



A WORD FROM DR ANGUS GRANT

APMJ Chair

Welcome to the June APM Juniors newsletter! I hope you're all getting some time away from work to enjoy the warmer weather while it lasts!

For anyone looking to get more involved in the APM, we have some exciting opportunities highlighted within this newsletter. We are now recruiting for an APM Juniors conference coordinator to join the committee, and to lead the work on the annual conference. This is a great opportunity to work with like-minded colleagues to put together an excellent conference and would be an impressive addition to your CV for future training applications.

And of course, no great conference could be organised without a great team behind it! If you're interested in being part of this team, we have a number of roles available on the 2024 conference sub-committee. If you're considering applying for the conference coordinator role, or any other role within the conference committee, you can find out more within this newsletter.

Thank you to all of you that attended our webinars over the last few months. During April and May we heard from three brilliant speakers talk about communication skills in palliative care. At the end of May, we had our palliative medicine careers webinar, in which we heard about the changes to the training pathway, life as a palliative medicine doctor, and tips for applications. If you didn't get the chance to attend live, the webinar recordings are available to access on the APM education hub.

Finally, if there are things you would like covered in future webinars, or other opportunities that you would like to see us offer, let us know! You can do so by contacting us, or filling in our APM juniors survey:
<https://forms.gle/bw2NADn6XbTG9BhS6>

Have a lovely end to the month everyone!
Angus



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JOIN THE APMJ COMMITTEE

Apply to be the APM Juniors Conference coordinator!

We are looking for applications for a new APM Juniors conference coordinator. The conference is traditionally an annual one-day conference designed for pre-speciality trainees, foundation doctors and medical students. It aims to deliver relevant and useful clinical updates within palliative medicine to help improve care for patients and promote interest and understanding of the speciality.

In the past couple of years this conference has been held virtually, and we will continue with this format in 2024 to ensure the conference remains as accessible as possible for medical students and junior doctors across the country.

The responsibilities of this role will include leading the conference sub-committee in organising a one-day annual conference for medical students and pre-specialty doctors interested in palliative medicine, along with attending 3-monthly APM Juniors committee meetings.

If you would be interested in applying for this role, information about applications can be found at: <https://apmonline.org/vacancies/>. Applications close 9am on July 5th.

Apply for the APM Juniors Conference Sub-committee 2024!

We are also looking for an enthusiastic group of junior doctors and medical students to make up the 2024 APM Juniors conference sub-committee. This is an opportunity to be involved in a dynamic team from across the country to organise the brilliant one-day event.

Posts available include:

Logistics Officer

- Manage and source procurement for the event and event pack. Take the lead in the setting up of the virtual conference platform. Aid in the smooth running of the day including timings throughout the day.

Finance and Sponsorship Officer

- Managing accounts and budgets for the conference. Organising and managing ticketing for the event. Applying for and acquiring sponsorship for the event. Member of the logistics team on the day of the conference.

Publicity Officer

- Advertising the conference to deaneries, medical schools and promoting ticket sales. Active role in keeping social media up to date and engaging in the run up to the conference. Liaison with delegates prior to the conference. Member of the logistics team on the day of the conference.

Speakers Liaison Officer

- Working to confirm speakers and workshops for the day. Take a leading role in organising the programme throughout the day including workshops and breakout sessions. Help with design and organisation of the event pack for the day. Member of the logistics team on the day of the conference.

This year the conference at the end of the year. If you are interested in applying, please provide a short 200-word application relevant to the role you are interested in and email this to office@compleat-online.co.uk by 9am on July 5th.



FEATURE OF THE MONTH

This month, we are going to feature members of our multidisciplinary colleagues who work in palliative care. We are so thankful to them for sharing their stories about why they chose palliative care.

Ayshea Stacey Palliative Care Clinical Nurse Specialist

Why palliative care?

Helping people when they need it most.

What does your role involve?

- Symptom management
- Family and patient psychological support.
- Discharge planning
- Care at the end of life
- Breaking bad news
- Helping people to live the best they can for the time they have.
- Managing students and teaching colleagues



What do you enjoy most about working in palliative care/ your job?

