



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 2016 to June 2017

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

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). On the ground floor the is our Lymphoedema clinic and some consultant Out-patient Clinics scheduled with Dr Edwards and our clinical psychologist take place in the rooms opposite

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. 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**

5. Day Therapy Unit (DTU)

This is where patients referred to DTU come for their weekly visit in a 16 week programme. Some consultant Out-patient Clinics scheduled with 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. The Library and Eaves Room are also located in the Education Centre. **Dr Feaks' Office is located here (number 11)**

7. Car park for visitors to education centre

8. Linden Centre

This is where our counsellors are based offering one to one or group work for children and adults. They also go out into the community including offering support to schools

9. Dr Salt's office

10. Jo Nicholls' office

Jo Nicholls is your main point of contact and her office is opposite Dr Salt's office **The daily registers you are required to sign are located in this office.**

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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, teaching and helping you to get the most out of your time with us. We hope this attachment 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:

- ☑ **Where to seek help & lines of accountability** – page 11, page 20
- ☑ **Your required learning outcomes** – page 15
- ☑ **Helpful Information** – some of which is mandatory – page 21
- ☑ **Dress Code** – which depends upon what you are doing – page 22
- ☑ **Mutual Respect & Professionalism** – what we can expect of each other – page 24
- ☑ **For your particular attention** – things we have been asked to highlight – page 12, page 19
- ☑ **Reporting patient safety concerns** – current university guidance – page 29
- ☑ **Various other important policies including fire, personal safety etc** – pages 25-31
- ☑ **Guidance on your CPAD session**

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*

(see also "Seeking Help... page 11)

- During this attachment, 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 your stay with us *(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 from our students. You will get the opportunity to spend time with our doctors and nurses and observe what we do and hopefully attend ward rounds at Trinity and at Blackpool Victoria hospital. You will also get to spend time with our staff and patients in our Day Therapy Unit. For those who are interested, we can arrange for you to spend time in our children's hospice, Brian House. If you would like to spend time with other members of our team we will see what can be arranged.

Teaching *continued*

- **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. This will involve Dr Susan Salt or Dr Laura Edwards or myself.
- **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*). Although SDs can be setup or replenished at other times, **most drivers are usually replenished between 11-11:30 am after the 10am drug round and between 3-3:30 pm after the 2pm drug round. It is a student's responsibility to enquire from the nurses when they are planning to do the regular syringe drivers.** Students should be able to get signed off for at least one SD because there is usually at least one SD in use regularly. SC-Is are '*as required*' and not all patients require this, unless given before care. Thus, students who are not around when SC-Is are requested may not get signed off *and need to do this in other modules*
- **Teaching Materials (see also page 36):** 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. These were paper based but we are currently transitioning to a paper lite status so some will be paper others available of our student website (*which is currently being developed*).
- Unfortunately, we are currently unable to let you have access to our computer patient records. However, if you need more details, you can arrange for one of our doctors to sit down with you and using their access they should be able to find you the information you require. You can have access to any paper records that we have if the patient consents.
- Although oncology is separate to our module, you only have a brief time with this subject. 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** (*which is more detailed and aimed at FY1s*). This will allow you to get some foundational reading done before you attachment and look into the oncology treatments that some of our patients are having/have had.

Palliative Care Prescribing Guidelines (Lancashire and South Cumbria Palliative and End Of Life Care Advisory Group) – the current version is available on the student section of our Trinity information website <http://healthcare.trinityhospice.co.uk/> and includes the local guidance that we follow for using medicines to manage the various symptoms and conditions we encounter.

- **e-Learning for Healthcare (e-LfH):** as you will know, 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 and I understand you already have logins because some of your rotations require completion of an e-LfH module for that subject. Currently, there are no compulsory modules for palliative care however, 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 Showcase for an overview)**
- **THE Individualised Care Plan for the Dying Person:** you will probably be aware, the Liverpool Care Plan has been withdrawn and replaced by Individualised Care Plan for the Dying Person(ICPDP) – 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 ICPDP.**

