



FOSTERING THE DEVELOPMENT & DISSEMINATION OF PALLIATIVE CARE RESEARCH IN AUSTRALIA



5th AUSTRALIAN
PALLIATIVE CARE
RESEARCH COLLOQUIUM
LEARN. CONNECT. COLLABORATE.
26 - 27 October 2017 Melbourne Victoria



5th AUSTRALIAN
PALLIATIVE CARE
RESEARCH COLLOQUIUM
LEARN. CONNECT. COLLABORATE.
26 - 27 October 2017 Melbourne Victoria

TABLE OF CONTENTS

Committees.....	1
Welcome - Professor Peter Hudson, Professor Jennifer Philip.....	2
Sponsors.....	3
Colloquium Program - Thursday.....	4-6
Colloquium Program - Friday.....	7, 8
Profiles.....	9-15
Poster Abstract - Poster 1, Poster 2.....	16
Poster Abstract - Poster 3, Poster 4.....	17
Poster Abstract - Poster 5, Poster 6.....	18
Poster Abstract - Poster 7, Poster 8.....	19
Poster Abstract - Poster 9, Poster 10.....	20
Poster Abstract - Poster 11, Poster 12.....	21
Poster Abstract - Poster 13, Poster 14.....	22
Poster Abstract - Poster 15.....	23
Venues.....	24
Transport.....	25
Delegate Information.....	26
Delegates.....	27, 28

SCIENTIFIC COMMITTEE



Prof Peter Hudson

Director, Centre for Palliative Care (St Vincent's Hospital & Collaborative Centre of The University of Melbourne), VIC – Colloquium Scientific Committee Co-Chair.



Prof Jennifer Philip

Victorian Comprehensive Cancer Centre (VCCC) & University of Melbourne Chair of Palliative Medicine, St Vincent's Hospital Melbourne, VIC – Colloquium Scientific Committee Co-Chair.



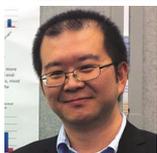
Prof Lorna Rosenwax

Deputy Pro-Vice Chancellor, Faculty of Health Sciences, Curtin University, WA.



Dr Jennifer Weil

Deputy Director of Palliative Medicine at St Vincent's Hospital Melbourne, St Vincent's Palliative Care Consultancy Service and Co-Deputy Director of the Centre for Palliative Care, VIC.



Dr Chi Li

Palliative Care Physician, Alfred Health and Ballarat Health Services, VIC.



Dr Michael Chapman

Director of Palliative Care, The Canberra Hospital, ACT.



Prof Jane Phillips

Director of ImPACCT (Improving Palliative, Aged and Chronic Care through Clinical Research and Translation) and Chair of Palliative Nursing at University of Technology Sydney, NSW.

ORGANISING COMMITTEE



Soula Ganiatsas

Head of Operations, Centre for Palliative Care, St Vincent's Hospital Melbourne and Program Manager, Palliative Care Research Network (PCRN), VIC



Alfreda Soetopo

Project Manager – Research, Centre for Palliative Care, St Vincent's Hospital Melbourne and Palliative Care Research Network (PCRN), VIC.



Niki Kafle

Administration Officer – Operations, Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC.

Colloquium Contact

Niki Kafle

T: 03 9416 0000

M: 0426 141 135

E: niki.kafle@svha.org.au



WELCOME

On behalf of the Scientific Committee, we wish to extend a warm welcome to the 5th Australian Palliative Care Research Colloquium.

The Colloquium was initially conceived as an opportunity to bring together those involved in the provision of evidence based care of patients with advanced disease to learn, connect and collaborate, and we are delighted with the continued success and popularity of these gatherings.

Our 2017 program has been developed incorporating participants' feedback from last year, and is especially exciting given the diversity of topics and the calibre of our presenters.

We believe the strength of our Colloquia arises from the focus on deliberations about research methods and their application to the clinical setting. Within these meetings, our intent is to learn from one other by sharing research insights, discussing novel ideas, and creating new partnerships/ collaborations.

We look forward to your contribution to our 2017 Colloquium and hope that it provides you with an invaluable opportunity to not only enhance your research skills but also foster collaborations.

Prof Peter Hudson
Co-Chair, Scientific Committee



Prof Jennifer Philip
Co-Chair, Scientific Committee



SPONSORS

We wish to acknowledge and thank our sponsors for their support of this event.



The **Centre for Palliative Care** is part of St Vincent's Hospital and a Collaborative Centre of The University of Melbourne. The Centre plays a pivotal role in the development and delivery of state-wide training and education programs for health professionals from a variety of disciplines. The Centre's diverse research program includes collaborations with other palliative experts from throughout Australia and around the world, and seeks to set benchmarks and improve practices in palliative care.
www.centreforpallcare.org



Founded in the holistic principles of the internationally recognised Comprehensive Cancer Centre model, the **Victorian Comprehensive Cancer Centre** is a unique and powerful alliance of 10 leading research and clinical institutions committed to working together to integrate and accelerate cancer research, treatments, preventions and care.

The VCCC's multi-site, multi-disciplinary model brings together the complementary strengths and specialisations of Peter MacCallum Cancer Centre, Melbourne Health (including The Royal Melbourne Hospital), The University of Melbourne, The Walter and Eliza Hall Institute of Medical Research, The Royal Women's Hospital, The Royal Children's Hospital, Western Health, St Vincent's Hospital Melbourne (including St Vincent's Institute), Austin Health (including the Olivia Newton-John Cancer Research Institute and Austin Lifesciences) and Murdoch Children's Research Institute.

www.viccompccancerctr.org.au



The **Palliative Care Research Network** (PCRN) is a membership based network which aims to foster a productive, collaborative and sustainable program of research aimed at enhancing the quality of palliative care. The strategic outcomes of the program include: fostering capacity building through mentorship, provision of networking and collaborative initiatives, and provision of funding and training opportunities.

www.pcrnv.com.au

COMMUNICATING RESEARCH TO A LAY AUDIENCE

A Pre-Colloquium Breakfast Workshop facilitated by the Palliative Care Research Network (PCRN)

Thursday, October 26

- 8.15am – 8.30am** **PCRN Breakfast Workshop Registration**
- 8.30am – 8.35am** **Welcome and Introduction**
Ms Soula Ganiatsas, PCRN, VIC
- 8.35am – 9.05am** **Communicating Research to a Lay Audience**
Ms Sasha Petrova, The Conversation, VIC
Ms Molly Glassey, The Conversation, VIC
- 9.05am – 9.35am** **Workshop 1 – Writing the first few lines of an article**
Facilitators:
Ms Sasha Petrova, The Conversation, VIC
Ms Molly Glassey, The Conversation, VIC
- 9.35am – 10.05am** **Workshop 2 – Writing a pitch**
Facilitators:
Ms Sasha Petrova, The Conversation, VIC
Ms Molly Glassey, The Conversation, VIC
- 10.05am – 10.30am** **Q & A and Discussion**
Facilitators:
Ms Sasha Petrova, The Conversation, VIC
Ms Molly Glassey, The Conversation, VIC
- 10.30am** **Close**
Ms Soula Ganiatsas, PCRN, VIC

COLLOQUIUM PROGRAM

Thursday, October 26

10.30am – 11.00am **Registration, Morning Tea and Networking (Atrium)**

11.00am – 11.10am **Welcome**

Prof Peter Hudson, Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC

11.10am – 12.20pm

KEYNOTE ADDRESS:

How can palliative care research influence health policy?

Purpose: To convey perspectives and examples on how research can influence health policy.

Palliative care is an often misunderstood and neglected area of health policy. Palliative care research can inform and influence the development of better policy, but often doesn't. Partly this happens because contemporary research practice puts a premium on rigorous, grant-funded, disinterested publication of generalisable findings in highly ranked international peer reviewed publications. Contextualised, applied research that generates solutions for practical issues facing today's policy makers and service providers is generally considered a career limiting strategy, particularly for university-based researchers. But even when policy-relevant evidence is clear, there is no guarantee that it will be taken up because there are many competing interests in the policy-making process. Without research advocacy, good quality, relevant research is easily neglected in policy-making. For research to have more impact, researchers (and research organisations) will have to move away from the dominant university research model. There are risks, but substantial benefits in doing so. This presentation explores these issues through a discussion of an example of policy-relevant research in palliative care, the 'Dying Well' report published by Grattan Institute.

Facilitator: Prof Peter Hudson, Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC

Presenter: Prof Hal Swerissen, Grattan Institute and La Trobe University, VIC

Q & A AND DISCUSSION

12.20pm – 12.30pm

Poster Competition and Colloquium Game

Prof Jennifer Philip, Victorian Comprehensive Cancer Centre, University of Melbourne and St Vincent's Hospital Melbourne, VIC

12.30pm – 1.30pm

Lunch & Networking (Straits Café)

1.30pm – 3.00pm

SESSION 1:

Conducting research in clinical education: How data can demonstrate efficacy and drive practice change

Purpose: To explore clinical educational research, as well as the challenges, opportunities and current gaps in knowledge.

Facilitator: Dr Jennifer Weil, Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC

An introduction to research in clinical education

Presenter: Prof Geoff McColl, Melbourne Medical School, University of Melbourne, VIC

Evaluation science

Presenter: A/Prof Agnes Dodds, Melbourne Medical School, University of Melbourne, VIC

A case study in clinical education research

Presenter: Dr Penny Cotton, Ballarat Clinical School, University of Melbourne, VIC

Panel Discussion

Panel: All session presenters

COLLOQUIUM PROGRAM

Thursday, October 26

3.00pm – 3.30pm Afternoon Tea (Atrium)

3.30pm – 5.00pm

SESSION 2:

Program Logic: Preparation prevents poor performance – Using planning frameworks to develop, conduct and measure the impact of your research

Purpose: To justify and provide examples of how program logic and related approaches can enhance the process of developing, conducting and measuring research outcomes.

Program logic can be described as a systematic, visual map of how a program is expected to work to achieve the desired outcomes. It can be used to effectively develop, conduct and measure the impact of your research. This session will provide an overview of program logic, standardised approaches to patient outcome assessment based on the International Consortium for Health Outcome Measurement (ICHOM) Standard Sets and a case study of process evaluation.

Facilitator: Prof Lorna Rosenwax, Curtin University, WA

Using a program logic to support complex health service design and evaluation

Presenter: A/Prof Caroline Brand, Monash University and Melbourne EpiCentre, VIC

The new landscape of patient outcome assessment

Presenter: A/Prof Ilana Ackerman, Monash University, VIC

Key ingredients for successful falls prevention programs – Did we get it right?

