Level of confidence amongst IMT

SIGNIFICANT UNDERCONFIDENCE	I feel confident in managing palliative care issues specific to common medical conditions including motor neurone disease, Parkinson's disease etc
	I feel confident in demonstrating safe and effective use of a syringe driver to a patient who is dying
	I feel confident in providing a discharge plan for a patient with palliative care needs
	I feel confident in my knowledge on withdrawing treatment at the end of life
	I feel confident in the ethical issues and decision making around the end of life
SOME OF BOTH	I feel confident identifying a patient under my care admitted acutely, in the dying phase of their illness
	I feel confident on prescribing pain control in the dying patient, including opiate conversion
	I feel confident communicating end of life care issues such as ceiling of treatment, requests for admission
	I feel confident dealing with distressed families (due to end of life care issues)
	I feel confident managing a patient with limited reversibility to their medical condition (eg advanced malignancy, cardiac failure, COPD etc)
SOME CONFIDENCE	I feel confident communicating end of life care issues such as ceiling of treatment, requests for admission
	I feel confident on prescribing pain control in the dying patient, including opiate conversion
	I feel confident referring an acutely admitted dying patient to the specialist palliative care team
	I feel confident introducing the anticipatory prescribing discussion for a patient in the dying phase of their illness with the team
	I feel confident assessing and managing a dying patient with symptoms including pain, constipation, vomiting, diarrhoea, swallowing difficulties etc

Session Content Suggestions – with additional detail which are particular concern

ECHO 1 RECOGNISIONG DYING		ECHO 2 DISEASE OR SYMPTOM SPECIFIC DYING		ECHO 3 PALLIATIVE PHARMACOLOGY		ECHO4 COMMUNICATING DYING		ECHO 5 DYING ETHICS	
I feel confident in my knowledge on withdrawing treatment at the end of life	Esp. COVID	I feel confident in managing palliative care issues specific to common medical conditions including motor neurone disease, Parkinson's disease etc	++ re MND/ Neurological symptoms	I feel confident in demonstrating safe and effective use of a syringe driver to a patient who is dying		I feel confident communicating end of life care issues such as ceiling of treatment, requests for admission	Challenging consultants / seniors when ceilings / ReSPECT /DNACPR not completed	I feel confident in the ethical issues and decision making around the end of life	
I feel confident identifying a patient under my care admitted acutely, in the dying phase of their illness	Longer term dying wks to months The dying process	I feel confident communicating end of life care issues such as ceiling of treatment, requests for admission		I feel confident on prescribing pain control in the dying patient, including opiate conversion	Stopping medications (esp DM)	I feel confident dealing with distressed families (due to end of life care issues)	Discussing differences of opinion (dr Vs family, Discussing place of death	ETHICS OF managing palliative care issues specific to common medical conditions including motor neurone disease, Parkinson's disease etc (over escalation)	Demanding Vs Refusal of treatment and the law – How to communicate
I feel confident referring an acutely admitted dying patient to the specialist palliative care team		I feel confident assessing and managing a dying patient with symptoms including pain, constipation, vomiting, diarrhoea, swallowing difficulties etc	Managing in patient complications such as pressure sores / infection	I feel confident introducing the anticipatory prescribing discussion for a patient in the dying phase of their illness with the team	Renal failure adjustments	I feel confident in providing a discharge plan for a patient with palliative care needs	Community teams abilities and roles	OTHER	Monitoring of dying patients ReSPECT forms Common mistakes and how to avoid
		I feel confident managing a patient with limited reversibility to their medical condition (eg advanced malignancy, cardiac failure, COPD etc)				I feel confident referring an acutely admitted dying patient to the specialist palliative care team	When to refer Fast tracked patients (who and how) What the hospice offer and who to refer		

Case Suggestions (not exhaustive)

ECHO 1 RECOGNISING DYING	ECHO 2 DISEASE OR SYMPTOM SPECIFIC DYING	ECHO 3 PALLIATIVE PHARMACOLOGY	ECHO4 COMMUNICATING DYING	ECHO 5 DYING ETHICS
• Patients who you recognised dying but others didn't or vice versa • Acute dying – patinets that came in and died quickly • Young patients that died • When to stop CPR • When to refer to ICU	• MND (we need one case of the 2 to be MND) • Parkinsons • Patients with complex needs • HIV • Heart failure • Elderly – when escalation is isn't appropriate • Dying in ICU / withdrawal in ICU	• When syringe drivers have / haven't been implemented • Use of morphine and midazolam when dying (will it hasten death) • Converting drugs to syringe driver • Which medicines to start / stop / continue when dying • Palliative chemotherapy – the implications when admitted to hospital	• Difficult conversations • Difficult angry families • Realisation that having these conversations was easier than you thought • Implementing DNR on someone who has refused – how to approach • Discussing withdrawal • Discussing ceilings of treatment • Dealing with conflict (in the teams / between the teams (ie haematologist says they have a curative cancer but they are intubated on ICU with neutropenic sepsis which has a 95% mortality)	• Patient wishes vs reasonable treatment • Withdrawal • Withholding • Demanding treatment