Student Assessments

- **CPAD:** During the last week of your module each of you will be asked to present **at least one case** and then discuss this further. At the time of writing, we were told it **could be 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. (*see also page 32*)
- **Ethics Forum:** The requirement for students to formerly present and be assessed on an ethical dilemma has now been withdrawn but our students have said that they found this interesting. So we are going to pilot an **ethics forum**. At the start you will be asked to read up about something that will be relevant to you *eg. DNACPR discussion, giving fluids at the end of life, collusion with relatives etc.* Then, over an hour at lunch time (*with a buffet lunch that we will provide*) in an informal environment with our doctors, nurses and anyone else who wishes to come, we will open up each subject to discussion, with the students starting by telling us what they have found about their subject. This will not be assessed but we hope it will be of interest and informative. It is a chance for students and anyone else to discuss the ethical difficulties that they see with a particular subject.
- **Case Based Learning (CBL):** **Currently we have NOT been asked to do CBL sessions**
- **Student assessments:** at the end of your module we will ask you to complete a feedback questionnaire for Liverpool University (*which is based upon the general end-of-module feedback form*) and one for ourselves on your experience with us. We keep these anonymous and we send the results to the university. We take them seriously and value constructive feedback.

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 the student learning experience and get a student 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 – page 21-22*):

- **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.
- **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 (see also pages 14 & 19)

- **Signing In (and Out):** we ask students to sign 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 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*

the signing in/out registers are in Jo Nicholls office (number 10 on site map)

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
NB: In *Getting Started in the Guidance CPAD Session* page 32 I describe the wards and where you should meet at the start of a ward work session
 - **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*) – this is often attending a ward round with the consultant. It may also be where you shadow one of the other doctors
 - **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 and 3pm after the 2pm 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 paper 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 (*see also page 32-35*)
- **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

Tutor

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. Patients usually attend for a 16 week programme, during which they try and achieve objectives they device at the start and we give them a rolling program of talks on various subjects. Patients can have complimentary therapy, attend various social events including outings and we have a number of activities in the afternoons such as speakers and entertainers etc

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. The consultants and our clinical nurse specialists look after a variable number of patients on the wards with palliative care needs who are referred to them from within the hospital. The nurses and consultants do regular ward rounds for these patients

Important: If timetabled for an outpatient clinic, 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 needs. Referral is from the patients Consultant, GP or Trinity Clinical Nurse Specialist team.

Important: If timetabled an outpatient clinic, 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.

Linden Centre: Bereavement Support & Counselling Service

The Linden Centre offers care and support to adults and children who are struggling with coming to terms with a loved one who is deteriorating with a life limiting illness and/ or with bereavement issues after their death. This is done by a number of services including providing books and resources about what to expect, bereavement support group meetings (including COASTAL our adult bereavement group therapy programme and CASCADE – our support service for children (5-18yrs) facing bereavement), one to one counselling with experienced counsellors, informal support from volunteer listeners, clinical psychology therapists, expressive therapy groups for patients or carers and a schools link service, which offers specialist training and support for staff and, counselling for general support for school children struggling to cope with serious illness in the family or bereavement and bespoke support services for children who are having particular difficulties)

Complementary Therapy Service

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

Hospice at Home

This is a team of nurses and healthcare assistants who support patients and their carers where the patient wishes to stay at home. Its aim is provide psychological and symptom control support at the end of life and at other times to avoid an unnecessary hospital admission. It runs from 8pm to 8am. The team makes visits as are needed and work closely with community, hospital and hospice teams.

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.



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

Seeking Help

Our Accountability

For seeking help to report concerns about patient safety go to page

Seek help from Staff at Trinity...

If you have a problem...
you can go directly to Dr Feaks or Dr Salt



Dr Feaks



Dr Salt

If you have a problem...
you can go to any of the doctors,
nurses or other Trinity Staff.

If they cannot help they will pass it
onto Dr Feaks (or to Dr Salt
in his absence)



Dr Whitfield



Dr Preston



Dr Edwards



Jo Nicholls



Karen Newman



Other Trinity Staff

Seek help from University Staff at Blackpool Victoria Hospital ...

If you have a problem...
you can voice your concerns through your student
representative who will let the university team at the
hospital know



Your Student Rep.

