

and dying. Funding was obtained for 1 year from April 2010 through end of life care monies, and existing resources pooled to supplement the proposal.

Methods The main elements of the programme were the introduction of the Gold Standards Framework (GSF), the Liverpool Care Pathway (LCP), 3-day communication courses and specialist palliative care placements at the local hospice. There was a lead for each element. A programme of 'bite-sized teaching sessions' and workshops was designed and coordinated by the Practice Development Team which incorporated the 'wants and needs' of the unit. Teaching was adapted for all staff and multiple teaching styles used. The LCP was modified as syringe drivers were not used on the unit. 14 staff were nominated from the centre to become End of Life Care Advisors with varying levels of expertise and representation from all the wards. The advisors received priority teaching and their role was to disseminate information, support others, maintain and update resource folders on the wards.

Results Evaluations of every aspect of the project are showing positive increases in confidence and competence.

Conclusion The project has been a catalyst for multi-disciplinary learning. The flexibility of teaching styles is innovative and potentially transferable to other settings.

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INTRODUCING AN END OF LIFE EDUCATION PROGRAMME IN A MENTAL HEALTH UNIT FOR THE ELDERLY

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Introduction More people are dying with dementia. In recognition of this the National Dementia Strategy (2009) focuses on the provision of care for their end of life needs. Following an audit of patients referred from a mental health unit for the elderly to a hospital palliative care team, an end of life education programme was developed.

Aims The aims of the programme were to help staff recognise impending death, promote competence and confidence in symptom management and communication around death