Aim:
The aim of videoconferencing our education and training was to increase access for health professionals who have an interest in or are working in palliative care who otherwise would need to travel long distances for ongoing education, professional networking and support.

Our initial concept was to explore the value of an education plan that reduced travel time for participants across the region and also reduced travel time for presenters. In 2006 we began videoconferencing twilight education sessions monthly across the region with two sites linking in (Horsham and Bacchus Marsh). The number of video link sites each session varied between three and eight sites within the Grampians region and multiple sites across Victoria were also linked in.

Video conferencing has been utilised for:
- Mentoring capabilities
- Access to advanced practitioners and leaders in palliative care
- Structured training programs and professional development
- Rapid and enthusiastic uptake across the nursing profession
- Cost effective education
- Access to expert speakers from across Australia

Challenges:
- Unpredictable connectivity
- Poor uptake by medical staff for education purposes
- Managing the expectations of the participants around technology limitations
- Inability to record through the IT system which impacts on our ability to produce podcasts and DVDs
- Limiting the number of video link sites to ensure workability and financial implications
- Our data suggests that health care professionals are more likely to attend topics that include symptom management issues than topics relating to holistic care and personal reflection
- To be innovative in developing new education topics that will attract and meet the educational needs of participants

Outcomes:
Video conferencing of twilight sessions is increasing access to palliative care education.
General attendees have increased by 23% over the past two years with an increase in video link participation of 37%.
Other areas across Victoria are now videoconferencing into our education sessions.
Shifting thinking and acceptance by health professionals as a viable means of ongoing education has led to more people accessing our training.
Supporting staff to explore the possibilities of innovative delivery of education and training, clinical support and mentoring across other speciality areas.

Conclusion:
We are aware of the impact of distance, time and access to quality palliative care education in the Grampians region. The use of video conferencing may not address all needs however it is one option to educate the workforce. The use of video conferencing technology plays an important role in achieving the goal of a workforce that is highly trained in the delivery of palliative care across a large area, and improving patient access to palliative care specialists.

Despite the increase in standard space video conferencing programs, we still do not believe the uptake of our education is reaching its fullest potential. The biggest challenges remain in unpredictable connectivity across rural areas and staff skills and confidence in the technology.