UNIVERSITY OF LIVERPOOL | SCHOOL OF MEDICINE

Blackpool Teaching Hospitals NHS Foundation Trust

Trinity Hospice
Compassion and care

Palliative Care

YEAR 4 MEDICAL STUDENT HANDBOOK

ACADEMIC YEAR

September 2019 to June 2020

WELCOME TO YOUR PLACEMENT

Trinity Hospice & Palliative Care Services Ltd
Low Moor Road, Bispham, BLACKPOOL, FY2 0BG
Tel: 01253 358881

DR ANDREA WHITFIELD | DR HARRIET PRESTON | DR RICHARD FEAKS

4th YEAR: Medical Student Handbook Contents

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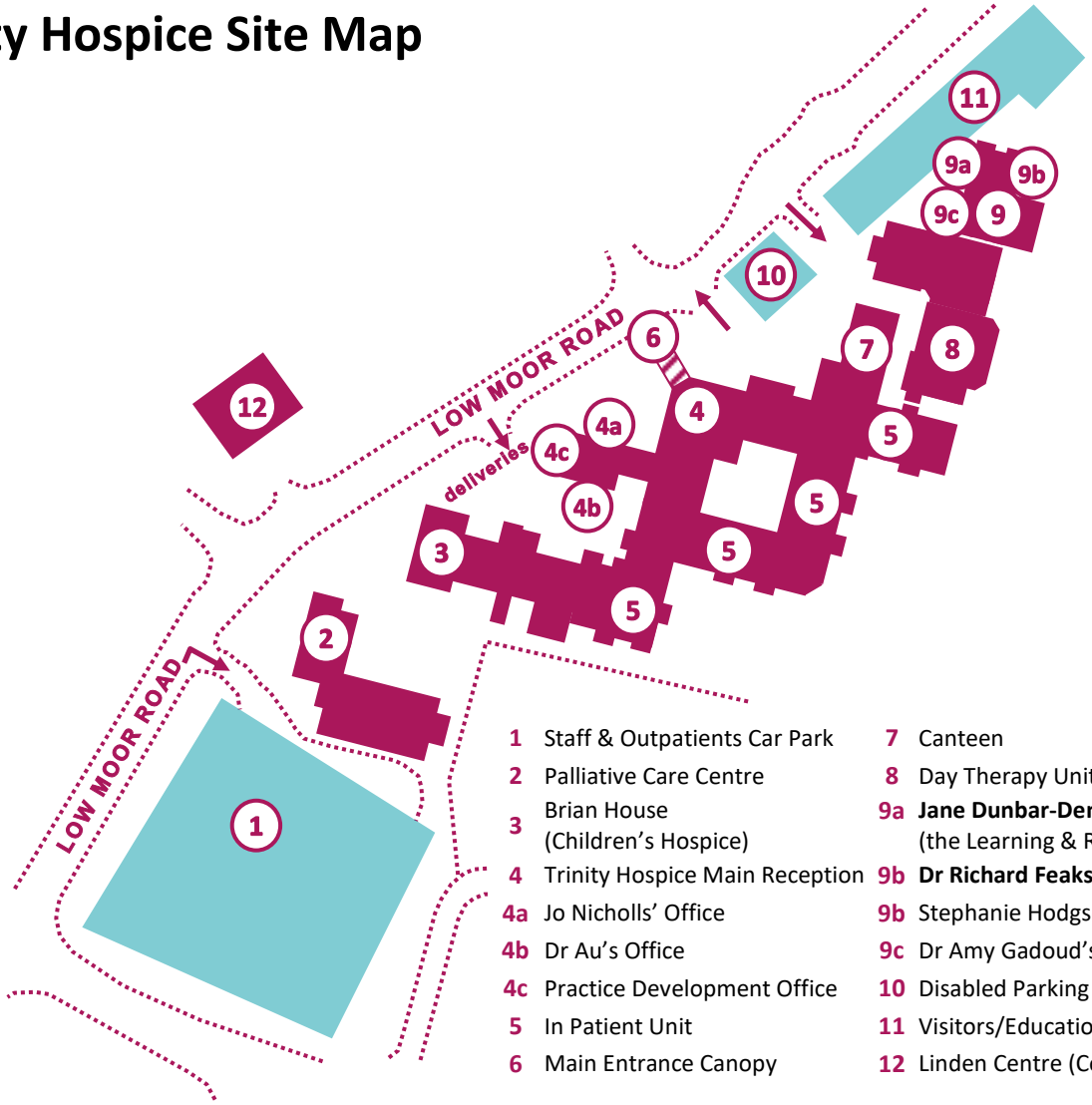
Trinity Hospice Site Map



1	Staff & Outpatients Car Park	7	Canteen
2	Palliative Care Centre	8	Day Therapy Unit
3	Brian House (Children's Hospice)	9a	**Jane Dunbar-Dempsey's Office** (the Learning & Research Office)
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1 Main Staff and Out-patients Car Park
All students who travel by car to Trinity must park in the Staff & Outpatients Car Park. Please do not park on Low Moor Road.

2 Palliative Care Centre
Community Clinical Nurse Specialists CCNS – Are based on the second floor of the Palliative Care Centre. Any visits with the CCNS team will start from the Palliative Care Centre (unless otherwise instructed). On the ground floor is our Lymphoedema clinic.

3 Brian House Children's Hospice
This is not part of the medical student's placement – but we can arrange for you to have a visit

4 Main Entrance (4a Jo Nicholl's Office; 4b Dr Gillian Au, Office; 4c Practice Development Office)

5 In-Patient Unit (IPU)
ALL ward work (*including training for syringe drivers, subcutaneous injections*) will take place on the main In-Patient Unit. **Report to the main nursing office at the start of you time on the wards**

6 Entrance Canopy and flagpole where you MUST congregate if the fire alarm goes off whilst you are on the Hospice site.

8 Day Therapy Unit (DTU)

9 Education (*and Research*) Centre & Library
Your induction and ALL formal teaching takes place in the Education Centre (unless otherwise specified). This is a secure building please ring the bell to gain entry or use the electronic fob provided. The Library and Eaves Room are also located in the Education Centre. **Jane Dunbar-Dempsey's office is 9a and Dr Richard Feaks' office is 9b next door. You are required to sign daily registers which are located in the learning& research Centre (near photocopier at entrance)**

10 Disabled Car Parking

11 Car park for visitors to education centre

12 Linden Centre
This is not part of the medical student's placement. It is where our bereavement counsellors are based offering one to one or group work for children and adults living with loss or anticipated loss in the near future. The counsellors offer support in some schools.

Meet Some of Our Staff

Jane Dunbar-Dempsey

Learning & Research Centre Co-ordinator

Available: Mon to Fri.

OFFICE: 9a on Site Map

Iola Johnson **Jenny Pilkington**

Sisters in Charge of Practice Development

Available: Mon to Fri.

OFFICE: 4c on Site Map

Karen Newman

Secretary to Community Consultant

Available: Mon/Wed/Thurs

OFFICE: 9 on Site Map

Dr Gillian Au

Medical Director at Trinity Hospice

Available: Mon/Tues/Wed/Fri.

OFFICE: 4b on Site Map

Dr Andrea Whitfield

Hospital Consultant in Palliative Medicine

Available: Tues/Wed/Fri.

OFFICE: Victoria Hospital

Dr Harriet Preston

Hospital Consultant in Palliative Medicine

Available: Mon/Tues/Wed/Thurs

OFFICE: Victoria Hospital

Dr Amy Gadoud

Community Consultant in Palliative Medicine

Available: Mon/Wed/Fri

OFFICE: 9c on Site Map

Dr Richard Feaks

Senior Speciality Doctor & Clinical Tutor in Palliative Medicine

Available: Mon/Tues/Wed/Thurs(am)

OFFICE: 9b on Site Map

WELCOME to your Palliative Care attachment

We are all looking forward to meeting you, hope you find us a welcoming group of people and want you to feel supported enough to be able to get the most out of this attachment, learn loads and even enjoy it a bit too!.

PLEASE Remember to Look after yourself - *be 'self-aware' & seek help if needed*

It is not unusual for some students to be a little anxious about their placement in the hospice and some students find this placement to be more emotionally challenging than others.