The RESPOND RCT process evaluation

Presenter: Dr Darshini Ayton, Monash University, VIC

Panel Discussion

Panel: All session presenters

6.00pm – 7.00pm

Networking Pre-Dinner Drinks

(The Fox's Den, Henry and the Fox, 525 Little Collins St, Melbourne)

7.00pm – 10.00pm

Dinner

(The Fox's Den, Henry and the Fox, 525 Little Collins St, Melbourne)

COLLOQUIUM PROGRAM

Friday, October 27

8.30am – 9.00am **Networking and Refreshments (Atrium)**

9.00am – 10.30am

SESSION 3:

Clinical Trials: Changing the World! – How to build successful clinical trials into your research

Purpose: reflection of experiences in establishing a clinical trials program.

Clinical trials are a critical component of the expansion of the evidence base in palliative care. Consistent with the nature of palliative care, clinical trials in this area may involve pharmaceutical agents, health service interventions and therapies or other novel approaches. A clinical trials service in palliative care must therefore consider a wide range of potential trial designs and outcomes, with attendant challenges (and triumphs). This session will consider these issues as it explores the components of a successful clinical trials service in palliative care.

Facilitator: Prof Jennifer Philip, Victorian Comprehensive Cancer Centre, University of Melbourne and St Vincent's Hospital Melbourne, VIC

Palliative Care and Clinical Trials: An Oxymoron or Marriage Material?

Presenter: Prof Mark Rosenthal, Victorian Comprehensive Cancer Centre and Peter MacCallum Cancer Centre, VIC

Palliative Care and Clinical Trials: redefining specialist palliative care.

Presenter: A/Prof Brian Le, Victorian Comprehensive Cancer Centre Peter MacCallum Cancer Centre, Royal Melbourne Hospital and University of Melbourne, VIC

Recruitment is at the core of successful research in any setting:

How do we overcome the barriers and gatekeeping in Palliative Care?

Presenter: Ms Aine Greene, Southern Adelaide Palliative Services, SA

Panel Discussion

Panel: All session presenters

10.30am – 11.00am

Morning Tea (Atrium)

11.00am – 12.30pm

SESSION 4:

All you need to know about the methodological insights when conducting palliative care research involving complex populations

Purpose: To outline the methodological strategies for conducting research involving complex populations using dementia and paediatric populations as examples.

Research in palliative care intrinsically holds multiple complexities in terms of patients and families as well as in methods and analysis. This session will explore some of these issues in research involving complex populations, using paediatric and dementia populations as examples.

Facilitator: Prof Jane Phillips, ImpACCT, University of Technology Sydney, NSW

Involving vulnerable people in research: Important and challenging

Presenter: Dr Michael Chapman, Canberra Hospital, ACT

The challenges and barriers to palliative care research involving neonates and children

Presenter: Prof Zsuzsoka Kecskes, Canberra Hospital and Australian National University, ACT

Engaging people living with dementia in palliative care research

Presenter: Prof Deborah Parker, University of Technology Sydney, NSW

Panel Discussion

Panel: All session presenters

COLLOQUIUM PROGRAM

Friday, October 27

12.30pm – 1.30pm Lunch & networking (Straits Café)

1.30pm – 4.00pm

SESSION 5:

The world needs to know about your research: Using social media to disseminate your work

Purpose: To convey strategies and examples of how to effectively promote research profile and outcomes using social media via interactive workshop.

Believe it or not, there is more to social media than outrageous tweets from Donald Trump, crazy cat videos on YouTube, and sharing holiday snaps via Facebook. Social media has the potential to enhance palliative care research in many ways, by:

- Fostering collaboration between researchers.
- Enriching participant recruitment.
- Disseminating findings more quickly and broadly.
- Facilitating knowledge translation.

This session will help attendees to understand WHAT social media has to offer palliative care researchers, as well as HOW to harness social media to enhance their research. It will also feature an interactive workshop in which participants will have the opportunity to try their hand at developing a social media strategy for various palliative care research projects!

Facilitators:

Dr Chi Li, Alfred Health and Ballarat Health Services, VIC

Dr Michael Chapman, Canberra Hospital, ACT

Ms Soula Ganiatsas, Centre for Palliative Care, St Vincent's Hospital Melbourne and Palliative Care Research Network (PCRN), VIC

Presentation 1: Introduction to social media for researchers

Presenter: Ms Michelle Gallaher, The Social Science, VIC

Case Study: Using social media to promote palliative care research project

Presenter: Dr Beth Russell, St Vincent's Hospital Melbourne, VIC

Presentation 2: Exploring the use of social media to engage the community about health care research

Presenter: Mr Dean Hewson, Consumers Health Forum of Australia, ACT

Interactive Workshop: developing a social media strategy for various palliative care research projects

Small group discussions facilitated by session facilitators

Panel Discussion

Panel: All session presenters

4.00pm – 4.15pm

Presentation of Poster and Game Prizes

Prof Jennifer Philip, Victorian Comprehensive Cancer Centre, University of Melbourne and St Vincent's Hospital Melbourne, VIC

4:15pm – 4.30pm

Colloquium wrap up

Prof Peter Hudson, Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC

4:30pm – 5:00pm

Networking & Afternoon Tea (Vestibule)



Ms Sasha Petrova

Sasha is the Deputy Editor (Health and Medicine) at The Conversation. She joined The Conversation in 2015 after working for the Centralian Advocate – a newspaper in Alice Springs – where she was the health and education reporter. Prior to that, she completed a Masters in Journalism and International Relations and wrote regular freelance pieces for various Australian publications.



Ms Molly Glassey

Molly Glassey graduated from the Queensland University of Technology in 2014 with a degree in Journalism, majoring in Law. Since graduating, she has worked as a features writer for Concrete Playground, freelance arts writer and was the court and crime reporter for The Warwick Daily News. Molly currently manages The Conversation's social media, commenting on community and media relationships.



Professor Peter Hudson

Peter is the Director of the Centre for Palliative Care which is a state-wide academic unit based at St Vincent's Hospital and a Collaborative Centre of the University of Melbourne, Australia. He holds an honorary professorial position at The University of Melbourne and is Professor of Palliative Care at Queen's University (United Kingdom). Peter is a registered nurse with more than twenty-five years' experience in palliative care practice, education and research. He was Vice President of Palliative Care Australia and a Director of the Board of the International Association for Hospice and Palliative Care. Peter is the Chair of the European Association for Palliative Care's International Palliative Care Family Caregiver Research Collaboration and he is an international expert advisor to the All Ireland Institute of Hospice and Palliative Care. He has authored numerous international journal publications and has attracted over 10 million dollars in research grant income. Peter is a past recipient of the Premier's Award for translating evidence into practice and has recently been appointed as a USA Fulbright scholar.



Professor Hal Swerissen

Hal Swerissen is Fellow at the Grattan Institute and Emeritus Professor at La Trobe University. He was previously Pro Vice Chancellor (Regional) and Professor of Public Health at La Trobe University. He holds post graduate qualifications in clinical, educational and organizational psychology. Professor Swerissen has been responsible for La Trobe University's regional strategy and the operation of campuses in Bendigo, Albury Wodonga, Mildura and Shepparton. He was Executive Dean of the Faculty of Health Sciences from 2005 to 2012. Professor Swerissen is a leader in health policy, management and program development, particularly in the analysis, evaluation and quality improvement in primary health and community services, and has an extensive and distinguished record of achievement in health policy research and analysis. He was Director of the Australian Institute for Primary Care from 1997 to 2005. He has worked in senior roles in government as a senior advisor to the Commonwealth on health and community services, including; primary care and disability services; health insurance and financing and Commonwealth-State relations. He has also worked for the Victorian Government as an advisor on community services, including; disability services and the Home and Community Care program. He has published more than 150 books, articles, reports and conference papers on health and community services, policy and program development and evaluation.



Professor Jennifer Philip

Jennifer Philip is the newly appointed VCCC Chair of Palliative Medicine, University of Melbourne, St Vincent's Hospital and the Victorian Comprehensive Cancer Centre (VCCC). Jennifer is a palliative care clinician, researcher and teacher whose particular areas of interest include improving the ways supportive and palliative care are delivered, ensuring care is underpinned by high quality evidence and that it is delivered by well trained professionals and carers.



Dr Jennifer Weil

Jennifer Weil is a palliative care physician. She is the Deputy Director of Palliative Care at St. Vincent's Hospital Melbourne and Co-Deputy Director of the Centre for Palliative Care (CPC). Jenny is a keen medical educator and is undertaking further study and research in this area. Her other research interests include clinical trials (she leads the CPC Clinical Trials Group), non-malignant palliative care and the experience of patients with advanced illness presenting to the emergency department.



Professor Geoff McColl

Geoff McColl is Head of the Melbourne Medical School and Professor of Medical Education and Training. Since 2008 he has led the development and implementation of the new Melbourne MD. He has previously held the positions of Associate Dean (Academic) in the Faculty of Medicine, Dentistry and Health Sciences and Clinical Dean of the Royal Melbourne Hospital/Western Hospital Clinical School. His undergraduate medical training was completed at the University of Melbourne including a BMedSc at the Repatriation General Hospital. After internship and residency at the Austin and Repatriation General Hospitals he completed advanced training in rheumatology attaining his FRACP in 1992. He completed a PhD examining antigen-specific immune responses in patients with recent-onset rheumatoid arthritis at the Walter and Eliza Hall Institute in 1996 and a Master of Education in 2008 describing the methods used by clinician educators to improve diagnostic reasoning skills in medical students. Professor McColl is a visiting rheumatologist at the Royal Melbourne Hospital and past president of the Australian Rheumatology Association. He has also been a member of Pharmaceutical Benefits Advisory Committee since 2005 and Chair of the Drug Utilisation Subcommittee since 2013. Professor McColl's current research interests are related to the teaching and assessment of diagnostic reasoning skills in medical students.



Associate Professor Agnes Dodds

Agnes Dodds is an Associate Professor in the Department of Medical Education in the Melbourne Medical School. She is the evaluator for the MD, and is involved in curriculum development and review. Her background is in education and developmental psychology, and her research interests are in evaluation of curriculum innovations, young adult development with particular emphasis on young people undertaking demanding professional courses, and the wellbeing of medical students. Within the Graduate Diploma in Clinical Teaching, Agnes teaches evaluation of teaching and courses. She is experienced in the design and implementation of various methods of evaluation including questionnaire design and analysis.



Dr Penny Cotton

Dr Penny Cotton MBBS, BMedSci, FRACGP, FChPM is a Palliative Care Physician and a member of the Grampians Regional Palliative Care Team at Ballarat Health Services.

She has a Masters in Clinical Education from Flinders University and is a member of the Australian & New Zealand Society of Palliative Medicine whose areas of interest include: rural and regional palliative care, healthcare communication and interprofessional education. She is currently the sub-Dean of Ballarat Clinical School, University of Melbourne.