If you have a problem
that you cannot go to Trinity
for...

you can go directly to
Julie Summer or
Michael Farrell

either may escalate this to
Dr Galasko / Dr Hacking if needed

Alternatively you can speak to
Dr Galasko directly
or arrange to see Dr Hacking

Dr Galasko is a
consultant cardiologist
Dr Hacking is a
consultant radiologist



Michael Farrell
Undergraduate
Manager



Julie Summers
Deputy Undergraduate
Manager



Dr Gavin Galasko
4th Year Lead



Dr Linda Hacking
SUB DEAN

If you have a problem...
You can also approach the relevant
staff members at the university

Liverpool University

Professor Ellershaw (Palliative Care)

For your PARTICULAR attention

- We want you to enjoy your learning experience whilst on placement here with us
- This section is not meant to seem heavy handed but we have been asked to highlight certain aspects from the **University 4th Medical Student Handbook** on the following subjects which comes from the July 2016 version of the handbook

Attendance

- The School of Medicine follows the university guidance on attendance, which is found in chapter eight of *Your University: Handbook for Undergraduate Students*. The School is also, however, required to demonstrate to the General Medical Council that graduates of the programme have met the European requirement of 5500 hours study before they can be formally registered as medical practitioners.
- For this reason, in addition to the standard university sickness absence policy, the MBChB Programme has additional processes in place for students who are absent.
- All timetabled elements of the course may be monitored.
- Students whose attendance gives cause for concern will be summoned for a meeting with the Year 4 Student Support Lead in the first instance. If a pattern of non-attendance continues, the student will be called to meet with the Director of Studies. The Director of Studies may choose not to allow students to take their examinations dependent upon the amount of clinical time that they have missed, which may result in the student having to resit the year. In Year 5, this may result in the student being unable to graduate.
- For this reason, students should ensure that they sign or swipe in when required. Missed time for whatever reason impairs learning and affects clinical contact hours, which are part of the MBChB programme specification. Students are expected to demonstrate professionalism and their fitness to practise by appropriately managing and communicating via the correct channels their absences due to illness or other reasons.
- In addition to the self-certification requirements listed in the *University's Sickness Absence Policy*, (c.f. *Your University: Handbook for Undergraduate Students*) students who have been unable to attend any compulsory session must:
 - Inform the MBChB Office (0151 795 4362).
 - Inform the person responsible for the session e.g. hospital consultant, GP or session facilitator.
 - Inform the undergraduate co-ordinator in the clinical sub-dean's office (if the absences occur during a hospital placement).
 - Attempt to rearrange the session where possible.
 - Inform the MBChB Office of the action taken.
- Clinical sub-deans will be informed of any outcomes of attendance meetings between medical students and staff within the School of Medicine.

REQUEST FOR AUTHORISED LEAVE OF ABSENCE

- Students needing to miss any part of the course where the absence is foreseeable must complete a *Request for Authorised Leave of Absence Form*. The form requires that any documentation relevant to the requested leave is attached and also asks the student to formulate an action plan of how they will make up any missed sessions. The form needs to be submitted at least 14 days in advance of the period of requested leave. Students will be informed of the Year Lead's decision within seven days prior to the event. Requests submitted less than fourteen days prior to an event will NOT be approved. Please note that the *Request for Authorised Leave of Absence Form* also needs to be used for religious observances that fall within term time. Please also refer to the *MBChB Programme Handbook* section on religious observances.
- **The School of Medicine Attendance Guidelines, Self-Certification and Authorised Leave of Absence Forms can be obtained from the MBChB Office or from VITAL in the Administration folder.**

For your particular attention *continued*

Causes for concern (for the full text see *University 4th Medical Student Handbook*)

The CONCERN FORM

- From time to time staff who come into contact with MBChB students may have concerns about individual students. Such concerns vary from students who are withdrawn and about whom a member of staff is worried, to students whose attitude or behaviour is rude or inappropriate.
- The “concern form” offers staff and students the opportunity to “flag” such students to the welfare system.
- **This process is intended to be supportive to students. Our aim is to help those who are in difficulty.**
- Before completion of the form, the person who notifies should, where possible, speak to the student. These forms, once completed, are confidential. The information will only be disclosed to those concerned with the undergraduate course who have a direct need to know.
- **Major concerns would not be expected to be highlighted in this way as it is anticipated that if there is a potentially serious problem staff or students will contact us by telephone, email or letter as happens at present.**
- The following areas are outlined on the form:

Professionalism

- Professionalism includes appropriate dress, language, behaviour, reliability and teamwork. Any student who is rude, aggressive or unpleasant to staff should be reported using a form. Administrative and support staff often encounter this sort of behaviour which may not be exhibited to teaching staff. Multiple instances will result in the student meeting with academic staff for a discussion.
- Any instances of inappropriate attitude, physical violence or aggression, any conduct that brings the University, Medical School or NHS Trust into disrepute, misuse of University or Trust property or name, bullying or harassment should be notified to a Clinical Sub-Dean immediately.

