

Dr Jill McKane, Dr Nicola Trotter, Dr James Robertson, Dr Ross Norris, Stacey Kelly, Mandy Oszczypala, Kirsty Cornwall - Ayrshire Hospice

Background

The direction of Scotland’s healthcare is seeing a shift in the balance of care away from hospital, to the community setting. Given the recognised increase in the number of people being cared for and dying at home, the future demands of community palliative care will continue to escalate¹.

Exposure to the complexities of care in community settings is an essential aspect of training if doctors of the future are to be well positioned to deal with increasing palliative care priorities. The Internal Medical Trainee (IMT) curriculum recommends that trainees undertake a placement in a specialist palliative care environment (hospital advisory team, hospice or community) as well as managing medical patients in an outpatient clinic, ambulatory or community setting². Currently, no Community Palliative Medicine IMT placement is offered in Ayrshire, with the only community training being within hospital clinics in specialties other than Palliative Medicine. Trainees also rotate through the Hospital Palliative Care Team and Ayrshire Hospice In-Patient Unit over a two-week period.

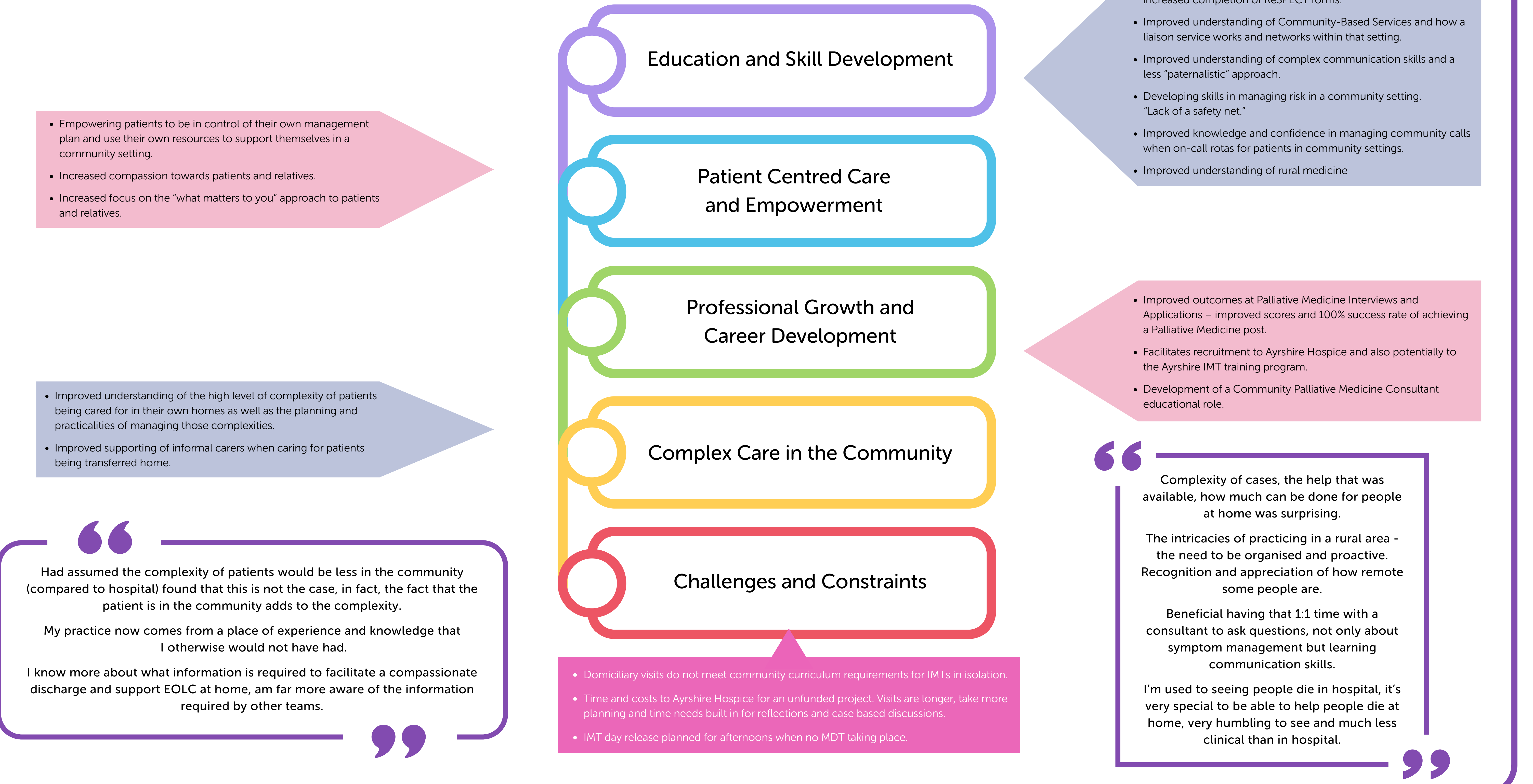
The aim of this work is to evaluate the learning and effectiveness of a programme delivering experience and education in Community Palliative Medicine for IMTs within Ayrshire using a qualitative focus group discussion based approach.

Methods

3 IMTs attended between 3 and 6 sessions of visits with a Community Palliative Medicine Consultant over a year long period as well as meeting to discuss cases and reflections at other times.

A focus group was held with set questions to capture the personal learning, experience and reflections as well as benefits to future patients from those trainees during their time in the Community Palliative Care Medical Team. This was balanced by discussion of any negative issues and costs to Ayrshire Hospice, and discussions with Specialist Palliative Care Nurses (SPCNs).

Themes identified at Focus Group regarding Community Experience



Outcomes and Suggestions

- To develop an ongoing educational programme for training IMTs in Ayrshire and seek funding to support this project moving forward in terms of funding for Community Palliative Medicine time and full day release for IMTs to spend completing domiciliary visits and attending MDT meetings and Palliative Medicine Clinic.
- The trainees stated that although clinic would meet the requirements of curriculum it would not improve understanding of care at home in terms of the management of complexity in peoples own homes, culminating in putting skills to practice in a supported environment.
- Feedback from SPCNs was also positive, highlighting the importance of education of other teams by SPCNs “showcasing the benefits of full holistic assessment and multidisciplinary working”. SPCN’s also benefitted from discussions in terms of their own education, as well as improved continuity of care for community patients being discharged from hospital. Time required for this was also a factor.

References:
1. Anne M Finucane et al., The impact of population ageing on end of life care in Scotland; projections on place of death and recommendations for future service provision. BMC Palliative Care 2019
The impact of population ageing on end-of-life care in Scotland: projections of place of death and recommendations for future service provision - PubMed (nih.gov)
2. Curriculum for Internal Medicine Stage 1 . https://www.gmc-uk.org/-/media/documents/im-stage-one-curriculum-2019-final-v1_1.pdf-91785394.pdf