



WELCOME TO THE NEWSLETTER OF THE ADVANCE PROJECT • ISSUE 2

1. Advance Practical Workshops - Update



A big thank you to all those who came to our first *Advance Practical Workshops* – great evenings, with participation all round, and much learned by us all!

Advance Practical Workshop Katoomba December 13, 2016.

“The workshop was all extremely useful...particularly using the SPICt to share clinical information with GPs.”
“I feel much more confident to introduce ACP with patients, and I feel comfortable doing it.”
“Help is out there! Well done!”
“The videos were really good - consolidated the points from the talk.”

December has seen workshops in Katoomba and Penrith, with more booked for Tasmania, Victoria, South Australia, Western Australia, Northern Territory and Queensland in February and March 2017. The nurses who attended in NSW found the workshops “well presented, easy to understand” and judging by the feedback received on the night, very beneficial. Our sincere thanks to all those who attended for their valuable contributions, enthusiasm, and commitment! Remember that the Advance Workshops are free, and to get the most out of them, please complete the Online Learning Modules before attending.

• Catering included at all workshops • APNA endorsed • Attendance at these workshops gives 3 CPD hours.

Confirmed upcoming FREE Workshop dates are:

Hobart, Tasmania – Thursday 9 February 2017
Geelong, Victoria – Tuesday 14 February 2017
Bairnsdale Victoria – Wednesday 15 February 2017
Melbourne (Parkville) Victoria – Thursday 16 February 2017
Adelaide, South Australia – Wednesday 22 February 2017
Adelaide, South Australia – Saturday 25 February 2017

Canberra, ACT – Wednesday 1 March 2017
Mandurah, Western Australia – Tuesday 7 March 2017
Perth, Western Australia – Wednesday 8 March 2017
Albany, Western Australia – Thursday 9 March 2017
Darwin, Northern Territory – Tuesday 14 March 2017
Maroochydore, Queensland – Tuesday 21 March 2017

For more information or to register for Advance Practical Workshops ([Click here](#))

Support to attend for rural nurses. There are also Advance Rural Scholarships available to help rural participants attend workshops. More information about the scholarships is available ([Click here](#))

To register your interest in a Rural Scholarship please contact advance.project@hammond.com.au

More information or to register for Advance Online Learning ([Click here](#))

How to get the most out of the Advance Practical Workshop

Please complete the Online Learning Modules before attending.

They are designed for busy people! You can stop and start whenever it suits. And you can go at your own pace, in your own time. It's easy to get access to the online training which is FREE and gives 2 CPD Hours:

- **Go to the Advance website** www.caresearch.com.au/advance - Click on *Get Started Now* and at *Joining the Project* page – put in your details, create your own password and answer the eligibility questions.
 *Keep a note of these details so that you can use them again when you log into the training website.
- **You will receive an email** to notify you that have access to the Online Learning Modules at <http://training.caresearch.com.au/>
- **Login into the training website** <http://training.caresearch.com.au/> using the details you used to join the project and get started!!
- **Remember there are three modules**, and *you need to complete all three* to get your Certificate of Completion and 2 CPD hours.
- **When you complete the online modules** - you will receive a further email advising of your access to additional pages. You can then return to the Advance website www.caresearch.com.au/advance and login to access these additional pages and resources that you will now be able to see.

2. Now there is APNA endorsement for Advance Practical Workshops

New. Our Practical Workshops, designed specifically for you as General Practice Nurses, and funded by the Australian Government Department of Health, are now endorsed by the Australian Primary Health Care Nurses Association (APNA) according to approved quality standards criteria!

Advance is to help you to work with general practitioners to initiate and promote earlier advance care planning and palliative/supportive care assessments with your patients and caregivers. The aim of the *Advance Practical Workshop* is to increase your skills and confidence in initiating conversations with older or chronically ill patients about advance care planning and palliative care.

Remember it's free, catering is provided and you will earn CPD hours.

3. I've done the *Online Training Modules* – what do I do next?

Return to the Advance website www.caresearch.com.au/advance and login to access the *additional pages and resources* on the Advance website that you are now able to see.

First - register your interest in being involved in further activities:

- **The pages in this section tell you more** about the different learning and participation options and outline some opportunities for reimbursement to help you to participate.
- **Most importantly, they provide you with a place to register your interest in further activities.** Ticking the choices you are interested in is your way of telling the Advance Project team that you want to find out more, and get started.

Second - find out more about the great support and opportunities available:

- **Advance Mentoring Program.** Like some extra support, to address some specific questions or issues? Perhaps we can help with some individual mentoring or coaching? As part of Advance, general practice nurses can access individual mentorship and support.
 - > Find out more information about the Mentoring Program ([Click here](#))
- **Advance Clinical Audit.** We would love your contribution and feedback. Start using Advance in your everyday clinical work while it's fresh in your mind, to consolidate your learning. And remember that you can also get reimbursed for your time while using the Advance tools with your patients by participating in the Advance Clinical Audit.
 - > Find out more about the Advance Clinical Audit ([Click here](#))
 - > To reserve your spot and register your interest in the Advance Clinical Audit ([Click here](#))
- **Discover the Advance Resources,** including the Advance Toolkit, assessment tools and videos - and start using them with your patients.

