



south east palliative care  
specialist health care at home

# SEPC Educate

An update about palliative care education, research & resources at SEPC & beyond

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**"There is always the danger that we may just do the work for the sake of the work. This is where the respect and the love and the devotion come in "**

Mother Teresa

VOLUME 1  
ISSUE 11

NOVEMBER 2011  
THEME: PALLIATIVE CARE VALUES

## WHO WE ARE & WHAT WE DO

**Stephen Bradshaw**, *Volunteer Coordinator*

[Tell us a little about yourself & your work life?](#)

I started my working life as an apprentice chef, then moved into restaurant management and managed a 16th Century pub in the UK. In the UK pubs are more than just a drinking hole, they are a complete social interaction with the community. We set up a local committee to raise funds for children with disabilities and palliative illnesses giving them a trip of a lifetime—a little like 'Make a Wish Foundation' here.

I moved to Australia because my then wife, who was an Australian, was homesick and I simply said "If you arrange it, I'll go

there". I didn't expect her to arrange it, but she did, so I was true to my word (I'm always true to my word).

I didn't know what I wanted to do when I first came out here, however because of the work I did with the children in the UK I decided to study Social Science. I then got into mental health and intellectual disability work—assisting people getting into employment. From there I came to Palliative Care.

[What's something that most people at SEPC won't know about you?](#)

At 23, I was the youngest ever publican in the Middlesex area and my pub



was voted Pub of the Year for the Middlesex area in 1986.

[What originally attracted you to working at SEPC?](#)

My best friend had pancreatic cancer—I assisted him to do whatever he wanted to do at the time. He was a SEPC client.

So when he passed away I decided I wanted to work in Palliative Care.

[What are a few ways your role can benefit the SEPC team?](#)

Utilising the volunteers to assist the patients and the organization ultimately has a flow on effect on all the staff to make their job easier.

## Together we care

*Team motto for SEPC, by Jannine Miers (Counsellor)*

**Congratulations** to Kate & Penny, who quite independently from each other submitted the above motto that gained the most votes in our team Motto Competition. Our motto has become the communication to each other of the spirit of our entire team and of South East Palliative Care. The winners of this meaningful catchy phrase were awarded their prizes' at our Holistic Care Team Meeting on 17 August 2011.

Most team members contributed inspirational motto ideas; thirty-eight

entries were received. One **very** enthusiastic participant submitted ten mottos! Some people entered ideas more inclined to make us laugh than make us vote for them!

Thank you to everyone who took time and effort to give the right brain some attention – we certainly have a very creative team which has produced a connective, motivational and descriptive motto conveying and validating the intention and reality of our team and place of work.

## EDUCATION THEME OF THE MONTH

### PALLIATIVE CARE VALUES: COMPASSION, RESPECT & EXCELLENCE

*“At the end of the day—love and compassion will win”*

*Terry Waite*

#### LEARNING ACTIVITY FOR THE MONTH

Every month we will have a self-directed learning package on the theme of the month. It is preferred that all staff work through at least six learning packages annually.

These are available on the intranet at the end of each month.

**Note:** They can count as your CPD hours too! (don't forget to fill in your Target 40)

## What are values?

Values are those things that really matter to each of us ... the ideas and beliefs we hold as special. Caring for others, for example, is a value; so is the freedom to express our opinions.

Most of us learned our values - or morals, if you prefer - at home, at church or synagogue, at school.<sup>1</sup> As professionals our values are a part of our workplace and philosophy of the actual work which we do.

**From our values derive our broader principles; from principles we derive our rules or action guidelines of behaviour.<sup>2</sup>**

## The values of South East Palliative Care

Three key Palliative Care values are Compassion, Respect and Excellence. These stem from a set of principles and beliefs with their foundations in our community and the broader palliative care movement. Certain behaviours flow from our commitment to these values. Together they frame our code of conduct, which we use to enhance our culture.<sup>3</sup>

### Compassion

Is feeling with others in their discomfort or suffering and striving to understand the other's experience with a willingness to reach out.

