

which fits well with portfolio learning/evidence for all professionals including General practitioners.

Outcomes The evaluations have been excellent from all professionals in all clinical arenas. Funding has been secured for further education and collaboration in education is essential to future delivery. The practical element of ensuring information follows the patient, and how to start, support and close conversations were particularly appreciated.

Application to hospice practice Exciting innovative education can embrace key contemporary issues and develop and inspire a workforce. Clinical education in the 21st Century must be in partnership and make the complex simple. Negotiated learning by 'telling the story' is both authentic and inspirational. Our stories are worthwhile, inspiring future practitioners – **crucial**.

P46 THE HOSPICE AND ADULT EDUCATION - A COLLABORATIVE APPROACH

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Introduction and Aim An initiative with a further education college, a University and local employers identified a need for formal training within end of life care within the care sector. The hospice collaborated with the college to develop an accredited Foundation degree module worth 10 credits targeted at healthcare assistants with a level 3 qualification. Knowledge and skills development and promotion of working in the care sector were key aims.

Method Interviews and questionnaires were completed by the college with local nursing homes and care agencies to assess optimum delivery methods and fee structure. The module content was developed by the hospice which included blended learning, work shadowing and written assignments. Delivery and assessment of the module was undertaken at the hospice. The local college provided administration and study support and collaborated with the University for accreditation.

Results Six students were recruited and successfully completed the programme instigating changes in practice within their organisation. Evaluations were positive from the students, the college and the University. Staff valued the opportunity to study with the hospice and to experience putting theory into practice, whilst gaining an accredited qualification.

Discussion The strength of the programme was local collaboration with the hospice and college. An unexpected outcome was the recruitment of 2 Registered Nurses who used it as a stepping stone for further study. The low module recruitment numbers were disappointing but reflect issues around funding and study leave for staff working in this sector.

Conclusion This project demonstrated a closer relationship between the hospice and the local health and social care community and promoted the hospice as resource and support for end of life care.

P47 INTER PROFESSIONAL PRACTICE PLACEMENTS IN A HOSPICE SETTING

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Background Palliative care patients can have complex multidimensional needs. A cohesive multidisciplinary team is vital in the

provision of quality care. To achieve this, healthcare professionals need to work alongside and respect each other's professional roles. The use of interprofessional practice placement (IPP) for under graduates has been found to increase understanding of their own role and that of their team colleagues¹.

Princess Alice Hospice has been supporting IPP placements since 2008. Final year mixed professional students undergo an induction programme and work together on an in-patient palliative care unit.

Aims To explore

- how working together challenges stereotypical views and the impact of this on communication
- the influence of IPP on students ability to communicate with patients and carers
- if IPP equips healthcare students through reflective practice
- observations of team dynamic, confidence and behaviour

Methods The triangulation of course evaluations facilitator feedback and coordinator reflection.

Results As professionals setting out on their career, the students acknowledged their need to appreciate and respect what each profession brings and team working. They found a hospice a challenging place in which to learn but equally learned the value of good communication and psychosocial support for their patients. Students also appreciated the need to be able to communicate effectively with other professions in order to provide patient centred multidisciplinary care.

Conclusion If we are to produce healthcare professionals who will provide a quality health service, they need to speak together and function well as a team. IPP provides the forum for experience and emotional intelligence to be nurtured. Supportive quality healthcare is not just knowing the facts but hinges on effective communication when compassion can be expressed.

Application to hospice practice IPP in a hospice setting is an appropriate place to support novice healthcare professionals in multidisciplinary working and quality care.

P48 BUT WHAT HAPPENS IN A HOSPICE? INTERPROFESSIONAL LEARNING IN THE WORKPLACE

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Building on established links between the University of Leicester Medical School, the School of Social Work and LOROS the Leicestershire Hospice, an interprofessional learning module has been developed which enables social work students on the MA programme at the University of Leicester to experience two days in the life of a Hospice.

This programme, which has now been running for five years, gives social work students the opportunity to meet and learn from different members of the hospice multidisciplinary team, through a variety of means, including group work, question and answer sessions, meeting informal carers who talk about their experiences of looking after someone at the end of life and a guided tour of the hospice. Although the programme can vary from year to year according to the availability of different members of staff, there is always a session on the role of the social worker in end-of-life care, with teaching on handling difficult situations, exploring the meaning to individuals of loss and change and managing your own emotions in this sensitive and emotional area of practice.

