# Clinical Cases

**1: Chemotherapy and radiotherapy** (include impact of diagnosis/referral pathways)

**2: MDT**

**Holistic assessments**

**3: Inpatient**

**4: Living with advanced illness** (not necessarily cancer)

**5: Survivorship**

**Holistic Domains**

**Physical:** history, diagnosis, current symptoms and signs

If relevant include; FBC, LFTs, U&E, physio /OT, dietician, SALT assessments, symptom control, disease trajectory,

**MDT**: palliative care register, communication issues, symptom control

**Social:** assess family / carer issues, employment, financial, housing, support networks, social care teams / family tree, care packages, AHPs

**MDT** includes social services, discharge team, voluntary organisations

**Spiritual:** metaphysical questioning (why me? why now? what next?), religious needs, legacy of life If relevant include: any advanced care plans, advanced directives, preferred place of care

NB: one area least discussed, but essential to understand how the patient is coping with illness, is how it fits in with their belief of self, medicine, and future.

**MDT** includes chaplaincy / religious organisations, psychology,

**Psychological:** fears, worries concerns for self and others, through to formal anxiety, depression disorders, pre-existing mental health issues, communication issues; HADS or BECKS depression scales, body image and sexual wellbeing

**MDT** includes complementary therapies, counselling, AHP, psychology, psychiatry.

**1 Clinical Case Study 1: Chemotherapy and Radiotherapy Treatment**

*Learning Outcomes: 2.1; 2.2; 2.3*

**Questions to aid Reflective Learning**

You will need to engage in self-directed learning to provide considered answers.

* What was the type of cancer and diagnosis?
* What is the intention of the chemotherapy and radiotherapy being given? (radical, neo-adjuvant, adjuvant or palliative)
* If radical or adjuvant therapy, what is the expected survival outcome for this patient?

If palliative, what is the expected benefit of therapy?

* What side-effects of chemotherapy or radiotherapy is the patient aware of?
* Other important side-effects?
* Is the consent form reflective of these side-effects?

* If having chemotherapy, is the patient aware of what to do if they develop a fever following chemotherapy? Why is neutropenic sepsis important?
* What written information has the patient been given? Language?
* In addition to the expected physical side-effects of treatment, what other impact has chemotherapy/radiotherapy had on the patient’s life (see holistic domains).

**2 Clinical Case Study 2: the MDT meeting**

 *Learning Outcomes: 1.3; 5.1*

**After attending an MDT please consider the following questions**:

* What was the tumour site being discussed at the MDT?
* MDT members: List as many as you can and their roles
* Now consider one of the patients discussed
	+ Provide a summary of the case history as discussed at the meeting.
	+ What was the stage of disease and what investigations were used to determine the stage?
	+ Who was involved in the discussion of this case?
	+ What options for management were discussed?
	+ What is the treatment intent for this patient?
	+ What is the expected survival for such a patient?

**3 Clinical Case Study 3: Ward Inpatient** (see holistic domains)

 *Learning Outcomes: 1.1; 1.2; 1.3; 1.4; 1.5*

**Consider the following questions**:

* How did the patient present?
* Read and reflect on the referral letter/ pathway/timeline
* What are DoH targets for Cancer waiting times?
* Is there a screening program for this type of cancer? Limits, benefits and problems with screening
* Describe the patient’s QOL throughout their patient journey
* Consider the holistic impact of this patient’s cancer diagnosis
* What is this patient’s current WHO Performance Status?
* What specialist nurses have the patient been involved with and what support have they provided?

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| **Physical** |
| **Psychological** |
| **Social** |
| **Spiritual** |
| **Personal reflection** |

**4 Clinical Case Study 4: Living with advanced disease** (not necessarily cancer)

*Learning Outcomes: 4.1; 4.2; 4.3; 4.4*

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| **Physical** |
| **Psychological** |
| **Social** |
| **Spiritual** |
| **Personal reflection** |

**5 Clinical Case Study 5: Long term survival from cancer**(this will be in the GP practice) *Learning Outcomes: 1.5; 1.6*

More than 2 million people are living in the UK having had a diagnosis of cancer.
This figure is likely to double in the next 20 years. Many live long and healthy lives. Some suffer short or long term consequences from cancer or its treatment.

**Consider the following questions**:

Does the patient have any information needs?

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| **Physical**What was the diagnosis and stage of the cancer?What type of treatment did the patient receive and how long ago was this treatment?What hospital follow-up is the patient receiving if any? What does this involve?Does the patient have any information needs? |
| **Psychological** (any long term psychological effects of cancer diagnosis and cancer treatment or living with uncertainty (see holistic domains) |
| **Social** (any financial or family consequences of the cancer diagnosis (see holistic domains) |
| **Spiritual** (see holistic domains) |
| **Personal reflection** |

**6 Parallel Communication**

*Learning Outcomes: 5.2; 5.3; 5.4*

**Aims:** Parallel note taking is meant to enable you to use the skills of listening, talking and reflecting to increase awareness of communication issues

**Health professional reflection**:

* Their understanding on the interaction,
* The purpose of the discussion
* What they felt they had communicated

**Patient’s reflection/understanding of the event (<12 hours):**

* Do they remember the communication episode,
* What did they think was said or meant,
* How did they feel?
* Any specific phrases or comments

**Reflect**:

* Having heard the patient’s view do you think the communication was: good, clear, good correlation between what was meant and said, or confusing, poor
* Reflect yourself on the interaction; what was good, what could have been improved, have you learnt anything?

**Analyse the communication**:

* What body language was apparent, did body language alert you to problems or signs of understanding, what verbal skills were used; types of questions, phrases that opened, closed or moved the consultation.
* What aspects of the consultation demonstrated ‘good communication skills’ – how was this achieved?
* What aspects of the consultation demonstrated ‘poor communication’ what could have been done differently?
* Ethical dilemmas or issues; collusion, exclusion, autonomy, beneficence, justice

**Parallel Communication continued**

*Learning Outcomes: 5.2; 5.3; 5.4*

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| **Setting (when, place, who present):** |
| **Health Professional Communication –** analyse examples of verbal non –verbal skills, good /bad, turning points / opening / closing |
| **Health Professional Reflection:** what where their aims / good points/ what might have they done differently |
| **Understanding of interaction:** did they feel listened too / understand information/ able to ask questions /  |
| **Your reflection /learning points on the event:** |