

Hello my name is Matt! I'm currently a FY1 having graduated from Newcastle University.

### **Where did you do it?**

My SSC was based in a hospice which had a Children's inpatient unit, Adult inpatient unit, Lymphoedema service and Day hospice.

### **Why did you choose it?**

We did 2 and a half days at the Hospice as part of our Cancer and Palliative Care week in 3rd year.

I had never been to a Hospice before. On arrival everyone was so friendly and helpful. I learned a lot about holistic care and we went through the basics of symptom management and ethics.

I wanted to do the SSC to continue learning about symptom control as I knew the management of nausea, pain and constipation would be a major part of my foundation role.

### **What did you do as part of your SSC?**

During the SSC, I mainly shadowed the doctors and other members of the MDT. I perfected my skills in venepuncture and cannulation when these were needed on the ward. I completed supervised prescribing tasks such as titration of analgesia. As well as ward rounds, I also went on home visits with the doctors and sat in on clinics to understand the role of palliative care outside of the hospice.

As part of the first SSC, everyone had to do an audit. I was lucky to have a consultant and registrar to supervise me but all of the team were happy to give their input into the layout and help to maximise my marks. My audit revolved around the prescribing of VTE prophylaxis.

### **What did you learn or take from the SSC?**

A lot.

In terms of holistic care, I learnt about the role of psychological and social stresses that affect a patient's general wellbeing. That any small change can have a massive positive impact.

The role of the multidisciplinary team was a major learning point; having a real appreciation for the roles of the team in effective patient management. Now, in my foundation job, I know who to refer to and when it is not appropriate. For instance, seeing a patient struggling with cutlery or getting up from a chair makes me wonder if this patient may require some OT interventions to ensure they can manage in their home independently. During my A+E job, it was not uncommon for patients to be readmitted following discharge because they had struggled at home.

In terms of symptom management, I understand what anti emetics work best for the different types of nausea. I am also confident in prescribing opioids, titrating and reducing them appropriately.

The management of patients at the end of life is something that will stick by me due to seeing it being done so well at the hospice. At the end of life, it's also addressing the family's, as well as the patient's biopsychosocial concerns.

One patient we managed had been admitted due to complex symptoms of lymphoedema and pain requiring several lines of management. He developed an acute bleeding event whilst on treatment dose low-molecular-weight-heparin for a thrombus. On reweighing him, it was clear that he had lost a lot of weight during his illness and this may have contributed to the bleed. This led to my quality improvement project on reweighing patients and adjusting their dose of LMWH to ensure safe prescribing.

Unfortunately, this patient rapidly deteriorated during one of his admissions and was managed as he progressed towards end of life. I found this initially difficult as I had grown to know him and his family. However, both he and his family were supported amazingly by the hospice and he passed away peacefully. His holistic care at the end of life is something I have incorporated into my practice as a junior doctor and I am regularly thanked for this – I truly find this a rewarding part of my job.

**How do you recommend other people may seek doing an SSC in palliative care?**

Get in contact with your local hospice. Ask for the email address for the secretary of the consultants and they should be able to give you more details!