### Respect

Is an attitude that values the unique dignity of each person.

### Excellence

Is giving the optimum standard of care and service within the scope of available resources.

## Palliative Care Interdisciplinary Team

Interdisciplinary function is generally the aim of specialist palliative care teams, with members contributing from their particular expertise.

The team shares information and works interdependently. Leadership is task-dependent, with tasks defined by the individual patient's situation.

The analogy of the hand is appropriate: individual digits of differing ability, function and dexterity work together to achieve more than the sum of the individual fingers.<sup>4</sup>



1—<http://pinetreeweb.com/values.htm>  
2—[www.pallipedia.com](http://www.pallipedia.com)

3—[www.sepc.org.au](http://www.sepc.org.au)  
4—Crawford, Price (2003) Team working: palliative care as a model for interdisciplinary team practice MJA 2003; 179 (6 Suppl): S32-S34

## Compassion

Compassion is made up of two words. 'co' meaning together and 'passion' meaning a strong feeling. And this is what compassion is. When we see someone is in distress and we feel their pain as if it were our own, and strive to eliminate or lessen their pain, then this is compassion. So all the best in human qualities like sharing, readiness to give comfort, sympathy, concern and caring - are manifestations of compassion.

You will notice also that in the compassionate person, care and love towards others has its origins in care and love for oneself. We can really understand others when we really understand ourselves. We will know what's best for others when we know what's best for ourselves. We can feel for others when we feel for ourselves. <sup>5</sup>

## Respect

Respect has great importance in everyday life. As children we are taught (one hopes) to respect our parents, teachers, and elders, school rules and traffic laws, family and cultural traditions, other people's feelings and rights, our country's flag and leaders, the truth and people's differing opinions. And we come to value respect for such things; when we're older, we may shake our heads (or fists) at people who seem not to have learned to respect them.

We may also come to believe that, at some level, all people are worthy of respect. We may learn that jobs and relationships become unbearable if we receive no respect in them; in certain social milieus we may learn the price of disrespect if we violate the street law. We may learn both that our lives together go better when we respect the things that deserve to be respected and that we should respect some things independently of considerations of how our lives would go.

We may also learn that how our lives go depends every bit as much on whether we respect ourselves. The value of self-respect may be something we can take for granted, or we may discover how very important it is when our self-respect is threatened, or we lose it and have to work to regain it, or we have to struggle to develop or maintain it in a hostile environment. Some people find that finally being able to respect themselves is what matters most about getting off welfare, kicking a disgusting habit, or defending something they value; others, sadly, discover that life is no longer worth living if self-respect is irretrievably lost. It is part of everyday wisdom that respect and self-respect are deeply connected, that it is difficult if not impossible both to respect others if we don't respect ourselves and to respect ourselves if others don't respect us.

## Excellence

**Excellence is about doing our best with what we have** - not making excuses to others or ourselves that "if I only had better gear or more time or better people" or "I could do it better myself". If we aren't using what we already have to its maximum potential, then we should not be trusted with more equipment, team, responsibility or congregation. <sup>7</sup>

**Excellence describes the furthest end of the quality spectrum. When we think of excellence, we think of an outstanding aspect, a model of its kind - the very best there is.** <sup>8</sup>

Five key attitudes of an organisation of excellence:

- 1- Promoting healthy relationships with a learning, caring and inclusive ethos
- 2- Promoting positive, healthy attitudes and behaviours.
- 3- Enabling people to achieve
- 4- Providing positive experiences
- 5- Aiming high<sup>8</sup>

<sup>5</sup> <http://www.buddhanet.net/ans57.htm>

<sup>6</sup> <http://plato.stanford.edu/entries/respect/>

<sup>7</sup> <http://www.synk.com.au/content/what-excellence>

<sup>8</sup> [www.journeytoexcellence.org.uk](http://www.journeytoexcellence.org.uk)

# Library Book of the Month

## ***Stuck for words: what to say to someone who is grieving***

By: Doris Zagdanski



"Someone you know is grieving. You've been to the funeral. You've said 'I'm sorry'. But what do you say and do next? Cross the street when you see them coming? Tell them they'll soon get over it? Remind them of others who are worse off? Or change the subject if they start to talk about it?

