



TRINITY
Hospice &
Palliative Care Services

Welcome to Trinity Hospice Palliative Care Module

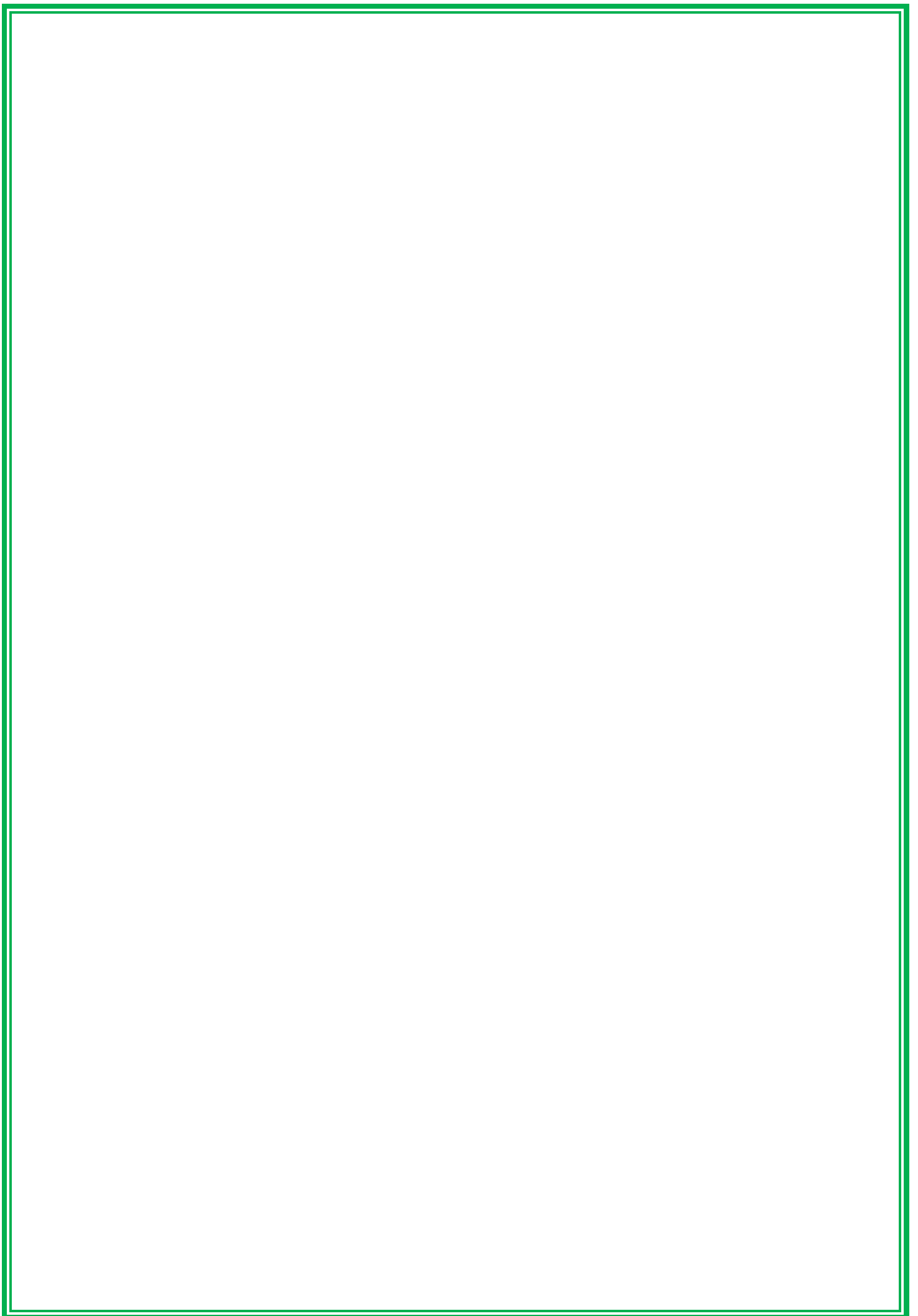
*this handbook contains information
that we hope you will find useful while you are with us*

ACADEMIC YEAR

September 2015 to June 2016

Dr Susan Salt | Dr Andrea Whitfield | Dr Laura Edwards | Dr Harriet Preston | Dr Richard Feaks

Trinity Hospice & Palliative Care Services
Low Moor Road, Bispham, BLACKPOOL, FY2 0BG



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Welcome to your Palliative Care Module

Dr Richard Feaks

Senior Specialty Doctor in Palliative care

Welcome to Trinity Hospice. We are looking forward to meeting and teaching you and helping you to get the most out of your time with us. We hope this module will not just teach you about palliative care but will show that some of the skills we use are relevant to whatever specialty you go into.

Please take time to read through this handbook as it contains information that you will need, including the sections on:

- ☑ **Helpful Information** – some of which is mandatory
- ☑ **Dress Code** – which depends upon what you are doing
- ☑ **Mutual Respect & Professionalism** – what we can expect of each other

Apart from these sections, here are a few other things to think about before you start.