- *We ask our students to take case histories that involve asking about sensitive areas - including the topics of death and dying. It is not unusual for students to say that they feel awkward. This might be because they could not find the right words to use, reluctant to ask questions for fear of causing distress or felt uncomfortable being asked questions by patients or relatives that they felt they could not answer*
- *Some students may see issues that they are either currently dealing with themselves or have had to deal with in the past – which may be "too close to home" and make it harder to remain professional and objective.*

You cannot always predict how you are going to react and even the most experienced of doctors continue to find some situations challenging. Acknowledging when things are emotionally challenging is important and professionally appropriate. We recognise that students need time to reflect and deal with such situations if they arise. This may include temporarily excusing yourself from a situation or seeking help from someone you trust.

Hopefully you will find all our staff supportive but if you are unsure about something or struggling please speak to:

Jane Dunbar-Dempsey

Dr Richard Feaks (Tutor & Educational Supervisor)

Your University Based Support.

Please do not let problems spoil your learning experience. Let someone know whilst there is time to help – not just at the end when it may be too late.

Educational Supervisor (ES)

I am Dr Richard Feaks and this is the first time that this placement has had an ES role. As your ES, I look forward to working with you all (as a group, in your pairs and individually).

As much as we would love to have you for longer, **you only have 3 weeks with us,** which is not long considering:

- you may lose days to university approved days eg bank holiday, induction, skills training etc
- 3 days are allocated for compulsory Communication Skills
- You have allocated time for teaching and experiencing part of our service
- You have minimum of 2 CPADs and your learning objectives to prepare for
- You may have other deadlines to prepare for outside this placement

So in the interests of preserving your sanity, please let me guide you on my expectations for this placement, as things must be **achievable AND NOT onerous.**

I have scheduled 3 student ES meetings:

- **Week 1 (Group Meeting):** Induction Day - after the afternoon teaching I will meet with you all to find out how things have gone on your first day, answer any queries and start discussing learning objectives (including the learning objectives for the Communication Skills training) and how you can evidence achieving them
- **Week 2 (Pairs Meeting):** I will meet with you both to look at how things are going for the par but also to discuss **each student individually** and **complete the first part of your e-portfolio**(*please note if you only want to meet individually, let me know as we may need to reschedule*)
- **Week 3 (Individual Meeting):** I will meet with you for a longer, final meeting to look at what you have achieved, get you your feedback on the placement and **complete the last part of your e-portfolio** (ie 'sign' off)

If you need to meet me at other times please let me know **directly or via Jane Dunbar-Dempsey**

Learning Objectives (LOs):

Communication Skills CS-LOs

The learning objectives of the communications skills training are shown in the handbook we will give you. Evidencing these will include what doctors are encouraged to put into their portfolios for appraisal, eg:

- your reflections on how you plan to put the skill into practice and how things are going once you have started
- any 'Thank You's / praise you get from patients, relatives, colleagues concerning communication issues
- any complaints you get concerning communication issues – horrible at the time, but can be positive, as reflecting on went wrong can reveal learning/training/support needs

Palliative Care Attachment PC-LOs

You must have some learning objectives that you want to achieve during your placement. What they are is up to the individual student, but I would suggest LOs should be:

- **INTERESTING to the student** (hopefully **enjoyable** but definitely **not onerous**) – they are meant to help you learn and get the most out of your placement and NOT be a burden
- **ACHIEVABLE** – so I would suggest that *"Learning the whole curriculum"* is not one of them!

Use the curriculum as a guide, (see below) **but also draw on your own interests** eg:

- *"I'm interested in anaesthetics so how does palliative pain management differ from that of acute surgical pain?"*
- *"I'm learning about adults, but like paediatrics, could I see what they do in the children's hospice?"*
- *"I'm interested in GP so what could a GP do and how does the palliative care team fit in?"*
- *"I want to do pathology so why am I even learning palliative care?"*

And don't forget any of your own prior experience of our specialty that may have triggered thoughts, interests or unanswered questions about things to explore - **but ONLY use this if you are emotionally OK to do so and please discuss beforehand**

Number of PC-LOs: *Entirely up to the student* - bearing in mind PC-LOs should be **interesting & achievable**, 2 or 3 complex PC-LOs could take the same amount of work as a larger number of easier to achieve PC-LOs.

EVIDENCING YOUR PC-LOs: This is a fundamental part of your on-going learning as a doctor and it will form part of your final meeting (No.3) with me. However, like deciding on the PC-LOs, I want this to be **achievable and not onerous** and we will discuss this at meeting No.2. Evidence could range from a discussion about how you achieved your PC-LO and questions to look at what you learned, to something written –eg a reflection

AND IF YOU NEED MORE HELP! Each of you must decide your PC-LOs for yourself, BUT, consider the following:

- **Consider the series of learning objectives that past students have used** (**page 22)**
- **I have listed some questions below relating to things you could hope to achieve from this placement** (it is not an exhaustive list and it is not a substitute for the curriculum)

What is Palliative Care (PC)?

- What does end of life mean & how is it decided?
- When is an illness life limiting?
- What is the difference between specialist and non-specialist PC?
- When does PC start & finish?
- What is a holistic assessment?
- What is multi-disciplinary team working?
- What do the members of the PC MDT do and when to refer?
- What is Complimentary therapy?
- What is a palliative care MDT, when does it happen & who goes?
- How is PC set up locally & how does it differ in hospital, community, hospice?

  What happens in:
  - In-Patient Unit?
  - Day Therapy Unit?
  - Hospital team?
  - Community team?
  - Out patient clinics?
  - Complimentary Therapy?
  - Physiotherapy?
  - Clinical Psychology?
  - Counselling Service?
  - Canteen for patient needs?
  - Chaplaincy?
  - Lymphoedema?
  - Education & research?
  - Fund Raising?
  - Voluntary services?
  - Children's Hospice?
- How do you get PC involved (hospital, community, hospice)?

How do you manage specific symptoms (pharmacologically & non-pharmacologically)?

- How do you assess specific symptoms holistically (eg pain, nausea & vomiting, constipation, breathlessness etc) ?
- What is a palliative care emergency?

What is Advance Care Planning (ACP)?

- When do you start ACP & what is the Gold Standards Framework?
- What are the legal and non legal parts of ACP?
- What are Preferences (Preferred Place of Care – PPC –and Preferred Place of Death – PPD)?
- What are "Ceilings of Treatment"
- What is a DNACPR discussion?
- How does the Mental Capacity Act relate to ACP?
- What is a Living Will?
- What is an Advanced Decision to Refuse Treatment & how does someone get it?
- What is a Lasting Power of Attorney (LPA) & an Enduring Power of Attorney?
- How does someone get an LPA?
- What is a Best Interest decision & a Best Interest Meeting?
- What does Deprivation of Liberty Safeguards (DOLS)?
- How does ACP relate to specific medical conditions (eg MS, MND, implanted defibrillators etc)?
- How does ACP relate to faith groups?
- Where does tissue & organ donation fit in?

What is Anticipatory Prescribing and when do you use it?

- What are the common symptoms to deal with at end of life?
- What are the 4 core drugs & when do you use them?

How do I know someone is at end of life?

- What is the Individualised Care Plan for the Dying Person (ICPDP)?
- What are the Priorities that need to be covered when making an ICPDP?
- What happens after someone dies?
- How do you verify death & who can do it?
- What are 'Last Offices'?
- How do you complete the Medical Certificate of Cause of Death?
- How do you complete a Cremation Form 4?
- When do you notify or refer to the coroner?
- What are the bereavement services?

Your Working Day

UNIVERSITY REQUIREMENTS ON ATTENDANCE:

As with any other placement, *excluding any approved absence(s),* students should attend their palliative care placement in full

- You are expected to be *"on-site"* at Trinity for your scheduled hours (see below) - including Personal Study Time (see below)
- any student absence, regardless of reason, has to be reported to the University, additionally, we have to report regular late attendance to the university team at Blackpool Victoria Hospital
- the record of absences and late attendances form part of the assessment of a student during an academic year (eg at progression review meetings)

If you know have a planned absence please let Jane Dunbar-Dempsey know, giving as much notice as possible

START & FINISH TIMES:

The working day is usually 9am – 4:30pm, however some activities require an earlier start and the times given for scheduled events (eg teaching sessions) are the **starting times –** which means **arriving earlier** to get ready to start (eg. ordering lunch if needed). We will aim to start and finish on time and if you know you will be late, please let Jane Dunbar-Dempsey know.