Trinity note: we think this cuts both ways and the behaviour of our staff is also important and so we have a section on Mutual Respect and Professionalism – page 24

Poor Academic Performance

- A form can be filed for students who are struggling on the course, whose communication skills are causing concern, or whose knowledge seems to be lacking. These may be students whose attendance is poor, but equally may be those who are working hard but have academic difficulties.

Suspected Misuse of Alcohol/Drugs

- Students who persistently do not attend until mid-morning, who appear hung-over, or who are frequently injured may have problems with alcohol or illegal drugs. Staff may not wish to talk to students about this, so a Concern Form may be a route by which the School can help students when a problem is suspected.

Health Concern/Other

- There may be a general concern that a student appears unhappy or unduly anxious or unwell. Any concern that a member of staff has will be treated confidentially and with sensitivity to the student. The School now has well over 1500 MBChB students, and it is not possible to know each of them individually. Concerns which are raised in this way may well alert staff to a problem of which no one was previously unaware.

Concerns Expressed by other Students

- Students who have concerns about colleagues can either fill in one of these forms or ask a trusted member of staff to complete a form, confidentially, on their behalf.
- **Please note that from September 2016/17, there is a new Measuring Professionalism Form to replace the previous Concern Form. This can be found in the Administration folder on Year 4 VITAL.**

For your particular attention *continued*

- The following has been included to clarify some issues that came up with previous groups and has arisen because the palliative care attachment was reduced from 4 to 3 weeks in the new curriculum
- This advice is applicable to all palliative care attachments and has come from the university following some lack of clarity during last year

Outcomes to the palliative care attachment

- Attend the 2 day communication skills training session - compulsory
- To prepare one case for a CPAD that will be assessed (note: we will ask you to prepare TWO cases as the university is planning to introduce this soon) - compulsory
- To witness and then set up at least one syringe driver – not compulsory but usually achievable
- To witness and then administer a subcutaneous injection – not compulsory but not always achievable

Your working day

- You are expected to be at Trinity from whenever the day starts (usually 9am) until the close of day (usually 4:30-5pm) regardless of whether there are specific sessions timetabled
- When you do not have things timetabled this is your opportunity to see patients, to go round with the doctors/nurses on the in-patient unit out with the timetabled ward based teaching, to speak to or see what other members of the palliative care team do (*eg. Brian House Children's hospice*)
- NB: you will have a timetabled opportunity to spend time in our Day Therapy Unit and with the palliative care team at Blackpool Victoria hospital and you usually have a session with our complimentary therapy team, but for other, non-timetabled elements we will have to see if we can organise these for you
- If you wish to leave before the end of the working day please discuss this with Dr Feaks or Dr Salt in his absence – you are not automatically allowed to attend other teaching/revision sessions that occur during your working day with us (see below) – **however some sessions may be open to negotiation so please come and discuss this with us**

Case Based Learning sessions

- there are none in palliative care at present

Study days

- there are none in palliative care at present (oncology does have one day at present)

Revision sessions

- students are not permitted to miss timetabled placement time in order to attend supplementary revision or CBL mop up sessions. The School of Medicine encourages all Trusts to arrange these session during non-timetabled time e.g. evenings, weekends, self-learning days

Learning Outcomes: University

Palliative Care

Includes 3 days of Communication in Clinical Practice (further information on the Year 4 CCP sessions can be found on VITAL) ***see our note below**

Learning Outcomes

By the end of the palliative and end of life 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.	<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 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.

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***we have reduced this to two days**

Learning Outcomes: University *continued*

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

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Learning Outcomes: University *continued*

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

- These are not going to be assessed but they are based on your university learning outcome requirements

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 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 (*eg 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 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
- Observe how different communication strategies are used to explore patients ideas, concerns and expectations and when dealing with difficult conversations (*eg breaking bad news*)

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
- 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 (*eg 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 be completed by the student:

- 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 (*eg breaking bad news*)

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

Jo Nicholls

Learning Quality and Compliance Co-ordinator

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

Internal: 146
Tel: 01253 359386

Joanne.nicholls@trinityhospice.co.uk

Trinity Hospice and Palliative Care Services

Low Moor Road, Bispham, Blackpool, FY2 OBG

Tel: 01253 358881
(reception)
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