- Managing symptoms, real sense of achievement when patients are able to live more comfortably.
- Helping patients and their family face difficult decision making
- Knowing you have made a difference, not only for the patients but in the grieving process.
- Getting patients to their preferred place of care/ death
- Supporting my colleagues in difficult times



Paul Etheridge
Palliative Care Social Worker

Why palliative care?

I was asked to step into the role 4 years ago when I was a newly qualified social worker. I did not know how I would react to death and dying on a daily basis. I discovered that I love the work and the opportunity to really 'be with' and contribute to people from all backgrounds and life experiences. I also discovered that I am contributed to by those people, in many ways. I discovered that palliative care really is about having the best quality of life possible until you die.



What does your role involve?

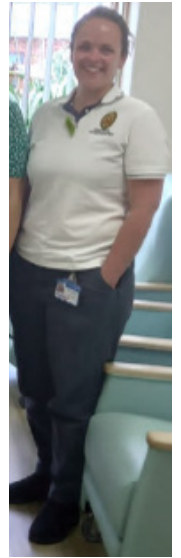
My work involves listening to people and being with wherever people are at, whether that be upset, angry, resigned, accepting or fulfilled. I have learned that people do not need fixing, they just need to be heard. I am involved in empowering and enabling people to address those matters that are of interest and importance to them. That might be enabling them to access financial support, make a will, deal with housing or homeless issues, accessing home care or other practical aspects of living with a terminal diagnosis. It sometimes involves providing bereavement support or assessing people's mental capacity to make decisions about their place of care.

What do you enjoy most about working in palliative care/ your job?

What I most enjoy about working in palliative care is witnessing what love looks like 'on the court', in action i.e. seeing children, partners, parents and friends value and care for and advocate for their loved ones in hospital. The profound privilege of being 'allowed in' to family conversations about those things that really matter to them. The opportunity to make a difference in people's final journeys. The daily experience of working alongside an amazing team of dedicated health professionals who are committed to something and someone beyond themselves and their own private concerns.



Emma Hayward **Senior Palliative Care Physiotherapist**



Why palliative care?

Palliative Care is hugely focussed on individual patient goals, this means that through holistic assessment and communication you can work jointly with the patient, often their family and the wider MDT to achieve their own goals. These could range from high level goals such as outdoor mobility and returning to social and functional activity to end of life goals such as staying at home as preferred place of death.

What does your role involve?

Physiotherapists, and AHPs in Palliative Care play a vital role in symptom control of a variety of conditions in Palliative Care, empowering patients and their families to self-manage, remain as independent as possible and live well. These symptoms often include reduced mobility, breathlessness, pain, fatigue, reduced function and exercise tolerance. These symptoms can be supported through exercise, alternative techniques, education, equipment provision and positioning. In addition to this, we support patients to achieve their preferred places of care and death through advanced care planning, communication, goal achievement and timely intervention.

I work at the Palliative Care Centre, and so spread my time between community home visits, the inpatient unit (Goscote Hospice), outpatient clinics and the Living Well Programme (a Day Hospice where we provide group education, exercise in addition to 1:1 assessments and interventions). I work jointly with Occupational Therapists and an Assistant Practitioner on a daily basis and am part of a specialist MDT of CNS, Medics, Nursing staff, Complementary Therapists, Bereavement Counsellors and the Acute Palliative Care team at Walsall Manor Hospital.

What do you enjoy most about working in palliative care/ your job?

I enjoy the variety of my role, each day I work with a variety of conditions and symptoms across a variety of settings with a diverse patient group. Being a part of a specialist MDT means that we are all contributing our skills as a team in order to support patient goal achievement, I enjoy the teamwork and dedication that this role involves. Often the assumption is that this role will be a sad one, and although it is important to look after your own wellbeing and resilience in order to support your peers and patients, my day to day with patients most often consists of positive and engaging interactions!



Nina Herrington **Dietitian**

Why palliative care?

To support people's quality of life when they have a palliative diagnosis

What does your role involve?

Working with both in-patients and out-patients to support people with their eating and drinking related to symptom control and enjoyment of food. This could be nutrition support for poor appetite and weight loss; eating and drinking with breathlessness; management of bowel symptoms; support with dry mouth, taste changes and nausea.

What do you enjoy most about your job/ working in palliative care?