Professor Lorna Rosenwax

Professor Lorna Rosenwax is the Deputy Pro Vice-Chancellor, Health Sciences at Curtin University. Her previous appointment was Head, School of Occupational Therapy and Social Work, Curtin University. Her research output includes grants and tenders totalling over \$6.25 million, 82+ presentations at state, national and international conferences and 62 publications. Lorna's research recently has centred on the last year of life for people aged 20+ years who died of a condition potentially amenable to palliative care (six NH&MRC grants). Internationally, her team's model for estimating a potential palliative care constituency from a population has been used by the WHO; Cancer Council of New Zealand; National Health Service in the UK; in Brussels; Nova Scotia; Switzerland and elsewhere. Through three national tenders, a palliative care curriculum has been rolled out to most health disciplines in the majority of universities in Australia (PCC4U); both testament to translating research into practice. Other areas of interest include the evaluation of services in aged care, the role allied health can have in palliative care and also in indigenous education, and the value of interprofessional practice.



Associate Professor Caroline Brand

Caroline Anne Brand is an Adjunct Associate Professor at the Department of Epidemiology and Preventive Medicine at Monash University and Melbourne EpiCentre. She is a Rheumatologist and Health Services Researcher. She has worked in clinical rheumatology practice at the Royal Melbourne and Alfred hospitals and in private practice, her clinical research interest focusing on osteoarthritis. Caroline has also been involved in broader health services research for over 15 years, during which time she has led and/or collaborated in projects involving the design, implementation and evaluation of new models of care for supporting people with chronic conditions.



Associate Professor Ilana Ackerman

Ilana Ackerman is an Associate Professor (Research) at the Department of Epidemiology and Preventive Medicine at Monash University. She is a musculoskeletal researcher and an experienced physiotherapist. Her research program includes clinical and epidemiological studies that aim to quantify the burden of osteoarthritis and optimise patient care through efficient outcome assessment. Ilana has been involved in the development of the International Consortium for Health Outcomes Measurement (ICHOM) Standard Set for Osteoarthritis, the Victorian Model of Care for Osteoarthritis and the new national Clinical Care Standards for Knee Osteoarthritis. She leads ICHOM Standard Set implementation work at the Royal Melbourne Hospital and is a collaborator on ICHOM's GLOBE benchmarking study examining outcomes from joint replacement surgery.



Dr Darshini Ayton

Dr Darshini Ayton is a Research Fellow and Lecturer at Monash University. She is a public health and health services researcher in the area of healthy ageing, patient reported outcomes and program implementation and evaluation. She is the project manager for the RESPOND randomised controlled trial - an intervention to assist patients navigate the health system to access falls prevention interventions. Dr Ayton is currently conducting a pre-implementation study to examine the barriers and enablers of implementing a volunteer program to provide psychosocial support to patients with dementia and/or delirium in hospital. Previous research areas have included infectious diseases (HIV, HCV), depression, Parkinson's disease, stroke, health literacy and evaluations of support programs for vulnerable populations.



Professor Mark Rosenthal

Professor Mark Rosenthal trained as a Medical Oncologist in Melbourne and Sydney, Australia. He was awarded a Doctorate of Philosophy for a thesis examining the molecular genetics of colon cancer conducted at the Ludwig Institute for Cancer Research. (1992-1996). He completed post-graduate training at New York University Medical Centre, New York, USA (1996-98) was a Senior Staff Specialist in the Department of Medical Oncology, Royal Melbourne Hospital (1998-2016) and Professor Director of the Department from 2006-2016. He was Chairman and Chief Medical Officer of Cancer Trials Australia (2006-2016) and is Chairman of the Cooperative Trials Group for Neuro-Oncology (COGNO). In 2016 he was appointed as: Senior Staff Specialist in the Department of Medical Oncology at the Peter MacCallum Cancer Centre, Director of the Parkville Cancer Clinical Trials Unit and Clinical Trials Lead for the Victorian Comprehensive Cancer Centre (VCCC). His major interests include: neuro-oncology and early phase clinical trials.



Associate Professor Brian Le

Brian is the Director of Palliative Care at the Victorian Comprehensive Cancer Centre, including the Peter MacCallum Cancer Centre and The Royal Melbourne Hospital. Brian is a specialist in both Palliative Medicine and Medical Oncology, and is an Associate Professor of the University of Melbourne.



Ms Aine Greene

Aine is the Manager of the Southern Adelaide Palliative Services (SAPS) Research Unit where research programs are designed to improve outcomes for both patients needing palliative care and their family caregivers. Programs include symptom management, clinical drug trials, psycho-social care, service delivery evaluation, and family caregiver support. The unit collaborates with groups and individual researchers across Europe, specifically Scotland, England, Italy, Denmark, Germany, Norway and Switzerland, along with the USA and Canada. Investigators hope this collaborative approach will boost the amount of international multi-centre studies in palliative care and initiate and develop evidence based guidelines for palliative care practice. Aine is also a member of the Board of the Daw House Hospice Foundation and she brings to the Board an extensive background working in Nursing Education and Administration in both the public and private sectors and more recently a diverse range of complementary therapies.



Professor Jane Phillips

Professor Phillips is the Director of ImPACCT - Improving Palliative, Aged and Chronic Care through Clinical Research and Translation, and Chair of Palliative Nursing at University of Technology Sydney. Jane has an established program of research focused on improving care outcomes for people in the last year of life by strengthening the nexus between research, policy and practice. She is currently undertaking: studies to evaluate non-pharmacological interventions to improve breathlessness and delirium; health services research to improve care outcomes for older people with cancer and to improve symptom management for older people in residential aged care; and translational research in the areas of pain management and symptom management. She has developed and evaluated nurse coordinated models of palliative care and has extensive experience in cancer and chronic disease nursing, and research. She is the current President of Palliative Care Nurses Australia, Chair of the National Palliative Care Clinical Studies Collaborative Trials Management Group and on the Executive Committee of the NSW collaborative palliative care trials group ImPaCCT (Improving Palliative Care through Clinical Trials). She is also the Chair of the Clinical Oncology Society Australia (COSA) Palliative Care Interest Group, and is a member of the COSA Geriatric Oncology Interest Group.



Professor Zsuzsoka Kecskes

Zsuzsoka was born in Hamburg, Germany and studied medicine there before she moved to Australia in 2004. She completed her training in 2001 and has been working as a Consultant Neonatologist in Canberra since 2002. She has completed a PhD on Perinatal asphyxia with the University of Queensland. She has been recognized as the ACT Australian of the Year 2014 for pioneering the development of the international award-winning Neonatal Intensive Care Unit CAM (NICUcam) project - a web-based service which enables parents and families to watch their babies when they are unable to be at hospital. As the Clinical Director of Neonatology until 2015, Zsuzsoka was already an influential academic and practitioner when she embarked on a four year project to design and develop a world-class Neonatal Intensive Care Unit (NICU) at Canberra's new Centenary Hospital for Women and Children. Zsuzsoka collaborated with families who had experienced neonatal care at the hospital to develop a family-friendly, baby-focused facility. She is the Deputy Dean of Medical School at the Australian National University, leading the teaching of quality and safety topics to medical students.



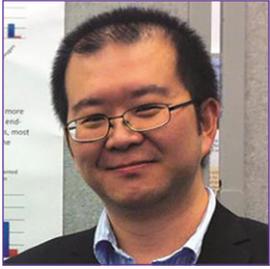
Professor Deborah Parker

Deborah is the Professor of Nursing Aged Care (Dementia) in the Faculty of Health at the University of Technology Sydney. Deborah has worked as a palliative care researcher for over 20 years and has received over \$24 million in research funding. Her primary areas of research are palliative care for older people, dementia and health services evaluation in aged care. She was the lead investigator on the Palliative Approach Toolkit - an evidence based knowledge translation product that has been provided to every residential aged care facility in Australia. Deborah is Vice President of Palliative Care NSW, Board Director of Carrington Care and a member of the Australian Association of Gerontology and Palliative Care Nurses Australia.



Dr Michael Chapman

Michael is a geriatrician, and palliative medicine specialist who is the Director of Palliative Care at Canberra Hospital, and chair of the ACT Palliative Care Network. He has an appointment at ANU and academic interests in the experience of dementia, palliative care in aged care, communication skills, and student welfare. He is a founding member of the online community Palliverse (www.palliverse.com) which seeks to bring broaden the conversation about palliative care in our region.



Dr Chi Li

Dr Chi Li is a palliative care physician in Victoria. His areas of interest include non-malignant palliative care, rural health, psycho-oncology, clinical supervision and mentoring, publishing and social media. Chi is the Editor of the Australian and New Zealand Society of Palliative Medicine (ANZSPM) Newsletter, a founding member of Palliverse.com and can be found on Twitter @Dr_Chi_Li @ANZSPMed @palliverse.



Ms Michelle Gallaher

Michelle is a 25 year veteran of the Australian lifesciences and health sector having held a number of leadership roles in public and private organisations initially as an allied healthcare provider and until recently as Chief Executive Officer of the peak body for biotechnology in Victoria – the BioMelbourne Network – representing and advocating on behalf of the \$62bn industry sector.

Michelle moved from biotech advocacy to entrepreneur in 2014, founding a specialist digital marketing communications agency that is focussed on the science, health and technology sector - The Social Science - whilst at the same time co-founding Australia's leading women in science advocacy group, Women in STEMM Australia.

She is a sought after speaker, author, advisor mentor and influencer, assisting organisations and individuals to understand and engage in the 'how to' of digital marketing and social media platforms in shaping the healthcare experience for patients, healthcare providers and for the developers of new medicines and technologies.

Michelle has worked in numerous influencing and executive management roles, shaping legislation, regulation, market access, government policies and programs, as well as stimulating funding support for biotech, medical research and quality health services.

She has held and continues to hold leadership roles in the Australian lifescience and research industry, in universities, private and public companies as a non executive director, serving on various government and university advisory committees on innovation, lifesciences and health. Michelle is a globally recognised champion of STEMM gender equality and diversity as well as the advancement of clinical trials in Australia.

Michelle holds a Bachelor of Applied Science and post graduate qualifications in business and marketing. She is a Graduate of the Australian Institute of Company Directors and a Fellow of the Australian Institute of Management.

PS: STEMM means – Science, Technology, Engineering, Maths and Medicine. The second 'M' is very important.



Dr Beth Russell

Dr Russell is a palliative care physician with a passion for good research. Her clinical role is in inpatient palliative care at St Vincent's Hospital Melbourne. Her research interests are diverse and include mixed methods projects investigating the needs and experiences of people caring for patients living longer with malignant glioma, novel approaches to the management of peripheral oedema and developing an evidence-based clinical tool for palliative care triage. She was raised and trained in Adelaide and now calls Melbourne home, but will remain forever loyal to South Australian shiraz.



