

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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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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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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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

- Assessment and care planning including hydration and nutrition
- End of life care
- Care after death/bereavement care

On completion the participant receives a passport at a celebration event, and will have compiled a personal portfolio of group work, additional tasks, and personal reflections. The organisation receives an annual certificate detailing the number of staff that complete the PCEP, and a portfolio of evidence. We also encourage participants to access e-ELCA and record this on the passport.

Results Evaluation shows encouraging signs of increased motivation, confidence and skills of those attending, and changes being made within their organisations.

It is currently funded via the hospice and MPET (multi professional education & training), and due to the high uptake, the CCG (clinical commissioning group) have requested further modules to be developed for disease specific training.

Conclusion The PCEP accredits the care worker, and inspires them to make changes from within their organisation.

P-245 INTRODUCING MULTI-DISCIPLINARY REFLECTIVE PRACTICE GROUPS INTO CHILDREN'S PALLIATIVE CARE SERVICES

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Background Effective clinical supervision benefits patient care by:

- Enabling staff to challenge practice in a confidential environment and reflect on feedback separate from managerial considerations
- Enhancing staff wellbeing through enabling exploration and management of both the personal and professional demands created by the nature of their work in palliative care.

Aims To introduce multi-disciplinary reflective practice groups (MRPGs) into three children's hospice services.

Method Ninety-minutes sessions followed a structured nine-step process, led by an experienced facilitator. Groups had open membership, ran with 4–10 participants and there was mandatory minimum attendance. Group membership included care assistants, nurses, counsellors, art and music therapists and play specialists but excluded care managers. Participants brought a clinical work related dilemma to share, with one dilemma being chosen and discussed throughout the session.

Post every session, participants rated the reflection and identified learning by giving an example of "One thing I am going to take away from today's session is..."

Results Between November 2015 and April 2016, 31 MRPGs took place, with 156 participants, totalling 106 different staff.

90% of responses agreed or strongly agreed that MRPGs were useful, with positive response rate increasing over the six month period.

In eight out of 31 groups, >75% of participants strongly agreed that MRPGs were useful. All eight of these groups discussed a clinical nursing related dilemma rather than a psychosocial focussed issue. Key themes in analysis included 'normalising

and validating'; 'improving practice/skills in work with families'; 'reflection' and 'taking action'.

Conclusions Contrary to staff expectations MRPGs were perceived useful by staff themselves. Key learning areas reported were a good fit with background reasons for introducing the sessions. Our next steps are to:

- Collect examples of perceived impact on the quality of clinical work with children and families across the different disciplines
- Widen participation to include bank staff, volunteers and hospice employees not providing direct clinical work.

P-246 'WE'RE BOLD AND CURIOUS!' – AN EVALUATION OF LEADING FROM THE MIDDLE PROGRAMME, TWO YEARS ON...

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Help the Hospices Commission into the Future of Hospice Care (2012) recommended that hospices need to ensure their workforce is fit for purpose and that good leadership is not undermined by a 'missing middle tier' of management. In response, a local bespoke leadership development programme was developed, entitled, 'Leading from the Middle' (LfM), using the 'Future Ambitions for Hospice Care' (2013) report as a strategic framework to ground the learning. Since 2014, forty members of staff from across the hospice have participated in the programme.

The work of cohort one was pioneering and had an immediate impact on organisational culture. This achievement was further consolidated by cohort two who realised the 'day to day' practicality of 'leadership at all levels' and the challenges for staff. The two cohorts have delivered a comprehensive picture of what a 'Well-Led' hospice looks like, through a balance of strategic and operational perspectives. The evaluation report revealed specific and tangible examples of leadership development:

- The consistency of the hospice vision gave 'permission' for staff to take responsibility and the hospice values enabled people to be 'bold' and 'curious'
- Collaborative working across the hospice which has resulted in innovative responses to operational challenges
- Practical demonstrations of service development
- Tangible evidence of capability and confidence in strategic thinking and analysis
- Mid-level managers and professionals communicated their views and challenged the status
- Concrete evidence of the potential and value of working with diversity
- Improved ability to challenge, contribute, innovate and use feedback
- Practical examples of learning applied to issues and challenges
- Greater motivation and shared commitment to responding to challenges.

The community of LfM represents a cornerstone for a 'Well-Led' hospice culture where values are fully embraced and the vision of service is secured for the future.