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

- During this module, students may have problems they find hard to sort out for themselves and for some this module may prove emotionally challenging. It is not uncommon to hear of student anxiety about just coming to work in the hospice and difficulties can arise during the module (*sometimes unexpectedly for the individual*)
 - Students are exposed to patients who are seriously ill or dying and may see people (*patients or relatives*) expressing extremes of emotion. *Previous students have experienced some of this in their own lives and for some this brought to mind issues they needed to deal with*
 - Students are asked to take case histories involving enquiry into sensitive or difficult areas (*including death and dying*). *Previous students have said they have felt awkward when they could not find the right words to use, others were reluctant to try for fear of causing distress and some were faced with being asked questions by patients or relatives that they considered they could not or should not answer*
- You cannot always predict how you are going to react and even the most experienced of us in palliative care continue to have moments like this. Acknowledging an emotional challenge is not a sign of weakness and we accept that students and staff alike may need time to deal with it. This can range from temporarily excusing yourself from a situation for personal private reflection to seeking help from someone for unresolved, more persistent problems. Likewise, other kinds of 'non-emotional' problems may need assistance *eg. for a student who does not understand, clarification, further explanation etc may be needed*
- Hopefully you will find all staff supportive but your first point of contact is Jo or you can speak to either myself (*or Dr Salt, in my absence*) to arrange to meet with you in private. If a problem with this module cannot be discussed with a member of Trinity staff, we ask you to seek assistance from 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.***

Teaching

- **General:** Teaching takes various forms including tutorials and on-the-ward teaching. We encourage full participation and questioning. You will get the opportunity to observe what we do and hopefully attend ward rounds at Trinity and/or at Blackpool Victoria hospital.
- **Communication Skills: A TWO DAY communication skills training section** (*with university approval*) usually including role play with actors. Is a **compulsory** element of your module.
- **Case Histories:** You will be asked to prepare three holistic case histories for grading on the topics of Symptom Control, Spiritual Assessment and Care of the Dying. This is individual written work and not submitted by a student pair. Whilst we cannot prescriptively tell you what to do, we offer guidance. Case histories are usually submitted for marking at the start of the final week to allow time for resubmission before you leave, in case something has gone wrong. Please do not struggle in silence with problems, let us know in good time to see how you may be supported. We may also ask you to submit other pieces of work to help us assess your understanding and will make this clear to you at the start.
- **Problem Based Learning (PBL) and Case Based Learning (CBL):** ***PBL for this module has ceased and we have NOT been asked to do CBL sessions.***

Teaching *continued*

- **Syringe Drivers (SDs) & Subcutaneous Injections (SC-I):** the nursing staff will teach you how to set up SDs and give SC-Is before observing you doing this on your own (*and signing you off*). Initial SD set up is done in one of the pharmacies (*two students max. at a time*). Most students get signed off for SDs because it is regular (*ie predictable*) medication. SC-Is are '*as required*' that not all patients require and unless given before care, whether someone will need an SC-I cannot be predicted. Thus, students who are not around when SC-Is are requested may not get signed off *and need to do this in other modules*
- **Ethics Presentation:** You will be given a scenario to prepare a 10 minute ethics presentation. This is done in student pairs and each pair present to fellow students and Trinity staff during the last week of your module – *do not worry, this is a relaxed event and lunch is provided.*
- **Verbal Presentation:** during the last week, you will be asked to do a verbal, summary presentation of ONE or TWO of your case histories, in the style of those used on ward rounds, to a senior doctor (*usually myself*) and fellow students.
- **Teaching Materials:** you will be loaned a copy of the Oxford Handbook of Palliative Care and have access to our library and computer based facilities. We also provide other teaching materials which were previously paper based but we are now on a learning area on our website. Web resources will increase over time for use in revision.
- **e-Learning for Healthcare (e-LfH):** e-LfH is a Health Education England programme in partnership with the NHS and professional bodies providing high quality content free of charge for training of UK NHS workforce. Free access is also available to medical students in England. Currently delivering over 30 e-learning projects in partnership with medical Royal Colleges and other professional healthcare organisations, **one of these projects is about End-of-Life Care**. If you do not already have e-LfH access but are interested for this and other areas of your study, please let me know. Currently, student access can only come through a tutor who has to submit your details to the eLfH team (*it requires your first and last names, your student university number and your student e-mail (.ac.uk) address*). **More details can be found on the eLfH website <http://www.e-lfh.org.uk/home/>**
- **The Liverpool Care Pathway (LCP):** you will probably be aware, the LCP has been withdrawn and replaced by Individualised Care Plans for the Dying (ICPD) – the final form of which has been finalised locally (January 2015). To accommodate the national guidance we have updated the reference material that is used locally **but some of the national reference materials from the past (*that cannot be altered*) are still valid so if you see LCP in these please read this as ICPD.**

Student Assessments

- **Assessment of Students: General training requirements** - Last year saw the introduction of an on-line training assessment that replaced the paper based Green Books. There were some teething problems with this and we ended up issuing students with paper based forms that they could upload. **In-house Trinity teaching sessions** - Those teaching you are asked to comment on student performance during teaching sessions (*ie is it satisfactory or better or are there further development needs - and if so we will try to help with these, time permitting unless this occurs in communication skills where further support usually comes from the university after this module*). **Other** - We also ask staff and the patients/relatives/carers that students spend time with, to comment informally on how students are getting on and any concerns are privately discussed with individuals.
- **Assessment of Trinity:** During the module we seek *your opinion on our performance* and possible improvements using anonymous questionnaires.

