

P-233 CRITICAL SUCCESS FACTORS: GETTING THE MOST FROM E-LEARNING FOR END OF LIFE CARE (EELCA)

^{1,2}Christina Faull, ³Victoria Winlow. ¹LOROS Hospice, Leicester, UK; ²Association for Palliative Medicine of Great Britain and Ireland; ³e-learning for Health Care, Health Education England

10.1136/bmjspcare-2016-001245.254

Background End of Life Care for All (e-ELCA), part of Health Education England's award winning e-Learning for Healthcare programme (e-LfH), was launched in 2010 and has over 150 e-learning sessions grouped in eight modules: assessment, advance care planning, symptom management, communication skills, social care, spirituality, bereavement and integrated learning.

There are almost 60,000 registered users and nearly half of these have actively used e-ELCA. In 2015, 86,400 sessions were launched and over 85 million seconds of time was spent learning.

With the aim of further increasing the use of e-ELCA, an online survey and a number of focus groups were undertaken consisting of both users and non-users to identify what organisations would ideally have in place to support learners, their mentors and those providing education and training programmes.

Findings There were four main areas of feedback:

1. Benefits of using e-ELCA within blended learning
2. Factors within organisations that can provide support to those using e-ELCA
3. More help with access and navigation
4. Better communications telling people about e-ELCA.

Actions Access: Users are able to register via OpenAthens to access e-ELCA. Also hospice and care home staff are able to register easily by using a registration code for their place of work.

Navigation: Several learning pathways have been developed to support specific learner groups, curricula and qualifications (e.g. NVQ). Learning pathways are also in place to support key policies such as the Priorities for Care of the Dying Person and the NICE guideline [NG31] Care of Dying Adults in the Last Days of Life.

Resources: 'case' examples of using sessions in a blended learning approach are growing. 'Top Tips' are available to support trainers and mentors in integrating the vast resources of e-ELCA into their teaching.

P-234 QUALITY SERVICE DELIVERY THROUGH A COLLABORATIVE LINE MANAGER DEVELOPMENT PROGRAM: A CASE OF TWO UK HOSPICES.

Robert Kasule. *Peace Hospice Care, Watford, UK*

10.1136/bmjspcare-2016-001245.255

Line managers play a critical role in driving organisational performance, which in turn affects (directly or indirectly) the quality of care provided to patients. A firm's performance is a function of its line managers' ability (Purcell *et al.*, 2003) and line managers' activities will ultimately shape the overall performance of organisations (Currie and Proctor, 2005; Truss, 2001).

The two hospices will collaborate in the learning and development process – in a bid to improve the skills and competences of their line managers. In a resource scarce environment and increasing focus on prudent spend of money from donations; resource sharing and collaboration by these two hospices is a

strategic way forward. The MDP's aims and objectives are to; improve line manager skills and abilities, adapt best practice across the two hospices, a focus on values, management mind-set, the confidence and nous of handling the line management challenges.

The mode(s) of operation is to develop modules through establishing learner needs of line managers. The hospice trainers and facilitators will work alongside external trainers in the delivery of this project. The combined use of e-learning, training sessions and hard copy resources will enable the line managers to explore practical and theoretical management perspectives which are aligned to best practice.

The MDP will be evaluated by conducting interviews with line managers, online feedback forms, and line manager appraisal reports, interviews with line managers' direct reports, human resources and surveys of staff who are appraised by the line managers. On a periodic basis, the monitoring and evaluation will be conducted by analysing the performance trends from appraisal documents (line managers and their teams), sickness absence records and hospice quality audits.

The successful implementation of the MDP will enable both hospices to deliver excellent services to patients, and form a benchmark opportunity for other hospices in the future.

P-235 TRANSFORMING PALLIATIVE CARE EDUCATION TO IMPROVE END OF LIFE EXPERIENCES FOR PATIENTS AND FAMILIES IN ALL CARE SETTINGS

¹Simon Gordon. ¹St Oswald's Hospice, Newcastle upon Tyne, UK; ²Macmillan Cancer Support

10.1136/bmjspcare-2016-001245.256

Background A hospice has embarked on an exciting project with Macmillan Cancer Support, the overall aim being to improve palliative care education across the North East.

This work follows on from The 'More Care Less Pathway' review in July 2013, which concluded that professionals working with patients and families at the end of life require better training both at induction and throughout the course of their employment, for the benefit of the local community.

The Hospice has been successful in receiving funding from Macmillan Cancer Support to begin the research working towards a 'North East Centre for Palliative Care Education'.

They will be working in partnership with eight of the region's nine other independent hospices to create a more joined up approach to palliative care education.

Aim The project aims to undertake the crucial ground work required to transform hospice education across the North East.

The aim of the project is to reduce duplication and maximise delivery of the hospices education syllabuses to bring the best educationalists from all the region's hospices together, as currently the region does not allow formal and easy sharing of knowledge and expertise.

Working as a team, they will eventually provide appropriate and targeted palliative care education for clinicians, care staff and wider hospice functions across the North East from one syllabus to help underpin all hospice delivery.

Method The hospice will first lead on assessing the education needs of the local hospices and their current delivery.

Macmillan Cancer Support has funded three crucial posts to enable the hospice to undertake this initial research. This is anticipated to be phase one of a three step process.