Mr Dean Hewson

Dean is a designer who specialises in communications, community and product design, with a focus on the digital. He has been with CHF for a year and a half, after long experience working in the sustainability sector and as a freelance digital specialist. He has built and run websites from e-commerce to hospitality, and developed the communities around them. His Industrial Design background adds an understanding of user-centred design and how to communicate with people as part of a process with multiple touchpoints and varied stakeholder goals. As the Digital Communications Coordinator at the Consumers Health Forum of Australia, he is responsible for social media, email communications, multiple websites and helping shape digital strategy.



Ms Soula Ganiatsas

Soula is the Head of Operations of Centre for Palliative Care and the Program Manager of Palliative Care Research Network (PCRN). Soula is responsible for the financial, human resources, programmes, business planning and operational activities of the Centre, including marketing and communications. She brings her extensive experience as a former CEO of the Victorian Prostate Cancer Research Consortium (VPCRC), a not-for-profit consortium aimed at improving and integrating prostate cancer research across Victoria. Prior to this, Soula held senior roles in the hospital, academic and industry sectors, including Executive Officer of the Australian Prostate Cancer Research Centre at Epworth Hospital and Business Manager for Peter McCallum Cancer Centre's Research Division. Soula also has a Master in Business Administration (MBA) and 12 years of laboratory-based scientific cancer research experience at world-leading biomedical research institutions.

Poster 1: Nature-based cancer care opportunities: A conceptual framework

Authors: Sarah Blaschke¹, Clare O'Callaghan^{2,3}, Penelope Schofield^{1,4,5}

Affiliations: 1 Department of Cancer Experiences Research, Peter MacCallum Cancer Centre, VIC; 2 Department of Medicine, St Vincent's Hospital, University of Melbourne, VIC; 3 Palliative Care Service, Cabrini Health, Melbourne, VIC; 4 Sir Peter MacCallum Department of Oncology, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, VIC; 5 Department of Psychology, Faculty of Health Sciences, Swinburne University of Technology, VIC

Background: Human health and nature is an emerging research field exploring nature's impact on health and wellbeing. Given preliminary evidence for positive health outcomes related to nature engagement in cancer populations, research is warranted to ascertain strategies for incorporating nature-based care opportunities as additional healthcare strategies for addressing multi-dimensional aspects of patients' health and recovery needs.

Aims: To consolidate findings from a research program investigating nature-based oncology care opportunities and discern relevant applications in oncology and palliative care contexts.

Methods: Drawing on research investigating nature-based engagement in oncology contexts, a 2-step analytic process was used to construct a conceptual framework for guiding nature-based oncology design. Concept analysis methodology generated new insight into underlying patient needs by extracting and synthesizing patients' nature experiences reports. Patient-reported and healthcare expert-developed recommendations for nature-based care in oncology are incorporated into the framework.

Key Learnings: Critical health and safety factors need consideration to ensure safe application of nature-based care opportunities in oncology contexts. Healthcare designers and practitioners require evidence-based information about how cancer patients wish to engage with nature in their recovery experiences in order to improve existing design and patient experience through adding nature-based elements into the oncology setting. Various forms of nature engagement exist, which can improve cancer experiences and benefit patients' lives. Cancer patients report multiple opportunities for such nature-based engagement that may result in positive physical and psychosocial health outcomes.

Results: Five theoretical concepts were formulated describing patients' reasons for engaging with nature and the underlying needs these interactions address. These included: meaningful connections, distancing from the cancer experience, meaning-making, finding comfort and safety, and vital nurturance. Eight shared patient and expert recommendations were compiled, which address the identified needs through nature-based initiatives. Eleven additional patient recommendations attend to important experiential qualities of patients' nature-based engagement.

Conclusions: The proposed framework outlines salient findings about helpful nature-based care opportunities for ready access by healthcare practitioners, designers, researchers and patients themselves. Research collaboration is critical for bringing together expert and patient perspectives to guide successful design and delivery of nature-based healthcare solutions.

Abstract is reporting the findings from an in-progress original research study.

Poster 2: Examination of Family Meetings in Advanced Disease

Authors: Amy Wang^{1,2}, Kristina Thomas², Jennifer Weil², Peter Hudson²

Affiliations: 1 Department of Medicine, University of Melbourne, VIC; 2 Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC

Background: Family meetings (FMs) between health professionals, patient and family caregivers are recommended as a valuable tool in the delivery of palliative care. Early evidence suggests positive outcomes for patients and family carers following FMs. However, there is a dearth of knowledge regarding FM characteristics and few studies with conclusive evidence of benefits of FMs or information on the ideal structure, format and content of FMs.

Aims: The aims of this study are to determine: (1) the incidence of FMs in patients with advanced disease; (2) the circumstances and timing in which the FM occurs; and (3) the content and follow up actions of FMs.

Methods: A retrospective medical record audit of 200 patients who died in hospital of an expected death from advanced disease was conducted. Details of FMs were collected using an audit tool. Patient demographics and admission data were also collected. Data analysis was conducted using simple descriptive statistics.

Key Learnings: 16.5% of patients had at least one FM during their inpatient stay. The majority of FMs occurred in the palliative care setting (59.5%), and were most commonly facilitated by doctors (81%). Patient attendance was frequent (40.5%). FM content fell into six categories: medical discussion, supportive communication behaviours of clinicians, psychosocial support, end of life discussion, discharge planning and administrative arrangements. Common follow up actions included requests for referrals and medical or allied health review.

Conclusions: FMs are a valuable tool for patients with advanced disease but appear to be infrequently used in many settings, with a heavy medical focus.

Practice Implications: Clinicians are encouraged to have a greater understanding of FMs to improve their use and optimise delivery in clinical practice.

Abstract is reporting the findings from a completed original research study.

Poster 3: The use of prophylactic medications in the last week of life

Authors: Amanda Ji^{1,2}, Jennifer Weil², Jennifer Philip^{1,2,3}

Affiliations: 1 Department of Medicine, University of Melbourne, VIC; 2 Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC; 3 Victorian Comprehensive Cancer Centre, VIC

Background: Polypharmacy is frequent and associated with morbidity in acute hospitals. Little is known about the polypharmacy of admitted acute hospital in-patients nearing death, nor the medications prescribed for potentially prophylactic-only intent in this patient group.

Aims: This study documents and compares the prescription of prophylactic medications in a cohort of patients who predictably died from progressive illness as in-patients in acute and palliative care designated beds.

Methods: A retrospective medical record review of patients who died from progressive illness including cancer, congestive cardiac failure, chronic obstructive pulmonary disease, end stage renal disease, and dementia between July 2015 and December 2016. Medications prescribed for prophylaxis of predefined conditions were recorded at hospital admission, and in the last week of life (7 and 1 day(s) before death), along with demographic data and timing of specialist palliative care assessment.

Key Learnings: A total of 165 medical patient records were included; 100 died in designated palliative care inpatient beds and 65 in acute inpatient beds. Mean age was 75.38 years, and 67% had a primary diagnosis of cancer. Patients took a median number of 2 (interquartile range (IQR) 1-4) prophylactic medications at the time of their last hospital admission, 2 (IQR 1-3) 7 days before death, and 0 (IQR 0-1) 1 day before death. Overall higher median numbers of prophylactic intent medications were observed in those patients dying in acute inpatient beds. Significant differences in prescription between the two groups were noted at the 3 time-points (1, 7 day(s) before death, and at the time of admission) for following classes of drugs: lipid lowering agents, vitamins & minerals and beta-blockers; with lower prescription rates amongst those patients in palliative care designated beds.

Conclusions: Prescription of prophylactic intent medications is highly prevalent in the days before potentially predictable deaths for patients dying in acute hospitals. Recognising dying involves complex clinical skills, and its importance is highlighted by these study findings. Further studies are needed to provide evidence to guide de-prescribing earlier in a patient's illness course and in turn, reduce the burden of polypharmacy.

Abstract is reporting the findings from a completed original research study.

Poster 4: Developing a Model of Bereavement Care for St Vincent's Hospital Melbourne

Authors: Matthew Grant¹, Peter Hudson², Fiona Israel², Annie Forrest³, Sue-Anne McLachlan⁴, Jennifer Philip^{1,5}, Anna Collins⁵, Justin Dwyer⁶, Lisa McDonald⁷

Affiliations: 1 Department of Palliative Medicine, St Vincent's Hospital Melbourne, VIC; 2 Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC; 3 Department of Pastoral Care, St Vincent's Hospital Melbourne, VIC; 4 Department of Cancer Services, St Vincent's Hospital Melbourne, VIC; 5 Victorian Comprehensive Cancer Centre, VIC; 6 Department of Psycho-Oncology, St Vincent's Hospital Melbourne, VIC; 7 Group Mission, St Vincent's Health Australia, VIC

Project Funded by: St Vincent's Hospital Research Endowment Fund

Background: At St Vincent's Health Melbourne (SVHM), close to 1000 people die annually while receiving care. While bereavement care is provided to varying degrees this differs greatly according to admitting unit, experience and availability of staff, and location of death. There is currently no universal bereavement support program across the hospital. It is well recognised that provision of bereavement support is an essential component of quality care, and can lead to better health outcomes for the dying patient, bereaved carers, and has the potential to reduce conflict and ensuing complaints. For most grief is a natural process, but for 10-15% of the population will experienced prolonged or complicated bereavement greatly affecting their lives, and by providing good bereavement care and opportunities for follow-up in the hospital setting we may reduce this impact.

Aims: To form a comprehensive and implementable bereavement model of care across all SVHM sites.

Methods: This project had a 5 phase design:

1. SVHM staff survey regarding experiences and perceptions of bereavement care
2. Interviews with bereaved individuals about experiences of bereavement care at SVHM
3. Staff focus groups discussion establishing bereavement guidelines at SVHM
4. Literature review of current practices, guidelines, and expert opinion for bereavement care in acute hospital settings
5. Establishing a bereavement model of care for SVHM informed by expert opinion and the aforementioned results

Results: Staff (n=171) were highly supportive of establishing a bereavement service at SVHM, and felt the need for greater support, training and coordination on this issue. Bereaved relatives (n=8) predominantly described good experiences at SVHM, however perceived improvements could be made with practical matters and opportunities for bereavement follow-up if required.

Conclusions: The formation of a bereavement model of care at SVHM recommends the formation of a hospital wide policy with universal education for staff, coordination and standard provision of practical information for the bereaved around the time of death. This will provide opportunity to access specialist bereavement services and other support applicable to individual need.

Abstract is reporting the findings from a completed original research study.

Poster 5: Development of a Web-based Palliative Care Registry in General Practice Setting

Authors: Jinfeng Ding¹, Claire Johnson^{2,3}, Angus Cook¹

Affiliations: 1 School of Population and Global Health, University of Western Australia, WA; 2 Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) Medical School, University of Western Australia, WA; 3 School of Nursing and Midwifery, Monash University, VIC

Project Funded by: Val Lishman Foundation

Background: Routine assessment and feedback is recognized as an important approach for dynamically monitoring health care quality and policy development, and has been widely used in health care research. However, in Australia, there are no processes to determine what and how care is provided for end of life patients, or the quality of this care, in general practice settings. This lack of information is striking given that GPs undertake the majority of palliative care, and a number of barriers in their provision have been identified in previous studies.