Exit interviews

- On the last day each student is asked to meet with one of the senior doctors (*this is usually myself*). It is opportunity for the student and Trinity doctor to give each other feedback on how things have gone. It is a time to go through training log assessments and get a student's opinion. It should be completely informal, non-threatening and confidential. If problems have arisen during the module, the student should already be aware – ***is not intended to be a place to spring nasty surprises.***

General (see also *Helpful Information & Dress Code*):

- **Helpful Information section:** this deals with matters such as information we need from you, how to get into the hospice, lockers, signing in, absences and more.
- **Dress Code section:** this applies to all who are not required to wear a uniform and is essentially be *Clean & Modest* at all times, *'Smart-Casual & professional'* in clinical areas (*with restrictions on jewellery, make-up and some aspects of clothing to comply with presenting a professional image and regulations on health and safety and infection control*) and *'Casual'* when only in the Education Building
- **Punctuality:** as a mark of mutual respect we ask both student and teacher to be punctual. Both groups are asked to try and notify in advance if late arrival is anticipated and some teachers may not allow a late student to join the teaching session without prior notification (*eg. hospital ward round*). Persistent poor punctuality by individuals of either group warrants further investigation and the university requires notification if this occurs in students.
- **Timetable:** activities are timetabled, and whilst we hope this will not alter, short notice changes may occur. Amendments are issued to you at the next sign-in (*see below*)

Starting (and Ending) the Day

- **Signing In (and Out):** we ask students to sign in on arrival 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 Jo), 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:** if required and not provided, go to the canteen and order what you want before you start – **but please do not use this as an excuse for being late for your activities**

Miscellaneous

- **Ward Work:** here are some tips for when you are timetabled to do your own ward based work
 - **Ward Based Teaching:** please report to the nursing office where your teacher will meet you (*you may be asked to wait in the seating area outside if the office becomes over crowded*)
 - **Syringe drivers:** please approach one of the senior nurses at the **start of your ward based session** to find out when the next drivers are being replenished. You will be asked to wait outside one of the pharmacies at a certain time to meet with nursing staff. Drivers are often replenished around 11 am, after the morning drug round. Usually all students get signed off on this during the module
 - **Subcutaneous injections:** please approach one of the senior nurses at the **start of your ward based session** to let them know you need to see and do one of these. Nurses usually try and find a student when one arises **so please let the nursing staff know if you are leaving the ward.**
 - **Case histories:** Please ask one of the doctors about who are suitable patients. I try to approach patients in advance to get consent and then introduce students to them. If I am not available, ask one of the other doctors on the ward. If there are no doctors available, please ask the nursing staff who they feel may be well enough to be approached to take a case history – as they will know if someone's condition has changed to make it inappropriate. You will have access to the patient case and prescribing records. If you need to refer back to the records that are no longer on the ward (*because of discharge or death*) please let Jo, me (*or Dr Salt, in my absence*) know and we will retrieve records for you.
- **Hospital Ward Rounds:** you may accompany Dr Whitfield or Dr Preston at Blackpool Victoria Hospital and will be told where and when you should arrive – **please be punctual!**
- **Other areas of the service:** it is hoped that you will be able to spend time with different members of the palliative care team. These will be timetabled for you and you will be given details about when and where to arrive. Students may also spend time in Brian House, the children's hospice if they wish – this needs to be requested at the start of the module as it is not a routine part of the timetable.

I hope this handbook will be of use (**please let us know if you see an area that needs changing or adding to**) and we wish you all the best for this module.

Dr Richard Feaks

Our Family of Services

Trinity is a purpose built Specialist Palliative Care Unit which first opened its doors to patients in 1985. It offers a comprehensive range of services to provide care and support for patients and their families.

In-Patient Unit

This has a total of 24 beds in a mixture of single, two, three and four bedded rooms. As well as offering *End of Life Care* it also offers short stays for *Symptom Management*.

Day Therapy Unit

This is available Monday to Thursday offering care to 15 patients a day.

It is a day in the week when patients and carers can take time out and express themselves individually. Patients have access to complementary therapy, relaxation, arts and crafts as well as review of their palliative care needs.

Community & Hospital Clinical Nurse Specialists

These are a team of Specialist Nurses visiting the patients in either their own home or on the ward at Blackpool Victorian Hospital. The team liaise closely with the patients GP, Consultant, District Nurse, and/or Social Services.

Palliative Medicine Out-patients Services

BLACKPOOL VICTORIA HOSPITAL - a weekly Consultant led out-patients clinic takes place at the Macmillan Unit for specialist palliative care patients with complex medical needs. Referral is from the patients Consultant, GP or Trinity Clinical Nurse Specialist team.

Important: *If timetabled, please contact Dr Whitfield's secretary, Lisa Gowland, on 01253 956934 on the day prior to any scheduled clinic visit to find out the time of the first patient appointment.*

TRINITY HOSPICE - Consultant led out-patients clinics also take place each week in the Day Therapy Unit and the Palliative Care Centre in addition to consultations in the community for specialist palliative care patients with complex medical needs. Referral is from the patients Consultant, GP or Trinity Clinical Nurse Specialist team.

Important: *If timetabled, please contact Dr Edward's secretary, Karen Newman, on 01253 359203 on the day prior to any scheduled clinic visit to find out the time of the first patient appointment.*

Lymphoedema Service

This is a specialist service, based in the Palliative Care Centre, offering support, advice and treatment on an out-patient basis for patients with both malignant and non-malignant related lymphoedema. The service also supports in-patients as needed.

Bereavement Support & Counselling Service

Bereavement support is run from the Linden Centre and is available to all families together with counselling should it be necessary.

Cascade Children's Bereavement Service

This is open to children aged 5 -18 yrs. on a one to one or group basis. Individuals are encouraged to talk and work through their grief by using creative therapy.

Complementary Therapy Service

A variety of therapies are available for in-patients and day therapy patients and carers.

Education

Both specialist & generic education programs are available through the Trinity Learning & Research Centre (*aka the Education Centre*)

Volunteers

Trinity is supported throughout its service by over 500 volunteers, giving their valuable time in a wide assortment of ways, drivers, flower ladies, hairdressing, tea ladies etc.

