



Australian Divisions of General Practice

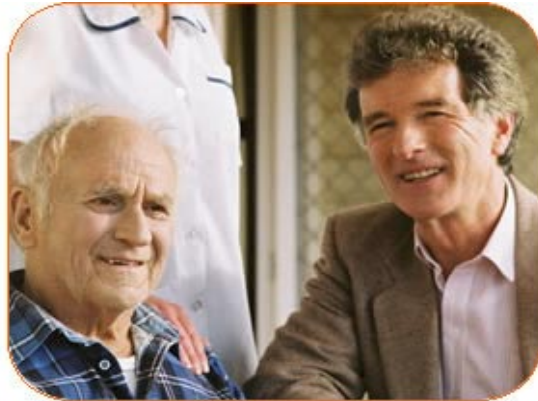
Rural Palliative Care Program NEWSLETTER

Issue 5

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It's nearly the end of another year, a year that has seen a lot of work in the Rural Palliative Care Program. All eight sites have been busy implementing strategies and trying to solve their own local issues in relation to service provision.

What are these issues?

Well, to a certain extent they vary from site to site, however there remain some consistencies. Within this newsletter I would like to discuss recruitment and retention. In rural and isolated areas how do you attract the best staff and then retain them in that position? There is a dearth of information circulating within journals and conference papers in regard to this but the fact remains it is an issue that the projects have had to face on more than one occasion. In one area most of the staff have changed positions or moved on to be replaced. And this includes collaborative partner groups as well as project staff. The implications of such recruitment and retention problems impacts greatly on the project but is just another reality that rural and remote health faces in the broader context.

Distance and isolation are major factors and obviously need to be taken into account when looking at how clinical services are structured and planned for the future.

It goes without saying that the organisation requires the best person for the job and it is here that I would like to highlight just how difficult the job can be. Coordinating a multidisciplinary team is no easy task. It can be a fine line balancing political issues, clinical issues and individual personalities. Trying to change manage an environment that often evolves out of need rather than structured planning is fraught with problems. From my own experience there have been times when it felt like *herding cats*.



No clinical practitioner will argue about improving patient outcomes however it remains that we often work in areas that are under resourced and time poor. The obvious answer is to work smarter, this will always have an impact, admittedly sometimes this may be only small.

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Images on this page are from the Palliative Care for Rural Australians Community Service Television Announcement. (See page 3 for more information)

Update from the RPC Program Evaluators

(Centre for Health Services Development, University of Wollongong)

As part of the RPC evaluation, CHSD is surveying palliative care providers' views and attitudes in a variety of areas, such as training and education issues, patient care issues, and issues in interactions between clinical managers and patients/families. Baseline surveys were received from projects between February and May 2005, and site-specific, as well as overall, reports distributed to the projects at the June 2005 Workshop in Adelaide. A total of 362 service providers across six RPC projects and a range of professional disciplines provided surveys for analysis.

In terms of training and education issues, fewer than three percent of providers reported any specialist palliative care qualification, whereas more than half the respondents reported receiving their palliative care training on the job. This may have had an impact on levels of confidence in dealing with certain specific situations, such as terminal delirium, explaining the effects of medications and informing clients of available support services, which were often reported by providers as areas in which they were less confident in acting independently.

Providers also indicated that they would particularly like more education in the future in the areas of end-of-life ethics, end-of-life communication skills and dealing with terminal delirium.

Providers were asked a series of questions relating to their views about death and dying. It was found that most providers share similar views on these issues, though there was some variation across caring disciplines. When presented with some specific issues that reflect attitudes to the provision of palliative care, respondents mostly agreed that pain should not be an inevitable part of the dying process, and that patients should be maintained in a pain-free state, with self report being as valid a measure of pain as clinician estimates. They also felt that patients have the right to determine their own preferred level of medical and psychosocial intervention.

It is intended that this survey of providers' views and attitudes to palliative care be conducted again prior to the end of the RPC Program, in order to investigate whether these views have changed during the course of the project.

Coordinator Profile - Linda Rudorfer



Linda Rudorfer is the Coordinator of the Southern Qld Rural DGP Rural Palliative Care Project. She commenced employment with the Division in April 2004. Linda's responsibilities within this position are to implement, supervise, and develop all clinical aspects of the Rural Palliative Care Project. This includes clinic budgeting, data collection, reporting, statutory compliance, staffing and other assigned program activities.