Aims: To develop a Web-based Palliative Care Registry (WPCR) in General Practice Setting

Methods: The first step is to establish a palliative care questionnaire based on literature review and expert interviews. A systematic review of instruments assessing palliative care from the general practice's perspective was conducted. Additional background was obtained from focus groups with GPs and in-depth interviews with other stakeholders. In the second step, the list of questions to be included will be refined through a consensus process which will involve 20 key stakeholders. The third step will convert the questionnaire into the WPCR configured for use with electronic medical record system. Once a death is notified in medical record, the WPCR will be automatically activated and some core data fields will be automatically populated, with additional questions about the care provided being part of a drop-down questionnaire to be completed by GPs.

Key Learnings: Our systematic review identified 21 relevant instruments with key questions which may inform the development of our questionnaire were extracted. Preliminary findings from qualitative data indicated a high level of commitment by GPs in the provision of high-quality palliative care, a desire for coordination with multidisciplinary team, lack of financial support in case conference and home visit, and problems with accessing necessary medications.

Conclusions: Several successful palliative care audit programs were identified in literature review and opinions obtained from interviews. These results confirmed the significance, feasibility and acceptability of our design idea of configuring WPCR for use with an electronic medical record system.

Research Implications: In the future, this registry will be pilot tested with around 100 GPs and further developed into a national palliative care audit network.

Abstract is reporting the findings from development of a novel research intervention or methodology.

Poster 6: What Do Children Need From A Paediatric Palliative Care Service: A Retrospective Audit

Authors: Naomi Katz, Bronwyn Sacks, Molly Williams, Kerith Peter-Budge, Jenny Hynson

Affiliation: Department of Palliative Care, Royal Children's Hospital, VIC

Background: The Victorian Paediatric Palliative Care Program (VPPCP) operates as a consultation-liaison service to support children and their families by providing interventions such as symptom management, psychosocial support, equipment, advance care planning discussions, and end-of-life care. Approximately 250 children are known to the program each year. Length of stay varies from days to years. Approximately 60 to 80 children known to the VPPCP die each year; deaths occur in hospital, at home or in hospice. There is a relative paucity of published literature around overall specialist paediatric palliative care service provision and end-of-life medication prescription but we know that children with a life-limiting illness (LLI) experience distressing symptoms in the last weeks of life. Many children with a LLI who die in hospital have no documented Do Not Resuscitate (DNR) order. Documentation of baseline data is needed for service evaluation and future service development.

Aims: To describe the demographics, overall service provision, and end-of-life management for a snapshot of patients known to the VPPCP.

Methods: A retrospective clinical audit of electronic medical records of all patients who died between July 2016 and June 2017 will be presented. Details about patient demographics, diagnosis, symptoms and medications at end-of-life, advance care planning, location of death, and VPPCP service provision will be presented. Descriptive statistics will be used to summarise findings.

Key Learnings: The findings will be useful for paediatric palliative care services, and specialist community palliative care services, for future service planning and delivery.

Conclusions: To be presented.

Abstract is reporting the findings from an in-progress program evaluation.

Poster 7: Stakeholder Perspectives and Suggestions for a Palliative Care Pharmacy Service within a Community-Based Palliative Care Service

Authors: Lisha Kuruvilla¹, Greg Weeks¹, Peter Eastman², Johnson George³

Affiliations: 1 Pharmacy Department, Barwon Health, VIC; 2 Palliative Care Services, Barwon Health, VIC; 3 Centre for Medicine Use and Safety, Monash University, VIC

Project Funded by: Department of Health and Human Services, Victoria

Background: Specialist Community Palliative Care (CPC) services aim to provide care for patients in their place of residence. Plans to stay at home for end-of-life care are often not realised for many patients due, in part, to a lack of support and services.

Aims: To explore stakeholder perspectives about the gaps in the current model of community-based palliative care services focusing on medication management incorporating opinion as to whether the introduction of a specialist palliative care pharmacist might address some of these gaps.

Methods: Separate focus groups were conducted with clinicians and consumers associated with a regional Australian palliative care service. An experienced facilitator moderated the discussions, which were recorded and transcribed verbatim. Data were analysed using a framework approach and interpreted in the context of the Chronic Care Model for improving primary care for patients with chronic illness.

Key Learnings: Gaps in access to medicines/resources, training for generalist practitioners, communication between treating teams and support for patients and carers were cited as factors adversely impacting CPC. The introduction of a specialist palliative care pharmacist to facilitate access to medicines, medicines information and medicines reviews were deemed likely to address some of the gaps identified.

Results: Five major themes emerged: access to resources and information; shared care; challenges of polypharmacy; informal caregiver needs and potential roles of a palliative care pharmacist.

Conclusions: While CPC plays an essential role in meeting the health care demands of an ageing society, current model is faced with a number of gaps and limitations in relation to medication management. Integration of an appropriately qualified and skilled pharmacist into the CPC team may help to address some of these gaps. Competency, credentialing and training for such pharmacists will be a matter of consideration if such roles are to be successful.

Research Implications: Future research should further explore the models of service delivery to improve access to medicines and services and assess the impact of pharmacists as part of community based palliative care services.

Abstract is reporting the findings from a completed original research study.

Poster 8: "Life within the Person Comes to the Fore": Pastoral Workers' Experiences of Using Art-based Modalities in Palliative Care

Authors: Clare O'Callaghan^{1,2}, Libby Byrne^{3,4}, Eleni Cokalis⁵, David Glenister⁶, Margaret Santilli⁷, Rose Clark⁶, Therese McCarthy⁵, Natasha Michael^{1,8,9}

Affiliations: 1 Department of Supportive and Palliative Care, Cabrini Health, VIC; 2 Institute for Ethics and Society and Ethics, Notre Dame University, NSW; 3 School of Psychology and Public Health, La Trobe University, VIC; 4, The University of Divinity, VIC; 5 Department of Creative Arts Pastoral Care, Caritas Christi Hospice, St Vincent's Hospital Melbourne, VIC; 6 Department of Pastoral/Spiritual Care, Royal Melbourne Hospital, VIC; 7 Department of Pastoral Care, Epworth Freemasons, VIC; 8 School of Medicine, Notre Dame University, NSW; 9 Faculty of Medicine, Nursing and Health Sciences, Monash Health, VIC

Background: Spirituality is central to palliative care. Pastoral workers provide spiritual care through assisting people to find meaning, personal resources, and connection with self, others, and/or a higher power. Although essential in palliative care, there remains limited examination of what pastoral workers do.

Aims: To understand how pastoral workers use arts-based modalities and consider their usefulness in palliative care.

Methods: Qualitative research was used to examine the practice wisdom (tacit practice knowledge) of six pastoral workers with six mean years' experience of using visual arts and music in palliative care. In two, 2-hour focus groups pastoral workers discussed experiences and perspectives related to using arts at Caritas Christi Hospice, St Vincent's Hospital Melbourne, Royal Melbourne Hospital, and Epworth Freemasons. Thematic data analysis was informed by grounded theory. Pastoral workers were co-researchers and verified findings.

Key Learnings: Pastoral workers use the arts as "another tool" to extend scope of practice by assisting patients and families to symbolically and more deeply contemplate what they find sacred or significant. Their art affinities inform their aims, assessments, and interactions. Clinical experiences inform pastoral workers' beliefs that arts-based modalities can validate, enlighten, and transform patients and families through enabling them to "multi-sensorially" (through many senses) feel recognised, accepted, empowered, "lightened", and/or close to God. Key elements involved in the work's transformative effects include enabling beauty, ritual, and the sense of "home", being heard, and legacy leaving.

Conclusions: Pastoral workers interpret that offering arts-based modalities in palliative care can help patients and families to symbolically deal with painful memories and experiences, connect with beauty, creatively engage with what and who matters, and/or encounter a sense of transcendence. The arts allow symbolic representations of otherwise unarticulated and unrecognised personhood, and thus dignified living in palliative care.

Research Implications: Examination of patients', families', and staff experiences of pastoral workers' art-based interactions is warranted.

Practice Implications: Arts training needs to be offered in pastoral education. Locating the arts within pastoral care intervention codings would assist interdisciplinary communication about this valuable work.

Abstract is reporting the findings from a completed original research study.

Poster 9: Death Anxiety in Patients with Advanced Cancer: A Systematic Review of Interventions

Authors: Chris Grossman¹, Joanne Brooker^{2,3}, David Kissane³, Natasha Michael^{4,5,6}

Affiliations: 1 Department of Palliative Care, Caritas Christi Hospice, St Vincent's Health Australia, VIC; 2 Szalmuk Family Psycho-oncology Research Unit, Cabrini Institute, Cabrini Health, VIC; 3 Department of Psychiatry, School of Clinical Sciences, Faculty of Medicine, Nursing and Health Sciences, Monash University, VIC; 4 Department of Palliative and Supportive Care, Cabrini Health, VIC; 5 School of Medicine, Notre Dame University, NSW; 6 Faculty of Medicine, Nursing and Health Sciences, Monash Health, VIC

Background: "Death anxiety" is a term used to conceptualise the worry generated by death awareness. It is particularly salient for those with existential concerns arising when diagnosed with life-limiting illnesses. Unaddressed, death anxiety contributes to demoralization, depression, fear of suffering, and desire for hastened death. Interventions are available to assist but are scarcely used in everyday practice.

Aims: To assess quantitative studies on interventions for adult patients with advanced cancer suffering from death anxiety.

Methods: MEDLINE, PsycINFO, Embase and CINAHL were searched to identify interventional studies conducted with advanced cancer patients where the focus was on quantitative outcomes related to death anxiety or comparable existential phenomena (1990 to December 2016). Two reviewers independently screened titles and abstracts, and assessed relevant studies for eligibility. Data were then extracted from included studies for analysis.

Key Learnings: Nine unique quantitative studies were identified, including five randomised controlled trials, involving a total of 1179 cancer patients. All studies were psychotherapeutic in nature and centred on existential themes, including meaning, dignity, relationships, and spiritual wellbeing. Program duration ranged from 2 sessions across two-to-three days, to up-to-eight sessions across six-months. Session lengths within programs ranged between 15 to 90 minutes and were conducted by psychiatrists (5), psychologists (6), social workers (2) and/or nurses (3). Heterogeneity of studies and measures prevented determination of an overall effect size.

Conclusions: Interventions were identified for this clinical scenario of death anxiety in patients with advanced cancer. Therapies of short duration, incorporating spiritual wellbeing and evoking a sense of meaning were claimed to be the most beneficial, despite lacking rigorous statistical analysis. Existential psychotherapies are a promising group of interventions for alleviating death anxiety and related morbidities.

