UK OBSERVERSHIP IN BREAST DIAGNOSIS,BREAST ULTRASOUND AND MULTIDISCIPLINARY CARE AT MILTON KEYNES UNIVERSITY HOSPITAL

INTRODUCTION

Breast Cancer is one of the most common malignancies affecting women worldwide and remains a significant public health concern.Although breast cancer primarily affects women,it can also occur in men though at a much lower incidence.The causes of breast cancer are multi factorial and include genetic predisposition,hormonal influence and lifestyle factors .Most women in developing countries including Zimbabwe present with advanced breast cancer mostly due to limited access to screening , financial barriers to care,cultural beliefs associated with breast cancer and to some communities,lack of knowledge regarding management of breast diseases.The knowledge and skills that I have gained from observing will be disseminated to my colleagues and the communities at large in Gwanda and Zimbabwe as a whole and hence improve the livelihood of the citizens .

ACKNOWLEDGEMENT

First and foremost,I would like to convey my sincere gratitude to the Association of Breast Surgery[ABS] for the opportunity to undertake my nursing fellowship within the Breast Care Unit at Milton Keynes University Hospital[MKUH].I would also like to thank ABS for taking care of me throughout my stay at UK during the observership period. I really appreciate my mentor ,Consultant Breast Surgeon Amanda Taylor who ensured my safe stay at MKUH,socially and professionally.She made sure my placement is done according to the objectives of the fellowship together with the Lead Breast Clinical Nurse Specialist,Jacqui Kenyon. I am sincerely grateful to the entire team at MKUH Breast Care Unit for the guidance,mentoring and the professionalism displayed by the nurses and multi disciplinary team members .Lastly but not least ,I would also like to appreciate the opportunity afforded to me by Lucy Davies and ABS to attend their Nursing Conference in London

OBJECTIVES

To observe

Breast diagnosis which include history taking and physical examination
Breast ultrasound
Breast disease management at different levels of care
The role of the multidisciplinary team members in breast cancer management

PERCEPTIONS OF THE OBSERVERSHIP

The observership provided a comprehensive understanding of breast cancer care across the continuum ,from diagnosis to treatment and follow up .I have learned that proper history taking and physical examination of the breast can actually assist to come up with a diagnosis of the breast disease. The triple assessment of the breast is very crucial in making a proper breast diagnosis ie clinical examination,imaging and biopsy.In Breast Care Unit[BCU],I was attached to different staff members during the consultation period,Doctors included Amanda,Rachel,Francesca and Rabia. I had the opportunity to also meet breast care nurses[BCNs] like Deena and Leva who consulted the patients with dignity and respect hence gaining their trust.The BCNs and doctors taught me how to conduct the clinical examination ,the importance of referring a patient for imaging and subsequently the biopsy if there is a need so as to diagnose the patient accurately.I really noticed that most breast diseases are benign and the patients need reassurance and information on self breast examination. The patients were given the reading material after the diagnosis for them to further understand their condition.I perceived the unit as highly organized and patient centered with nurses playing a pivotal role in coordinating care and educating patients.The BCU had a calm ,supportive and therapeutic environment despite the complexity of care delivered. The thoughtful layout,privacy considerations and availability of equipment contributed to patient comfort and efficient work flow. This environment enhanced both learning and the delivery of compassionate care.

In the radiology department, i observed the radiologist performing a breast ultrasound scan and the different conditions were diagnosed from benign to malignant ones. I also had the opportunity to observe mammogram as well as mammogram and USS guided biopsy procedure done.

I was also placed at the chemotherapy unit, an outpatient department which administers medication to patients as they come for their appointment.Observations are done,pre medications given like