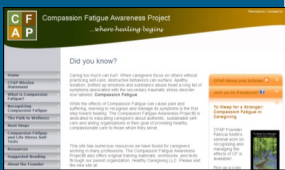
An experienced bereavement counsellor, Doris Zagdanski understands the feelings of loss and grief we experience when a loved one dies. In this book, she enlists the help of grieving people to tell you what they need from those around them. There is no need to avoid the bereaved anymore.

Bereaved people face such responses every day. But are they really supportive words or just clumsy attempts to console by well-intentioned, but misinformed, friends?

Know how to really help and support a grieving friend or relative with this practical book which was already in its second printing after only two months on the market.

Amazon.com.au

# Website/Podcast of the month



## **[www.compassionfatigue.org](http://www.compassionfatigue.org)**

Caring too much can hurt. When caregivers focus on others without practising self-care, destructive behaviors can surface. Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labeled: **Compassion Fatigue**

This site has numerous resources we have found for caregivers working in many professions. The Compassion Fatigue Awareness Project® also offers original training materials, workbooks, and texts through our parent organization, Healthy Caregiving LLC

## THE BIG PICTURE: CEO UPDATE



### *Note from Helen (CEO)*

I often reflect on how lucky I have been in my career. I have worked in a field for which I have a great passion, and have had some amazing experiences. I have worked in some fantastic workplaces, with some equally passionate and committed people.

I have also worked in workplaces that have not been inspiring or happy. Much of this could be put down to how people behaved towards one another. Workplace behaviour must be modelled from the top, but also requires each and every person to be committed to a positive working environment.

The three values at South East Palliative Care, Compassion, Respect and Excellence are simple, and the behaviours and expectations aligned to them were developed by the SEPC team some years ago. Many of you were not here when this work was done, but these behaviours and the need for commitment to them are just as relevant now.

I am proud to lead the team at South East Palliative Care. The work we do with people in our community is inspirational, with a focus on improving peoples' quality of life and ensuring that they live with dignity whilst facing a life limiting illness. It is also equally

relevant for us to focus on improving the quality of our workplace, ensuring that people who we work with at South East Palliative Care have the best possible experience of that workplace, and of the people with whom they work.

This months' theme gives us an opportunity to reflect on how we can do this together.

**A team is more than a collection of people.  
It is a process of give and take.**

~ Barbara Glacel & Emile Robert Jr

**sepc** south east palliative care  
specialist health care at home

Presents  
**Special Event**  
Health Play

**The Empty Chair**

**Special premiere of a humorous new play by Alan Hopgood (AM) in collaboration with Molly Carlile**

**Friday 25 November 2011 @ 7.00pm**

Book now—[www.sepc.org.au](http://www.sepc.org.au)

## UPDATES FROM THE SEPC INTERDISCIPLINARY TEAM



### *Note from Michelle (Clinical Operations Manager)*

Values are defined as "the accepted principles or standards of a person or group". Another definition for the word *value* is "to regard something or somebody as important or useful". Combining both of these meanings – "accepted principles or standards of a person or group which are regarded as important or useful" clearly defines the reason that values are chosen within any environment. Acceptable behaviours which are based on the specifically chosen values of any person or group are the core of our society, and are imperative to give clearly defined and understood expectations within a workplace.

A "google search" for *Values* gives endless lists of credible and important adjectives which describe many different behaviours and beliefs. Although not the only values which are considered appropriate and acceptable, the 3 SEPC chosen values of Compassion, Excellence and Respect are imperative in our team. These well-chosen principles define our Organisation

– they give clear direction about the behaviours expected both internally and externally from all staff and volunteers associated with SEPC.

