
- p. Hiccoughs
- q. Cough
- r. DVTs
- s. Pathological fracture
- t. Lymphoedema
- u. Pruritus
- v. Dry skin
- w. Pressure Area Care.
- x. PE's (post chemotherapy and bed rest).

These topics will be grouped into systems such as respiratory, urogenital,

gastrointestinal, neurological, psychological, and musculoskeletal.

1. The Palliative Approach including communication skills and family issues.
2. 1. Demonstrate an understanding of the WHO definition of palliative care and the philosophy of primary palliative care.
 - A holistic approach.
 - The family and patient as the unit of care.
 - A palliative care system as opposed to a palliative care service.
 - Primary Health Care Approach.
 - Accessing non-PBS medications.
 - The provision of overnight Care.
 - The role of volunteers.
 - Roles and responsibilities of the rural doctor after the patient has died.
 - A Multidisciplinary Team Approach.
 - The interdisciplinary members of the palliative care team.
2. Psychosocial, Cultural and Spiritual Issues.

-Holistic Care. -Important to outline the role of the Palliative Care Social Worker. -Case Study presentation and interactive education. -Psychosocial care. -Demoralisation.

1. Palliative Emergencies.
2. -Spinal Cord Compression -Hypercalcemia -Superior Vena Cava Obstruction. -Wind up pain.
3. Identifying and facilitating patient centered goals of care.
 - Advanced planning.
 - Care Plans
 - Case Conferences.
4. Supporting Infrastructure to the Education Process.
 1. University of Tasmania's Rural Clinical School.
 2. University of Tasmania's Rural Clinical School's Education Advisor.
 3. Palliative Care Therapeutic Guidelines Review Committee. Dr R Brogan is a member of this committee.
 4. ACRRM-Palliative Medicine Unit. Please see attached letter of request.
5. Sponsorship.
 0. Tasmanian Alkaloids.
 1. Glaxo Smith Kline Factory.
 2. Mundipharma.

Primary Palliative Care Education Events.

(CPD and CME point accredited).

Name:.....(Optional).

1. Is ongoing palliative care education of interest to you? Yes /No (please circle)

(If not, please return your survey because this information is important to the project).

2. Please list the following education topics in order of interest to you, on a scale of 1 to 6 (1 = most interest 6 = least interest).

a) The Palliative Approach to Non-Malignant Disease and Organ Failure. b) Pain and Symptom Management (including complex pain).

d) The Palliative Approach, including family issues and communication skills.

e) Psychosocial, Cultural and Spiritual Issues.

f) Palliative Emergencies e.g. Spinal Cord Compression.

g) Identifying and facilitating realistic and patient centered goals of treatment and care. Any other areas of interest.....

Thank you for your time.

*PLEASE FAX BACK YOUR RESPONSE ON FREECALL 1800 671
359.*