

e-News

JULY 2014

In this edition of the Palliative Care Research Network Victoria (PCRV) e-news:

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PCRV Early Career Breakfast Forum: Building a career in research

The Palliative Care Research Network Victoria is sponsoring the Early Career Research Breakfast Forum as a part of the 2nd Australian Palliative Care Research Colloquium. We invite you to join us for an informal breakfast and discussion about forging a career in research.

- Hear from key palliative care researchers from a variety of disciplines
- Learn how to kick start your career in research
- Network with colleagues who are also early in their career

Program

Opening Address - Prof Jon Emery, Chair of the PCRV Scientific Committee & University of Melbourne, VIC
Practical Tips for a Successful Project - A/Prof Jenny Philip, St Vincents Hospital & Centre for Palliative Care, VIC
Mentorship and Collaboration - Prof Janet Hiller, Swinburne University, VIC
Communication, Dissemination and Funding - Dr Anna Ugalde, Centre for Palliative Care, VIC
Panel Discussion - Prof Janet Hiller, Dr Anna Ugalde, A/Prof Jenny Philip

Date: Thursday, 7th August 2014, 8:00 - 10:00 am
Venue: Rendezvous Grand Hotel, 328 Flinders Street, Melbourne
Inclusions: Breakfast, presentations and discussion. All welcome.
Cost: \$40.00 including GST
Registration: www.trybooking.com/EIIV

Highlights of Recent PCRNV Events

The Palliative Care Research Collaboration Victoria has had a busy couple months and we would like to thank all our members who attended either our forum or concept development workshop.

PCRNV Forum

We had more than 50 people attend the inaugural PCRNV forum: 'Clinician Researchers in Palliative Care'.

Dr Brian Le and Dr Juli Moran both presented lively discussions on the benefits and pitfalls of conducting research alongside a busy clinical role. The presentations were followed by networking drinks and nibbles and there were many familiar and new faces.

Join us at the next PCRNV Forum on the 11th November 2014.

Concept Development Workshop

In late May the Network conducted its first concept development workshop which consisted of 4 budding researchers that work in a variety of palliative care roles.

We would like to thank our participants, Regina Kendall, Matthew Grant, Lyle Oats and Fiona McLeod, who all presented interesting and novel research ideas to the PCRNV research team.

The day was constructive with lots of discussion and three additional presentations by Professor Jon Emery (PC4), Susan Hanson (Cancer Australia) and Soula Ganiatsas (PCRNV Program Manager). We look forward to holding a similar event in 2015.



Concept Development Workshop: Round table discussion

L-R: Soula Ganiatsas, Fiona McLeod, Lyle Oates, Regina Kendall, Jenny Philip, Juli Moran, Meinir Krishnasamy, Jon Emery, Tina Thomas

Improving your knowledge of research: Tips for writing a grant proposal

Dr Tina Thomas, Senior Research Fellow, PCRVN

In each edition of the PCRVN E- news, we will attempt to explore a research methodology or technique. In this edition we explore some tips for writing a grant proposal.

I was lucky enough to hear Professor Jon Emery speak at the recent PCRVN Concept Development Workshop on how to write a successful grant proposal. He outlined a number of key ingredients for a good proposal. I thought I already knew how to write a grant proposal but after hearing his presentation I decided that perhaps I still had more to learn. Therefore, in this edition I will outline some of Jon's points and some other tips I have come across while updating my own knowledge on how to write a successful grant application.

1. **Funding rules:** Read the eligibility and funding rules carefully. Also take a careful look at the priorities of the funding organisation. Try and align your goals with theirs by looking for commonality.
2. **Clarity:** A good proposal is easy to read and logical, it tells a clear and consistent story. Make sure there is no unexplained jargon and get your message across in the clearest way you can in the available space.
3. **Strong rationale:** Explain why the research is needed? Why is it important? What is the research question and how will answering this research question improve clinical practice or move the field of research forward?
4. **Right design for the research question:** Ensure that the research methodology is the best way to answer the research question. Will it provide the right data to answer the question?
5. **Feasibility:** Many research projects fall down because they are not feasible. You need to ensure that you will be able to do what you are saying you will and demonstrate this in the application.
6. **Research team:** The research team provides credibility. A strong research team will have a strong track record of successful research and cover all of the research skills required for this project including the correct content and methodological expertise.
7. **Time:** Ensure you allow enough time to prepare your application and get colleagues to review it before submitting it.
8. **Budget:** Ensure you have an accurate budget and justify all costs. Funding bodies want to fund competitively costed projects but under-budgeting may signal to funders a lack of experience and raise concerns about the project being successfully completed.