Research Implications: More high quality studies with tailored outcome measures are required to fully evaluate the most effective interventions for death anxiety in patients with advanced cancer.

Practice Implications: Greater awareness is required of the need to investigate, identify, and treat patients with terminal illnesses who suffer existential concerns.

Abstract is reporting the findings from a completed original research study.

Poster 10: Evaluation of an Advance Care Planning Community - Education Program in Metro South Health

Author: Jessica Taylen-Smith

Affiliation: Brisbane South Community Palliative Care, Metro South Palliative Care Service, QLD

Background: Educating communities about the advantages of engaging in advance care planning (ACP) is integral to ensuring that end-of-life care is delivered in a pro-active manner and with respect for the individual.

Aims: To critically evaluate an ACP community-education program and provide recommendations to improve the program.

Methods: Formative evaluation explored efficiency, quality and appropriateness of the education. Summative evaluation involved impact and economic measures. Impact was measured by assessing whether the education achieved the primary objective of raising awareness of the importance of ACP. Assessment was based on quantitative and qualitative data using a bespoke survey. Recommendations for program improvement were formulated.

Key Learnings: This ACP education program was successful in raising awareness of the importance of ACP. The education improved readiness for participation in, and commitment to action in ACP, evidenced by both ACP discussions and completion of ACP documents.

Results: The program was efficient: two educators, costing \$250,000 delivered 41 presentations to 1,193 people over a 12-month period. The education was considered high quality with appropriate content. 23/62 survey respondents strongly agreed or agreed that hearing about ACP was confronting but 22 of those strongly agreed or agreed hearing about ACP was a relief. Importantly, 95% of respondents reported the education convinced them of the importance of ACP. In the three months subsequent to attending an education event, 25% had had conversations with those close to them about their own future healthcare, 21% completed an Enduring Power of Attorney document and 17% completed a Statement of Choices document. Indirect economic evaluation indicated the program would likely have favourable economic effects.

Conclusions: Overall evaluation indicated that the program was successful. Community-based ACP education can raise awareness of the importance of ACP. Six recommendations are presented.

Research Implications: This evaluation adds to the limited literature on community-based ACP initiatives and how these initiatives can be evaluated.

Practice Implications: Increasing awareness of the importance of ACP in the community will hopefully lead to improved generalist palliative care with patient-centred end-of-life care reflective of individuals' values and wishes.

Abstract is reporting the findings from a completed program evaluation.

Poster 11: Caregiver Quality of Life in Advanced Cancer: Qualitative Results From a Trial of Early Palliative Care

Authors: Julie McDonald¹, Nadia Swami², Ashley Pope², Sarah Hales^{2,3}, Rinat Nissim^{2,3}, Gary Rodin^{2,3,4}, Breffni Hannon^{2,4,5}, Camilla Zimmermann^{2,5}

Affiliations: 1 Department of Respiratory and Sleep, St Vincent's Hospital Melbourne, VIC; 2 Department of Supportive Care, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada; 3 Department of Psychiatry, University of Toronto, Canada; 4 Toronto Campbell Family Research Institute, Princess Margaret Cancer Centre, University Health Network, Toronto, Canada; 5 Division of Medical Oncology, Department of Medicine & Department of Psychiatry, University of Toronto, Canada

Project Funded by: Canadian Cancer Society (CCS, grants 017257 and 020509; CZ) and the Ontario Ministry of Health and Long Term Care.

Background: Early involvement of palliative care improves patient quality of life (QOL) for patients with advanced cancer. However, studies have not yet demonstrated a similar effect for caregivers, for whom the construct of QOL is less well developed.

Aims: To identify domains of caregiver QOL, and to explore differences in themes between those who did or did not receive an early palliative care intervention.

Methods: A cluster randomised trial of early palliative care for advanced cancer patients was conducted at a tertiary comprehensive cancer centre in Toronto, Canada(1). Following completion of the trial, 23 caregivers (14 intervention, 9 control) participated in semi-structured interviews to discuss their QOL. A grounded theory approach guided the study.

Results: Six major themes of QOL emerged from the caregiver interviews: Living in the patient's world (core category); burden of illness and caregiving; assuming the caregiver role; renegotiating relationships; confronting mortality; and maintaining resilience. There was thematic consistency between trial arms, except for the last two themes, which had distinct differences. Participants in the intervention group engaged in open discussion about the end of life, balanced hope with realism, and had increased confidence from a range of professional supports. Controls tended to engage in "deliberate ignorance" about the future, felt uncertain about how they would cope, and lacked knowledge of available supports.

Conclusions: Qualitative exploration suggested six major themes of caregiver QOL. Thematic content related to confronting mortality and benefit from professional supports differed between intervention and control; suggesting a potential impact of early palliative in these areas which was not detected by quantitative analysis(2).

Research Implications: Awareness of elements that are important to caregiver QOL may allow refinement of research interventions for caregivers of patients with advanced cancer. Measures of caregiver quality of life should be broadened to more inclusively assess aspects of confronting mortality and professional supports; this may allow greater sensitivity to change.

References: (1) Zimmermann C, Swami N, Krzyzanowska M et al. Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial. *Lancet* 2014;383:1721-1730. (2) McDonald J, Swami N, Hannon B et al. Impact of early palliative care on caregivers of patients with advanced cancer: cluster randomised trial. *Ann Oncol* 2017;28:163-168.

Abstract is reporting the findings from a completed original research study.

Poster 12: Discharging Patients From A Specialist Community Palliative Care Service – Are We Doing It Right?

Authors: Ge Kai (Eunice) Ho¹, Davinia Seah², Richard Chye², Trish Sutton², Sandra Sullivan², Danny Jang²

Affiliations: 1 HammondCare Palliative and Supportive Care Services, Greenwich Hospital, Sydney, NSW; 2 Department of Palliative Care, Sacred Heart Hospice, St Vincent's Hospital Sydney, NSW

Background: The demand for palliative care services is increasing with the aging population and earlier oncology referrals. To meet this demand, specialist community palliative care teams must have efficient models of care that may include discharging patients who no longer require specialist palliative care expertise. There is currently limited evidence to guide discharge practices from specialist community palliative care services.

Aims: The aim of this study was to describe the patterns of re-enrolment to the Sacred Heart Community Palliative Care Service, identifying factors associated with re-enrolment to the service. We also studied the reasons for discharge in the initial episode.

Methods: Utilising electronic medical records, a retrospective audit of all patients discharged from the service between July 2010 to July 2016 was conducted. Patients were excluded if they were discharged due to death; transferred out of area; declined the service; transferred to another hospital or were referred inappropriately. Information including demographics, living situation, diagnoses (malignant vs non-malignant), discharge and re-enrolment details were extracted.

Results: Of the 739 patients who met the inclusion criteria, 42(5.7%) patients were re-enrolled. The median length of the initial episode of care was 65 days (Q1=17,Q3=169). The median timeframe between discharge and re-enrolment was 216 days (Q1=93,Q3=512). Patients living in residential care facilities (OR 3.45; 95% CI 1.28,9.28; P=0.01) and those with malignant diagnoses(OR 2.22; 95% CI 1.00,4.93; P=0.04) had higher rates of re-enrolment. The majority of re-enrolled patients were initially discharged because they were in a stable condition (69%) and the reasons for the referral had been addressed with no ongoing specialist palliative care needs (64%).

Conclusions: The proportion of patients re-enrolled to the service was low. The majority of patients were assessed as being in a stable condition at the initial discharge. Patients living in residential care facilities or having a malignant disease were associated with re-enrolment to the service. Additional resources in residential care facilities may be required to support both staff and patients.

Research Implications: Future prospective studies formulating discharge criteria and discharge benchmarking indices are warranted.

Abstract is reporting the findings from a completed original research study.

Poster 13: CARE-IS: A RCT Of A Nurse-Led Supportive And Educational Intervention for Carers of People With High Grade Glioma (HGG).

Authors: Robyn Attwood¹, Georgja Halkett², Anna Nowak^{3,4}, Jane Phillips¹, Liz Lobb^{5,6}, Peter Hudson⁷, Lisa Miller⁸, Rachael Moorin^{9,10}, Jenny Clarke²

Affiliations: 1 IMPACCT, University of Technology Sydney, NSW; 2 Faculty of Health Sciences, School of Nursing and Midwifery, Curtin University, WA; 3 School of Medicine and Pharmacology, University of Western Australia, WA; 4 Department of Medical Oncology, Sir Charles Gardiner Hospital, WA; 5 Calvary Health Care Kogarah and Cunningham Centre for Palliative Care, St Vincent's Hospital Sydney, NSW; 6 University of Notre Dame, NSW; 7 Centre for Palliative Care, St Vincent's Hospital Melbourne, VIC; 8 Department of Psychiatry, Sir Charles Gardiner Hospital, WA; 9 School of Population Health, Curtin University, WA; 10 Department of Research, Silver Chain Group, WA

Project Funded by: Cancer Australia

Background: HGG is a rapidly progressive terminal illness associated with significant changes in function, cognition and personality. Informal caregivers can experience high levels of distress and feel inadequately prepared for their role. Patients are frequently admitted to hospital or other care due to carer fatigue or lack of preparation for care at home.

Aims: The CARE-IS randomised controlled trial (RCT) aims to evaluate a nurse-led education and support program to improve carer preparedness, improve their quality of life; reduce anxiety and depression; and decrease unplanned use of health services.

Methods: Randomised, controlled, unblinded Phase III trial comparing usual care with the intervention. Participants are informal carers of people diagnosed with HGG within the past two months and undergoing chemoradiotherapy. The intervention consists of 1) Telephone assessment of carer's needs; 2) Nurse-led home visit; 3) Personalised resource file individually tailored and 4) Ongoing telephone support for 12 months. Participants in both arms are surveyed about their distress, preparedness to care, quality of life and health utilisation at baseline and 8 weeks, then 4, 6, 9 and 12 months.

Key Learnings: This poster presentation will describe specific areas where the nurse has provided carers with support, such as: caring for yourself (e.g. anxiety, carer strain/burden); practical matters (e.g. occupational therapy, legal advice, transport); communication; treatment; physical symptoms; mental and behaviour changes; fertility and sexuality; lifestyle choices and end of life care.

Results: 53 carers in WA have received the intervention so far and in NSW, where recruitment has recently commenced, the intervention has been initiated with 5 carers to date. Content analysis of the recorded nurse-led telephone assessments highlights the complexity of the experience of caring for someone with HGG.

Conclusions: This RCT will demonstrate whether the nurse-led intervention is effective in reducing carer distress and improving carer outcomes.

Research Implications: If the intervention model is successful, it could be tested in carers of patients with other rapidly progressing cancers or neurodegenerative diseases and then taken up routinely by palliative care teams.

