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Grampians Regional Palliative Care Team

MY TRANSITION FROM ACUTE CARE NURSING TO PALLIATIVE CARE CONSULTING

Background

Twelve years ago I started work as a graduate nurse on an oncology/medical ward in regional Victoria. I was excited at the prospect of nursing people undergoing cancer treatment and improving their health so they could return home. On my orientation to the ward I was informed by my preceptor that they often had patients who received end of life care. “No thanks,” I thought to myself, “that’s not for me that sounds depressing, “I want to be where the action and lifesaving is.”

I quickly learned that palliative care is very rewarding and a privilege to work closely with both patients and their families at a time in their lives that is both very emotional and stressful. Sometimes it’s not the nursing care you provide the patient but the cups of tea and sandwiches that you make for their loved ones that is most appreciated after hours of intense vigil. I am often surprised by how much a family or patient will share with someone they have just met, the stories, their fears and regrets, the highs and lows of their life.

I guess at 24 I wasn’t ready to make the leap into palliative care, for what life experiences had I had? Could I really relate to these people? I had experienced minimal personal death in my life, and what I had was traumatic, which is probably why I wasn’t inclined to work in the field. My personal experience at age 15 was in a resus bay with my great grandmother. She was 90, middle of the night, clothes cut, blood stains down her arms from attempts to cannulate, hair dishevelled and Guedels tube still in situ, this is how a grieving family was to say goodbye?

In my graduate year I nursed a young palliative woman on the ward, she had a young family. That experience has stayed with me and I knew one day I would make that transition to palliative care. I can still remember her name, the name of her loved ones, her birthday and the humorous story behind her birth.

In 2019 I made the plunge joining the Grampians Regional Palliative Care Team as a clinical nurse consultant. The GRPCT is a regional consultancy team, comprising palliative care physicians, NP’s and CNC’s, covering acute hospitals, supporting community palliative care nursing teams, and aged care facilities across the region. Whilst still continuing my ward work on a part time basis.

Challenges and changing perceptions

This role has highlighted the issue of limited resources in regional areas which can often be a barrier to complex symptom management and getting people home for end of life care. Palliative care services that run Monday to Friday covering large areas with little EFT meaning you may spend hours on the road to see one patient. Access to equipment is challenging, and nursing staff making the deliveries of equipment such as hospital beds which in a regional area takes up valuable nursing time.

General Practitioners that are not experienced with end of life care and feel uncomfortable prescribing injectable medications or even writing a death certificate. Working within the acute setting nurses are never required to communicate with general practitioners. So forming processional/collaborative relationships is something I have been working on.

Working as a palliative care nurse has opened my eyes to the barriers I never considered as an acute nurse. I thought if the patent had their script and their outpatient appointment they were good to go.

On the ward you fax a medication chart and hydromorphone arrives an hour later, it hadn't occurred to me that not all pharmacies stock these medications. After all, on the oncology ward these are readily used, but in regional areas and in residential aged care facilities it can take two days or more to receive these.

I also struggled with the thought of sending a patient home because they want to see their dog and the farm one last time, knowing that they had little support and may struggle and be readmitted a day or two later. On the ward this is called a failed discharge, or rebound admission, and is frowned upon. But in palliative care it's helping a patient to fulfil their wish and letting them have a go, and if they return as an inpatient that's ok. In fact we celebrate this.

Expanding knowledge and confidence

Like in all forms of nursing you will have days where you walk away knowing you have made a difference to someone, whether it's getting them home against the odds or getting good symptom management. Other days you will self-evaluate how a family meeting went and what you would do differently next time. We are continually learning and that's exciting.

I am comforted knowing there is a team I can call on and I don't have to know all the answers. There are still limitations in my knowledge, as there are in all of us, and as long as I am aware of them I will continue to self-direct my learning to minimize these gaps. The opportunity for peer review, clinical supervision and case conferencing has helped me to reflect on my practice, and where I need to focus my learning opportunities. There are patients that I will struggle with because the scenario is too close to home and that's ok, the team is there.

This role is very different to the regimen of the ward and I didn't know how I would feel about not doing the hands on work. I still struggle with the consultative role, recommending interventions for patients and walking away without doing the tasks myself but I am slowly learning to let go. I love that I now have the time to sit with patients and their loved ones and talk though their fears, beliefs, symptoms and any other issues. Helping them navigate barriers which prevent them getting their End of Life wishes. Changing my thought processes from task orientated to "holistic care" of the person.

I love my new role and I am learning so much from the team. Being confronted with new challenges often experienced in palliative care on a daily basis, this could not be more relevant than during this time of COVID-19. I enjoy sharing my newfound knowledge with others, and look forward to further studies in palliative care.

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