Brian House Children's Hospice

A purpose built children's unit for children with life threatening and life limiting conditions. It provides in-patient care, day care, and outreach community service. ***This is not part of the medical student's placement but arrangements can be made to spend time in the unit if this would be of interest.***

Meet some of the staff



Jo Nicholls
Learning & Quality
Compliance Co-ordinator
Available: Mon - Fri.



Karen Newman
Secretary to
Dr Laura Edwards
Available: Mon - Fri.



"Jessica"
New member of staff
Starting during September 2015



Dr Susan Salt
Medical Director
at Trinity Hospice
Available: Mon/Tues/Wed/Fri.



Dr Andrea Whitfield
Hospital Consultant
in Palliative Medicine
Available: Tues/Wed/Fri.



Dr Harriet Preston
Hospital Consultant
in Palliative Medicine
Available: Mon/Tues/Wed/Thurs



Dr Laura Edwards
Community Consultant
in Palliative Medicine
Available: Mon/Wed/Thurs.



Dr Richard Feaks
Senior Speciality Doctor
& Clinical Tutor
in Palliative Medicine
Available: Tues/Wed/Thurs(am)/Fri

Some changes at the start of the academic year 2015-16

- **Jo Nicholls** will be in the office where students sign in (*No. 6 on the map below*)
- During September 2015 she will be moving to the office opposite **Dr Salt's office** (*No. 9 on the map below*) to start a new job and a new member of staff called **Jessica** will replace her
- When Jo moves, **Karen Newman** and **Jessica** will be there for students at signing in and out
- **However, Jo will be overseeing the students during the hand over phase to Jessica**

Learning Objectives & Tasks: University



Palliative Care Attachment Year 4 September 2015

General Information:

Placed during the first 3 weeks of the Cancer Care Block
15 days (no self-learning or CCT day)
Includes 3 days of Communication in Clinical Practice (learning outcomes in a separate file)
All curriculum content can be examined in for finals examinations

Learning Outcomes

By the end of the palliative and end of life care attachment, 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Demonstrate understanding of the social impact of life-limiting illnesses in relation to family, friends, work and

Learning Objectives & Tasks: University continued



Palliative Care Attachment Year 4 September 2015

Learning Outcomes cont.

By the end of the palliative and end of life attachment, student will be able to:

Discuss adaptation to advanced life limiting illness and bereavement, comparing and contrasting the abnormal adjustments that might occur in these situations.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• Discuss the pathophysiology of the common symptoms in palliative and end of life care• 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.	<ul style="list-style-type: none">• 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.

Learning Objectives & Tasks: University continued



Palliative Care Attachment Year 4 September 2015

Learning Outcomes cont.

By the end of the palliative and end of life attachment, student will be able to:

<p>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.</p>	<ul style="list-style-type: none">• Demonstrate understanding of the importance of not imposing personal beliefs, values and attitudes on patients or their families or letting them influence professional judgments.
<p>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.</p>	<ul style="list-style-type: none">• Demonstrate understanding of the ethical frameworks of autonomy, beneficence non-maleficence and justice in relation to ethical issues at the end of life including;<ul style="list-style-type: none">○ Double effect.○ Requests for euthanasia and assisted dying.○ DNACPR decisions.○ Withholding / withdrawing treatment.○ 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.

Learning Objectives & Tasks: University continued



Palliative Care Attachment Year 4 September 2015

Learning Outcomes cont.

By the end of the palliative and end of life attachment, student will be able to:

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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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

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 be completed by the students whilst on placement:

- Observe controlled drugs being administered and the checks involved
- Observe a syringe driver being set up and checked
- Observe and where possible give a subcutaneous injection
- Observe how nurses explore with the patient (and or their carer) issues around their care

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 be completed by the students 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

Learning Objectives & Tasks: Trinity continued

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 be completed by the students 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
- Observe how different communication strategies are used to explore patients ideas, concerns and expectations
- 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 be completed by the student:

- Take a focused history during the consultation on a symptom and present to the consultant
- Observe and feedback how communication skills are used during the consultation and the effect of these on the patient and carer

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 53881 (reception)

YOUR FIRST POINT OF CONTACT

Jo Nicholls

Learning Quality and Compliance Co-ordinator

Internal: 146

Tel: 01253 359386

Joanne.nicholls@trinityhospice.co.uk

Trinity Hospice and Palliative Care Services
Low Moor Road, Bispham, Blackpool, FY2 OBG

Trinity Hospice and Palliative Care Services

Low Moor Road, Bispham, Blackpool, FY2 OBG

Tel: 01253 358881

(switchboard)

Fax: 01253 359382

Dr Susan Salt

*Consultant in Palliative Medicine
and Medical Director, Trinity Hospice*

Internal: 345

dr.salt@trinityhospice.co.uk

Dr Richard Feaks

Senior Speciality Doctor

dr.feaks@trinityhospice.co.uk

Christine Dickinson

Secretary to Dr Salt

Internal: 345

christine.dickinson@trinityhospice.co.uk

Dr Laura Edwards

Community Consultant in Palliative Medicine

Internal: 303

Tel: 01253 359203

dr.edwards@trinityhospice.co.uk

Karen Newman

Secretary to Dr Edwards

Internal: 303

Tel: 01253 359203

karen.newman@trinityhospice.co.uk

Day Therapy Unit

Nurses Office

Tel: 01253 359357

Internal: 157

CNS Team

Internal: 302

Tel: 01253 359379

In-Patient Unit

Doctors Office

Internal: 140

Nursing Office

Internal: 133

Blackpool Victoria Hospital 01253 300000 (switchboard)