The sessions are generally very well evaluated: feedback comments from recent sessions include the following: “the carer was very inspiring and it was helpful to hear first-hand experience”...“very upsetting at times but have taken a lot from the experience nonetheless”...“especially enjoyed the talk regarding spirituality”

It has always proved important to discuss the sessions with the Interprofessional Learning Co-ordinator in the School of Social Work at the University to see if there have been any changes to the core teaching programme, in order that we can ensure that the sessions are covering new ground for the students and enhancing their learning about hospice care, which we believe is a life lesson for all.

P49 WILLEN HOSPICE - CHANGING THE FACE OF MANDATORY TRAINING THROUGH BLENDED LEARNING

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Title Changing the face of mandatory training through blended learning.

Background New medical director observed that staff did not demonstrate an understanding of Mental Capacity Act (MCA).

MCA provides protection for both patients and staff.

Evidence of training required for CQINS.

Aims and objectives

- By linking theory to practice, enhances staff knowledge.
- By using mental capacity we were promoting patient choice as central to specialist palliative care.
- Key functional skills embedded into mandatory training.

Approach used Practice Development Lead Nurse formed a multi-professional group to review how MCA training could be facilitated. The group decided to train staff who were in daily contact with patients. This included clinical and non-clinical staff from reception, housekeeping and catering.

Training was divided into two parts:

Part 1; included key facts related to the act. Staff completed an online training session. Online quiz was used to assess staffs understanding of the theory of the MCA.

Part two; Staff attended a workshop and small groups worked through different scenarios exploring how key points of the MCA works in day-to-day practice. Workshop facilitators were from different disciplines to provide breadth of insight.

Outcomes

- Learning was measurable. An 80% pass mark was required to progress to part two of the training. Feedback was obtained from the workshops.
- A competent hospice workforce with the MCA embedded into practice.
- Staff demonstrating how to empower patients to make choices.
- Innovative approach to hospice learning.

Staff feedback “It affects everyone and all staff has a responsibility”

“Mental capacity is part of everyday care”

“We should accept people’s decisions even if we don’t agree”

“Eccentric or odd decisions are okay”

Application to Hospice Practice Our education reflects the broadening horizons of palliative care. Developing, equipping and preparing staff for the new challenges ahead.

P50 END OF LIFE CARE (EOLC) TRAINING FOR SOCIAL CARE PROVIDERS IN DEVON

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This two year Community Pilot in end of life care training for social care providers is a collaborative venture between Devon local authority and Hospiscare.

Aims

1. To identify the EOLC training needs of domiciliary care workers.
2. To identify obstacles and inequalities in the provision of domiciliary EOLC in Devon.

Our Approach Three towns were identified as pilot sites. Twenty-four domiciliary care agencies’s were approached and asked for information relating to:

1. Staff numbers/turnover
2. Hours of contracted EOL/palliative care
3. Their training needs
4. Barriers in accessing training

Hospiscare community teams, the Hospiscare education team, and primary care nurse managers were also interviewed.

Findings We received a 92% response rate from Domiciliary Care Agency’s employing just over a 1000 staff.

Analysis of results indicated a need for an introductory level one day programme, In improving the carer’s knowledge, skills and confidence in EOLC.

In addition managers identified gaps in their knowledge relating to their role in EOLC. A manager level one day programme was designed around, the “6 Steps” National Programme.

To date:

Between 05/03/12 and 27/03/13, 400 care workers have attended the Introductory programme 100 senior staff have attended the Managers Programme.

97% of attendees rated the programme as very good or excellent.

The programme has been extended to the whole of Devon, and those working in residential care.

A train the trainer programme is set for release in June. Enabling senior staff to deliver the introductory programme.

Challenges:

In times of substantial service redesign building good relationships and effective communication links with social care providers is key. It is important to make a non-statutory programme attractive through course timing, content and pricing. Sustainability is dependent on facilitating others to deliver the Programme (s), and by connecting with the real concerns and systems of work in grass roots social care.

P51 SIX STEPS + WIDENING THE ACCESS TO GOOD EOL CARE

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The Six Steps + project aimed to create a local hospice accredited EOL quality kite mark to support local health and social care providers build their knowledge, skills and confidence in delivering EOL care. The project built on previous work by the North West and includes additional assessments and workshops