Abstract is reporting the findings from an in-progress original research study.

Poster 14: Bridging The Mental Health Treatment Gap In Palliative Care

Authors: Julianne Whyte¹, Janelle Thomas², Kirsty Smith², Janelle Wheat²

Affiliations: 1 Amaranth Foundation, NSW; 2 Faculty of Science, Charles Sturt University, NSW

Background: The issue of mental health (MH) in palliative patients is well-documented; there is a skills gap in the health workforce caring for these patients around identifying and addressing patients' MH concerns. The 'Listen Acknowledge Respond' project was established to fill this gap by delivering training for healthcare professionals (HCP) to address the MH needs of those living with dying, and investigating the impact of the training on HCP practice.

Aims: To investigate changes in HCP skills and confidence using MH tools and therapies after attending a two-day workshop around MH in palliative care.

Methods: Free two-day workshops were developed and delivered to HCP working in palliative care (PC) services Australia-wide. Participants completed surveys pre-training and at 3, 6 and 9 months post-training, to record self-reported knowledge, skills and confidence using MH tools and therapies pre-training; and measure the changes in these attributes after training.

Key Learnings: A significant proportion of HCP surveyed pre-training are not confident addressing the MH needs of their palliative patients, despite having to do this as part of their practice. Post-training findings indicate that the training has improved HCP's awareness of and response to their patients' MH concerns.

Results (if applicable): Before training 73% of HCP regularly screen for MH issues, yet less than half (39%) are confident applying the five most commonly used screening tools. In addition, only about half (55%) of respondents who use therapeutic approaches pre-training feel confident doing so. Post-training surveys show HCPs' self-reported knowledge, skills and confidence in using MH tools and therapies has increased significantly since participating in the training. This poster will provide an overview of survey findings conducted pre-training and 3-months post-training.

Conclusions: Providing targeted training to HCP is an effective and important approach to bridging the gap between mental and physical health service provision, as evidenced by increased use and confidence in using common mental health tools and applying key therapeutic approaches.

Research Implications: Development and delivery of more targeted

Abstract is reporting the findings from an in-progress original research study

Poster 15: Designing Medicinal Cannabis Clinical Trials In Palliative Care

Authors: Valentina Naumovski¹, Meera Agar^{1,2,3} on behalf of the Medicinal Cannabis Investigator Team

Affiliations: 1 South Western Sydney Clinical School, School of Medicine, University of New South Wales, NSW; 2 Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT), University of Technology Sydney, NSW; 3 Ingham Institute of Applied Medical Research, NSW

Project Funded by: NSW State Government

Background: In recent times, the social-political environment has shifted toward a legitimate medical use of Cannabis (*Cannabis sativa* L. Cannabaceae), especially in the palliative care setting. However, clinical trials in cancer patients have shown inconsistent results for its acceptance and widespread use as a therapeutic agent for symptom management.

Aims: The aim of this presentation is to outline the processes that need to be considered when designing and conducting high quality, yet safe and feasible clinical trials using botanical medicinal cannabis, particularly in reference to symptom management in palliative care.

Methods: A team of investigators, including project and clinical staff, consumer representative and various academic researchers with diverse backgrounds (trialist, palliative care, general medicine, clinical pharmacology, herbal medicine, cannabinoids, drug and addiction medicine, psychology, nursing, biostatistics and health economics) was formed and met monthly, via teleconference, with subgroups of the teams meeting weekly or as needed.

Key Learnings: The key learnings in planning a trial of a botanical medicinal cannabis product involve: understanding current local legislation of cannabis including importation, biological plausibility of cannabinoid type(s) and impact on target symptoms (understanding pharmacodynamic, pharmacokinetic and analytical characteristics of the product), consideration of human research ethics requirements (safety of participants, equipoise, current alternative treatment options, driving, staff exposure), standardisation of cannabinoid content, dosage and mode of administration, packaging of dosage forms, pharmacy dispensing and security of product and the cost of setting up the trial (choice of location of trial (inpatient or community), personnel, travel, training of staff, equipment and consumables).

Conclusions: A year long process, working closely with local and international regulatory and legal authorities and organisations, health care personnel and facilities and various researchers, has culminated in the start of a Phase I/II cannabis trial in Australia (ANZCTR12616000516482). It is recommended that this multi-faceted process is required to examine the quality, safety and efficacy of botanical medicinal cannabis in the palliative care setting.

Research Implications: Many of these processes will need to be considered when designing medicinal cannabis trials.

Practice Implications: The results will provide guidance for the use of cannabis in clinical practice.

Abstract is reporting the findings from development of a novel research intervention or methodology.

Rendezvous Hotel Melbourne

328 Flinders Street Melbourne VIC 3000 T: 03 9250 1888



RENDEZVOUS
GRAND HOTEL
MELBOURNE

The Rendezvous Hotel, Melbourne is one of Australia's finest historic hotels. Built in 1913, this meticulously restored hotel retains the elegant style of the early 1900s while providing delegates with all the convenience of 21st century technology and amenities.

The hotel boasts a prime location in the heart of the central business district on Flinders Street, less than 100 metres from Melbourne's iconic Flinders Street Station and overlooking the Yarra River.

www.rendezvoushotels.com.au/Melbourne

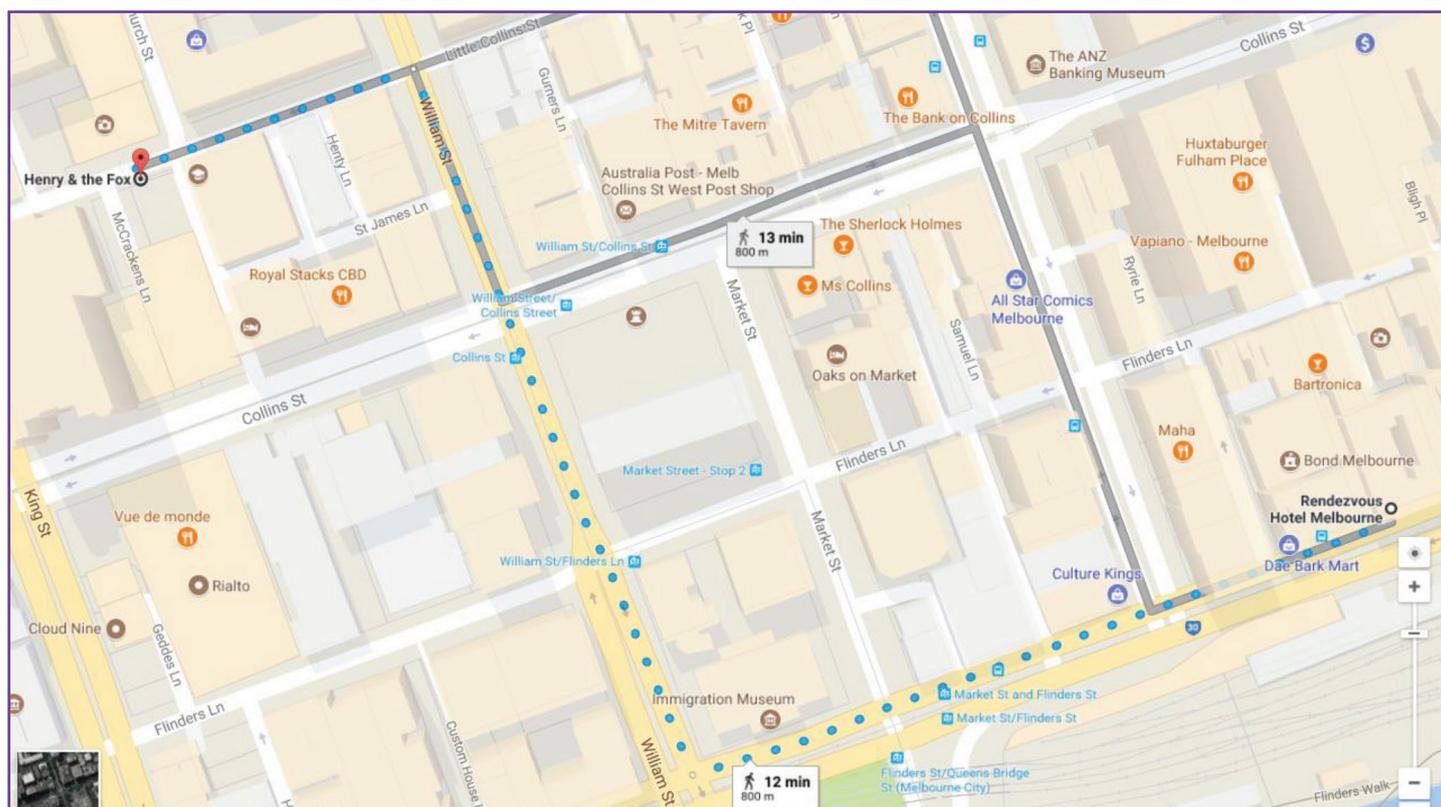
Henry and the Fox

525 Little Collins Street, Melbourne T: 03 94163277

The Colloquium dinner at The Fox's Den will consist of pre-dinner drinks from 6pm, followed by a delicious three-course meal in the restaurant at 7pm.



HENRY
and the
FOX



Getting to the venues

Henry and the Fox is a 12 minute walk from the Rendezvous Hotel Melbourne (*via the dotted line on the map*).

Alternatively, you can walk up to 1-Flinders Street / Queens Bridge Street and catch Tram No. 58 towards Toorak-West Coburg and get off 4 stops down at 4-Collins Street / Williams Street, then walk 130 metres to 525 Little Collins Street.

Public Transport

If you want to use public transport beyond the free CBD zone, you will need to purchase a reloadable contactless smartcard ticket, called a Myki. You need to touch your Myki on and off when using trams, trains and buses. You can buy a Myki from ticket machines at Melbourne Airport/Skybus, all Metro stations and some accessible tram stops and bus interchanges, 7-Eleven stores or by calling 1800 800 007.



The card itself costs \$6 and then you put money on it to pay for your fare, for example a daily ticket for travel within the inner city costs \$8.20 or \$4.10 for two hours' travel. On weekends it costs \$6.

For more information on public transport please visit www.ptv.vic.gov.au

Parking

Secure Parking

300 Flinders Street (in between Elizabeth and Queen Streets), Melbourne.



Standard All Day Parking:

Validate your daily parking ticket for \$25 at the hotel reception (normal rate is \$55 for more than three hours or \$42 if you pay online).

Early Bird Parking:

- Enter between 06:00am – 09:30am and Exit before 12:00am next day
- Pay on the day: \$16
- (Please note: all Early Bird customers are required to have their ticket validated on level 9. Please follow signage at the car park); or
- Secure-a-Spot online in advance: from \$15 (Please note: Secure-a-Spot bookings must enter and exit at the far left entry or exit lanes).

www.secureparking.com.au/car-parks/australia/vic/melbourne/300-flinders-street

Casual parking is also available.

