Ayrshire Hospice Pilot of an Acute Medical Trainees Placement in Community Palliative Medicine



Making today matter

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

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

- Empowering patients to be in control of their own management plan and use their own resources to support themselves in a community setting.
- Increased compassion towards patients and relatives.
- Increased focus on the "what matters to you" approach to patients

Education and Skill Development

Patient Centred Care and Empowerment

- Improved proactive approach to Future Care Planning and increased completion of ReSPECT forms.
- Improved understanding of Community-Based Services and how a liaison service works and networks within that setting.
- Improved understanding of complex communication skills and a less "paternalistic" approach.
- Developing skills in managing risk in a community setting. "Lack of a safety net."
- Improved knowledge and confidence in managing community calls when on-call rotas for patients in community settings.
- Improved understanding of rural medicine

and relatives.

- Improved understanding of the high level of complexity of patients being cared for in their own homes as well as the planning and practicalities of managing those complexities.
- Improved supporting of informal carers when caring for patients being transferred home.

Had assumed the complexity of patients would be less in the community (compared to hospital) found that this is not the case, in fact, the fact that the patient is in the community adds to the complexity.

My practice now comes from a place of experience and knowledge that I otherwise would not have had.

I know more about what information is required to facilitate a compassionate discharge and support EOLC at home, am far more aware of the information required by other teams.

Professional Growth and Career Development

Complex Care in the Community

Challenges and Constraints

• Domiciliary visits do not meet community curriculum requirements for IMTs in isolation.

- Time and costs to Ayrshire Hospice for an unfunded project. Visits are longer, take more planning and time needs built in for reflections and case based discussions.
- IMT day release planned for afternoons when no MDT taking place.

- Improved outcomes at Palliative Medicine Interviews and Applications – improved scores and 100% success rate of achieving a Palliative Medicine post.
- Facilitates recruitment to Ayrshire Hospice and also potentially to the Ayrshire IMT training program.
- Development of a Community Palliative Medicine Consultant educational role.

Complexity of cases, the help that was available, how much can be done for people at home was surprising.

The intricacies of practicing in a rural area the need to be organised and proactive. Recognition and appreciation of how remote some people are.

Beneficial having that 1:1 time with a consultant to ask questions, not only about symptom management but learning communication skills.

I'm used to seeing people die in hospital, it's very special to be able to help people die at home, very humbling to see and much less clinical than in hospital.

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) 2Curriculum for Internal Medicine Stage 1. https://www.gmc-uk.org/-/media/documents/im-stage-one-curriculum-2019-final-v1_1_pdf-91785394.pdf