Dr Andrea Whitfield

*Hospital Consultant in Palliative Medicine
Blackpool Victoria Hospital*

Tel: 01253 956934

dr.whitfield@bfwhospitals.nhs.uk

Dr Harriet Preston

*Hospital Consultant in Palliative Medicine
Blackpool Victoria Hospital*

Tel: 01253 956934

harriet.preston@bfwhospitals.nhs.uk

Lisa Gowland

Secretary to Dr Whitfield

Tel: 01253 956934

lisa.gowland@bfwhospitals.nhs.uk

Helpful information about your placement at Trinity Hospice

If you need help

Your first point of contact is Jo Nicholls, Learning Quality & Compliance Co-ordinator who can be contacted in the Learning and Research Centre or via 01253 359386

Telephone use

There are telephones situated throughout the wings, and doctors' offices. You are requested to reimburse the Hospice a reasonable sum for personal calls.

Mobile phones are allowed in the hospice but please use them discretely. They should be switched off or be on silent during all teaching sessions.

Car Park

All students who travel by car to Trinity must park in *Car Park No.1* on the site map.

Contact details – MANDATORY

Please ensure you provide a contact mobile number and email address that the hospice can use in case of an emergency or to let you know about any changes in the program.

Getting In and Signing in/out – MANDATORY

Entry to the hospice is via the Trinity Education Centre (*aka Learning & Research Centre - No.6 on the site plan*) from the Visitors and Education Car Park (*Car Park No.7 on the site plan*). All medical students must ensure they sign themselves in and out of the building and the Register will be available for completion on a daily basis in the Learning and Research Office. ***It is the responsibility of the individual to ensure their presence on site is known.*** The register will also be used as a record of attendance for the 4 weeks. If you are away from the hospice (*eg on home visits*) sign to confirm attendance when you are next in.

Absences – MANDATORY

Trinity has an obligation to notify the university of all absences (*both expected and unexpected*). We are required to ask students to complete absences forms complete with reasons for absence (*which Jo will help students with*) and these are sent to the University team at Blackpool Victoria Hospital. As part of this, a note of attendance will also be taken at timetabled teaching.

Student Room (Eaves Room) & Lockers

Students have their own room (*the Eaves Room*) accessed at the top of the staircase that is behind the door immediately on your right as you enter from Car Park 7. Each medical student has been provided their own locker within the Eaves Room. Please leave the locker key on the premises when removing belongings at the end of the day.

Meal Arrangements

Meals are available in the dining room and should be booked each day by 11.00 am at the Kitchen Hatch. Meals booked will be charged for, and payment can be made at the end of your meal. Lunchtime is 12.00pm to 2.00pm (*unless otherwise stated*) – **please book your meals in good time - *this is not an excuse to be late for teaching***

Computer Room

There are computers situated in the Library and the Eaves room allowing students Internet access. **Please ensure you comply with the code for Internet access (MANDATORY see below) and only use the computer for issues related to your study – MANDATORY**

Clerical support

Students are responsible for their own administrative needs during their Hospice stay. If you have a particular area of concern, please contact the Admin Office.

Photocopying

Photocopying is available from the reception, at 10p per A4 sheet (5 x sheets = 50p). Copying is left at reception with your instructions (*i.e. name, page numbers to be copied, etc*) to be picked up later and paid for, *i.e. if left in the mornings, should be available after lunch, if left at lunchtime, should be ready at end of day, (4.00 pm)*

Dress Code for 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 (eg. *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."*

1.4 Medical students work in one of two environments:

- a) *A Clinical Environment*: this is where the student will be meeting/interacting with staff/other professionals, patients, relatives, other visitors as part of their clinical work (*whether this is practical or just observing*), within the hospice, hospital or community settings. *Examples of these include:*
 - hospice and hospital ward based teaching & ward rounds
 - hospice and hospital ward based teaching & ward rounds out patient clinics
 - visiting different parts of the Trinity services beyond the in-patient unit
 - taking histories, witnessing/performing examinations or procedures
 - home visits/ other events in the community
 - presentations before more than their peer group - *eg ethics*
 - communication skills training
- b) *A Non-Clinical Environment*: this is where the student is just attending an educational event with their peer group and will not be meeting/interacting with staff/other professionals, patients, relatives, other visitors other than their teacher. *Examples of these include:*
 - tutorials
 - using the library / internet facilities
 - using the student (eaves) room
- c) Providing a student is ONLY in a Non-Clinical Environment (*ie. 1.4b*) the dress code is a little more relaxed
- d) Unless they can change, if a student is going from Non-Clinical Environment (*ie. 1.4b*) onto a Clinical Environment (*ie. 1.4a*) they must comply with the dress code for 1.4a) when in 1.4b)

1.5 Regardless of which environment the student is in, the following apply:

- a) All clothing should be clean (*not soiled or contaminated*), neat and tidy and in a good state of repair
- b) All clothing should be modest in respect of acceptable standards of covering of the body
- c) Trinity will not find acceptable any dress with slogans, symbols, other clothing imagery and styles that are considered offensive by students, staff, volunteers, patients, relatives, visitors to our service or any others

1.6 ***If a student is uncertain about or wishes to ask about any aspect of the dress code would they please see Jo Nicholls in the first instance***

Dress Code for Students continued

2 The Clinical Environment (*see 1.4a) above*)

2.1 A Clinical Environment is described in 1.4a) above and the overall dress code can be described as "*Smart, Casual and Professional*"