01253 358881
and ask for him

dr.feaks@trinityhospice.co.uk

New recruit awaited, temp. staff will be here

Secretary to Dr Salt

Internal: 345

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

Nursing Office

Internal: 140

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 (see also “Seeking Help – Our Accountability” page 11)

Your first point of contact is usually Jo Nicholls, Learning Quality & Compliance Co-ordinator who can be contacted in the Learning and Research Centre or via 01253 359386 - she will either deal with this herself or pass this onto the best person to deal with this. Others may also help you – see “Seeking Help... page 11)

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. **You are not permitted to video, take photographs or voice record with your phones when in patient areas – MANDATORY**

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 (**see notes on attendance from University 4th Year Handbook**)

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

[WE DO NOT EXPECT YOU TO WEAR THE STUDENT SCRUBS UNIFORM BEING USED IN THE HOSPITAL]

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

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

(see also section of Other Policies & Procedures – page 31)

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. You can read our policy about this (see section of Other Policies & Procedures – page 31)

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

(see also section of Other Policies & Procedures – page 31)

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***

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.

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-k.org/static/documents/content/Raising_and_acting_on_concerns_about_patient_safety_-_English_1015.pdf
 - 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.
 - **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)

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 Salt 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

then you need to report these concerns.

2b) This can be done to an appropriate senior in the placement/university (eg. Dr Feaks, Dr Salt, Dr Galasco) 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 (eg. 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**

Other policies and procedures

- To view our policies and procedures go to the following:
<http://healthcare.trinityhospice.co.uk/> then click on **Medical Students**
- You will have access to the following:
 - A07 - Information Governance Policy
 - A08 Staff Confidentiality Policy and Code of Conduct
 - A09 Complaints Policy
 - A09.1 Making a Complaint Leaflet
 - A09.2 Complaints Poster
 - A36 - IT, E-mail and Internet Policy
 - A41 - Data Protection Policy (July)
 - B11 - Code of Conduct on Public Disclosure (Whistleblowing)
 - E08 - Near Misses Incident and Serious Untoward Incidents Policy
 - F12 - Fire Policy
 - I03 Policy for safe use of sharps needlestick injury or body fluid contamination
- If you want to look at other policies please contact Jo Nichols

Guidance on Case Presentation and Discussion (CPAD)

Dr Richard Feaks (clinical tutor)

Getting Started

- **During the last week** of your attachment you are required to have at least ONE CPAD assessment that will be marked (at the time of writing – August 2016 – there may be a second CPAD assessment needed) so we will ask you to prepare TWO cases
- First you need to know how the inpatient unit (IPU) is structured:
 - We have TWO wards (we call them wings) with the beds organised into coloured areas:
 - One wing (*marked by a massive mural of Blackpool Seafront including the Tower*) has:
 - AQUA (a light greeny blue) with 2 single rooms and a 3 bedded room
 - First part of RED (3 single rooms and a 3 bedded room)
 - It also has the doctors main office, a nursing station and a pharmacy
 - The other wing (*marked by a massive mural of Lytham Windmill*) has:
 - Second part of RED (3 single rooms and a 3 bedded room)
 - BLUE (3 single rooms and a 3 bedded room)
 - It also has the nurses main office, a nursing station and a pharmacy
 - We have 22 beds but may not be able to use them all if our staffing compliment is depleted
- **When you first come to the wings or at the start of a timetable event, come to the Lytham Windmill wing and let us know you have arrived by speaking to someone** (*if no-one is in sight check the nursing office*). Then wait in the seating area behind the nurses station opposite the Lytham Windmill mural. One of the doctors (usually myself) will come and get you
- Usually I get the patient's consent before you arrive and then I like to introduce the student to their patient. If I am absent ask one of the other doctors OR one of the nurses which patients are well enough to be seen.
- When you start, it may feel strange speaking to patients in a hospice for many reasons including, they may be the sickest patients you have ever seen and we are expecting you to speak about matters relating to death and dying and how they are feeling. You may see displays of emotion from patients or family, occasionally you may get asked questions you cannot answer (*eg. how long do you think I have to live?*); you may not know how to start to ask about certain things. Some students are reluctant to approach difficult situations such as talking about dying because they feel it may distress the patient. All of this and more can make you initially feel uncomfortable. We suggest that when you first start keep it informal. You do not have to stay by the bed, the patient may wish to go to one of our other community rooms. You can even consider chatting with the patient over coffee or tea. At the very start just get them talking about their experience. You do not have the same history taking time constraints you can get in a hospital. Start by taking time to just get used to listening to the patient. You may need to come back more than once to continue. (*as patients can get tired after short periods*). In our experience, once medical students get started and over the initial shock or reservations most relax into speaking to the patients.
- During your stay with us I will go and informally ask the patients you speak to about their experience speaking to you. (I ask How did it go? What went well? Could anything have happened to make things go better? And Are you happy that you got involved?). In all the years I have been doing this, I have NEVER had a patient say that a student made a mistake. The patients always report they have not only enjoyed the experience but most say that it was a highlight of their day (*and since most of our patients don't have many days left, I think this is a remarkable tribute to medical students themselves*)

