Association for Palliative Medicine
Of Great Britain and Ireland

April
2024

APM Juniors Newsletter

A WORD FROM DR CHOOI SHAWN LOH

APMJ Career and Mentorship Coordinator

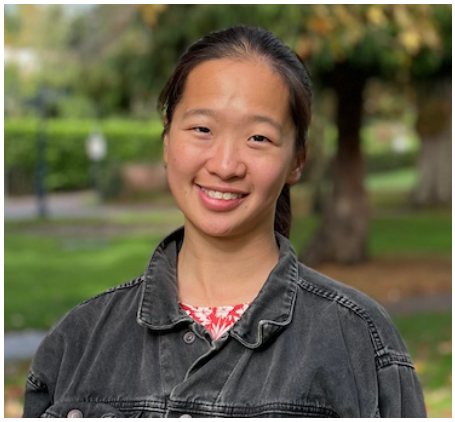
Welcome to the April APMJ newsletter!

It has been 10 months since we transitioned from article/ essay of the month to a monthly newsletter, where we hope to bring more interesting contents and resources all in one place for our members. However, I am not going to sugar coat it, looking for articles/ contributions monthly can be challenging on top of our usual clinical commitments. Hence, I would like to take this opportunity to shamelssly do some advertising. We always welcome anyone to write an article about their experience in relation to palliative care. This may be a taster day/attachment/rotation, a reflection about an event/person, a work/ audit/ research / QIP that you have done. You will receive a letter of acknowledgement for your portfolio in return. Feel free to get in touch via submissions.apmj@gmail.com to contribute to our newsletter or simply to run an idea by us.

On another note, we are also hosting a Palliative Medicine Careers Webinar in May. We will have consultants and trainees sharing their experience and insight into their lives in palliative care, the new curriculum and also tips about how to prepare our portfolio as well as interview tips for palliative care applications. This will be pitched to medical students, foundation trainees, internal medical trainees who are interesting in a career in palliative care. There will be opportunities to ask any questions as well. Registration is free and the link can be found in our newsletter.

Last but not least, we are a friendly and enthusiastic bunch so please don't hesitate to get in touch with us via our email or social media platforms if you have any questions or suggestions.

Hope you enjoy this month's newsletter and reflection on continuity of care during rotational training by Dr Shaun Chew, a Foundation Year 2 trainee who has recently completed his rotation in palliative care. It is a unique yet relevant perspective into patient care.



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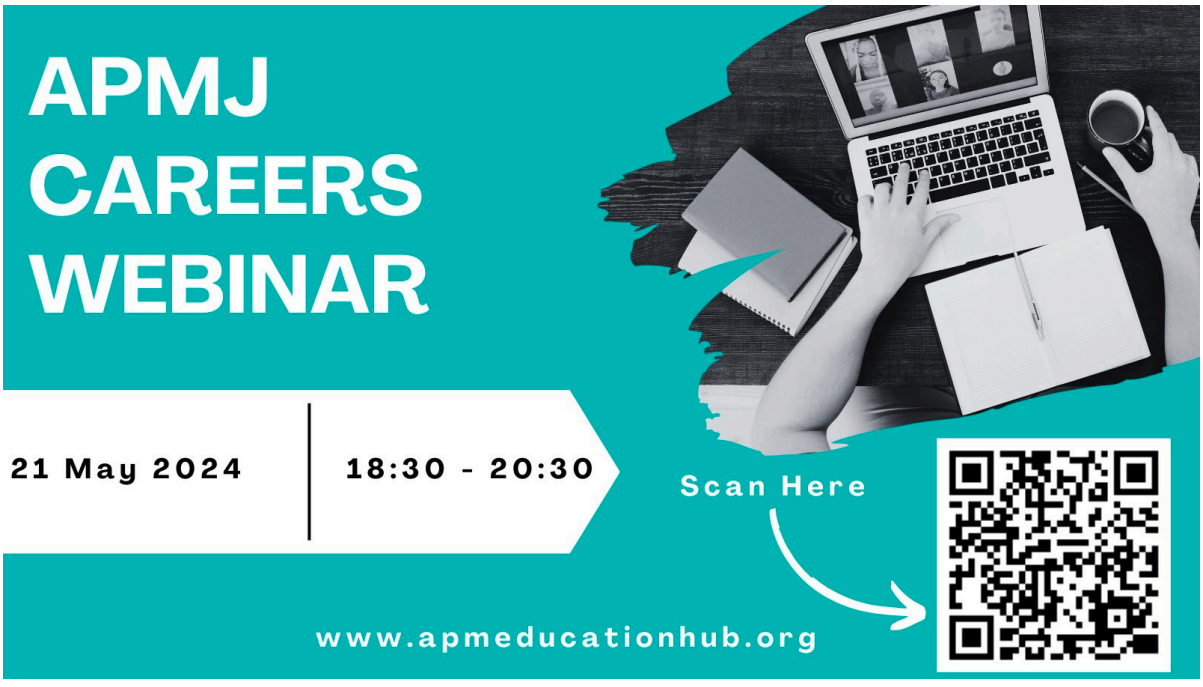

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Article of the month

FROM WHEELCHAIR TO GRAVE: CONTINUITY OF CARE DURING ROTATIONAL TRAINING

By Dr Shaun Chew

Dr. Shaun Chew is a foundation year 2 doctor who is currently working in Rheumatology. He has a keen interest in improving patient care through evidence-based management of various disease pathologies. He is also an avid fan of shortbread biscuits (during work) and sushi (after work).

