



A Day in the Life of a **PALLIATIVE CARE NURSE**

'A Day in the Life of' is a series written by experienced community nurses for student nurses to see what life in the community is like.

Personal details

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1. What's a typical day for you?

As a Clinical Nurse Specialist in Palliative Care, I am community based as part of our amazing local hospice. I see and assess people in their home environments to establish their symptoms, and support them with any difficulties they are facing. My day begins with our morning meeting, where the team discusses patients on our Inpatient Unit, and takes new referrals. After this I organize my day, often beginning with telephone calls to review any medication changes, or to book in new visit assessments. The bulk of my day is spent on visits – my last area covered Dartmoor which meant long, but very scenic drives to see some very geographically isolated people. I visit with no set agenda, but spend a good deal of time listening to my patients trying to establish what they are ready to explore. I am also an independent prescriber, and can start medications - often being best placed to regularly review and monitor. The latter part of the day is spent chasing up blood results, completing Fast Track CHC assessments and other administrative type work, before heading home.

2. What has been your proudest moment in nursing so far?

I think the proudest moment has been when I attended the Queen's Nurse award ceremony in London, it was so amazing to see the contribution of so many community nurses, and the difference they have made to individual's lives. However, I am always proud to say I am a nurse, and believe the experiences and skills I have developed have made me a much more rounded, and humane person. The same skills also enabled me to care for my mother at home until she passed away – a terrible time, but it was also a very privileged role which has helped me with my grief.

3. What skills set would you expect a student nurse to bring to the role of community nursing?

As a Student Nurse I was not drawn to community nursing, which I believe was due to the focus on inpatient hospital based care. I believe student nurses can bring enthusiasm by the bucket load, as they have fresh eyes to reappraise situations. Students bring a diversity that can be lacking in community teams. A willingness to learn and be shaped by new experiences is so valuable. No two visits are the same (even to the same patient!) as there are so many more variables for people in their own environment. Family dynamics, visiting friends, various states of housing, even the pet dog can change the way a situation is approached. Patients tend to open up much more in their own environment and it is a very different relationship to that which you have with hospital patients

4. What do you wish you'd known before you started working in the community?

I wish I'd been aware of the variety in Community Nursing roles when I qualified. I have worked in intermediate care, District Nursing and now a specialist role in the community, and come across a range of roles and specialisms almost weekly! It feels a more satisfying role to me, and I feel I can influence outcomes for people very directly. Gaining patient and families trust is incredibly rewarding.

5. Any advice for aspiring community nurses?

My advice is to learn to walk before you run, use any clinical supervision or education opportunities you can. You very much rely on your own skills and capabilities. At the end of the day you are a lone worker which is both challenging but also gratifying. I would always encourage nurses to work in the community as it gives you a wider view of the situations our patients are in. Their reality is influenced by social difficulties, mobility problems and social isolation. These all affect patients choices, and you gain a greater understanding of their challenges. Sometimes this is difficult and emotionally trying, but the experiences you have will make you laugh and cry and change the way you view everything in life.



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