

LIDLAW LEADERSHIP AND RESEARCH REFLECTIONS - MAGGIE'S CENTRE

For the past two summers, I've worked at Maggie's Centre Newcastle, located at the Freeman Hospital next to the Northern Centre for Cancer Care. Maggie's are a charity organisation with centres throughout the UK which provide emotional wellbeing support, mental health services, and financial advice for people with cancer and their loved ones. In my first summer, I gained experience with the psychological care required as part of multi-disciplinary approaches to cancer treatment, including the utilisation of workshops and courses to build mindfulness and self-care skills.

In my second summer, I further cultivated this experience with the addition of developing my research skills and garnering knowledge of more clinical aspects of cancer within the oncology ward of the Northern Centre for Cancer Care. Overall, I have gained a deeper understanding of the nuances of cancer treatment whilst using research and leadership skills to aid in the psychological care of people with cancer.

Leadership abilities

Initially in the first summer of the Laidlaw Research and Leadership scheme, I was primarily focussed on enriching my leadership skills in conjunction with gaining experience in a medical facility such as Maggie's.

My main source of developing leadership skills was through the role of welcoming the new patients to the centre and relaying our services to them, in addition to recommending specific resources which I inferred would be relevant to them. I would initiate a conversation with them in order to ascertain their individual needs, largely through conversation using emotive yet clinical language. It was important to assess each patient's emotions as they entered the centre in order to personalise the tone and content of the conversation; for example, a patient expressing anxiety would benefit from being directed to a private room and allowing the conversation to be driven by them to ensure their comfort. It was also vital to not ask direct questions which could further exacerbate the negative emotions that most patients felt within the centre. This included not asking their diagnosis, prognosis or curative/non-curative intent of treatment. In lieu of these questions, it was important to take the initiative and infer from the information offered to me: a female patient with a primary symptom of bloating likely has a diagnosis of ovarian cancer, and is likely to be treated with non-curative intent and a poor prognosis if they reveal that it has metastasised. This required leadership in order to take the initiative without necessarily referring to other staff members in positions of higher authority, in addition to using "cultural intelligence and capacity for intelligence" to determine the correct personalised approach to use for each patient.

These skills were further progressed in the second summer where my role as primary contact with patients was resumed. My ability in the role was developed by cultivating the ability to determine which resources would benefit the patients most including which staff members could aid them. For example, a male patient with a PEG tube and a growth on his neck, indicating head and neck cancer, would most likely require the assistance of the nutritionist. Furthermore, a patient with a port visible would not be suitable for the 'Where Now?' course for post-treatment support, as it would be assumed that they were still undergoing treatment for active cancer. Ultimately, I believe I expressed my capacity for

empathy and to lead without authority through my ability to refer patients onto further services following simple conversations.

Alternatively, leadership skills were shown through my work as the Social Media Assistant at Maggie's in the year between my summer placements. I remotely aided with communication to patients through social media, utilising Instagram, Facebook and Twitter to convey specific events and resources for patients to use independently. I was trusted with constructing the content of the posts and ensuring that all events were advertised frequently and in advance of the event occurring. Therefore, my leadership skills were enhanced through independent social media communication alongside studying throughout the academic year, which I found greatly rewarding.

Self-knowledge and awareness

Over both summers, I expanded my self-knowledge and awareness through assessing individual needs and responding appropriately, in addition to recognising when my abilities were not specialised enough for the situation presented. In the first summer, I felt more significantly that my skills were too rudimentary for many circumstances at the centre, therefore causing me to ask for assistance from senior members of staff. An example of a case which required assistance from senior staff included a patient visiting the centre for the first time from a nursing home with an inexperienced care worker who could not accommodate for his complex feeding needs. I realised that my lack of knowledge surrounding NG feeding required the help of the specialist nurses who quickly took over responsibility for the patient.