In a healthcare system where rotational training is the norm, it is often hard for junior doctors to develop close relationships with the patients they have looked after. We rarely get the chance to build lasting rapport with our patients due to our ever-growing clinical workload, quick patient turnover, and constant 4 to 6 monthly changeovers. Fortunately, I was able to follow up with two patients through the various departments I had rotated to, and was able to care for them from the point of their initial deterioration, to the point of their inevitable passing.

The first patient was a middle-aged lady I had looked after during my General Surgery rotation as a first-year foundation trainee. She was well known to my department due to her long hospital stays and frequent admissions. I vividly remember attending to her every time I was on-call during the bank holidays. As her family was often very involved in her care, I would communicate with them almost daily. Through my interactions, I had built a very close relationship with the patient and her family. Unfortunately, as my 4-month rotation ended and I was rotated to another specialty, I thought that would have been the last I would see the patient.

However, my expectations were subverted when I had to admit her during my Emergency Medicine rotation as a second-year foundation training. I remember the concerns the family members had when they came through Accident and Emergency, worried that no one would understand the patient's condition, and the relief on their faces when they found out I was going to be the doctor clerking their mother in. Although my interaction with them during that time was short due to the nature of Emergency Medicine, the family were thankful for the continuity of care I had provided for the patient. When I finally moved on to Palliative Care, I came across the patient and her family again. Unfortunately, the outcome this time was different, as she was beginning to deteriorate towards the last days of her life, she had made wishes to pass away peacefully at home. Plans were made for her to be discharged home, where she subsequently passed away, surrounded by her loved ones.

The second patient was another middle-aged lady I had met during my 4-month rotation in Emergency Medicine. She initially presented with dizziness, and was subsequently diagnosed with cancer with brain metastases on imaging. When I found out about the imaging results, I opted to break the news to the patient and her husband in a bid to manage their expectations about her prognosis. The patient and her husband were understandably upset, but were able to take the news in stride as it was the patient's second cancer diagnosis. She was subsequently admitted for further investigations, and discharged from hospital. The next time I met this patient and her family was during another Accident and Emergency presentation, when her family brought her in following a bout of diarrhoea and severe vomiting. Thankfully, her symptoms were well controlled in the Emergency Department, and she was discharged. When I moved on to Palliative Care, I had met her again, this time because she was admitted for pleural effusion requiring drainage. When we turned up on the ward, her husband immediately recognised me, and spoke about how he remembered I had looked after the patient in Accident and Emergency. Eventually, the patient was also discharged home for end-of-life care, and passed away surrounded by her loved ones shortly thereafter.

While I recognize that not every foundation trainee would have such encounters with their patients, I was fortunate to experience them due to how my rotations were organized. I was able to care for some of these patients in a medical capacity during their admissions, then finally from a palliative care perspective during their final days, as I rotated through the various specialties. This "wheelchair to grave" perspective on patient care made me realise the importance of investing time on patients under our care during the short time we have with them, even if it means we risk accumulating our workload. The rapport we build with our patients through our interactions is paramount to our ability to carry out patient-centered care moving forward, as this would help patients understand and cooperate with the treatment plans we provide. Of course, clinically unwell patients should still be prioritised first, and a nuanced approach may be required for patients deemed more difficult, although this does not mean we should completely dismiss every concerned patient or family member as difficult. Rather, just as we make clinical decisions on treatment, we should also make a judgement on our patient's wishes to consider their appropriateness.

Unfortunately, as we become increasingly inundated by our clinical workload in an ever-evolving healthcare service, the time we invest on our patients may inevitably continue to be impacted. However, I would still strive to reach a good compromise between "getting the job done on time" and ensuring sufficient time is provided for each patient consult, with the hopes of making a difference in the lives of my patients in future, just as I had done for the two patients above.

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UPCOMING EVENTS

17th April 2024

Communication in Palliative Care Webinar Series - Session 1 - Introducing Dying

https://apmeducationhub.org/events/communication-session-1/

21st & 22nd March 2024

Palliative Care Congress

https://pccongress.org.uk/

1st May 2024

Communication in Palliative Care Webinar Series - Session 2 - Skills Workshop in Advance Care Planning Communication

https://apmeducationhub.org/events/communication-session-2/

15th May 2024

Communication in Palliative Care Webinar Series - Session 3 - Specific Palliative Care Scenarios

https://apmeducationhub.org/events/communication-session-3/

21st May 2024

APMJ Palliative Care Careers Webinar

https://apmeducationhub.org/events/apmj-careers-webinar/

USEFUL RESOURCES

APM/ PCRS Research directory

https://apmeducationhub.org/wp-content/uploads/2023/06/Palliative-Care-Network-April-2023.pdf

Palliative Medicine Curriculum

https://www.jrcptb.org.uk/sites/default/files/Palliative%20Medicine%202022%20curriculum%20FINAL.pdf

e-ELCA

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_29&programmeId=29

PREVIOUS WEBINARS TO WATCH

Palliative Care for FY1 Doctors

Vimeo Link	https://vimeo.com/apmeducationhub/pallcarefy1?share=copy
Password	ZHU5OOyabHZcdGnz

OTHER OPPORTUNITIES

APM Juniors Survey

We want to better understand what you want from an APM Juniors membership and would appreciate your feedback via this survey. It should take no longer than 10 minutes.

https://docs.google.com/forms/d/e/1FAIpQLSdne2yTuwoZsrMIjpn3u1C39qkRgEzLz5orrbiWi2UH1HfWmw/viewform?pli=1