Taxis

Silver Top Taxis
131 008



13 Cabs
132 227



Maxi Taxi
0404 181 097



DELEGATE INFORMATION

Registration

As a part of your registration, you will receive the following:

- Delegate satchel with Colloquium Handbook.
- Morning tea, lunch and afternoon tea on the days you are attending the Colloquium.
- Those attending the dinner will be issued with a separate dining ticket.

Name tags

Delegates are requested to wear their name tags to all sessions.

Mobile phones

As a courtesy, please ensure your mobile phone is on silent during the sessions.

Internet access

Delegates can access free Wi-Fi at The Rendezvous Hotel during the Colloquium by using the following the log in details:

Network: **Rendezvous Hotel Melbourne** | Password: **APCRC**

Location: **The King Edward Ballroom**

If you experience connection issues, please talk to the hotel reception staff.

Certificate of attendance

If you would like to request a certificate of attendance at the completion of the Colloquium, please send an email to centre.palliativecare@svha.org.au with '5APCRC Cert' in the subject line.

Evaluation forms

Your feedback helps the scientific and organising committees to evaluate the success of the Colloquium and make improvements for future events. It would be appreciated if you would take the time to complete the evaluation form in your delegate satchel.

Insurance

The hosts and organisers are not responsible for personal accidents, travel costs or the loss of private property and will not be liable for any claims. Delegates requiring insurance should make their own arrangements.

Disclaimer

The hosts and organisers are not responsible for, or represented by, the opinions expressed by speakers or delegates at the Colloquium.

DELEGATE

Last Name	First Name	Organisation	State	Email
Ackerman	Ilana	Monash University	VIC	ilana.ackerman@monash.edu
Athan	Sophy	Victorian Comprehensive Cancer Centre	VIC	sophy_euroforcemusic@bigpond.com
Attwood	Robyn	IMPACCT, University of Technology Sydney	NSW	robyn_attwood@hotmail.com
Ayton	Darshini	Monash University	VIC	darshini.ayton@monash.edu
Baird	Angela	Cabrini Health	VIC	abaird@cabrini.com.au
Bhagat	Sandeep	Peninsula Health	VIC	bhagat2@gmail.com
Bishop	Gaye	Palliative Care Outcomes Collaboration (PCOC)	NSW	gbishop@uow.edu.au
Blackburn	Pippa	Palliative Care Outcomes Collaboration (PCOC)	NSW	pippab@uow.edu.au
Blaschke	Sarah	Peter MacCallum Cancer Centre	VIC	sarah.blaschke@petermac.org
Boughey	Mark	Centre for Palliative Care	VIC	mark.boughey@svha.org.au
Brand	Caroline	Monash University	VIC	brandcaroline15@gmail.com
Brown	Linda	PaCCSC, University of Technology Sydney	NSW	linda.brown@uts.edu.au
Chapman	Adam	Department of Health and Human Services, Victoria	VIC	adam.chapman@dhhs.vic.gov.au
Chapman	Michael	Canberra Hospital	ACT	mchapmanonline@gmail.com
Chin	Meg	Very Special Kids	VIC	mchin@vsk.org.au
Collins	Anna	University of Melbourne	VIC	anna.collins@svha.org.au
Cotton	Penny	University of Melbourne	VIC	penny.cotton@bhs.org.au
Ding	Jinfeng	University of Western Australia	WA	jinfeng.ding@research.uwa.edu.au
Dodds	Agnes	University of Melbourne	VIC	agnesed@unimelb.edu.au
Drosdowsky	Allison	Peter MacCallum Cancer Centre	VIC	allison.drosdowsky@petermac.org
Fazekas	Belinda	PaCCSC, University of Technology Sydney	SA	belinda.fazekas@sa.gov.au
Ficinus	Rachel	Very Special Kids	VIC	rficinus@vsk.org.au
Galetakis	Spiri	Department of Health and Human Services, Victoria	VIC	spiridoula.galetakis@dhhs.vic.gov.au
Gallaher	Michelle	The Social Science	VIC	michelle@thesocialscience.com.au
Ganiatsas	Soula	Centre for Palliative Care	VIC	soula.ganiatsas@svha.org.au
Glassey	Molly	The Conversation	VIC	molly.glassey@theconversation.edu.au
Grant	Matthew	St Vincent's Hospital	VIC	matthew.grant@svha.org.au
Greene	Aine	Southern Adelaide Palliative Services (SAPS) Research - Former Manager	SA	ainegreene@outlook.com
Grossman	Christopher	St Vincent's Hospital - Palliative Care	VIC	drcgrossman@gmail.com
Hart	Rosetta	Centre for Palliative Care	VIC	rosetta.hart@svha.org.au
Hewson	Dean	Consumers Health Forum of Australia	ACT	d.hewson@chf.org.au
Ho	Ge Kai (Eunice)	HammondCare	NSW	dr.euniceho@gmail.com
Holmes	Kate	Centre for Palliative Care	VIC	katrina.holmes@svha.org.au
Hudson	Jade	Monash Health	VIC	jade.hudson@monashhealth.org
Hudson	Peter	Centre for Palliative Care	VIC	phudson@unimelb.edu.au
Hyatt	Amelia	Peter MacCallum Cancer Centre	VIC	amelia.hyatt@petermac.org
Israel	Fiona	Centre for Palliative Care	VIC	fiona.israel@svha.org.au
Ji	Amanda	Centre for Palliative Care	VIC	a.ji@student.unimelb.edu.au
Johnson	Claire	Eastern Health & Monash University	VIC	claire.johnson@easternhealth.org.au
Kafle	Niki	Centre for Palliative Care	VIC	niki.kafle@svha.org.au
Katz	Naomi	Royal Children's Hospital	VIC	naomi.katz@rch.org.au

DELEGATE

Last Name	First Name	Organisation	State	Email
Kearney	Sue	Very Special Kids	VIC	skearney@vsk.org.au
Kecskes	Zsuzsoka	Neonatologist	ACT	zsuzsoka.kecskes@act.gov.au
Kidd	Sally	Centre for Palliative Care	VIC	sally.kidd@svha.org.au
Kochovska	Slavica	University of Technology Sydney	NSW	slavica.kochovska@uts.edu.au
Krikheli	Lillian	La Trobe University	VIC	l.krikheli@latrobe.edu.au
Kuruvilla	Lisha	Barwon Health/ Monash University	VIC	lisha.kuruvilla@barwonhealth.org.au
Lanchester	Anthony	Lyndoch Living	VIC	lvd1@wideband.net.au
Lawson	Deborah	Cancer Council Victoria	VIC	deborah.lawson@cancervic.org.au
Le	Brian	Victorian Comprehensive Cancer Centre	VIC	brian.le@mh.org.au
Li	Chi	Alfred Health	VIC	C.Li@Alfred.org.au
Lipson-Smith	Ruby	Peter MacCallum Cancer Centre	VIC	ruby.lipsonsmith@gmail.com
Lowe	Jennifer	La Trobe University	VIC	jennifergjulia88@gmail.com
Marco	David	Centre for Palliative Care	VIC	david.marco@svha.org.au
Marukutira	Tafireyi	Burnet Institute & Monash University	VIC	tcmarukutira@yahoo.com
Mason	Naomi	Albury Wodonga Health	VIC	naomi.mason@awh.org.au
McColl	Geoff	University of Melbourne	VIC	jennie.mckenzie@unimelb.edu.au
McKenna	Peter	Centre for Palliative Care	VIC	peter.mckenna@svha.org.au
Moloczij	Natasha	Peter MacCallum Cancer Centre	VIC	natasha.moloczij@petermac.org
Moore	Ronna	Eastern Palliative Care	VIC	ronna.moore52@gmail.com
Morgan	Deidre	Flinders University	SA	deidre.morgan@flinders.edu.au
Morris	Kayleigh	Centre for Palliative Care	VIC	kayleigh.morris@svha.org.au
Naumovski	Valentina (Tina)	University of New South Wales	NSW	v.naumovski@unsw.edu.au
O'Halloran	Robyn	La Trobe University	VIC	r.ohalloran@latrobe.edu.au
Panozzo	Stacey	St Vincent's Hospital	VIC	stacey.panozzo@svha.org.au
Parker	Deborah	University of Technology Sydney	NSW	deborah.parker@uts.edu.au
Petrova	Sasha	The Conversation	VIC	sasha.petrova@theconversation.edu.au
Philip	Jennifer	Uni. of Melb., St Vincent's Hospital & Vic. Comprehensive Cancer Centre	VIC	jennifer.philip@svha.org.au
Phillips	Jane	University of Technology Sydney	NSW	jane.phillips@uts.edu.au
Quinn	Karen	Centre for Palliative Care	VIC	karen.quinn@svha.org.au
Rosenthal	Mark	Victorian Comprehensive Cancer Centre	VIC	mark.rosenthal@petermac.org
Rosenwax	Lorna	Curtin University	WA	l.rosenwax@curtin.edu.au
Russell	Beth	Centre for Palliative Care	VIC	beth.russell@svha.org.au
Smith	Cathy	NWRH	TAS	cathy.smith@dhhs.tas.gov.au
Soetopo	Alfreda	Centre for Palliative Care	VIC	alfreda.soetopo@svha.org.au
Steiner	Vera	University of Melbourne	ACT	verasteiner68@gmail.com
Swerissen	Hal	Grattan Institute & La Trobe University	VIC	h.swerissen@latrobe.edu.au
Taylen-Smith	Jessica	Metro South Health - Palliative Care	QLD	jessica.smith@health.qld.gov.au
Thomas	Tina	Centre for Palliative Care	VIC	kristina.thomas@svha.org.au
Wang	Amy	Centre for Palliative Care	VIC	amwang@student.unimelb.edu.au
Weil	Jennifer	Centre for Palliative Care	VIC	jennifer.weil@svha.org.au
Whyte	Julianne	Amaranth Foundation	NSW	julianne.whyte@amaranth.org.au
Yoong	Jaclyn	Monash Health & Northern Health	VIC	jackieyoong@hotmail.com

Not a PCRN member?

Reasons why you should join:

- Funding opportunities
 - Development Opportunities
 - Networking opportunities
 - Stay informed of sector news
- ...and best of all, no membership fee!

Join here:

<http://pcrnv.com.au/membership/>



Centre for Palliative Care

PO Box 2900,

Fitzroy 3065 Victoria

T: 03 9416 0000

E: centre.palliativecare@svha.org.au

www.centreforallcare.org



THE UNIVERSITY OF
MELBOURNE



ST VINCENT'S
HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA



**Centre for
Palliative Care**

Informing Choice. Enabling Care.



**Palliative Care
Research Network**
CAPACITY · COLLABORATION · CONNECTION



VICTORIAN
COMPREHENSIVE
CANCER CENTRE