SIGNING IN AND OUT:

We ask each student to sign themselves in on arrival and out on leaving for various reasons including:

- fire regulation requirements
- it is a chance to notify students of any changes in the timetable, give you extra teaching materials etc
- it is a chance to informally 'touch base' (usually with Jane Dunbar-Dempsey), to see how things are going and pick up on problems
- to identify unexpected absences early and allow us to see if the individual needs assistance

LUNCH: – is usually 12:00pm – 12:45pm/1.00pm

- If you are having lunch in the on-site canteen we ask that you order your food before 11am.

ADDITIONAL TEACHING AT BLACKPOOL VICTORIA HOSPITAL:

Apart from scheduled sessions at the Hospital (eg simulation skills training, time with hospital team etc), students are not permitted to attend other teaching sessions at Victoria Hospital that run during the time you are scheduled to spend with us. HOWEVER, occasionally a teaching opportunity arises that is relevant to your palliative care placement – permission to attend is required from Dr Richard Feaks and the opportunity has to be open to the whole group

Student Timetable:

INDUCTION

- You will be in the middle of this when you get this handbook. It lasts the morning and hopefully will be useful and get you a bit orientated (!), will not be too stressful and you will start to realise we are a friendly bunch!

EDUCATIONAL SUPERVISOR (see section above)

WARD WORK

- **At the start of a Ward Work session:** we ask students to initially report to the **nursing office between the Red & Blue areas (*opposite Red Room 8 – near the mural of Lytham Windmill*)** and make themselves known to either a doctor or a senior nurse. We can then sort out cases for you to see.
- **Patient Meal Times:** If you are on the wards please note that, unless it is urgent, the patients are not to be disturbed at meal times, with lunches around noon and dinners around 5pm
- **Ward Based teaching:** We try to time table each student pair to attend a senior doctor ward round. We will encourage you to shadow one of the doctors to see what they do as well as seeing cases.
- **Seeing Patients & Relatives:** this is a time for you to speak to patients and their relatives and get your case histories for your CPADs. Once the patient and students know each other, students may go back to continue their conversations at other times – we only ask that students check with a senior nurse to see that nothing has changed to prevent the patient from speaking to you.
- **Patient Case Records:** You can have access to any paper records that we have if the patient consents. You must not take them out of the doctor's office where they are stored. You cannot access computer based patient records. If you request it, we will print of a summary of the computer notes for you to use on a temporary basis. Since other students may be seeing the same patient, once printed, **the summary will be kept in a locked drawer in Jane Dunbar-Dempsey's office**
  - **On receiving the patient summary:** a student **MUST SIGN THE SUMMARY OUT** on a specific **RECORD SHEET - kept in the Office of Jane Dunbar-Dempsey** – (9a on Site map) to indicate that they have the notes
  - **Whilst using the patient summary:** the student is responsible for keeping the records secure and maintaining the patient's confidentiality
  - **When returning the patient summary:** the student **MUST RETURN it to the Office of Jane Dunbar-Dempsey** and **SIGN THE SUMMARY BACK** on the **RECORD SHEET** to show that the notes have been returned
  - If records go missing***, the student who requested them will be held accountable.***

DRUG ROUND – this means a student pair goes with the nursing team on a drug round

- **We have two drug rounds at 8am covering the 2 sides of the unit** – whilst students would be welcome to come at 8am (!) we ask students to join the rounds at 8:30am (ideally with one student per round).
- It is an opportunity for students to see the medications we use, see how we vary our administration according to patient need and ask questions about the medications and their use.
- Following these drug rounds the nursing team will let the students know when they are replenishing any syringe pumps that are needed and students will get the opportunity of seeing the setting up of the driver and then setting one up themselves (**students will be given separate instruction on how to set up a syringe driver as part of their induction and can come at other times to practice at setting up drivers**)
- If there is any time after the round/setting up a syringe pump, students will be expected to do ward work before lunch (*for morning rounds*) or before leaving for the day (*for afternoon rounds*)

DAY THERAPY UNIT (DTU) - this means you are expected to spend the morning with our staff in DTU

- Students are asked to report to the office in DTU at 9.45am where a member of staff will take them into the morning handover. DTU is an opportunity to see a different side to palliative care and it is an opportunity to informally meet patients. **You may take a case for your CPAD from DTU**

TIME WITH THE HOSPITAL CLINICAL NURSE SPECIALIST TEAM

- Students timetabled for this need to check with Jane Dunbar-Dempsey as the starting time may be earlier than 9am. Students will be asked to attend a specific venue at Blackpool Victoria Hospital and will have the opportunity of going round with a member of the hospital palliative care clinical nurse specialist team. **You may take a case for your CPAD from the hospital**

TIME WITH THE COMMUNITY CLINICAL NURSE SPECIALIST TEAM

- **Students are asked to report to the nursing station *near the Blackpool Tower Mural at 08:25*. PLEASE DON'T BE LATE** as a doctor will take the student pair into the **08:30 am admission meeting** in the boardroom. The students will see how admissions are decided for that day and hear the doctors handover about the In Patient Unit patients. After this the students will be taken to the Palliative Care Building (Number 2 on the map) first floor to meet a member of the Clinical Nurse Specialist team. ***You should be prepared to go out with a member of the team on a home visit so should dress appropriately.*** **You may take a case for your CPAD from the community.**

PERSONAL STUDY TIME (PST) - this is where there are no scheduled events in the time table

- The purpose of PST with us is for:
  - to continue to **speak to patients/relatives**
  - to continue to **work up cases for your Case based Discussion** assessments
  - to have opportunity to **see and set up syringe drivers** if not possible in the morning (*ALL student should be able to see and set up at least one syringe driver each during this attachment*)
  - to do **personal study**
- Officially a student is meant to stay on site at Trinity for the whole of the working day. PST allows a student to go back to the wards to see patients, to see what the staff are doing, to see/set up a syringe pump (see Teaching below), to read in the library, work on a case or attend other areas of the service if possible (see below)
- PST provides time for us to see if we can give you experience in **OTHER AREAS OF OUR SERVICE** such as Brian House Children's Hospice

Teaching

GENERAL: We take your teaching very seriously and enjoy having you with us as a group and as individuals. We hope to provide a safe, friendly and supportive teaching environment where there is no such thing as a *stupid question* and it is safe to *make mistakes* as well as 'shine'. Wherever possible we will try to adapt things to your needs, within the confines of what we have to teach you.

- This requires students, teachers and other staff to show mutual respect. So in the interests of this and professionalism, we ask students and teachers to arrive on time. If you miss a tutorial we will TRY and catch you up IF it is possible.
- Our teaching takes various forms including tutorials and on-the-ward teaching. We encourage full participation and questioning from our students. You will get the opportunity to spend time with our doctors and nurses and observe what we do and attend ward rounds at Trinity.

COMMUNICATION SKILLS: This is a **THREE DAY** communication skills training course and is a **compulsory element** of your placement.

- **DAY 1:** will be a review of communication skills theory
- **DAYS 2 & 3:** will involve each student doing an individual role play of a scenario around having a difficult conversation in a palliative care setting using an experienced actor. The other students will be asked to observe each role play, look for facilitative skills being demonstrated and suggest alternative strategies if difficulties arise.

Note: Hopefully this will be enjoyable as well as informative but you may be emotionally exhausted at the end!

TUTORIALS

Subjects that will be covered:

- SPIRITUAL ASSESSMENT
- INTRODUCTION TO THE SYRINGE DRIVER
- PAIN
- NAUSEA & VOMITING
- BREATHLESSNESS,
- CONSTIPATION
- END OF LIFE CARE
- CERTIFICATION ON CAUSE OF DEATH
- THE ROLE OF THE CORONER *usually done by coroner/deputy coroner*

STUDY RESOURCES FOR PALLIATIVE CARE:

- You will be loaned a copy of the ***Oxford Handbook of Palliative Care*** for the duration of the placement
- You will have access to our **library** and **computer based facilities**.
- ***e-Learning for Healthcare (e-LfH):*** there are modules that may be of interest, including: **End-of-Life Care** (*which includes sections on communication skills, symptom control, taking a spiritual assessment, end of life care*) and the **Death Certification (DCT**) (*a module on the medical certification of cause of death and how to complete it*)

  More details can be found on the eLfH website **http://www.e-lfh.org.uk/home/** (click on Programmes for catalogue & Demo to see an example)

STUDY RESOURCES FOR ONCOLOGY:

- **Although oncology is separate to our placement**, you only have a brief time in Oncology. So to support this we will also loan you a copy of **Oncology at a Glance** *by Graham G. Dark* (*which gives basic oncology teaching aimed at medical students, includes a holistic approach and is a bridging text for palliative care & oncology*) and the **Oxford Handbook of Oncology**

Please note that all queries concerning oncology (including timetable and paperwork etc) should be directed to Undergraduate co-ordinator, Caitlin Hudson OR Julie Summers at Blackpool Victoria Hospital Higher Professional Educational Cente (HPEC).