Guidance on (CPAD) *continued*

The case History

- The general 'proforma' 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.

If you request that notes are printed off you are responsible for their safe keeping whilst in placement with us. This means

- **YOU note the NHS number and date of birth of the patient for whom you have had the notes printed on the sheet kept with the daily attendance sheet in the Learning and Research Centre Office.**
- **The printed records are kept in an envelope out of sight and with YOU at all times.**
- **The printed notes are NOT taken out of the hospice at any time.**
- **The printed notes are returned to a member of administrative staff and shredded once you have finished with them. The member of the admin team will sign to say they have received them and taking responsibility for the notes to be shredded as per the hospice policy**

Any failure in following this guidance will result in a clinical incident being raised by the Hospice around information governance and the Undergraduate Office informed of the potential breach of data protection.

- 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 (eg 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 – eg 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 eg. *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*) – ie 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 eg 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’ – ie when do I treat/stop treatment OR if something happens how far do I want to be actively treated (*eg 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

Guidance on (CPAD) *continued*

Patient Assessment Proforma

● GENERAL

- **Age/ sex**
- **Diagnosis** – primary and secondary
- **Co-morbidities**
- **Reason for referral**
- **Place of care** (*where you have seen them eg. 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** 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 (eg. what have they had to give up, change etc)*
- **SPIRITUAL**
 - *Use the **HOPE Assessment Tool** 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 (*eg 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 (*eg. 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 (*ie what do you hope that member of team to do*)
- Include any information you have given/need to give to patient/family/carer (*eg. 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

Guidance on (CPAD) *continued*

The CPAD session

- Each student will be seen separately by myself and the CPAD session will last about 30-40 minutes
- This is NOT MEANT TO BE A HUMILIATING/INTIMIDATING time but you will be expected to have prepared
- The first part will allow you to present the case where I will be looking the clarity and structure of your presentation, how confident you are and if you have covered all the main areas
- Then we will go over particular aspects of the case, including your management plan and I will be particularly interested how you demonstrate your knowledge in THREE main areas – *Symptom Control, Spiritual Assessment and Care of the Dying*
- Each of these areas carries a different emphasis

SYMPTOM CONTROL

- You will be expected to demonstrate a complete holistic assessment of the patient's symptom including underlying cause/mechanism, treatments used and other treatments that can be used including the social, psychological and spiritual aspects to see if there are any issues that need attending to that may affect the person's symptom
- (eg. pain – for EACH pain you need to do a SOCRATES assessment and look at the holistic elements found in the TOTAL PAIN MODEL; then put this together with any relevant examinations and investigations – and state if further investigation is needed and why; then you need to try and understand the mechanism of the pain and what treatment options are available (including pharmacological, non-pharmacological, physical therapies - such as surgery, oncology, radiotherapy, regional anaesthesia - and therapies that are directed to the emotional component of pain which range from simple distraction, relaxation to counselling and psychology therapies, to solving spiritual distress, to solving worries and concerns within a social context – such as the need to adaptations and aid, to carers, to finances etc) and who can help provide this

SPIRITUAL ASSESSMENT

- You need to demonstrate you understand what is meant by a *spiritual assessment*, why it is needed and how you can do this eg. using the HOPE assessment tool)
- You need to demonstrate an understanding of what *spiritual distress* is, who can help relieve it and some ways this can be done

