



Gael Wilder, Manager of the Palliative Care Unit and Palliative Care CNC, Alfred Health

Tell us about yourself and how you came to be in your current role(s)?

I started my nursing career as a Div 2 nurse at The Melbourne School for Enrolled Nurses and then at Kingston Centre. Not long after completing my Div 2 training I went on to do my General Nurse Training (as it was called back then) at Austin Hospital; yes I am an old school nurse, hospital trained!

During my training I developed an interest in Oncology Nursing and went onto forge a career in Oncology starting at Peter Mac, The Royal Women's Hospital, Western Hospital Footscray and eventually landing at The Alfred always in Oncology.

Throughout my career palliative care has been part of my work and passion. Over the past 4 years I have transitioned to working as a member of the Specialist Palliative Care Consult Service at The Alfred.

My career has taken me from Division 2 nurse to Nurse Unit Manager and now into Palliative Care.

What is your connection to SMICS?

I worked with WCMICS when at Western and now with SMICS at The Alfred. While I have been involved with many aspects of the ICS over the years my current focus is on Supportive Care Screening for our patients living with cancer and their carers. Supportive Care Screening involves assessing patients and their carers for distress at various points in time throughout their treatment and disease trajectory. The conversation with patients that follows the assessment is to tease out what is causing their distress and to try to put in place, or refer them on to the appropriate service to help them. It is aimed to reduce the distress experienced by patients and their carers during cancer treatments.

What is the most rewarding aspect of your role(s)?

My role has so many rewarding aspects. From the wonderful patients and families that allow us inside their lives and share such personal stories, to the amazing team I work directly with and of course all the other teams at The Alfred.

I get to work every day with a dedicated group of people: Doctors, Nurses, Nurse Practitioner, Grief Counsellor and Music Therapist. My team have an unwavering dedication to reducing suffering and trying to improve the lives of all we meet.

Nursing is the only job I have had since leaving school. It is all I know how to do. I love every minute of it, and wouldn't change a thing.

What does a typical day at work look like for you?

To answer this question, an understanding of the area consult service is required. We are not directly attached to one ward, but see patients on all wards throughout the hospital. We not only see patients at the end of their life but we also see patients for symptom management such as breathlessness and pain. We see every patient that goes on the lung transplant waiting list as we help manage their breathing difficulties prior to transplant. We also see Haematology patients to help manage the side effects of their treatment including stem cell transplants.

We start with a team handover to look at any new referrals received overnight and also any changes to the patients we are already seeing. We have a Reg on call every night who also updates us about any calls they may have received. At handover we work out the allocation of patients to be seen, who are the priorities and the work distribution of the two teams.

We have two teams:

1. one focusing on patients under malignant (Medical Oncology and Haematology) and surgical teams; and
2. the other focussing on the medical specialties.

Following handover, we head out to the wards to review the patients. Simultaneously, while the ward rounds are taking place, referrals are coming in. I am responsible for triaging these referrals and allocating them to a team. Most of our referrals are seen within 24 hours of receipt. We attend outpatient clinics, deliver nursing education, see urgent patients in the ED, Radiotherapy and Day Chemo Unit just to mention a few units.

Our Nurse Practitioner, manages and triages referrals received from the community and GP's for our outreach service. I also receive, triage and allocate referrals to our Palliative Care Clinic according to how urgently patients need to be seen.

Two or three days per week I visit the other Alfred campuses and review patients at both Caulfield and Sandringham Hospitals.

The day finishes with a more detailed handover covering anything that needs to be highlighted for the Reg on call for the night. Following this it is tidy the desk and head out the door and onto my other job at home.

How do you manage work / life balance?

This is the easiest question. I live about an hour from work, on a small farm at the base of the Macedon ranges. While this sounds idyllic it is probably more like (for those who are old enough to remember) where the "Beverly Hills Hillbillies" lived before moving to Beverly Hills. My little farm is a work in progress but I am surrounded by horses, sheep, chickens, 6 working dogs and two cats. All of whom provide a lovely contrast to the hustle and bustle of The Alfred.

While you might think driving to work every day would be a chore, the reality is, I could live a lot closer and still spend the same amount of time in traffic. I have found a new love for listening to books while driving. By the time I get home I have forgotten all about my day and then move into the chaos of feeding the animals on the farm. My home life in the country on the farm is a far cry from my work in the City at a very busy hospital.

Are there any patient success stories that you can share?

Success stories for palliative care look a little different to the average success story.

One that comes to mind was a gentleman from Bacchus Marsh. He had a long illness of a malignant background. His one wish in life was to return to his beloved farm and his partner for his end of life care; it was also the wish of his partner to "have him home where he belonged" surrounded by all who loved him including his four-legged friend Toby the dog.

Caring for someone at home is a lot of responsibility. Especially for the carers when their loved one has been under extremely acute care as this gentleman had been. The community services are not set up to deliver such acute care and often can at the very best, only visit daily. After many discussions and planning we were able to send this gentleman home in an ambulance to the care of his partner. This required his partner to undergo extensive training to learn how to give him a bed bath, administer medication including subcutaneous injections, oxygen set up, pressure area care and many other things as he was to be nursed in bed.

The community service was wonderful and provided twice daily visits along with after hours contact if needed.

His partner called us a week or so later to let us know he had died and how wonderful the experience was for them both. His partner talked about wonderful conversations they had in his last few days. They shared many special moments, a glass of wine or two and Toby (his dog) slept on his bed and was beside him when he finally died. His partner felt that he was more peaceful at home. He seemed "to have not a care in the world" and felt that his death was peaceful and somehow the "grief seemed easier in some way".

This is a very short story of a man who wished to die at home; a loving partner who wanted this to happen; a palliative care team that were able to identify their needs and to bring together the teams to make this happen; and a community service that was able to deliver the care required at home and help to make this wish come true. This is one of the most rewarding things we can do: to honour a person's dying wish. This is not always possible but on this occasion it was.