I continued to recognise my self-knowledge and awareness in the second summer, despite feeling more capable at handling complex situations independently when it was safe to do so. For example, two members of an estranged family were using the Maggie's centre for advice, resulting in them both asking for information regarding the other. Providing this information to either of the individuals would be a breach of confidentiality, and therefore I felt it was necessary to delegate the situation to more senior staff who could navigate the situation more appropriately than myself. This was a recognition that my skills and training were not advanced enough to deal with such a complex circumstance, demonstrating honest assessment of my abilities and limitations.

Effective communicator

Communication is integral to multidisciplinary cancer care, as ensuring the emotional wellbeing of patients requires honest and open conversation. In order to enable the comfortability of the patients to express themselves, it is necessary to use appropriate tone and syntax whilst integrating emotive language in order to form a meaningful and trusting relationship with the patient.

Over the two summers, I have cultivated cancer-specific scientific language to invoke a sense of professionalism when conversing with the patients: I was particularly conscious to ensure that, despite being a student, the patients felt that our conversations were fruitful and useful in aiding their cancer treatment. The terminology which I integrated into my daily conversations included references to curative/non-curative intent, staging, grading, primary or secondary cancer, types of cancer, and types of treatment which included knowledge of specific chemotherapy drugs. Moreover, I believe that I developed an appropriate balance

between clinical syntax and emotive language; although it is necessary to use cancer-specific scientific terms, it must be noted that many patients visit the centre whilst in distress. Thus, using emotive language whilst maintaining professional relationships with the patients was vital.

Additionally, effective communication largely requires confidence in order to articulate clearly to the patients. This was something I initially struggled to convey due to personal doubts surrounding my abilities to meaningfully help the patients when relatively untrained. However, the daily conversations with patients over the two summers helped to significantly increase my confidence in my communication skills and my ability to form relationships with the patients.

Effective communication equally requires active listening skills, which I believe I honed and employed during my time at Maggie's Newcastle. This was aided by the need to infer a patient's medical history from simple, non-directed conversation, therefore requiring me to listen carefully to the information being presented to me, whether it be as simple as noticing disjointed speech which could indicate a diagnosis of brain cancer. Therefore, my effective communication skills were enhanced by the requirement of active listening as part of my job role.

Critical and creative thinker

Critical and creative thinking worked cooperatively with effective communication and leadership skills in order to ensure that each individual case was evaluated personally and that my reactions were appropriate to each patient's needs. This includes using the limited information offered to me in order to decipher the person's diagnosis, prognosis and curative/non-curative intent to infer the correct response to their needs, in addition to using these details to add to the statistic sheets utilised by the centre. Maggie's notes each patient who enters the centre anonymously in order to monitor the flow of patients yearly and to recognise the frequency of certain types of cancers.

For example, after the Covid-19 pandemic, which saw a reduction in diagnoses due to limited resources, it is necessary to note the prognosis of patients to determine which resources may be more beneficial overall, as many patients were likely to be diagnosed at later stages due to the inability to access medical services during the pandemic. I particularly qualitatively noted that more complex or metastatic cases appeared to be frequent in the second summer of my internship than the first, potentially due to the country's emergence from the pandemic and an increase in diagnostic resources available following this. Therefore, it was important to demonstrate an intellectual ability to infer the diagnosis and prognosis of patients.

Collaboration and team working

Maggie's centres foster a multidisciplinary approach to cancer care in order to ensure fluid collaborations between psychologists, financial advisers, specialist nurses and oncologists at the Freeman Hospital, thereby wholly responding to all consequences of a cancer diagnosis. Consequently, teamwork is a vital aspect of the work at Maggie's, requiring the consistent sharing of information and the active involvement of all members of staff within each individual case. In the first summer of my internship, I ensured that I fostered trusting relationships with all members of staff at Maggie's Newcastle. This made it

easier to quickly and efficiently convey information in an often fast-paced clinical environment, and to establish trust in myself to respond to situations with the knowledge that further help and advice was available from more senior staff.

