



MEET THE TEAM



Sandra Gregory
Project ECHO
Coordinator; St
Luke’s Hospice



Laura McTague :
Palliative Medicine
Consultant; St Luke's
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Sam Kyeremateng
Palliative Medicine
TPD YH and
Consultant; St Luke's
and STH, Sheffield



Gemma Lee :
Intensive Care
Consultant;
Blackpool Teaching
Hospitals (former YH
Future leader fellow
to IMT programme



Rebecca Whiting:
Consultant in
General & Geriatric
Medicine;
Huddersfield Royal
Infirmary

COMPULSORY COURSE

- 6 sessions in 1 cohort
 - 100% attendance expected
 - Run 3 cohorts over the year so ample opportunity to attend all 6
- 90 minutes each
- **Thursdays 17:30-19:00**
 - Inside JD contract day working
 - Maximised attendance without having to get time off on shift
 - TIME GIVEN BACK
- Covers ALL of CiP8
- Expert talk and case based teaching
- Opportunity to present cases
 - Will get a CBD or Teaching assessment
- **Get time back** – Get a day in lieu once all 6 session completed (fill in study leave request as normal)
- On ZOOM
 - Remote teaching
 - No travelling
- Excellent Peer review over the last 4 courses – Described as one of the best learning opportunities of IMT
- Certificates available (via Maxcourse) for every session

WHAT YOU NEED TO DO

1. Sign up for the 6 sessions on Maxcourse
 1. NOTE They need to be 6 **DIFFERENT** Sessions
 2. Ideally the 6 sessions within the same cohort but not compulsory
2. Complete the following in **the link** sent by echo@hospicesheffield.co.uk
 1. **GDPR** is a LEGAL requirement – you will not be allowed to participate without completing
 2. Complete the **PRECOURSE** questionnaire
3. Email Sandra and sign up to present a case (state date and session you would like to present at)
 1. NOTE – consultant completed WBPA
 2. Only opportunity to get a consultant Palliative Medicine CBD signed off
 3. First come first served
4. Turn up and join in

WHY PROJECT ECHO

Your palliative care “module” is a module that spans multiple specialties such as geriatrics and intensive care. As a result, it deserves special consideration when designing the delivery of curriculum content

SAMPLE SESSION CONTENT

ECHO 1 RECOGNISING 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		

QUESTIONS, QUERIES, CASES
echo@hospicesheffield.co.uk