

# Michelle Barry

Specialist Home Enteral Feeding Dietitian



## Tell us about your role

I'm currently working as a Specialist Home Enteral Feed (HEF) dietitian, supporting patients with enteral feeding tubes in the Gloucestershire community. I have been in this role since January 2016. Ironically, I never imagined working in the community is for me.... never say never! Prior to this I gained experience on surgical, medical, and paediatric wards as well as outpatient clinics in a Band 5 rotational post in South Africa (2014). On moving to the UK in 2015 I spent a year commuting cross-country to support a variety of services (oncology, ICU, general wards, etc) as a Band 6 locum dietitian. In 2016 I found a locum role closer to home and there my Gloucestershire HEF journey began! I was offered a bank and then substantive post 6 months later. I developed a passion for this job, and the team are absolutely amazing so I've been around since.

## How does mental health, eating disorders and learning disabilities fit with a HEF role?

HEF is an extremely diverse field. We see patients with feeding tubes due to dysphagia (e.g. secondary to stroke); for nutrition support during treatment / surgery (e.g. oncology); in preparation of potential deterioration (e.g. MND); to support with growth (paediatrics); and many other reasons! Many of our patients also present with co-existing mental health / eating disorder / learning disability diagnoses alongside these conditions. The variety of conditions we manage drive us to remain up-skilled in plenty of fields of dietetic practice including areas of mental health, and this keeps work interesting

## My typical day involves...

Our HEF dietitians, Enteral Nutrition Nurse Specialists and Dietetic Assistant Practitioners work closely together, undertaking patient home visits within the patient's place of residence, education or care setting - this might be their own home, a nursing home or residential home, schools / nursery, respite centres, or specialist centres such as National Star College or the Dean Neurological Centre. Between visits we return to our base at the hospital to document the visit and complete follow up actions e.g. liaison with other professionals (GP / social care / other community services etc.); updating paperwork e.g. feeding plans / care plans; attending follow up multidisciplinary meetings; ordering supplies through our contracted provider; etc. Of course, there is also plenty of project and service improvement work when capacity allows.



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### The thing I'm most proud of

Coming from no enteral feeding tube experience at all, I'm proud of how much I've learnt in supporting patients/families/carers with tube / stoma care (both through verbal advice or hands-on support). Through the HEF cohort becoming increasingly complex, I'm also really proud as how much I've grown in confidence with managing unimaginably complex clinical and social patient cases. I am so grateful to my amazing colleagues for the up-skilling and training opportunities I have been provided with throughout the years.

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### How I want my future to look

I'm passionate about integrating digital strategy into our service. On a personal level I'm also keen to further my leadership skills and support with mentoring / up-skilling those new to the service.

### What advice would you offer to someone considering a role in your specialism?

I found it helpful to have some experience in an acute role before coming into HEF as it helps you understand the patient's entire journey, however this is not essential. Any specialist knowledge may be helpful due to the variety of conditions seen in HEF (although again not essential). There are excellent support forums (e.g. VirtualHEF on Basecamp) and specialist groups (e.g. the BDA Parenteral & Enteral Nutrition Specialist Group or the BDA Learning Disabilities Specialist Sub-Group) available online as well as amazing learning opportunities that can help you develop into the role

### Any last words of wisdom?

Home Enteral Feeding allows you to follow your patients over time rather than just at snapshot moments. Some patients remain under HEF care their whole life. This allows you to build a really great rapport and, although this sometimes leads to increased sadness on their passing, there can also be great reward in seeing patients thrive, and this feels special!