There were several circumstances through the two summers that I felt were emotionally taxing, and required support from senior staff members. This therefore depended on fostering meaningful relationships with the Maggie's Newcastle team in order to comfortably have honest conversations regarding the often distressing communications I had with patients and its effect on my own emotional wellbeing. Consequently, I demonstrated teamwork and effective collaboration with the staff in order to ensure a supportive environment for the emotional wellbeing of both the people with cancer and of myself.

Social and cultural intelligence and awareness

Cancer is non-specific in who it affects, and thus the visitors of the centre were from a variety of backgrounds which informed how I communicated with them and the level of intervention required by our team. Throughout both summers, I encountered many complex situations involving the patients' personal lives, therefore requiring social and cultural awareness to appropriately respond to each person's needs. For example, patients with children would likely need advice regarding how to communicate the realities of cancer and its treatment to their family in an understandable and sensitive way. Additionally, some patients required advice on how to explain classic medical treatment of cancer to family members who culturally or religiously disagreed with the concept, and often needed further support regarding their emotional wellbeing whilst navigating such a complex situation.

The need for social and cultural intelligence is compounded by the presence of a language barrier. Often, medical terminology used at British hospitals is not easily translatable for those who don't speak English fluently, therefore requiring modifications in the scientific language used in my conversations with patients. Inference from physical appearance and body language was vital in understanding the patient's diagnosis and their emotions surrounding it, in addition to the avoidance of colloquialisms and complex cancer-related terms in my conversations with patients.

Overall, work in healthcare requires strong cultural and social awareness in order to ensure it remains inclusive to all who are in need of treatment, regardless of complex circumstances which could potentially hinder the patient's accessibility to treatment.

Resilience and determination to achieve

The realities of potentially aggressive diseases such as cancer means that unfortunate outcomes are commonplace and regularly experienced. Although some cancers, such as Hodgkin's lymphoma, are easily treatable with a good prognosis, many cancers can develop rapidly and entail tragic consequences, whether it be the need for aggressive treatment or the advancement of the disease resulting in a terminal diagnosis. Many patients at Maggie's had a stage 3 (metastatic) or stage 4 (terminal) diagnosis, and therefore the likelihood of the patient dying from cancer was high.

In the first summer, I struggled to come to terms with this, as the nature of Maggie's centres means that strong relationships are formed between staff and patients. Emotional maturity and resilience was necessary in order to ensure that, despite feeling compassion

and upset for the patients with worsening prognoses, I continued to deliver the same level of care to all patients equally and approached the conversations with professionalism. Ensuring the maintenance of appropriate communications was paramount in order to ensure that the wellbeing of patients was prioritised, and therefore a level of emotional detachment was required in order to fulfil my duties at a professional standard.

Consequently, resilience was a key skill to hone, and one which I feel I particularly developed in the second summer where more complex cases with poor prognoses were seen.

Research and project management skills

A small aspect of my second summer focused on research, which allowed me to explore my research and project management skills in a self-driven study. I was tasked with undertaking a travel survey to determine how patients travelled to the centre and from where they were travelling. This was in conjunction with Nexus, the Newcastle Metro provider, in order to supply increased signage at the Longbenton Metro station to elevate accessibility to the Northern Centre for Cancer Care and Maggie's Newcastle.

Many patients travel from throughout the north of England, with some travelling from as far as Cumbria to the Freeman Hospital and Maggie's Newcastle for treatment due to lack of healthcare options in regional Northern areas. Thus, increasing accessibility at the Metro station could provide alternative options for travel, allowing patients to travel by train and Metro when unable to access private transport.

Through this survey, I expressed abilities in working independently and analyse data to produce a postcode map, demonstrating common areas of patient locations and identifying their nearest Metro station to provide alternative options of travel. This is particularly important when considering the physical consequences of cancer treatment: many patients undergoing treatment feel fatigued, and some become physically disabled as a result. Thus, providing transport options as an alternative to walking is necessary to ensure every person with cancer has access to support and treatment.