Student Assessments & Feedback

GENERAL

As with any other placement, each student will be generally assessed on:

- Attendance • Knowledge • Clinical skills • Professional attitudes
- Enthusiasm to & willingness to engage with learning
- Understanding of the roles of other health care professionals & support staff
- Enthusiasm & willingness to engage in a team approach
- Demonstration of courtesy & respect for patients &relatives
- Healthcare Professionals & other support staff

COMMUNICATION SKILLS

During Days 2 & 3 of the Communication skills Training, your facilitator will be looking at what went well and any areas to focus on to improve.

- **REMEMBER if you attend** you will not fail but occasionally students need more support from the university
- **REMEMBER if you do not attend** the university will decide what action to take

LEARNING OBJECTIVES (LOs)

With your Educational Supervisor (ES), you will be expected to come up with some learning objectives to achieve during your placement and how you are going to evidence that you have achieved this (*see ES section above*)

Case Presentation And Discussion (CPAD):

During the last week of your placement each of you will be asked to present and then discuss ***TWO CASES***. We will expect you to demonstrate that you have taken a **holistic history** including that you understand what **medications** are being used, and why, and you have come up with **your own management plan**.

Case discussion will also focus on the areas of **symptom control**, **spiritual assessment** (*you will be expected to be able to discuss this generally including what this is, how it is achieved and how does spiritual distress manifest itself*) and **care of the dying**

- NOTE: although we try our best to achieve this, it is not possible to guarantee every student will become involved with a care of the dying case (*sometimes we only have cases of symptom control before the end of life and at others, the patient or carers do not consent to student involvement*) HOWEVER, as a specialist service most of our cases are thought to be within the last year of their life and **case discussion may involve any aspect of this** – from **advanced care planning** to the **phase of active dying** and **care after death**.

Feedback

Students will be asked to complete feedback questionnaires for the following:

- OUR INDUCTION – online questionnaire for local university team
- COMMUNICATION SKILLS – on-line university questionnaire & written questionnaire for us
- END OF PLACEMENT – on-line university questionnaire & written questionnaire for us

Students will need the following to complete their placement:

- Attendance of the 3 day communication skills training – currently nothing else on-line so we will provide a certificate of attendance
- At least Two CPADs to be signed off on-line using CPAD Form
- Educational Supervisor on-line Form to be signed off

Other elements that you may complete:

- DIRECT OBSERVED PROCEDURES e.g. Subcutaneous injection etc. – signed online DOPS form
- SYRINGE DRIVER
- REFLECTIONS e.g. observing a difficult conversation or a doctor hand over or reviewing a patient discharge plan – no signature needed, students complete on-line Reflection Form

Exit Interviews & Sign Off (ES Session 3)

On the last day each student will meet with their Educational Supervisor (ES). It is opportunity for both parties to give each other feedback on how things have gone, look at learning objective and the student's learning experience and finally sign off the placement.

Fire Policy for Trinity Hospice

STUDENTS

1. AWARENESS

It is your responsibility to ensure that you make yourself aware of the firefighting equipment, fire alarm call points and assembly point(s) near to your area of work and know what action to take in the event of a fire or fire alarm. ***You must be vigilant and report any defective fire-fighting equipment immediately via the Senior nurse on duty in the area where you are or Jane Dunbar-Dempsey.***

The alarm is normally sounded to test it on a Monday morning at 09.00 a.m. It may sound for about a minute, but should it continue for longer, you should assume the threat is real.

2. IF YOU HEAR THE FIRE ALARM, DO NOT USE LIFTS…

The *Senior Nurse on Duty is in charge*

Immediately stop work and without delay go straight to the nearest assembly point, helping others (*visitors, volunteers*) to do the same and closing windows and doors on the way if it is safe to do so.

Stop people from entering any building and do not use the lift.

Inform the Senior Nurse on Duty at the In-patient Unit reception of any relevant and/or significant information.

3. ASSEMBLY POINTS

- ***the grass area by the canopy outside the In-patient Unit reception*** – **see next page**

4. IF YOU DISCOVER A FIRE

- ***Immediately sound the alarm*** using the nearest break-glass call point.
- ***Summon assistance and help*** to move patients/others in immediate danger beyond a set of closed fire-doors and with ready-access to a fire exit. Systematically check all nearby rooms, toilets etc. ***without taking undue risk.***
- ***Only consider fighting the fire with appropriate fire fighting equipment if it is no larger than a waste paper bin***, if it is safe to do so, if you have had relevant training and you can ensure you always have an escape route.
- ***Contain the fire*** wherever safe to do so by closing windows and doors.
- ***As soon as possible, give all details to the Senior Nurse on Duty*** who will be at the control panel at the In-patient Unit reception.

MAIN ASSEMBLY POINT

- the grass area by the canopy outside the In-patient Unit reception

FIRE ACTION

(staff should follow the Fire Policy)

Any person discovering a fire:

1. Immediately sound the alarm using the nearest break-glass call point
2. Do not fight a fire alone or if you are not confident or trained to do so
3. Proceed straight to the assembly point as shown in the box below

Upon hearing the fire alarm:

1. Proceed straight to the assembly point as shown in the box below:

"The grass area at the front of the building, outside the main reception".

DO NOT TAKE RISKS. DO NOT RETURN INSIDE UNTIL AUTHORISED BY THE PERSON IN CHARGE.

Using computers at Trinity

Important Information - MANDATORY

Computers are available in both the library and Eaves room. Please ensure you comply with the following guidance for accessing the internet:

The Network is the secure network provided by Trinity that user accounts access. Users are responsible for taking reasonable steps to ensure that through their actions or negligence, viruses or other malicious software is not introduced into Trinity's systems or onto any devices. Viruses and other malware can be received via attachments or links within e-mail. Any concern about Computer viruses or suspicion of infection must immediately be reported directly to Technical Support 01253 951016

Students are specifically not permitted to carry out any of the following activities:

- On-line gambling
- Search for or view adult, racist, sexist or any other potentially offensive material
- Log on to Social Networking Sites
- Attempt to by-pass security or other systems that are in place to protect the systems
- Access streaming media, including audio (e.g. radio) unless specifically related to your studies as this reduces available bandwidth and directly impacts essential applications including database and patient administration systems
- Attempting to download software or multimedia files except with permission from the Systems Administrator and/or Technical Support
- Attempting to access data that is known or ought to be known is private, confidential or protected under the Data Protection Act or seeking to gain access to restricted areas of the network or breach or circumvent firewalls or other security systems

This list is only a guide and is not exhaustive and reasonable common sense should be applied.

Trinity does not routinely inspect specific users' internet or e-mail activity but may randomly audit internet and/or e-mail use as deemed necessary. Users should have no expectation of privacy and must be aware that all Internet use is recorded and all data on the System is not personal or private and is the property of Trinity. This includes but is not limited to Internet sites visited, times of use, files downloaded and/or sent etc.

In circumstances where Trinity has reasonable grounds to consider that criminal activity may have occurred, Trinity will refer the matter to the appropriate Authorities/Bodies e.g. the Police and/or NMC, for potential investigation, if necessary without consultation with the individual(s) concerned.

Other Policies and Procedures

- A paper copy of the following documents will be available in a folder called

  "Trinity Policies & Procedures: medical Students" which will be kept in the **Library (lower shelf to left of the locked cabinet)** ***Please do not take it away.***

  - Information Governance Policy
  - Staff Confidentiality Policy and Code of Conduct
  - Complaints Policy
  - Making a Complaint Leaflet
  - Complaints Poster
  - IT, E-mail and Internet Policy
  - Data Protection Policy
  - Code of Conduct on Public Disclosure (Whistleblowing)
  - Near Misses Incident and Serious Untoward Incidents Policy
  - Fire Policy
  - Policy for safe use of sharps needle stick injury or body fluid contamination

- If you want to look at other documents please contact Jo Nicholls

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11. Palliative Care

Three weeks.