2.2 In addition to the points out-lined in Section 1 (*General*) when in a student is working/studying in this environment the following apply:

- a) **Strong perfumes/colognes:** should be avoided *because they can cause symptoms in some patients (eg nausea)*
- b) **Hair:** should be kept neat and tidy with long hair secured back off the face to allow identification and ideally tied back discreetly so as not to get in the way or become an infection control problem (*eg during a procedure*)
- c) **Make-up:** should be in accordance with a professional image
- d) **Jewellery:** if worn, should be kept to a minimum including:
 - i. small stud earrings (*ideally one pair*) rather than pendulous/hooped earrings *which may be accidentally 'ripped' out and may be a source of infection*
 - ii. piercings or similar items should be removed if they are considered inappropriate for the role, location or duties being undertaken at a particular time or on an ongoing basis
 - iii. no necklaces
 - iv. no watches or bracelets – *they can hinder hand hygiene and be a source of infection*
 - v. rings (*ideally only one*) should be plain bands, ideally smooth and without settings (*eg. stones*)
- e) **Tattoos:** should be covered if possible
- f) **Neck lines:** no scarves or neck ties (*or necklaces*)
- g) **Forearms:** clothing should keep forearms bare (*without bracelets or watches etc*) to not hinder hand hygiene
- h) **Nails:** kept clean, short and (*unless there is a specific clinical reason*) should be without varnish or false nails/extensions *for reasons of infection control and to minimise trauma to patient during examination*
- i) **Shoes:** no trainers and unless required for a specific medical problem, shoes should ideally be closed (*ie not sandals, 'jellies', flip-flops etc*) as open footwear does not offer protection from spills and contamination; in the interests of health and safety, soles should ideally be non-slip and heels of a sensible height (*ie not too high*) and width (*ie not too narrow*)
- j) **Clothing in general:** should reflect a professional image that does not cause offense.
Examples of clothing that is NOT acceptable in a Clinical Environment include:
 - jeans
 - shorts
 - leggings
 - mini skirts
 - overly tight or revealing clothes
 - strappy or strapless tops
 - sports wear
 - sweat-shirts, t-shirts or ties with slogans
 - trainers
 - items that may be deemed offensive (*sexually or otherwise*) and therefore inappropriate

This list is not exhaustive and common sense must always prevail.

3 The Non-Clinical Environment (*see 1.4b) above*)

3.1 A Non-Clinical Environment is described in 1.4b) above and the over all dress code can be described as "*Casual*"

3.2 Provided the points out-lined in Section 1 (*General*) are met when in a student is working/studying in this environment and not later moving onto a Clinical Environment without being able to change, the student does not have to comply with the restrictions of the dress code for the Clinical Environment with the exception of the following examples of unacceptable types of dress:

- overly tight or revealing clothes
- items that may be deemed offensive (*sexually or otherwise*) and therefore inappropriate
- clothing or jewellery that could pose a hazard to the wearer or others (*eg very high heels and the risk of falling, eg. earrings or anything else that could get caught and be ripped out, eg. chains, long scarves or anything else that could get caught and cause a fall or trip an individual, eg. large rings or anything else sharp that could scratch etc someone etc, etc*)

Once again this is not an exhaustive list and common sense must prevail!

Mutual Respect and Professionalism – MANDATORY

Whilst this is not meant to represent an official contract between students and Trinity it is meant to be a statement about mutual behaviours and expectations that reflects a relationship that we at Trinity aspire to have with students that is based upon mutual respect and professionalism.

What we should be able to expect from each other

- behaviour between staff** - those working at Trinity (*including volunteers*)
- behaviour between students**
- behaviour between staff and students**
- behaviour towards others** - patients, relatives and other visitors to the hospice

- We should treat each other and others with *courtesy & respect*
- Our behaviour towards each other and others should be *fair & reasonable, appropriate & acceptable*
- Our behaviour towards each other and others should **not** be *rude or offensive, discriminatory or oppressive* or in any other ways *unacceptable*
- We should be *honest & truthful, tolerant of differences of opinion* and *respect confidentiality appropriately*
- We should *not hinder the learning of others*
- With the exception of unforeseen circumstances, medical or previously arranged absences, we should *try to be punctual* for all timetabled activities

