

	1) Accredited course	2) Placement option
Duration	One week full time	– Two induction days – One evening per week for six months
Staff resource	Two facilitators – full time	– Induction facilitator – Mentor – providing observations in practice
Maximum yearly capacity	24	28
Activities	– Interview multi-professional staff – Engage with patients in day therapy	– Shadow ward staff – Interact with patients on ward
Potential qualifications	City and Guilds: 1) Employability 2) Understand social care 3) Awareness of end-of-life care	1) Care certificate

A student's conclusion – "I was relieved to find out we were being taught valuable skills on an actual course, not just making teas."

Conclusion From successful pilot, we expect the following outcomes to shape future training:

- Increase in students accessing and considering a career in care
- Identify best approach to support students
- Portable qualifications achieved
- Focused opportunity for staff to support students.

P-240 PEOPLE, PARTNERSHIPS AND POTENTIAL – A COLLABORATIVE TEACHING PROJECT BETWEEN CYPRUS AND A UK HOSPICE

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10.1136/bmjspcare-2016-001245.261

Introduction In 2015 in Cyprus a family member became unwell and needed medical assistance, which led to a palliative care nurse crossing paths with a Cypriot Hospice.

An extended invitation to come and visit the hospice, meet the staff and talk about the role of a palliative care nurse working in the UK. This resulted in a request to develop formalised education programme and to return to Cyprus to provide teaching on end-of-life issues, communication and symptom control. This has resulted in ongoing teaching collaboration.

Aims

- To offer training to the multidisciplinary team on end of life issues, communication and symptom control issues through modelling, sharing skills and knowledge
- Sharing good practice
- Offering peer support
- Sharing our experiences with staff and volunteers working at a Cypriot hospice and within our own UK hospice
- Empowering the Cypriot nurses through up to date knowledge on issues in palliative care.

Method

- Communication via skype and regular email contact

- A fact finding mission
- Delivery of tailored teaching programmes on end of life issues, communication and symptom control issues to the hospice nurses and doctors in Cyprus
- Two Cypriot nurses released to shadow colleagues working in the UK hospice. They will then cascade the knowledge, skills and experience they have gained when they return to Cyprus.

Conclusion

- Positive feedback from the doctors and nurses on the benefits of the teaching and impact on care delivery
- A rolling rota planned for the Cypriot nurses to come over and gain experience of working alongside our nurses
- Ongoing collaboration between the two hospices
- Awareness and respect for the cultural and economic differences in end-of-life care delivery
- Learning and sharing of experience for UK nurses of the challenges within other healthcare settings.

P-241 FOUNDATION DOCTORS EXPERIENCES OF DISCUSSING CPR

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10.1136/bmjspcare-2016-001245.262

Background Appropriate, anticipatory cardiopulmonary resuscitation (CPR) discussions and decisions are now an integral part of good clinical practice, and have been shown to reduce futile treatment and end-of-life distress.

CPR decisions have been established to rest with the most senior clinician, yet our hospital experience suggests that even the most junior of doctors can be involved in this process. For doctors in training this can represent one of the most difficult ethico-legal challenges they face, with reports of lack of confidence and formal teaching.

Aims The aim of the study was to explore our most junior doctors' – 'foundation doctors' – experiences of discussing CPR with hospital in-patients and their relatives; to identify any training needs, and if required design and deliver an appropriate training intervention.

Methods An electronic survey using a semi-structured questionnaire was distributed to 118 foundation doctors working in East Kent University Hospital Foundation Trust. Simple percentage analysis of results was undertaken.

Results Response rate to the questionnaire was 45%. The majority of respondents did have experience of discussing CPR with patients/relatives, with 69% [31/45] reporting initiating such a discussion. A third of these doctors felt inadequately prepared for such discussions ['not prepared' or only 'a little prepared']. Many found the discussion difficult [34/40] and nearly half [18/40] found it distressing to some degree. Only a minority [6/45] reported having received formal postgraduate teaching on conducting CPR discussions, and most respondents [39/45] reported a need for further training.

Conclusion The majority of foundation doctors in this study had been involved in conversations about CPR. A significant number felt inadequately prepared for the task and the majority identified specific teaching and training needs. The investigators have collaborated to design an educational initiative for local foundation doctors based on identified needs which is currently being piloted.