Linda's previous employment includes being a registered nurse working in a residential child care facility, aged care facility, locum in rural hospital and seven years working in intensive care units in Brisbane City. After completing her university degree in Graphic Design in 1992 (graduating with BVA Graphic Design and a Master in Digital Design), Linda worked for

an advertising agency, for a marketing company, a design company and in partnership at a small design studio. In 2003 she took a hiatus from design and taught English in Japan for 5 months. On her return to Australia Linda embraced the challenge of working in the Rural Palliative Care Program as it encompassed the clinical knowledge from nursing and project management from her design background. She relocated to Kingaroy where she is enjoying a rural lifestyle.

Palliative Care for Rural Australians

The "Palliative Care for Rural Australians" community service announcement for television was launched in Canberra on Thursday the 15 September by the Honourable Julie Bishop MP, Minister for Ageing. This campaign forms part of the Communications Strategy for the Rural Palliative Care (RPC) Program.

The new palliative care campaign aims to raise awareness about palliative care services in rural areas and to assist rural families dealing with the life-limiting illness of a family member.

The announcement highlights the important role of rural palliative care services in enabling people with life limiting illnesses to have a choice in staying close to their families and communities. It also acknowledges the central role of GPs in providing and coordinating palliative care services in rural areas.



The Hon Julie Bishop MP, Minister for Ageing

ADGP developed this campaign in consultation with peak palliative care bodies to raise awareness of palliative care services to rural Australians. The campaign is funded by the Australian Government Department of Health and Ageing and went live to air from mid-September in the eight rural Australian RPC sites.

At the official launch Dr Peter Davies shared his experiences on caring for palliative patients in a rural area and discussed some of the issues facing rural people. Dr Davies is a General Practitioner from the South East NSW Division of General Practice.

Booklets and Posters have also been produced to accompany the television announcements and have been distributed to the Rural Palliative Care Program's rural Divisions of General Practice.

For copies of the booklet and poster or for further information on this campaign please contact the RPC Project Officer on 02 6228 0835.



Rural GP Dr Peter Davies and ADGP Board member Mr Russell McGowan



Sharon Appleyard and Rita Evans of the Rural Palliative Care Branch, DoHA and Brian Curran, RDAA



The Hon Julie Bishop MP and Dr Rob Walters, immediate past Chair of ADGP

PROJECT NEWS

Community Forum

A community forum was held on 22 July in the Adelaide Hills. Just one of the strategies to help raise community awareness of Palliative Care. It was for people who wanted to know more about support for those with a life-limiting illness and their carers, but also about caring in general. The importance of raising awareness, and ensuring that anyone who is ill or caring for someone who is ill knows where to go if they should need help and support. The Project saw some very satisfactory referrals made on the day and in the time since.



Health care Professionals within the local community also attended. Will Hallahan, EO of the Palliative Care Council of SA, spoke on Advance Directives. The forum was put on in the form of an expo, with local and state organisations represented, putting the spotlight on local services providing support to patients and carers in the Adelaide Hills.

Deb Rawlings, AHDGP Rural Palliative Care Project Co-ordinator.

RPCP NEWSLETTER DISTRIBUTION

Please distribute this newsletter to your colleagues. People wishing to receive this newsletter should contact Wendy Campbell (details below). Copies of this news letter are posted on the RPC Program website: www.adgp.com.au

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Bearing this in mind, even a small impact makes a difference and numerous small improvements over time can seriously change service delivery and the efficiency of the practitioners involved. The project coordinators can and do assist here with the strategies they develop and implement. Often these ideas do not come to fruition until a certain level of maturity within the project has been reached. Therefore it is imperative to maintain consistency within crucial positions. The Project Coordinator position is pivotal to driving the projects forward and the 'right person for the job' is essential.

We have had five changes of coordinators within two years of the Program. This has added a level of complexity that has slowed down the implementation processes within some projects. The project staff are working hard and are dealing with difficult issues. I am pleased to say they are meeting challenges head on with some very successful outcomes.

*Ian Hatton
National Consultant, RPC Program*