Abstracts

During phase one: the current collective syllabus will be mapped out using a standard reporting tool to collate all hospice education activity, highlight any gaps against national best practice and identify areas of current strength.

At the same time conversations will continue with all education providers across the education sector as to the feasibility of joining up all education in a collaborative setting.

Following this, information will be collated and a business case of options for hospice education will be put forward underpinned by support from Deloitte.

Conclusion The evaluation of this work will be ongoing and can be measured in simple terms by the degree of collaboration and output against the project aims.

P-236 **THE NATIONAL HOSPICE EDUCATION COLLABORATIVE: DEVELOPING UK HOSPICE POTENTIAL AS VOCATIONAL EDUCATION PARTNERS**

Sally Garbett. *St Christopher's Hospice, London, UK*

10.1136/bmjspcare-2016-001245.257

In 2013 the need for high quality vocational education for the healthcare workforce gained increased relevance. Vocational qualifications became central to Health Education England Strategies and the Government announced revisions to Apprenticeships which combined with NHS workforce reforms to become a catalyst for change:

The project An appetite from hospices for collaboration and support for vocational education was proven in an 18-month pilot hospice consortium. Consequently, and with funding from CHKcharities.co.uk, the National Hospice Education Collaborative formed. The initial focus is building quality and capacity of vocational education, including nurse associate and degree level nurse apprenticeships. Economies of scale and sharing of expertise will benefit all involved. Work on other educational initiatives will emerge.

Sustainability Significant interest and two years' funding enables the establishment of a subscription model for sustainability.

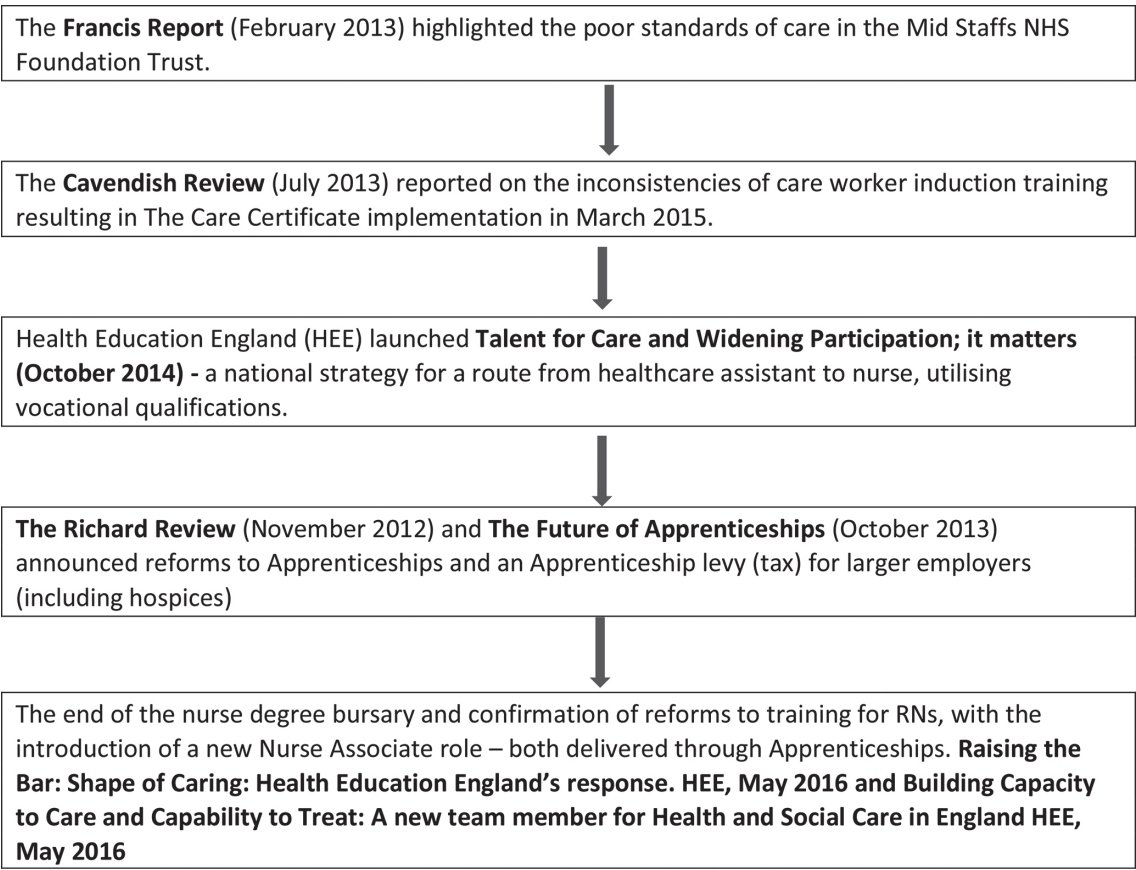
P-237 **TICL – TEACHING, INFORMATION, CURIOSITY, LEARNING**

Kirra Moser. *Peace Hospice Care, Watford, UK*

10.1136/bmjspcare-2016-001245.258

Context The concept of protected learning time is not new. However, when organisational commitments become overwhelming, education is usually first to be side-lined. Historically, our protected learning time was clinically focussed and excluded many staff in our organisation.

TICL sessions were born in January 2016 and co-ordinated by the education team. For one hour every Tuesday afternoon, all staff and volunteers are welcome, and encouraged, to attend information sessions on varied topics.



Abs P-236 Table 1