Compassion and palliative care go hand-in-hand. In my opinion and experience, this is not an area of work which accommodates lack of compassion. The feelings of sympathy which we encounter daily for our patients and their carers, is equally important to show and direct toward our team members – the same natural desire to help our clients and ease their difficult situation should always be directed toward colleagues to show caring and an understanding when a situation requires.

Excellence is defined as being "outstanding or superior" - difficult to achieve. I am proud to say that every day, I see our entire team strive to achieve excellence for our clients and their carers when delivering care. The relentless drive to do the most for every person whom is attached to our service is inspiring. The goal is set high, but the whole

group at SEPC – Admin/ CEO & Management/Clinical staff/ Board - work to very hard to reach it.

Respect is imperative. High functioning teams respect their colleagues' abilities, experience, expertise, opinions and rights and show each other respect in every interaction. The same knowledge of, and belief in respect is essential when dealing with our clients and their carers. Acknowledging and accepting the rights, cultures, beliefs and decisions of our clients, even when the choices clash with personal belief, shows respect for the individual, and respect for the Organisation which is reflected in the displayed behaviours.

To me, Compassion, Respect and Excellence = South East Palliative Care. I am very pleased to work in an environment with these core values, which reflect some of my personal core values, and to work with a group of like-minded people to achieve our best always.

*Michelle*

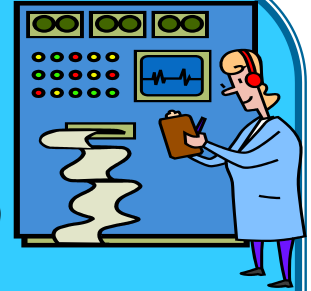
### Question:

**Can you have good palliative care without a team?**



# Quality Corner

**Note from Marnie** (Quality and Informatics Coordinator)



Following on from last month's article on the age of our patients, this month we will look at some more demographic information.

We have now received PCOC Report 11 which analyses our data from January to June 2011. The report includes a breakdown of the primary diagnoses of our patients for this period.

Often people associate the term "palliative care" with "cancer". You may be surprised to know that 22.3% of our patients had a primary non-malignant diagnosis, that is more than one in five patients.

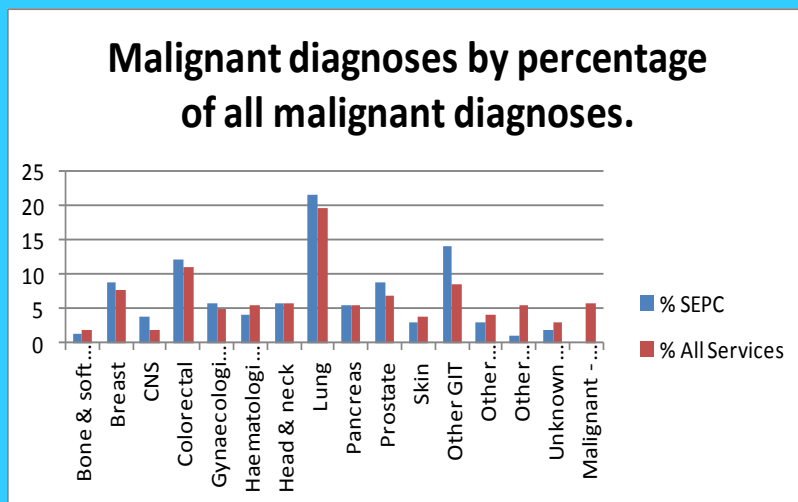
The non-malignant diagnoses included neurological disease (including motor neurone dis-

ease and dementia), respiratory failure, renal failure and cardiovascular conditions.

Of our 77.7% of patients who have a primary malignant diagnosis, by far the most common diagnosis is lung cancer (our data does not analyse this diagnosis down to the type of lung

cancer, in case you were wondering).