No CCT or student study days.

Includes three days of Communication for Clinical Practice (further information on the Year 4 CCP sessions can be found on VITAL).

11.1 Learning Outcomes

By the end of the palliative care placement, students will be able to:

Core Learning Outcomes	Specific Learning Outcomes
Elicit patients' and families' understanding of their condition and treatment options, and their views, questions, concerns, values and preferences.	• Elicit physical, psychological, social, financial and spiritual concerns. • Recognise and respect that some patients may not wish to know their prognosis. • Enable those patients who wish to do so to formulate advance care plans.
Apply psychological principles, methods and knowledge to explain the varied responses of individuals, groups and societies to palliative and end of life care.	• Demonstrate understanding of appropriate hope and achievement of goals other than cure. • Demonstrate appropriate attitudes towards psychological responses and emotions of patients and caregivers; fear, guilt, anger, sadness, despair, collusion and denial. • Demonstrate understanding of the different responses and emotions expressed by patients and caregivers, including fear, guilt, anger, sadness, despair, collusion and denial. • Recognising unhelpful and potentially harmful psychological responses.
Discuss adaptation to advanced life limiting illness and bereavement, comparing and contrasting the abnormal adjustments that might occur in these situations.	• Demonstrate understanding of the social impact of life-limiting illnesses in relation to family, friends, work and other social circumstances. • Demonstrate ability to recognise and support bereaved people
Provide explanation, advice, reassurance and support.	• Demonstrate abilities to listen empathically and respond appropriately to patient and caregiver concerns.
Contribute to palliative and end of life for patients and their families, including management of symptoms.	• Discuss the pathophysiology of the common symptoms in palliative and end of life care

Last updated: 31 July 2019
Due for review:

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Core Learning Outcomes	Specific Learning Outcomes
	• Demonstrate understanding of signs indicating that a patient is dying. • Demonstrate understanding of a range of drug and other options for symptom management, including; pain, gastrointestinal, cardiorespiratory, genitourinary, neurological and psychological symptoms. • Demonstrate understanding of the management of palliative care emergencies including; cord compression, superior vena cava obstruction and hypercalcaemia. • Demonstrate the ability to prescribe for and use a syringe driver in the management of common symptoms • Formulate and review individualised management plans for current and potential future symptoms, including anticipatory prescribing.
Demonstrate ability to communicate clearly, sensitively and effectively with patients, their relatives or other carers and colleagues.	• Deliver bad news sensitively and at an appropriate pace. • Deal with difficult questions and challenging conversations. • Demonstrate their ability to communicate risk and uncertainty. • Describe methods for sharing clinical information between services while maintaining patient confidentiality.
Recognise and respect the importance of cultural and social influences, religious practices, lifestyle choices, individual values and beliefs which relate to dying and bereavement and their impact on care before and after death.	• Demonstrate understanding of the importance of not imposing personal beliefs, values and attitudes on patients or their families or letting them influence professional judgments.
Demonstrate knowledge of law and professional regulation relevant to palliative and end of life care, including the ability to complete relevant certificates and legal documents and liaise with the coroner where appropriate.	• Demonstrate understanding of the ethical frameworks of autonomy, beneficence non-maleficence and justice in relation to ethical issues at the end of life including; o Double effect. o Requests for euthanasia and assisted dying. o DNACPR decisions. o Withholding / withdrawing treatment.

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Core Learning Outcomes	Specific Learning Outcomes
	○ Withholding / withdrawing clinically assisted nutrition and hydration. ○ Capacity to give consent; Mental Capacity Act. • Demonstrate understanding of the law in relation to end of life care. • Demonstrate understanding of the law concerning Advance Statement of Wishes, Advance Decisions to Refuse Treatment, Power of Attorney for Health and Welfare. • Demonstrate understanding of Guidelines produced by the GMC, BMA and Royal Colleges in relation to end of life care. • Demonstrate the ability to undertake procedures involved in death verification, death certification and cremation • Demonstrate understanding of when to liaise with the Coroner's office.
Demonstrate understanding of and respect for the roles and expertise of health and social care professionals in the context of a multi-professional team in palliative and end of life care.	• Demonstrate understanding of the range of multidisciplinary palliative care services available and when referral to them is appropriate. • Demonstrate understanding of the importance of good and timely communication in and between team members in both primary and secondary care.
Recognise and deal effectively with uncertainty and change in palliative and end of life care.	• Demonstrate understanding of the importance and limitations of prognostication and prognostic indicators. • Demonstrate the ability to discuss prognostic uncertainty with patients and lay caregivers
Demonstrate the appropriate attitude towards the emotional and psychological impact of palliative and end of life care on themselves, recognise their own limitations and be able to ask for help and support.	• Demonstrate understanding of the impact of stress and professional burnout • Demonstrate understanding of professional limitations and boundaries • Demonstrate understanding of the support available to clinicians

2019-2020 4th Year E-Portfolio Requirements: Palliative Care

Palliative Care placement activities Activity & Form	Suggested and Minimum Numbers
Case Presentations & Discussions (CPAD)	Suggested number **3** Minimum number **2**
First and End of placement Educational Supervisor (ES) meetings completed	All fields completed by student doctor and ES

Learning Objectives & Tasks: Trinity

Hospice In-Patient Unit

Learning Objectives:

- To demonstrate an understanding of who should be referred for admission to the specialist in-patient unit
- To demonstrate an understanding of the role of the in-patient unit and the differences between it and an acute hospital ward
- Describe the holistic patient assessment and be able to discuss how effective communication and negotiation strategies influenced outcome
- Demonstrate an awareness of the particular issues involved with delivering end of life care in the in-patient unit, including discussion about choices at end of life, delivery of best care and support and how to access specialist advice.
- Know how an Individualised Care Plan for the Dying (ICPD) and Preferred Priorities of Care documents are used in the in-patient unit

Tasks to consider whilst on placement:

- Observe controlled drugs being administered and the checks involved
- Observe a syringe driver being set up and checked and set one up
- Observe and where possible give a subcutaneous injection
- Observe how nurses explore with the patient (*and or their carer*) issues around their care
- Identify what communication skills were used when speaking to patients, their carers and health care professionals
- Observe how different communication strategies are used to explore patients ideas, concerns and expectations and when dealing with difficult conversations (*e.g. breaking bad news*)

Community and Hospital: Clinical Nurse Specialists *(where applicable)*

Learning Objectives:

- Demonstrate an understanding of the role of the Trinity Clinical Nurse Specialist
- Describe how referral takes place and who should be referred for specialist palliative care advice and support
- Describe the holistic patient assessment and discuss how effective education and negotiation strategies influenced outcome
- Demonstrate an awareness of the particular issues involved with delivering end of life care in the community and hospital setting, including discussion about choices at the end of life, delivery of best care, support to carers and other healthcare professionals
- Know how an Individualised Care Plan for the Dying (ICPD), Gold Standards Framework (GSF) and Preferred Priorities of Care (PPC) documents are used in the community and hospital setting

Tasks to consider whilst on placement:

- Observe the patient assessment undertaken by the clinical nurse specialist
- Observed interaction between the clinical nurse specialist and other members of the patient's health care team and how management plans are developed and implemented
- Identify what communication skills were used when speaking to patients, their carers and health care professionals
- Observe how different communication strategies are used to explore patients ideas, concerns and expectations and when dealing with difficult conversations (*e.g. breaking bad news*)

Specialist Palliative Day Therapy Unit

Learning Objectives:

- Demonstrate understanding of the role of the specialist palliative day unit
- Describe how referral takes place and who should be referred to the specialist palliative day care unit, describe the holistic patient assessment and be able to discuss how effective communication and negotiation strategies influenced outcome
- Demonstrate an awareness of the particular issues involved with delivering end of life care in the day unit, including discussion about choices at end of life, delivery of best care, support to carers and other healthcare professionals offered by the day unit
- Know how a Preferred Priorities of Care document is used within the day unit

Tasks to consider whilst on placement:

- Takes the opportunity to talk to the patients attending the day unit to explore their understanding of the illness, why they are attending the day unit and how they feel about the illness and the care they have received.
- Observe the range of activities on offer and where appropriate to participate in them with the patients
- Identify what communication skills were used when speaking to patients, their carers and health care professionals
- Observe how different communication strategies are used to explore patients ideas, concerns and expectations and when dealing with difficult conversations (*e.g. breaking bad news*)
- Where possible observe a patient being assessed by the staff in the day unit

Consultant Out-patient clinic *(where applicable)*

Learning Objectives:

- Demonstrate an understanding of the use of holistic patient assessment as part of a person centred medical assessment
- Describe the interaction between the clinician, patient and family and how this influences the outcomes from the consultation
- Apply the knowledge gained from the classroom and self-directed learning to the clinical setting

Tasks to consider whilst on placement:

- Take a focused history during the consultation on a symptom and present to the consultant
- Identify what communication skills were used during the consultation when speaking to patients, their carers and health care professionals
- Observe how different communication strategies are used to explore patients ideas, concerns and expectations and when dealing with difficult conversations (*e.g. breaking bad news*)

Dress Code for Medical Students – MANDATORY

1 General

1.1 This is the policy statement from the current Dress and Uniform Policy for Trinity for staff and volunteers which we apply to medical students:

"Trinity Hospice and Palliative Care Services wishes to portray an image that reflects the values and philosophy of the organisation, by the standard of dress of all its staff and volunteers.