The study and learning environment

You can expect us to:	We expect you to:
<ul style="list-style-type: none"> • Provide you with the tuition and learning support associated with your study module with reasonable care and skill 	<ul style="list-style-type: none"> • Take responsibility for your own learning, working in partnership with staff to become a self-reliant, independent learner
<ul style="list-style-type: none"> • Make reasonable efforts to deliver your study module according to the prospectus requirements for the appropriate academic year 	<ul style="list-style-type: none"> • Pursue your studies diligently, contributing effectively to your study module and not to hinder the studies of others
<ul style="list-style-type: none"> • Let you know as soon as possible if we need to alter anything related to your study module such as a change in timetabling, location, type of class, assessment or syllabus. 	<ul style="list-style-type: none"> • Attend formal teaching and learning events (ward teaching, tutorials, etc.) associated with your study module, subject to absence for medical or other agreed reasons
<ul style="list-style-type: none"> • Work in accordance with the formal University policies, including regulations, codes of practice and guidelines, relevant to the delivery of this study module 	<ul style="list-style-type: none"> • Familiarise yourself and comply with relevant University rules and regulations, including those relating to your study module and other aspects of your degree
<ul style="list-style-type: none"> • Provide you with the relevant information that we require of you to work at Trinity Hospice safely and in accordance with statutory requirements <i>eg. Fire policy and those of our organisation eg acceptable use of the library and internet</i> 	<ul style="list-style-type: none"> • Familiarise yourself and comply with relevant rules and regulations at Trinity
<ul style="list-style-type: none"> • Make available appropriate infrastructure to support your learning, including teaching and learning space, library and ICT facilities. 	<ul style="list-style-type: none"> • Make appropriate use of all the resources available, including staff, other students and library and ICT facilities, and comply with any relevant rules and regulations
<ul style="list-style-type: none"> • Provide clear guidance about our expectations of what you need to successfully achieve to complete your study module 	<ul style="list-style-type: none"> • Be aware of the information provided to you about your study module and know where to look for reference to detailed information and guidance, whether electronic or paper based if relevant
<ul style="list-style-type: none"> • Communicate with you as appropriate <i>eg. In person, via your university email address, by text or phone etc</i> 	<ul style="list-style-type: none"> • Check your university email account (and phone texts) regularly and frequently both during and outside of term time.
<ul style="list-style-type: none"> • Take reasonable care to keep your personal details secure at all times, and to comply with our obligations under the Data Protection Act. 	<ul style="list-style-type: none"> • Ensure that the personal details that we hold about you, including any addresses (including e-mail addresses) and telephone/mobile phone numbers if you have given them are accurate and updated as soon as they change. This will help us to contact you quickly as and when needed.
<ul style="list-style-type: none"> • Provide you with a fair, equitable and supportive environment in accordance with the University's Equality and Diversity policy 	<ul style="list-style-type: none"> • Comply with University rules and regulations regarding student behaviour and attendance.
<ul style="list-style-type: none"> • Make assessments and return marked work in a timely manner to allow you to progress 	<ul style="list-style-type: none"> • Complete and submit by the required deadlines any work to be assessed as part of your study module
<ul style="list-style-type: none"> • Encourage a professional and responsible learning environment and suitably support you, academically and pastorally. 	<ul style="list-style-type: none"> • Play an effective part in the academic community and respond to requests to give your opinion about your learning and other experiences during your study module
<ul style="list-style-type: none"> • Carry out regular monitoring of the quality of learning and teaching offered as part of your study module 	<ul style="list-style-type: none"> • Contribute to internal and external procedures for assuring the quality of learning, teaching and assessment provided for you and other students

Site Map



1. Main Staff and Out-patients Car Park

All students who travel by car to Trinity must park in the main car park. Parking near to the Education Centre should be kept free for visitors and patients visiting the In-Patient & Day Therapy Unit.

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).

3. Brian House Children's Hospice

This is not part of the medical student's placement

4. In-Patient Unit (IPU)

ALL ward work (including training for syringe drivers, subcutaneous injections) will take place on the main In-Patient Unit.

5. Day Therapy Unit (DTU)

All consultant Out-patient Clinics scheduled with either Dr Edwards will be in the doctor's office located in the DTU main entrance.

6. 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 code provided. **Jo Nicholls** your main point of contact is located in an office next to the Education Centre main entrance. The daily registers you are required to sign are located in this office. The Library and Eaves Room are also located in the Education Centre.

Library - MANDATORY

Each student will be supplied with the book "Oxford Handbook of Palliative Care". This book must be returned to Jo Nicholls. Please read below for guidelines on how to book-out any books you require from the Hospice Library. **All books must be returned and accounted for at the end of your Hospice stay. If they are not returned we will ask you to pay for a replacement.**

The library is open Monday to Friday, 9.00 am to 5.00 p.m. the borrowing arrangements work on "trust" and the library is therefore to be used by course members, members of staff and volunteers only. There is only one copy of most books in the library, **therefore borrowers are requested, in order to allow everyone access, not to borrow books for protracted periods or to remove more books than required immediately. NO more than 4 BOOKS to be borrowed.**

- Books are classified into sections in alphabetical order, according to subject matter, *i.e. Education, Ethics, Medicine, Nursing, etc.*
- Each section has its own colour coded reference, stuck onto the spine of the book.

1. To borrow a book

- a) Use a **blank ticket holder (if a first time user)**, write on it *your name, home number, course number or wing on which you work, and date taken out.*
- b) **Remove the ticket** from the front of the **book or books**, place it in **your ticket holder** with the above details and put your ticket holder at the **front of the wooden box**, in month order taken out.
- c) If a book is likely to be required for a prolonged period, then you will have to consider having the relevant sections photocopied after six weeks, as someone may be waiting for that book.

2. To return your book

- a) Find **your own ticket holder**, place the ticket back in the book, place your ticket holder (*if empty*) in the separate box. Your ticket can be used again.
- b) Please leave your returned book or books on the table for the volunteer Librarian.

3. Journals

1. These are in alphabetical order, and then in date order, **they are not to be removed** from the library EXCEPT for taking to main reception and asking them to photocopy the relevant chapter that you require. The charge is 10p per sheet, (5 pages would be 50p.)

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 651016 or by e-mail at it.helpdesk@bfwhospitals.nhs.uk and/or the Systems Administrator Simon Hellawell on ext 321.

Internet use mustn't compromise Trinity or bring it into disrepute. Internet access should only be used in conjunction with your studies. 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.

Users may be required to justify why they have accessed or attempted to access a particular site irrespective of whether it was for study or personal reasons. It is the responsibility of all students to co-operate with this.

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.

Fire Policy for Trinity Hospice – MANDATORY

STUDENTS

1. AWARENESS

It is your responsibility to ensure that you make yourself aware of the fire fighting 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 Jo Nicholls.