PCRNV Research Projects: Participants wanted!

The PCRNV has a number of projects underway:

PCRNV Research Priorities Project

The Palliative Care Research Network Victoria (PCRNV) is undertaking a process to confirm the Networks research priorities for the next 5 years (2015-2019).

We are consulting widely with our key stakeholders; consumers, health professionals, and PCRNV members. The PCRNV has developed the current research priorities from extensive preliminary work including a statewide questionnaire and several workshops.

Participation in this survey is voluntary. Please assist us by completing this brief online survey (10 minutes) We will also be emailing PCRNV members individually with an invitation to participate. Click the icon below to complete the online survey:

[PCRNV Research Priorities Survey](#)

An Evaluation of the Support Services Provided by Very Special Kids for Parents of Children with a Life-Threatening Condition

This is a one year project nearing completion which has been funded by the Victorian Department of Health.

The aims of the study are to evaluate the support services provided by Very Special Kids (VSK) and to more broadly explore the psychosocial well-being of parents of children with a life-threatening condition.

Over 140 parents completed a survey, 14 parents participated in a qualitative interview and two focus groups were conducted with VSK staff. The results will be presented at the upcoming Palliative Care Victoria conference and will be submitted for publication in an academic journal.



Upcoming Conferences

2nd Australian Palliative Care Research Colloquium

7-8 August 2014

Rendezvous Grand Hotel,
Melbourne, Victoria

For more information click: [Centre for Palliative Care](#)

ANZSPM 2014 Conference

2-5 September 2014

Gold Coast, Queensland

For more information click:

[ANZSPM](#)

2nd Victorian Psycho-Oncology Research Conference

5 September 2014

Parkville, Victoria

For more information click:

[Psycho-Oncology Research Conference](#)

20th International Congress on Palliative Care

9-12 September 2014

Montreal, Canada

For more information click:

[International Congress on Palliative Care](#)

16th World Congress of Psycho-Oncology and Psychosocial Academy (IPOS)

20-24 October 2014

Lisbon, Portugal

For more information click: [IPOS](#)

UICC World Cancer Congress

3-6 December 2014

Melbourne, Victoria

For more information click:

[World Cancer Congress](#)

Funding Opportunity

Bethlehem Griffiths Research Foundation (BGRF)

Closes: 8 August 2014

Applications for BGRF funding in 2015 are now open. To be eligible research must be on progressive neurological disorders, stroke or palliative care. Funding will be provided for one year only and investigators requiring further funding will need to apply separately each year. The Foundation is committed to maximizing medical research and will not fund administrative overheads.

Funding for research scholarships is provided in accordance with NHMRC levels. Project/equipment grants for sums between \$20,000 and \$50,000 will be considered. Applicants must be carrying out research in the State of Victoria and preference will be given to research projects which have an active link with Calvary Health Care Bethlehem.

For more information visit: [BGRF](#)

Benefits of PCRVN Membership

PCRVN is committed to improving palliative care outcomes for patients and families informed by high quality research. Membership is open to any person (regardless of professional background; research skills or location) who is interested in contributing to this aim.

By becoming a member you will have the opportunity to develop your own research career and skills via a variety of initiatives:

- Attend the PCRVN Early Career Breakfast and learn about how to develop a career in palliative care research
- Apply for PCRVN research funding to conduct a small project (specific details will be announced soon)
- Apply for PCRVN research funding to attend a conference (specific details will be announced later in the year)
- Attend PCRVN events and forums to hear about the latest research to inform practice, establish new networks and collaborations
- Attend a concept development day to receive assistance in developing your research idea(s) into a more formal grant proposal
- Receive regular updates on funding opportunities, conferences, and key publications in palliative care
- Be part of a consultative process with members and other key stakeholders to determine the PCRVN research priorities for the coming 5 years.

Membership is free and ensures that you will receive all the latest news from the PCRVN. It only takes a couple minutes to register at: www.pcrvn.com.au

Recent Key Publications to Foster Evidence Based Palliative Care

In each edition of E- news, we will highlight a few key publications that we perceive are important to the field of palliative care and provide a synopsis of the findings of each article.