Trinity believes the way our staff and volunteers dress and their appearance to be of significant importance in portraying a compassionate and caring image to all users of its family of services, whether patients, clients, visitors or colleagues.

People generally use appearance as a measure of professional competence and for this reason, all staff and volunteers are asked to be aware of their presentation and to adhere to this policy at all times when representing Trinity."

1.2 A dress code is important to support the image of the values and philosophy of an organisation and comply with work-related statutory requirements (*e.g. Clinical requirements, Health and Safety, Infection Control etc.*). Whilst medical students are technically neither staff nor volunteers, they are perceived by patients, relatives, visitors etc. as part of our organisation during their placement with us. Furthermore, as teachers of students who will soon become the doctors of tomorrow, we have a duty to encourage an environment of professionalism. This is why we require medical students to comply with a *dress code* and when in certain situations, this is based upon the Trinity Dress Code for non-uniform staff.

1.3 Trinity recognises the diversity of cultures, religions and abilities/ disabilities of its employees and will take a sensitive approach when this affects dress requirements. However, the Dress and Uniform Policy states: *"…priority will be given to clinical, health and safety and infection control considerations."*

When Students need to report patient safety concerns

Based on University Information sheet: *"Information to Students regarding reporting patient safety concerns"*

Important Information - MANDATORY – LINK TO the "ALERT FORM" on VITAL

The university hopes that this and the ALERT FORM will give you confidence to participate in the enhanced patient safety initiatives which were generated by the Francis report. If you have any questions related to this activity please contact the School of Medicine.

Introduction

The School of Medicine has launched a patient ALERT FORM WHICH WILL ALLOW YOU TO REPORT ISSUES RELATED TO PATIENT SAFETY THROUGHOUT ALL CLINICAL PLACEMENT LOCATIONS.

- As you know all doctors have a clear duty to raise concerns about patient safety as set out in the GMC document:
  "Raising and Acting on Concerns about Patient Safety"
  http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp
- There is also specific GMC guidance for medical students in their following document:
  "What should I do if I see a risk to patient safety?"
  http://www.gmc-uk.org/information_for_you/14405.asp
- The Francis Mid Staffordshire Review (and Francis Report) stresses that *"trainees and students are invaluable eyes and ears in a hospital setting."* See the GMC document:
  Our [GMC] response to the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry
  http://www.gmc-uk.org/about/21705.asp (multiple links)
- All of this now means that in addition to doctors, medical students on clinical placements also have a duty to report major patient safety concerns.

What should you do? – *GMC advice*

- The document ***"What should I do if I see a risk to patient safety?"*** (See above) states that even though the law protects people against victimisation when they raise concerns, it's not always easy to speak out. Often medical students, just like doctors, are worried about the implications of raising a patient safety concern, whether it is about policies and procedures or about a colleague.
- During clinical placements at medical school, if you believe patient safety is at risk, or that patients' care or dignity is being compromised, then **you should in the first instance follow the procedure for raising concerns set out by your medical school** (see below)
- If, in spite of following the university's policies and procedure you don't feel that things are improving or if you have other reasons for not reporting through your medical school, the GMC suggests you contact them on their **confidential helpline**, where they can give you advice about what to do.
- **GMC Confidential Help Line: 0161 923 6399. Lines are open 9 am–5 pm, from Monday to Friday.**
  This allows you to raise patient safety concerns or ask for advice if you don't feel able to do so locally during a clinical placement. It is staffed by specially trained advisers who can discuss concerns and advise you who to speak to if, for example, the concern isn't about a doctor.

  Any concerns relating to the policies and procedures in the organisation where you're on clinical placement will (if it is in England) be referred to the Care Quality Commission. If your concern is that you're being asked to work without appropriate or easily accessible supervision from a more senior doctor, or you're being asked to undertake tasks beyond your competence, we will look into it and if necessary take action to ensure our training standards are met.

- **GMC On-line tools:**

  The GMC have developed online tools to help when you are faced with a concern about patient safety.:

  Raising a concern about a doctor or referring yourself – a step by step guide for anyone
  https://www.gmc-uk.org/concerns/raise-a-concern-about-a-doctor

  Medical students: professional values in action
  http://www.gmc-uk.org/static/media/Medical_Students/
  is an interactive tool designed specifically with students in mind. It will help you decide what to do in a range of tricky scenarios that you might face as a student, including raising concerns.

  Raising Concerns Decision Tool
  http://www.gmc-uk.org/guidance/ethical_guidance/decision_tool.asp
  is designed to guide doctors through the process of raising patient safety concerns. It sets out what they will need to do if worried about issues including how colleagues have behaved, policies and procedures staff shortages. As a medical student, you may wish to use this tool so that you can familiarise yourself with what will be expected of you when you become a registered doctor.

Liverpool University procedure for raising patient safety concerns

(Also remember the GMC online tools to help you – see above) MANDATORY

1. **If you are worried about the immediate safety of an individual patient then, as soon as possible, you must inform:**
   - your clinical supervisor (Dr Feaks or Dr Au in the hospice) or (Dr Whitfield or Dr Preston in hospital) OR
   - a senior member of the team (senior nurse or matron) OR
   - the Sub Dean

   The ALERT FORM is not intended for these sorts of critical scenarios

2a) If you have a more general serious concern**:**
   - that the patient safety or care is being significantly compromised by the practice of colleagues or the systems, policies and procedures in your clinical placement, or
   - that you are being asked to undertake tasks beyond your competence

   You need to report these concerns.

2b) This can be done to an appropriate senior in the placement/university (e.g. Dr Feaks, Mr Malik) or if you prefer you can do this by filling in the online **ALERT FORM**

The Liverpool Patient Safety Alert Form (*online so internet connection needed*):

- The form can be found:
  - via this direct link: **https://www.surveymonkey.com/r/livmedalert**
  - via a link within the content of your current year's VITAL course
- Fill in the details on the online form and your concern should be outlined concisely (*maximum 500 words*)
- You should **NOT** include any patient identifiers (*e.g. name, nhs number, etc.*)
- When you click **"Submit"** at the bottom of the page the completed form will go to the Medical Faculty and will be processed within **TWO days**
- The concerns will be passed onto the appropriate senior doctor in the placement (*usually the Sub Dean*)
- You will be informed by e-mail that this has happened within two working days
- Initially your identity will not be revealed to your placement, however, depending on the concern, it may be necessary for you to talk with an appropriate person in your placement
- **If you do have to speak to someone in your placement the university assures you that reporting patient safety issues will never compromise your progress in any way and you will be fully supported by the University if you have to provide any reports or evidence.**

Useful Contact Numbers and emails

- A full list of internal telephone numbers for the Hospice is located in the sister's office.