We would be very grateful if you could provide us with feedback and participate in the *Advance Project surveys*. This feedback will allow us to improve the training package and Advance assessments for you, your colleagues and your patients in the future. It will also help us to work out the best ways to implement the Advance clinical assessments into everyday general practice.

4. A conversation with APNA President Karen Booth

“The most important thing about Advance is it helps us to start these conversations early.”

My background is that I have been a registered nurse since 1981.

I did my initial training at St George Hospital, but the last 18 years I've been working in general practice. I've been the president of the APNA for the last 2 years – and on the board since 2009. My main role in APNA has been advocacy, which involves work on various committees, as well as lobbying on particular health issues, and issues affecting nurses in primary health care. I still work clinically in a GP practice in Sydney, one day a week, because it helps to have that clinical contact, and I am also managing the practice at the moment, so it's busy! But it's very enjoyable, and very rewarding.

I have been working to bring a fresh perspective to a number of areas.

One of those areas is unnecessary hospital admissions, and patients being unprepared for last stages of life - and the introduction of advance care planning. It could be so much better for those patients who would be better managed with a well-planned palliative approach to care, rather than coming in through an emergency system, which is more suited to acute patients. It's about promoting a gentler pathway to care.

Patients often don't like to talk about death – often the view is, “it's just something that happens, and then you just cope after someone dies”. Getting health professionals to introduce that topic early, and to feel comfortable about doing so, and to make it a routine part of their care - I think that's very important. The benefits are wonderful for the patient, because they can plan while they are still able to make considered decisions, and can plan what they want. In my view, getting this to happen is about comfort levels, both for the patient, and the health professional. So it should be done in my view, at every 75 year old health assessment. It should be introduced, just as one of the normal things that we discuss, perhaps just with a simple handout, as something then to be discussed together regularly. Then also, if there is someone who is younger who becomes unwell with a terminal condition, we should introduce that conversation early, not to cause panic or distress, but to help with planning in the early stages.

I recently had a patient who was only in her 60s who came in, in respiratory distress.

She had a diagnosis of respiratory cancer. But she and her husband did not want to discuss palliative care. What she probably needed was an admission to a palliative care service, some medication to help with her pain, and an introduction to palliative care. But she came to our clinic in distress, because they had not had a really good conversation about where they were going. As a consequence, they ended up in the emergency department, in hospital. They just didn't want to talk about it. In fact, a lot of people will have a funeral plan, but will not want to actually discuss the details of their end of life care needs.

To me the most important thing about Advance is it helps us to start these conversations early.

So people can talk about it a few times, and that way they can become more comfortable about the subject – that's really important. Having a script also helps, where people are a bit uncomfortable. Even little flash cards, with questions written on them - patients see that it's just a routine part of normal care. It's so helpful for the professional to have these as a guide to start the conversation and ease both parties into it.

I think a key person in all this is the health professional. It is better for a patient to have the introductory conversation with health professionals, because they are often not quite as emotionally involved with the family, and are in a position to talk frankly, without the same upset that the family might experience. It also helps the family to approach the issue. The health professional can reassure the family that the person has given their intentions to a professional who is there to guide their care, someone who is separate from the family. So then, with the subject opened in a professional way, the family can become involved in the conversation – and it takes pressure off everybody. The health professional can deliver the information in a non-emotional and non-threatening way. And the information can be provided when it is needed and as often as needed.

I know one thing that makes it difficult, is that health professionals don't like to give bad news.

It's not always easy to say – “if you have a big stroke what do you want us to do?” So, often they will talk about intervention, even when sometimes it's obvious that interventions won't help, but they feel they are still giving a person some hope, when what they really need to do is give the patient some reality, so they can then actually begin to plan what they do over the coming days. And that comes back to your comfort level, and normalising the behaviour about conversations about death.

In terms of the broader health reform issues that are being discussed nationally, we have been aware that the for the highest risk tier of people with advanced and multimorbid health conditions, up to 20% of these patients will have high likelihood of mortality in the next twelve months¹. It's well recognised that these people could be much better supported in a palliative care pathway, rather than continuing to present to an emergency department in some sort of crisis.

I really think that even people who register for a nursing home should have an advance care plan. And we need to change the behaviour and thought process of health professionals, so that we actually do advance care plans, and where needed can be moving people into a palliative care pathway.

At APNA, we have members scattered all over the country - half of the nurses that are members of APNA identify as being from regional areas, and they often have problems accessing face-to-face education.

So the Advance online approach, supported by the opportunity also to attend face-to-face workshops is great. I also really like the idea of train the trainer - the model where peers teach other colleagues to use your program I think works best - from experience in GP network training and Medicare locals, that is a strong driver in change.

Advance is definitely something we would recommend, and would be happy to promote.

1. [http://www.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE54540CA257F72001102B9/\\$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE54540CA257F72001102B9/$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf)

Register today www.caresearch.com.au/advance

