Management:
- Intravenous Dextrose infusion with rates up to 250mls/hr of 20% Dextrose
- Dietary intervention with frequent meals and corn starch
- Diazoxide – intolerant leading to hyponatraemia, oedema and nausea
- Octreotide/glucagon intravenously – in order to replace counter-regulatory hormones
- Subcutaneous Octreotide – hypoglycaemia worsened
- Prednisolone – developed fluid retention
- Hepatic Arterial Embolisation (HAE) performed twice with initial improvement (post-procedure insulin 29 pmol/l), but relapsed after 4 weeks.

Addenbrooke’s Chaplaincy and Pastoral Education Centre:
Promoting Best Practice in Healthcare Chaplaincy

Ongoing PRP Groups:
presentation and reflection on pastoral experience including key theological themes: the question of suffering; the nature of hope; grief and loss; what is mental ‘health’?

CPD:
This course would qualify for CPD.

Assessment will be flexible according to individual needs, but will include: self-evaluation, feedback based on PRP; presentation of clinical material; individual supervision; verbatims and video work.

Video Work

1:1 Supervision

I have found PRP really valuable: it helps me to consider what might be going on at ‘deeper levels’ with people and to discern how God is at work, however that is expressed

(Chaplain)

Verbatim Accounts, Journaling, and other methods of Theological Reflection

Verbatim
Name: Mr Gordon Brown
Setting: Addenbrooke’s
Date of visit: 27/2/13

Preparation
1. Early prayer: From 27.2 Daily Light ‘Count yourself dead to sin but alive to God in Jesus Christ. Focus on that thought for the day. Pray that Jesus will fill me with love and compassion for those I shall be visiting today.
2. What do I know about the patient? Almost nothing, I have chosen to write up a HISS case so to start from scratch.
3. What are your observations as you approach the patient? An elderly man lying on his back, on a drip. Well built,, eyes alert, rubbing his stomach, he doesn’t look very happy. No cards, flowers or books. Little to go on.
4. What are your feelings? rather apprehensive, not an instant rapport, emotionally rather cautious. This might be a difficult one.

Conversation
Me: Hello Mr Brown. May I come and sit here? (pulls up chair near bed)
Mr B: And who may you be?
Me: I’m Peter from the Chaplain’s Department of the hospital. We try and visit each new patient to see if there is anything we can do for them. Some people have no relatives or even visitors.
Mr B: Yes I see. But I’ve got a family although my wife is not very mobile I’ve got two sons who will come and see me.
Me: What is your wife’s name?
Mr B: Margaret.
Me: Have you been here long? What was it that brought you into hospital?
Mr B: I had a bad fall. I don’t remember much about it, and now I’ve got pains in my stomach as well.

1:1 Supervision