P-242 JUNIOR DOCTORS CARING FOR THE DYING: A PILOT OF PEER-PEER TEACHING IMPROVES CONFIDENCE IN END-OF-LIFE CARE

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10.1136/bmjspcare-2016-001245.263

Background The National Care of the Dying Audits have described a need for improvements in end-of-life care in hospitals and highlighted the need for further training for doctors of all levels of seniority. Junior doctors (JDs) are often at the front line of end-of-life care and are well placed to address issues.

Aims

- To identify the challenges for JDs when they are providing end of life care in hospitals.
- To address these through training and quality improvement methodology.

Methods

- Electronic questionnaire to all Foundation Years (FY) JDs working within one medium sized UK teaching hospital.
- Peer-to-peer teaching on core topics including use of case-based discussions.
- Simple rating of confidence in managing patients at the end of their lives on 10-point scale, before and after sessions.
- Mentoring for the peer educators from a palliative care consultant.

Results 21 FY Doctors responded to an electronic questionnaire. Their main needs for education were: help with recognising the dying patient, symptom control, nutrition and hydration issues, and communicating management decisions at the end-of-life.

Two lunchtime sessions were delivered to cover these issues. Attendance was on a voluntary basis. Mixed teaching methods were used: short presentations on key topics and case based discussions. A total of 15 JDs attended one or both sessions.

Mean self-rated scores of confidence in managing patients at the end of life improved:

- 2.4 points for those attending 2 sessions (n = 5)
- 3 points for those attending 1 session (n = 9)

Further training in communication skills was highlighted as key by many JDs.

Conclusion Short mixed methods lunch time sessions attracted good voluntary attendance and improved confidence in JDs caring for those at the end of life. Practical tips – both for prescribing and communication were highly valued. Further lunchtime communication skills sessions are planned.

P-243 MEETING THE PHYSICAL ASSESSMENT SKILLS (PAS) NEEDS OF SPECIALIST PALLIATIVE CARE NURSES

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10.1136/bmjspcare-2016-001245.264

Clinical nurse specialists (CNS) in palliative care have been encouraged to extend their role. Many see these developments as an opportunity to improve the care of their patients and the therapeutic relationship. Courses in physical assessment skills often extend learning beyond the specialist needs of a hospice CNS. It

was our experience that learning was then diluted and failed to meet more specific needs in the context of palliative care.

In response, St Wilfrid's Hospice developed a three-day focused physical assessment skills course for the hospice CNS, delivered to two groups of six students. During the three days participants were provided with a comprehensive course booklet and participated in a mixture of didactic and practical skills sessions.

Topics focused on clinical assessment of the chest, abdomen, cardiovascular and neurological systems, a painful leg, and mental health assessment; with particular reference to case scenarios commonly seen among hospice patients. 100% of the students rated the course as excellent for structure, content, relevance and application. All agreed they would recommend this course to others. On a scale of 0–10 (10 being fully competent and 0 Clueless) students rated their skills prior to the course and on completion as follows

	Pre course range	Post course range
General confidence in PAS	1–3/10	6–7/10
General knowledge in PAS	1–4/10	6–8/10
Examination of abdomen with distension	1–4/10	8–10/10
Examination of breathless patient	1–3/10	6–10/10
Mental health assessment	1–4/10	5–10/10
Examination of suspected cord compression	1–3/10	8–10/10

Students who completed the course went on to use their skills in their daily practice and have provided verbal feedback on the positive impact it has had on their patient care and relationships with medical colleagues. We would like to be able to offer this model of specialist palliative care physical assessment skills training to other hospices.

P-244 SPRINGHILL HOSPICE PALLIATIVE CARE EDUCATION PASSPORT

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10.1136/bmjspcare-2016-001245.265

Background An innovative programme designed by the author to meet the needs of community care staff in the borough, the PCEP accredits the care worker rather than the organisation. High staff turnover is prevalent in care homes and the aim is that all care homes in the borough will have at least 70% of staff trained by 2019.

Methods The PCEP is based on the Common Core Competencies and Principles for Health and Social Care Workers (2014), mapped against Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (SCN 2014), and incorporates many aspects of the National Care Certificate (2015). Skills are transferrable, and once part of everyday practice will enhance the care of all service users.

The SPCP comprises of six core modules:-

- Northwest EoL care model, difficult decisions and recognising advanced disease
- Communication skills
- Spirituality/psychological needs and supporting families and carers