The alarm is normally sounded to test it on a Monday morning at 10.00 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 AND...

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

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**

Fire Policy for Trinity Hospice continued

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.**

References/Useful Books/Web Sites

Older Texts

Twycross, Robert	Introducing Palliative Care (4th edition: Dec. 2002) • <i>Basic concepts still apply – good starting point</i>	Radcliffe Medical Press
Kaye, Peter	A-Z Pocket Book of Symptom Control 1994 • <i>A good basic book that still applies – but locally agreed policies have now evolved</i>	EPL Publications
Twycross et al	Symptom Management in Advanced Cancer (Mar. 2001) • <i>a book that gives great insight into subject – but pain management is evolving</i>	Radcliffe Medical Press

General Texts

Hanks et al	Oxford Textbook of Palliative Medicine Paperback (Jul 2011) • <i>The definitive UK text book on palliative care</i>	Oxford University Press
Watson et al	Oxford Handbook of Palliative Care (2nd edition) • <i>A comprehensive summary book on palliative care – you will be loaned a copy</i>	Oxford University Press

General Symptom Control

Twycross & Wilcock	Palliative Care Formulary (5th edition) • <i>detailed guidance on prescribing for symptom control</i>	Palliative Care Drugs
South Cumbria Palliative & End Of Life Care Advisory Group	Palliative Care Prescribing Guidelines 2014 • <i>Local guidelines on symptom management – see Trinity website</i>	Greater Manchester, Lancashire & South Cumbria Strategic Clinical Networks
Dickman	Drugs in Palliative Care (2nd edition) • <i>Very useful pocket book summarising pharmacological management in palliative care</i>	Oxford University Press
Dickman et al	The Syringe Driver (3rd edition) • <i>A definitive and practical book on the subject</i>	Oxford University Press

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 • <i>summary hand books on individual aspects of pain (also in series, Acute Pain, Back Pain, Migraine and other Primary Headaches, Pain in Older People)</i>	Oxford University Press
Brook et al	Oxford Handbook of Pain Management • <i>biopsychosocial approach to pain management</i>	Oxford University Press
Sharma et al	Practical Management of Complex Cancer Pain • <i>OSH summary of pain management aimed at oncology</i>	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 • <i>OSH summary of specific disease management in palliative care</i>	Oxford University Press
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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	BMA Publications
Various	A-Z Guide for all BMA Ethics related resources http://bma.org.uk/practical-support-at-work/ethics/ethics-a-to-z	
Various	Medical Ethics Today: The BMA's Handbook of Ethics and Law (3rd Edition) • <i>A definitive Handbook with guidance on the legal and ethical issues encountered in clinical practice.</i>	BMA Publications
Various	Standards and ethics guidance for doctors – all available on line http://www.gmc-uk.org/publications/standards_guidance_for_doctors.asp	GMC Publications
Journal of Medical Ethics from 1998 available at Trinity Library		

References/Useful Books/Web Sites *continued*

Communication Skills

Skills for Communicating With Patients (3rd Edition)

Silverman *et al* • *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 <i>et al</i>	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 (just a few of a wide range online)



Trinity Medical On-Line Student Resources

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

Update due 05.09.2015



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**)

Websites continued



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.



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)



National Council for Palliative care

<http://www.ncpc.org.uk>

The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland. It works with government, health and social care staff and people with personal experience to improve end of life care for all.



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>

Living with a terminal illness

- Recent Diagnosis of a terminal illness
- Your Feelings
- Your family & friends
- Looking after your wellbeing
- Help with Care needs
- Planning ahead
- Medication and Pain relief
- Symptoms and How to manage them
- Know your rights

Being there for someone

- Helping someone cope with their illness
- Getting support
- Day to day caring
- Preparing for the end of life
- Life after caring
- Legal matters

Accessing services

- Free or reduced cost services
- Making a complaint

Financial matters

- Benefits and entitlements
- Everyday money matters
- Sorting out tax
- Pension planning
- Insurance

Information for bereaved family and friends

- Dealing with grief
- Coping with grief as a teenager
- Supporting a child when someone dies
- Practical and legal matters
- Organising a funeral

Directory of support

A list of organisations that provide useful services to people living with a terminal illness, their family, friends and carers.

- Cancer support organisations
- General support
- Benefits and financial support
- Legal support and your rights
- Health information
- Other health charities
- Equipment, adaptations and transport
- Support for carers & their needs
- Bereavement support



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 *continued*

Miscellaneous

www.elmmb.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=41575

- Palliative Care Prescribing Guidelines 2014 - South Cumbria Palliative & End Of Life Care Advisory Group

<http://www.nhs.uk/legacy-websites/end-of-life-care.aspx>

- On 31 March 2013, the National End of Life Care Programme's work came to a close but some of the resources are in on an archived site and others are found on the NHS Improving Quality website

<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

Last but not least...

Dr Kate Grainger – a doctor's blog about her life with terminal cancer

<https://drkategranger.wordpress.com/>

“Hello My Name is...”

<http://hellomynameis.org.uk/>

the campaign Kate started based on her experiences. As she puts it...

“I'm a doctor, but also a terminally ill cancer patient. During a hospital stay last summer I made the stark observation that many staff looking after me did not introduce themselves before delivering care. This felt very wrong so encouraged and supported by my husband we decided to start a campaign to encourage and remind healthcare staff about the importance of introductions in the delivery of care. I firmly believe it is not just about knowing someone's name, but it runs much deeper. It is about making a human connection, beginning a therapeutic relationship and building trust. In my mind it is the first rung on the ladder to providing compassionate care.”