Trinity Hospice 01253 358881 (reception)		
YOUR FIRST POINT OF CONTACT		
Jane Dunbar-Dempsey *Learning & Research Co-ordinator* Trinity Hospice and Palliative Care Services Low Moor Road, Bispham, Blackpool, FY2 0BG	Internal: 149 Tel: 01253 952610	jane.dunbar-dempsey@nhs.net
Trinity Hospice and Palliative Care Services Low Moor Road, Bispham, Blackpool, FY2 0BG	Tel: 01253 358881 (reception) Fax: 01253 359382	
Dr Gillian Au *Medical Director, Trinity Hospice*		karen.gray-thornton@nhs.net
Dr Richard Feaks *Senior Speciality Doctor*		dr.feaks@nhs.net
Karen Gray-Thornton *Secretary to Dr Au*	Internal: 52591	karen.gray-thornton@nhs.net
Dr Amy Gadoud *Community Consultant in Palliative Medicine*		Amy.gadoud@nhs.net
Karen Newman *Secretary to Dr Gadoud*	Internal: 52611 Tel: 01253 952611	karen.newman12@nhs.net
Day Therapy Unit *Nurses Office*	Tel: 01253 952607 Internal: 52607	
CNS Team	Tel: 01253 952566	
In-Patient Unit *Doctors Office* *Nursing Office*	 Internal: 52593 Internal: 52592	
Blackpool Victoria Hospital 01253 300000 (switchboard)		
Dr Andrea Whitfield *Hospital Consultant in Palliative Medicine* *Blackpool Victoria Hospital*	Tel: 01253 956934	lisa.gowland1@nhs.net
Dr Harriet Preston *Hospital Consultant in Palliative Medicine* *Blackpool Victoria Hospital*	Tel: 01253 956934	amy.thompson4@nhs.net

Guidance on Case Presentation and Discussion (CPAD)

Number of CPADs

- The University suggests you **complete three** but do **minimum of two**
- There is time allocated in your last week to complete these but please ask us if you are ready to do your presentation before hand and we will see if we can arrange a time

The Case History

- The general *'performa'* for assessment is given below and may be familiar to you
- Examinations are not always appropriate, but you should examine relevant systems if you can. If you are unable to, state the reason in your history but do not use this as an excuse not to examine a patient if this is appropriate and acceptable. Details of examinations and investigations should be available in the records (*use appropriately*)
- We are unable to allow you access to medical records HOWEVER let me/us know and details can be printed off for you
    - GP list of significant problems
    - GP regular medication (for current medication see prescription book in folder at bottom of patient's bed)
    - Latest referral to our service
    - Latest consultant letters (if relevant) for palliative care, oncology and other specialties
    - Copy of the computer records for current in patient unit admission

    Please ask if you need more details
- At the bottom of the patient's bed is a folder that contains:
    - The patient's ***drug prescription book***
        - you may not have seen a prescription sheet like this before
        - it is divided into sections to separate out different groups of drugs (*e.g. allergies, once only meds, oxygen, anti-coagulation and prophylaxis, steroids, chemotherapy, regular controlled/non-controlled drugs, syringe driver medication, as required non-parenteral and parenteral medication and a list of designated medications that specifically trained nurses can use for symptom control if the medication has not been prescribed*)
        - Landscape page orientation usually means the drugs are given via a parenteral (ie. SC or CSCI) route
    - The patient's care plans
    - Various assessment sheets – e.g. pain, elimination, general observations, blood sugar monitoring
    - IV/SC fluid prescription sheet
- You are expected to demonstrate that you can take a HOLISTIC assessment for EACH of the cases. We are trying to get you to give us THE PATIENT'S STORY of their illness journey including what has affected them until the time of your history. This affects the type of details we are wanting e.g. *with chemotherapy* you DO NOT have to list the drugs a patient has had, we are more interested in how many courses, when and how did this affect the patient. So for the *holistic assessment* you should aim to cover the *social, psychological and a spiritual assessment as well as the physical.* (*see Think Holistically – at the start of your Practical Pain Management handout*)
- You should also demonstrate how ALL medication is being used, including drug doses, frequency, indication AND any comment you feel appropriate that shows you understand about the use of the drug (*do not forget PRN as well as regular*) – *if something is not clear PLEASE ASK!* – we will expect you to know what *Anticipatory Prescribing* is and what *the 4 Core End of Life Drugs* are and how they are used

- We expect you to be aware of how we work in a *multidisciplinary team* in palliative care. You need to have an idea of which disciplines make up our team (*not just the doctors and nurses, but the physiotherapist, occupational therapist, pharmacist, specialist nurses, counsellors, clinical psychologist, chaplains, social worker, complimentary therapists etc. – by the time you leave you should know who are the core members of the MDT that meets to discuss new cases each week these central roles then work with others who have a peripheral role*). You need to know what these disciplines do and why you may refer to them. Finally, you need to demonstrate this in your management plan (*see below*) – i.e. reasons for referring to which members of the team
- FINALLY: you should come up with a MULTIDISCIPLINARY MANAGEMENT PLAN which includes:
    - What is the current management plan the team are using?
    - What issues have come out of your history taking that need attention?
    - How could you help to address these issues e.g. what treatments have not been tried? Can other members of the team help? How do I get other team members involved? If you identify a non-medical issue and do not know how to approach it – discuss it with the relevant team member
    - THE MANAGEMENT PLAN SHOULD DEMONSTRATE YOUR KNOWLEDGE AND UNDERSTANDING, IDEALLY CONTAINING ORIGINAL THOUGHT AND NOT JUST BE A REGURGITATION OF THE WHAT THE CURRENT PLAN IS
    - It is here that you can demonstrate your knowledge of 'ceilings of treatment' – i.e. when do I treat/stop treatment OR if something happens how far do I want to be actively treated (*e.g. do I want to stay in hospice where we cannot do some forms of management such as IV antibiotics OR do \I want to go to hospital*)
    - It is also here that you can demonstrate that it is not possible to fix all of the patient's problems (*which can be very frustrating for some medical student who have gone into medicine to make people better*) but that just acknowledging to the patient that the problem exists and cannot be fixed is vitally important and has a therapeutic role

Patient Assessment Performa

Approved assessment tools include:

- **PEPSI COLA Aide Memoir– Holistic Assessment Tool (1)**
- **Patient Outcome Scale - POS (2)**

GENERAL

- **Age/ sex**
- **Diagnosis** – primary and secondary
- **Co-morbidities**
- **Reason for referral**
- **Place of care** (*where you have seen them e.g. in-patient unit, day therapy unit, hospital etc.*)
- **Who else is present at assessment** (*student, carer/relative, healthcare professional etc.*)

HOLISTIC ASSESSMENT

- **PHYSICAL**
  - *history of present complaint, symptoms, past medical history, examination findings)*
- **DRUG HISTORY**
  - *accurately record in a table the generic names, dose, route, frequency, reason for drug*
  - *if you don't know don't guess ask!*
  - *Do this for regular AND as-required medications for all routes oral, sub.cut., nebulised, topical, syringe driver etc.*
  - *Drugs previously tried and not found helpful*
  - *Drug allergies/intolerances*
- **PSYCHOLOGICAL**
  - *mood, previous/current mental health problems, coping mechanisms*
  - *use **Distress Thermometer Tool*** **(see Sheet used on In Patient Unit)** *or **Palliative Outcome Score*** ***(POS – see ref 2 below)*** *to see if you can identify particular concerns/worries*
- **SOCIAL**
  - *Home circumstances – including house/bungalow/flat-ground floor-other, adaptations, occupational/physiotherapy involvement, district nurse involvement, carer (family/friend/outside agency) involvement*
  - *working/unemployed, has illness affected person financially, benefits, hobbies and interests, how illness has affected daily life (e.g. what have they had to give up, change etc.)*
- **SPIRITUAL**
  - *Use the **HOPE Assessment Tool*** **(See Oxford Handbook of Palliative Care)** *to identify what is important to person and any spiritual distress*
- **INSIGHT**
  - *Awareness/ understanding of illness and its implications – in person's own words if possible*
- **ADVANCED CARE PLANNING (if any)**
  - *Any preferred priorities of care, advanced decisions to refuse treatment appointment of Lasting Power of Attorney (health or finances), do they want/have they made a will, any particular things they want to achieve, preferred place of care/death (if appropriate to ask), tissue/organ donation, disease specific planning, faith-group other spiritual needs planning*
- **DNACPR**
- **CARER NEEDS**
  - *Who are the carers, what are their needs/distress/coping mechanisms*
- **RELEVANT PROBLEM LIST**
  - *this needs to inform your planned investigations and management plan*