[Bereaved family member perceptions of patient-focused family-centred care during the last 30 days of life using a mortality follow-back survey: does location matter?](#)

Burge F, Lawson B, Johnston G, Asada Y, McIntyre PF, Grunfeld E & Flowerdew G. BMC Palliative Care 2014, 13:25 doi:10.1186/1472-684X-13-25

Background

Improving end-of-life care is an important international issue. Recently Nova Scotia researchers conducted a mortality follow-back survey to provide a population-based description of care provided to adults during their last 30 days of life as perceived by knowledgeable bereaved family members. Here we describe the relationship between the location where the decedent received the majority of care during their last 30 days and the informant's perception of the extent of unmet need, as defined by multiple domains of patient-focused, family-centred care.

Method

Death certificate identified informants (next-of-kin) of eligible adults who died between June 2009 and May 2011, in Nova Scotia, Canada were invited to participate in a telephone interview based on the After-Death Bereaved Family Member Interview. Whether or not the informant expressed unmet need or concerns for six patient-focused, family-centred care domains were assessed in relation to the location where the majority of care occurred during the decedent's last 30 days.

Results

1358 informants took part (25% response rate). Results of 1316 eligible interviews indicated home (39%) was the most common location of care, followed by long-term care (29%), hospital (23%) and hospital-based palliative-care units (9%). Unmet need ranged from 5.6% for dyspnea help to 66% for the emotional and spiritual needs of the family. Although the mean score for overall satisfaction was high (mean=8.7 in 1–10 scale; SD 1.8), 57% were not completely satisfied. Compared to home, adjusted results indicated greater dissatisfaction with overall care and greater communication concerns in the hospital. Greater unmet need occurred at home for dyspnea. Less overall dissatisfaction and unmet need were expressed about care provided in long-term care facilities and hospital-based palliative-care units.

Conclusion

Bereaved informants were generally highly satisfied with the decedent's care during their last 30 days but variations were evident. Overall, no one location stood out as exceptionally different in terms of perceived unmet need within each of the patient-focused, family-centred care domains. Communication in various forms and family emotional and spiritual support were consistently viewed as lacking in all locations and identified as targeted areas for impacting quality care at end of life.

The electronic version of this article is the complete one and can be found online at: www.biomedcentral.com/1472-684X/13/25

Impact of community based, specialist palliative care teams on hospitalisations and emergency department visits late in life and hospital deaths: a pooled analysis

Seow H, Brazil K, Sussman J, Pereira J, Marshall D, Austin PC, Husain A, Rangrej J, Barbera L. BMJ 2014;348:g3496 doi: 10.1136/bmj.g3496 (Published 6 June 2014)

Objective: To determine the pooled effect of exposure to one of 11 specialist palliative care teams providing services in patients' homes.

Design: Pooled analysis of a retrospective cohort study.

Setting: Ontario, Canada.

Participants: 3109 patients who received care from specialist palliative care teams in 2009-11 (exposed) matched by propensity score to 3109 patients who received usual care (unexposed).

Intervention: The palliative care teams studied served different geographies and varied in team composition and size but had the same core team members and role: a core group of palliative care physicians, nurses, and family physicians who provide integrated palliative care to patients in their homes. The teams' role was to manage symptoms, provide education and care, coordinate services, and be available without interruption regardless of time or day.

Main outcome measures: Patients (a) being in hospital in the last two weeks of life; (b) having an emergency department visit in the last two weeks of life; or (c) dying in hospital.

Results: In both exposed and unexposed groups, about 80% had cancer and 78% received end of life homecare services for the same average duration. Across all palliative care teams, 970 (31.2%) of the exposed group were in hospital and 896 (28.9%) had an emergency department visit in the last two weeks of life respectively, compared with 1219 (39.3%) and 1070 (34.5%) of the unexposed group ($P < 0.001$). The pooled relative risks of being in hospital and having an emergency department visit in late life comparing exposed versus unexposed were 0.68 (95% confidence interval 0.61 to 0.76) and 0.77 (0.69 to 0.86) respectively. Fewer exposed than unexposed patients died in hospital (503 (16.2%) v 887 (28.6%), $P < 0.001$), and the pooled relative risk of dying in hospital was 0.46 (0.40 to 0.52).

Conclusions: Community based specialist palliative care teams, despite variation in team composition and geographies, were effective at reducing acute care use and hospital deaths at the end of life.

The electronic version of this article is the complete one and can be found online at: www.bmj.com/content/348/bmj.g3496