END OF LIFE CARE

- NOTE: It may not be possible for you to be involved with a case where someone is dying – sometime we do not have such cases when the student are with us, sometimes patient or relative do not want to speak to students. HOWEVER, patients and relatives usually allow student to watch whilst one of the doctors attends to them
- You need to appreciate that End of Life Care (EOLC) technically refers to the care given to a patient with a life limiting illness (and their carers/family) in the last year of life and so includes:
 - The model that we use in the North West to organise such care (North West End of Life care model)
 - How to recognise someone may be in the last year of life (eg. use of the Gold Standard Framework –GSF)
 - Advanced Care Planning (ACP) which includes:
 - An informal statement of preferences (preferred priorities of care) such as Preferred Place of Care (PPC) and Preferred Place of Death (PPD) and other things the patient wants or does not want
 - Legal things such as Advanced Decision to Refuse Treatment (ADRT), appointing Lasting Power of Attorney (LAP) for health and welfare +/- finances
 - Disease specific things (eg. elective deactivation of an implanted cardiac defibrillator, insertion of a gastrostomy tube before motor neurone disease (MND) or head and neck or gullet cancer prevents oral feeding, issues about starting and withdrawing ventilation in MND
 - Specific needs relating to faith group/other spiritual needs at end of life
 - Tissue and organ donation
 - Preparing the family for the fact that the coroner will become involved after death (eg. the requirement to refer to the coroner in cases of mesothelioma and the need for a post-mortem, inquest etc)
 - The need for counselling and support for patient & family/others before death
 - DNACPR discussions
 - Anticipatory Prescribing & the use of the 4 Core EOLC Drugs
 - How to recognise someone is dying
 - The 5 Priorities of End of Life Care and how to make an Individualised Care Plan for the dying
 - Care after Death (Last Offices)
 - The purpose of Medical Certificate for Cause of Death, the Death Certificate and the Cremation Forms and the Role of the Coroner
- Most of our admissions are in the last year of life and so you will be able to get information on some if not all of the above
- During or after this discussion I may ask you more general questions about symptom control, spiritual assessment or end of life care that do not necessarily relate to the case to allow you to demonstrate a broader understanding

Guidance on (CPAD) *continued*

ONE MORE THING!

- IF THAT WASN'T ENOUGH! we have added TWO further exercises to help you with specific areas:
- **These are voluntary and will not be marked** – you mark your own

- **EXERCISE ON COMPLETION OF DEATH CERTIFICATION AND CREMATION FORM 4**

Part A: 9 case histories for you to try and complete the parts Ia,b,c & II of the Medical Certificate of Cause of Death (MCCD)

Part B: 3 x 'life size' copies of the MCCD and 2 x Cremation Form 4s from the Part A cases

POSSIBLE ANSWERS ARE GIVEN TO PARTS A & B

WE ARE NOT INCLUDING THIS IN YOUR GRADE – IT IS JUST A PRACTICE EXERCISE.

Your information pack contains all the guidance needed to complete MCCD and Cremation Form 4. I would suggest you look at the instructions from the MCCD book which are simplified. The other guidance gives you more detailed examples

- **AN OPIOID PRESCRIBING EXERCISE**

We have introduced some handouts for pain management:

- *Practical Approach to managing Pain in palliative care*
- *Prescribing tips for certain groups of drugs*
- *Some examples of opioid prescribing*
- *An opioid prescribing exercise with answers, where you are asked to prescribe for a particular case*

THIS IS NOT A GRADED EXERCISE AND ONLY TO HELP YOU LEARN

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 05.09.2016 – latest version of Medical Student Handbook & Communication Skills Handout will go on after this



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?alld=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 - check it out!*

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

Note: Kate died on 23.07.2016, just after this was written – BUT PLEASE DON'T BE PUT OFF!!!

YES! She is MASSIVELY MISSED in MANY, WAYS by her family, friends and (us) her profession BUT ONE WHOLE POINT of her work after her cancer diagnosis was to promote change within her profession and other healthcare professionals towards true enlightening OUR profession about what it is like to be on the other side as a patient (*and how a super-duper healthcare professional training does not guarantee that we always gets it right*) and how things can change. She also gave cancer patients/carers a voice. She has and is changing things because her words/work/message is still relevant. SO IF YOU ARE STILL INTERESTED and can emotionally deal with this, see if you can emotionally/culturally/spiritually deal with this..... *Kate speaks/writes to you in a YORKSHIRE ACCENT – but please, if you come from Lancashire/the South/the North/the Rest of The World - HER MESSAGE IS STILL FOR YOU!*

“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.”