steroids,antihistamines,and anti sickness meds depending on the individual care. Cold cap gear was also put to stimulate hair follicles hence prevent hair loss during the treatment with chemo. It was applied one hour before the actual treatment was commenced.
In oncology clinic ,Professor Al-Deeba was reviewing and discussing with the patient the most appropriate treatment for their diagnosis so that they make an informed decision.I also noted that he gave the patient ample time to digest what he would have told them about the treatment plan and offer them a review dates to assess their readiness to start treatment. This process also involved the family and significant others as per patient`s consent.
I had the opportunity to visit the radiotherapy department to observe the procedure being done. I realized that it can be done as an outpatient.
There is a day surgery clinic whereby the BCNs attend to patients going to theatre and offer pre op care such as counselling on the pending surgery to assess their readiness then give information on post care ie pain relief medication,do bra fitting for compression of breast post surgery to alleviate pain and prevent lymph oedema.They also demonstrate upper limb exercises to be done post surgery also to prevent lymph oedema and aid healing.Material with information and illustrations on limb exercises was provided. This was done by Clare from Macmillan Support Trust ,an organization which supports and offers free services to all patients with cancer and has got all health disciplines.They also provide contact details for BCNs for follow up care post surgery and offer presents to the patients to allay anxiety.The observership revealed the profound emotional impact of breast cancer on patients and their families. Observing how the clinicians supported patients through fear,uncertainty and treatment side effects strengthened my understanding of holistic and patient centered care.
In theatre ,I observed WLE and Total breast mastectomy being done with sentinel lymph node biopsy procedure performed.
I attended the MDT meetings where BCNs,breast surgeons,radiologists,oncologists and lab scientists discuss individualized care of breast cancer patients ,ensuring that high quality of care is offered in every patient for better outcome.
This observership increased my confidence and made me to perceive oncology nursing as a field requiring not only clinical expertise but also emotional intelligence and resilience.It was indeed an invaluable learning experience that broadened my clinical perspective and reinforced the clinical role of nurses in breast cancer care.
Treatment modalities included breast surgery which also involved sentinel lymph nodes removal and biopsy,chemotherapy,radiotherapy,endocrine therapy depending on HER2,ER and PR results and the targeted or immuno therapy. This was determined by the imaging results,lab results and the stage of cancer at diagnosis as well as history taking.
I also had an opportunity to attend the ABS Nursing Conference in London with BCN Jacqueline Kenyon whereby a lot of information and experiences were shared by BCNs and facilitators. It was highlighted that most patients have fear of disease recurrence hence the need to involve them in discussion regarding their treatment decision.Emphasis on patient awareness on risk for recurrence was strengthened to improve treatment adherence and it should be individualized ,no “one size fits all” approach.Inequalities in breast care was also discussed with much emphasis on barriers people face silently which are influenced by a combination of social,economic,cultural and health system factors. In UK a 123 Approach was developed by ABS to train all staff members at different levels of care to see health inequalities as their responsibility and support them to take action and improve patient care.This really showed how committed is the Association in supporting the service providers and patients in this journey of cancer care.
I was also invited to attend the lecture on Palliative and End of Life Care[PEoLC] by CHRIS which was focusing on providing comfort ,dignity and quality of life to those cancer patients approaching the end of life. It supports not only the patient but also their families and care givers. It was an educative session though with much emotions among service providers. Basic skills on how to communicate the sensitive and challenging conversations to the patient and family were tabled.It reminded me of what was said about the service providers at the Nursing Conference that we become sicker than the patients sometimes especially when the outcome is unfavourable.

RELEVANCE OF THE OBSERVERSHIP

The observership was really an invaluable experience and very educative . I gained more knowledge on breast care management in both benign and malignant conditions. I was also able able to identify

abnormalities in ultrasound scan.Therefore, the knowledge gained from this observership will be disseminated to other nursing staff members at breast care clinic in Gwanda Provincial Hospital and together with oncology nurses will be able to conduct teaching sessions within the institution and Zimbabwe as a whole hence improve the awareness of breast care services
More practical sessions are needed than being an observer only to gain more confidence in doing physical examination and breast ultrasound scanning.

SOCIAL ASPECT OF THE OBSERVERSHIP

I deepily appreciate the warmth ,teamwork and professionalism demonstrated by nurses,doctors and multidisciplinary team members during my observership. The accommodation was perfect with wi-fi facilities though had challenge with my handset. I would like to thank Amanda Taylor for the unwavering support she gave me throughout my stay at MKUH.I was invited several times for dinner with her family.She also organized a trip to London with her husband and a farewell meal at MKUH.She really made me feel welcome at MKUH.

PROS/CONS OF MOVING FUTURE FELLOWSHIPS TO JOHANNESBURG

Relocating the breast care fellowship to Johannesburg is cost effective as long as the full range of observership facilities is available.
However,potential challenges should also be considered such as safety concerns generally.

RECOMMENDATIONS

To include practicals during the observership especially on clinical examination and ultra sound scan.
To always invite us if there are new guidelines on Breast Care management

PLAN OF ACTION BACK IN ZIMBABWE

To mentor the nursing staff at breast care clinics across the country on breast disease management.
To organize awareness campaigns in the community.

CONCLUSION

The 6 weeks breast cancer observership was an invaluable learning experience that enhanced my understanding of multi disciplinary and patient centered care. The knowledge and skills gained will be applied to my professional practice to improve patient and community education,early detection and compassionate care.

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