The following graph shows each malignant diagnosis as a percentage of all patients with a malignant diagnosis.



## What is in Caresearch?

[www.caresearch.com.au](http://www.caresearch.com.au)

### Sleeping Problems:

Sleeping problems (insomnia and poor quality sleep) are common in palliative care patients, and often have a significant impact on quality of life. The problems may be a combination of difficulty going to sleep, fragmented sleep, or early morning waking. Patients may complain that their sleep is not refreshing. Insomnia can also be a problem for the patient's caregivers and contributes to the burden of caregiving. The sleeping problems of caregivers may continue into bereavement – either as a transient part of normal grief and bereavement, or a significant problem if the bereavement is complex or associated with depression

#### Key points to remember:

- Sedative hypnotics, especially benzodiazepines, are very frequently prescribed to palliative care patients. They are likely to be effective in the short term.
- There is little high level evidence to guide the choice of sedative hypnotic medications in palliative care patients. Cost-effectiveness should also be considered.
- Side effects of sedative hypnotics may include worsening cognition and daytime sleepiness.

## World Congress of Psychotherapy Report



By Cherie Baxter (SEPC Music Therapist)

## FUTURE CONFERENCES

**2012**

**Continuing**

**Conversations**

22-23 March 2012,

Geelong

**International**

**society for**

**advanced care**

**planning and end**

**of life conference**

May 17-19

Chicago, USA

**Primary health**

**care research**

**conference**

July 18-20

Canberra

For more updates:

[www.caresearch.com.au/](http://www.caresearch.com.au/)

[caresearch/Education/](http://www.caresearch.com.au/education/conferences/tabid/74/)

[Conferences/tabid/74/](http://www.caresearch.com.au/education/conferences/tabid/74/)

[Default.aspx](http://www.caresearch.com.au/education/conferences/tabid/74/)

Youtube

The Dalai Lama talks  
on Compassion and  
Respect

[http://www.youtube.com/  
watch?v=20MnLcOL7Ks](http://www.youtube.com/watch?v=20MnLcOL7Ks)

A thousand people from around the world gathered at the Sydney Convention and Exhibition Centre for "World Dreaming", the 6<sup>th</sup> World Congress of Psychotherapy held between 24-28 August.

I went to represent the Music and Imagery Association of Australia, as President, with a banner and brochures for promotion, and a stereo, drawing materials and USB stick for a "music and imagery therapy" workshop.

It was a great privilege and thrill to be amongst the delegates and presenters from around the world representing many various disciplines (including psychiatry, psychology, counselling/psychotherapy, allied health) and many modalities and philosophies of psychotherapy practice.

While palliative care was an occasional focus of this congress, the themes were relevant to the broad spectrum of community that we encounter daily and the themes of dislocation and trauma relevant to those most challenged by grief and change.

The congress program began with workshops, then themed days, which were:

- Dreaming and Culture
- Creating and Knowing
- Trauma and Healing
- Development and Diversity

I learnt more about all of these topics, in particular the healing gifts and vocation of the Ngangkari (Aboriginal healers), dissociation and psychosis, incestuous abuse, intimate partner violence, innovations towards bridging cultural divides and innovative ways of engaging "noncompliant" individuals.

My workshop came towards the end of the day of Trauma and Healing, and the Chairperson was delighted to see the participants "at rest" and reflective, which was unusual in a busy program of lots of wordy and heady presentations.

It struck me as paradoxical that many presenters called for alternative and creative ways of communicating and engaging with clients, while the congress

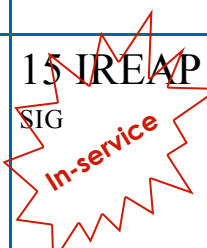
program was dominated by conventional didactic presentation, including many 15 minute presentations that were too short to be satisfying for presenter or audience. However, the genuine grappling on issues cultural, social and spiritual seemed fitting for what we face in Australian health care.

