Palliative Care - a useful speciality skill for trainees in Acute Medicine

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I gained a run through number in ACCS (AIM and GIM) in 2007 when Acute Medicine, both as a training programme and a stand alone medical specialty, was in its infancy. As the programme has evolved and developed it has become a curriculum requirement for trainees to attain an acknowledged specialist skill.

Many of my peers have elected to gain BSE thoracic echocardiography, while others have taken an out of programme experience (OOPE) year from training to undertake fellowships in stroke medicine. I have had a long held interest in Palliative care and over the course of 12 months I started to investigate if developing this interest would be an acceptable and practical choice of specialist skill. I discussed this with a few colleagues and their response was always the same: 'how will you apply this to your job?'

Palliative care has become an increasingly important issue in the acute medical setting, which can prove emotionally and clinically challenging for patient, family and physician. Palliative care goes far beyond the realm of syringe drivers and comfort medications in the last hours of life; its scope involves helping a patient accept a terminal diagnosis, family support, symptom control - which may be needed for months not just in the dying phase, spiritual care and the management of Total Pain.

I knew that if the deanery where going to acknowledge palliative medicine as my specialist skill I would have to gain not only a recognised qualification in the subject, but also practical clinical experience working alongside a palliative care team. I could not rely on my experience in managing end of life care in the acute care setting in the district general hospital.

A palliative care consultant colleague recommended the European Certificate in Essential Palliative Care (ECEPC) run by the Princess Alice Hospice in Esher. Currently in its 13th year and held on a biannual basis, this distance learning course is designed for health care professionals from a range of backgrounds who have regular contact with patients with palliative care needs. The course aims to develop and consolidate specialist knowledge and skills in palliative care. The distance learning basis of the certificate makes it eminently practical to undertake along side a full-time training programme in another specialty such as acute medicine, the only compulsory attendance is on the day of the exam. A named facilitator is provided to give guidance to candidates via email contact and the course is available at a number of other centres across the UK making it accessible outside the South-East.

For the practical side of experience I contacted Dr Patricia Brayden, the regional training programme director for Palliative Medicine in KSS. Dr Brayden kindly provided me with contacts local to my base hospital and was also willing, subject to available posts, to place me for a year in a Palliative Medicine post within the deanery. I could then apply, prospectively, to the deanery to have this year long post recognised as an OOPE. The only drawback to this was there no guarantee a vacancy would be available. In the event, the Acute Medicine Training Programme director, Dr Roger Duckitt and Head of School Dr Graeme Dewhurst agreed that a day a week working directly with a dedicated Palliative Care team, in a hospice, would be recognised as clinical experience along with attaining the ECEPC.

On a practical level, organising my specialist skill has been very easy; I was met with only help and encouragement from not just the deanery but also those who made it possible to achieve my goals. In particular the staff at The Hospice In The Weald, Kent who welcomed my acute medical input to their patients on my weekly placement as much as I welcomed their specialist teaching.

The only minor difficulty I have encountered during my specialist skill training has been making sure I get my time at the hospice each week. It is very easy to put ward and clinic commitments first, time quickly slips past and before you know it you are two thirds of the way through the academic year and have achieved nothing significant. To avoid this

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happening I contacted my prospective consultant before starting at my current hospital. He had great insight into the need for AIM trainees to develop a specialist skill and was very active in building my time at the hospice into my timetable. If a formal agreement for specialist skill training requirements has not been reached with the deanery it can be hard to stand your ground and make sure you get the necessary time to gain your skills. Gaining the deanery's support and backing, and getting consultants on board before starting in a job paves the way to make this easier.

In the space of 18 months this idea has come to fruition. I have spent time on a regular basis with the palliative care team at a local hospice; they have taught me a wealth of new knowledge and transferable skills for managing patients in the acute setting in my usual day job. I have gained a huge amount of confidence in managing terminal care, especially out of hours and feel I am working with some degree of authority when making management decisions and when answering patients' and relatives' questions. Word also seems to have got out about my new found skills, with numerous junior doctors seeking my opinion, particularly out of hours, on how to best manage a patients pain or discomfort. I personally get a huge amount out of my time at the hospice and enjoy the new skills and knowledge it has afforded me.

I would not hesitate to recommend Palliative Care Medicine as a specialist skill for trainees in Acute Medicine.

Conflicts of interest

The authors declare no competing interests.