Being able to improve quality of life for people with a palliative diagnosis as part of a multidisciplinary team.



Isla Jones **Speech and Language Therapist**

Why palliative care?

I enjoy working with a team that focuses on what is important to a person and that has holistic care at the heart of all we do.

What does your role involve?

I work with people (and those close to them) who have experienced changes in their ability to communicate and/or eat and drink. I work on our inpatient unit but I also input into our outpatient neurological group and breathlessness management group. I coordinate and run our communicating with dementia outpatient course.



What do you enjoy most about your job/ working in palliative care?

Working closely with people to make a difference in their lives. Working with a team that is able to be creative and innovative in the way they deliver their services.



RESEARCH OF THE MONTH

A QUALITATIVE ANALYSIS OF LANGUAGE BARRIERS' IMPACT ON END-OF-LIFE CARE (EOLC) CONSULTATIONS AND THE CURRENT STRATEGIES GENERAL PRACTITIONERS (GPs) USE TO ADDRESS THESE CHALLENGES.

Jathushaa Suthaharan & Dr. Selena Stellman

Introduction

Many challenges impede access to End-of-Life care (EoLC) for linguistically diverse patients, causing adverse effects on the quality of their care. The rising preference for home-based EoLC underscores the need for General Practitioners (GPs) to adjust to the increasing demand, especially with the UK's rising ageing population of Black, Asian, and Minority Ethnic backgrounds. Developing strategies to address language barriers and promote patient-centred care can be achieved by exploring the impact they impose on the quality of EoLC and offering recommendations to enhance the EoLC services provided by GPs.

What is already known about the topic?

- GPs remain central to EoLC despite the rise of community care teams however, GPs struggle to implement proactive care strategies and prioritise patient preferences due to language barriers.*
- Language barriers negatively impact patient outcomes by causing misunderstandings and affect patients' and families' understanding of prognosis at the end of their life*
- There is a literature gap on how language barriers specifically impact GPs' EoLC consultations in the UK.*



What this paper adds

- GPs delved into five themes:
 - Significance of communication
 - Practical implications of language barriers
 - Challenges for doctor-patient relationships
 - Current strategies used for language barriers
 - Prospects of overcoming language barriers.
- Language barriers lead to suboptimal EoLC consultations and misunderstandings, compromising patient care and safety.
- There is a lack of centralised, accessible resources and quality translators which exacerbates communication challenges.
- Language barriers contribute to GP stress and lower job satisfaction, impacting their well-being and potentially affecting retention in the profession.

Implications for practice, theory or policy

- Addressing disparities in EoLC access contributes to the improvement of EoLC literacy, originally impacted by language barriers.
- As a result, better support systems are developed for GPs and equal access to EOL care services for patients of all language proficiencies.
- Future research should expand recruitment to validate findings across London and the UK, identifying regions needing significant language support.
- Incorporating patient experiences is essential to fully understand the impact of language barriers.



Reflection

As a fourth-year medical student at King's College London (KCL), my interest in EoLC was sparked during my GP placement, where I observed firsthand the significant communication challenges faced by patients and GPs due to language differences. These experiences highlighted the critical impact of language barriers on patient care, particularly in EoLC consultations, where clear communication is essential. Motivated by these observations, I embarked on this research project to explore these challenges in depth and to identify potential strategies to improve communication for GPs who engage with patients from diverse linguistic backgrounds as part of my iBSc programme in Primary Care. I also have a keen interest in EoLC, particularly due to my own experience with my grandfather's language barriers during his final stages of life. This inspired me to undertake a research project titled:

"A qualitative analysis of language barriers' impact on End-of-Life care (EoLC) consultations and the current strategies General Practitioners (GPs) use to address these challenges."



UPCOMING EVENTS

September 2024

Virtual Ethics Course

<https://apmeducationhub.org/events/virtual-ethics-september-2024/>

September & October 2024

APM & PCRS Research Course

<https://pcrs.org.uk/events/apm-pcrs-research-course-2024/>

USEFUL RESOURCES

Palliative Care for FY1 Resource Page



<https://apmeducationhub.org/palliative-care-for-fy1s/>

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&programmId=29

GET INVOLVED

APMJ Juniors Survey

<https://forms.gle/bw2NADn6XbTG9BhS6>