MANAGEMENT PLAN & SUMMARY

- Imagine you are an FY1 and need to produce a management plan giving reasons for what you propose and also remember what might be appropriate for this patient given their overall condition (*e.g. are they well enough to have the investigations you are considering, if you do investigations are you going to act on the results*) and their preferences for care (*e.g. no point in suggesting hospital investigations/admission for someone who only wants to stay at home/hospice etc.*)
- Do not just write what we have put in notes
- Consider if person needs referral to other members and state reason (*i.e. what do you hope that member of team to do*)
- Include any information you have given/need to give to patient/family/carer (*e.g. diagnosis, results of investigations etc.*)
- Think about discussions about ceilings of treatment
- Think about anticipatory prescribing if needed
- Think about how to acknowledge the problems that don't have a solution

References:

1. **PEPSI COLA Aide memoir**
   https://www.goldstandardsframework.org.uk/cd-content/uploads/files/Library%2C%20Tools%20%26%20resources/PepsicolaHPAguidancedocument.pdf
2. **Palliative Outcome Scale**
   https://pos-pal.org/maix/

References/Useful Books/Web Sites

Older Texts

Twycross, Robert	**Introducing Palliative Care (4th edition: Dec. 2002)** • *Basic concepts still apply – **good starting point***	*Radcliffe Medical Press*

General Texts

Cherny *et al*	**Oxford Textbook of Palliative Medicine Paperback (Dec 2017)** • *The definitive UK text book on palliative care*	*Oxford University Press*
Watson *et al*	**Oxford Handbook of Palliative Care (2nd edition)** • *A comprehensive summary book on palliative care – you will be loaned a copy*	*Oxford University Press*

General Symptom Control

Twycross & Wilcock	**Palliative Care Formulary (5th edition)** • *detailed guidance on prescribing for symptom control*	*Palliative Care Drugs*
South Cumbria Palliative & End Of Life Care Advisory Group	**Clinical Practice Summary Guidelines for Palliative Care 2017** • *Local guidelines on symptom management – see Trinity website*	*Greater Manchester, Lancashire & South Cumbria Strategic Clinical Networks*
Dickman	**Drugs in Palliative Care (2nd edition)** • *Very useful pocket book summarising pharmacological management in palliative care*	*Oxford University Press*
Dickman *et al*	**The Syringe Driver (4th edition)** • *A definitive and practical book on the subject*	*Oxford University Press*
Twycross et al	**Palliative Care Formulary (6th edition)** • *Definitive reference information on the drugs used in palliative care*	*palliativedrugs.com*

Pain Management

Stannard *et al* Forbes Davies Davies Bennett	**Oxford Pain Management Library (OPML) series** ▶ **Opioids in Non-Cancer Pain** ▶ **Opioids in Cancer Pain** ▶ **Cancer-related Breakthrough Pain** ▶ **Cancer-related Bone Pain** ▶ **Neuropathic Pain** • *summary hand books on individual aspects of pain (also in series, Acute Pain, Back Pain, Migraine and other Primary Headaches, Pain in Older People)*	*Oxford University Press*
Brook *et al*	**Oxford Handbook of Pain Management** • *biopsychosocial approach to pain management*	*Oxford University Press*
Sharma *et al*	**Practical Management of Complex Cancer Pain** • *OSH summary of pain management aimed at oncology*	*Oxford University Press*

Non-Cancer Symptom Control

Johnson *et al* Spathia *et al* Brown *et al* Pace *et al*	**Oxford Specialist Handbooks (OSH) – End of Life series** ▶ **Heart Failure – from Advanced Disease to Bereavement** ▶ **Respiratory Disease – from Advanced Disease to Bereavement** ▶ **Kidney Disease – from Advanced Disease to Bereavement** ▶ **Dementia – from Advanced Disease to Bereavement** • *OSH summary of specific disease management in palliative care*	*Oxford University Press*

Ethics

Various	**Free Toolkits available on-line** **http://bma.org.uk/ethics** ▶ **Ethics tool kit for students – free online resource for medical students** ▶ **Consent** ▶ **Mental Capacity** ▶ **Confidentiality and Medical Records** ▶ **Children** **A-Z Guide for all BMA Ethics related resources** **http://bma.org.uk/practical-support-at-work/ethics/ethics-a-to-z**	*BMA Publications*
Various	**Medical Ethics Today: The BMA's Handbook of Ethics and Law (3rd Edition)** • *A definitive Handbook with guidance on the legal and ethical issues encountered in clinical practice.*	*BMA Publications*
Various	**Standards and ethics guidance for doctors – all available on line** **https://www.gmc-uk.org/ethical-guidance**	*GMC Publications*

Communication Skills

Silverman *et al*	**Skills for Communicating With Patients (3rd Edition)** • *A comprehensive and evidence-based summary of the skills that make a difference when communicating with patients.*	*Radcliffe Publishing*

Spiritual Care

Steve Nolan	**Spiritual Care at the End of Life**	*Jessica Kingsley Publishers*
Evans *et al*	**Care for the Dying: A practical and pastoral guide (Nov 2013)**	*Cascade Books*
Havi Carel	**Illness - The Cry of the Flesh**	*Routledge*
Marie de Hennezel	**Intimate Death**	*Sphere*
Marie de Hennezel	**Seize the Day**	*Macmillan*
Stephen Jenkinson	**Die Wise**	*North Atlantic Books*
Ira Byock	**Dying Well – Peace and Possibilities at the end of life**	*Riverhead Books*
Paul Gilbert	**The Compassionate Mind**	*Robinson*
Atul Gawande	**Being Mortal – Medicine & what Matters in the End**	*Profile Books*
Peter Speck	**Being There**	*Spck Publishing*
Ed. Peter Gilbert	**Spirituality and End of Life Care**	*Pavilion Publishing*
Dixon & Sweeney	**The Human Effect in Medicine**	*Radcliffe Publishing Ltd*
Cobb, Mark	**The Dying Soul – Spiritual Care at the end of life (2001)**	*Open University Press*
Julia Neuberger	**Caring for Dying People of Different Faiths**	*Radcliffe Publishing Ltd*
Cicely Saunders	**Beyond the Horizon-A Search for Meaning in Suffering**	*Darton,Longman & Todd Ltd*
B. Narayanasamy	**Spiritual Care**	*CHS Publishing*

Websites

Trinity Medical On-Line Student Resources

http://healthcare.trinityhospice.co.uk/

CURRENTLY BEING UPDATED: WE WILL GIVE YOU PAPER HANDOUTS

RE: POLICIES – we can show current versions on-line

CLIP

http://clip.org.uk/

CLiP (Current Learning In Palliative care) is a case-based programme of self-learning workshops that take about 15mins - ideal for busy healthcare professionals (From St Oswalds Hospice, Hospice UK & Together for Short Lives)

Learning On-Line

http://www.e-lfh.org.uk/

From NHS Health Education England

Catalogue of courses on Trinity Website

There are a number of modules on end of life care (including communication skills) – access requires registration (see **Welcome Page**)

Hospice UK

http://www.hospiceuk.org

A charity that supports the development of hospice care in the UK and internationally by supporting hospice people, championing the voice of hospice care and promoting clinical excellence, to help hospice care providers to deliver the highest quality of care to people with life-limiting or terminal conditions and their families. It has now merged with National Council for Palliative Care

e-Hospice

http://www.ehospice.com

e-hospice is a globally run news and information resource committed to bringing you the latest news, commentary and analysis from the world of hospice, palliative and end of life care (including UK)

Dying Matters

http://www.dyingmatters.org

The Dying Matters Coalition was set up in 2009 and they have created a wide range of resources to help people start conversations about dying, death and bereavement.

Advice & Support – On-Line

https://www.mariecurie.org.uk/help

Advice, Support and Learning On-Line

http://learnzone.org.uk/

Apart from courses to attend, MacMillan cancer support offers a variety of free on-line learning resources concerning a wide variety of cancer related subjects for both the public (patient's and carers) and Healthcare professionals

Websites *cont.*

Miscellaneous

http://learning.bmj.com/learning/

- *there are modules on end of life care and communication skills training – access requires BMA membership*

http://book.pallcare.info/

- *a website that provides a wide variety of information related to palliative care*

http://www.palliativecareguidelines.scot.nhs.uk/

- *a website that provides a wide variety of information related to palliative care (NHS Scotland)*

http://www.healthtalk.org/

- *a charity website that lets you watch and hear the interviews of experiences of health and illness., including cancer and terminal illness.*

http://www.avert.org/

- *a charity aimed at averting HIV and AIDS worldwide, & useful information relevant to any terminal illness or chronic/progressive condition*

http://apmonline.org/

- *Association of Palliative Medicine in UK has statements on various palliative care issues – some areas need membership*