The welcome by Anthony Korner in the congress book captured the spirit of the congress:

*"While the interconnectedness of the modern world has given rise to the phenomenon known as 'the global village, we are a long way from appropriate recognition and understanding across the many cultural divides that shape the richness and diversity of humanity.*

*Responding to trauma does not simply involve the recognition of brute facts: it involves the recognition and animation of human encounters through the imaginative elaboration, between people, of new ways of being together, of playing, and of working together."*

# November 2011

MON	TUE	WED	THU	FRI	SAT	SUN
	1 Cup Day	2 HTM	3	4	5	6
7	8 Grief SIG	9 HTM	10	11	12	13
14	15 IREAP SIG 	16 HTM	17	18 PCCN CoP	19	20
21	22	23 HTM	24	25	26	27
28 Conference	29 Conference	30 HTM Conference				

## Internal Education

### **Regulars:**

HTM = Holistic Team Meeting

### **THEME In-service:**

- **15th October: Palliative Care Values: Compassion, Respect and Excellence with SEPC CEO Helen Wearne 3.15-4.15**

## External Education

8th—PCV Grief and Bereavement SIG

15th— PCV IREAP SIG (MCM)

18th—Palliative Care Clinical Network Community of Practice Forum (Melbourne)

28 Nov —2 Dec—International MND Symposium (Sydney)

# Latest Palliative Research & Projects:

What's going on in the world of Palliative Care?

(The full text of these articles are printed and pinned on the kitchen noticeboard for the month)

## Dying in country: Implications of culture in the delivery of palliative care in indigenous Australian communities.

By Jon Willis (1999) Anthropology & Medicine. Vol 6. No 3

- Cultural 'factfiles'... only provide "one-dimensional snapshots of cultural and religious practices which are frozen in both time and content.
- If we want to provide culturally appropriate palliative care, we must ensure that the underlying assumptions of the care we are providing relate to the culture of dying of the patients to which the services are being provided.

## Team working: Palliative care as a model of interdisciplinary practice

By Crawford & Price (2003) MJA Vol 179. S32.

- Working in teams has been an integral part of the philosophy of palliative care since its early days.
- Team conflict issues, role ambiguity, role overload... inadequate communication and leadership dilemmas are well recognised challenges.
- Interdisciplinary teams provide a unique forum for creative problem solving, especially if every member's contribution is genuinely solicited and respected.

## DEFINITION OF THE MONTH

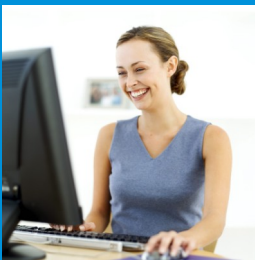
Interdisciplinary care team

A team of caregivers who work together to develop and implement a plan of care.

The term now used for teams that meet on a regular basis to discuss patient care and develop a unified plan of management for each patient, and provide support for other members of the team.

[www.pallipedia.org](http://www.pallipedia.org)

## SELF CARE TIP



**"Take a walk around the building and smile at everyone you see".**

This is a particularly lovely boost & an example of receiving what is offered.

By Jannine Miers (SEPC Self Care Team)

**DO YOU HAVE ANY HANDY HINTS, IDEAS OR FEEDBACK TO SHARE FOR OUR NEXT NEWSLETTER OR WOULD YOU LIKE TO RECEIVE OUR MONTHLY NEWSLETTER...**

**Simply contact Shyla**

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**[www.sepc.org.au](http://www.sepc.org.au)**



**south east palliative care**  
specialist health care at home

*Our vision is to bring people and services together to create a sustainable network that increases access to high quality care for all those approaching end of life. This is consistent with our mission of 'supporting people with a life-limiting illness to live with dignity'.*

**We apologise if this newsletter is difficult to read due to the size of the font. There is a lot to fit in. If it's too small, you can view it on your computer as a PDF and magnify to increase the size.**