

10 CLOSER, WISER, STRONGER: SETTING UP A PEER-LED REFLECTIVE PRACTICE GROUP FOR PALLIATIVE MEDICINE SPECIALTY REGISTRARS

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10.1136/spcare-2020-PCC.31

Background Palliative care clinicians are routinely exposed to intense distress. Maslach Burnout Inventory data suggests this is a major workforce issue and correlates with increased risk of emotional exhaustion. Interventions to increase self-awareness may reduce this risk; the GMC recommends group reflection as it can lead to improved patient care. Balint groups are an approach to reflective practice that examine the doctor-patient relationship. A recent review concluded that they should form a key component of palliative medical training.

Methods We established a confidential, co-created, peer-led reflective practice group based on Balint principles for palliative medicine specialty registrars. To our knowledge, this is a UK first. It was designed to help develop specific competencies in the current Specialty Training Curriculum such as Self Awareness (5.1), The Doctor-Patient Relationship (5.3) and Learning and Self-Development (10.1)

Whilst traditional Balint groups are facilitated by an experienced psychotherapist, we used a rotating peer facilitator to promote group work skills, with the advantage of being cost neutral. 14 specialty registrars met together for an hour-long reflective practice group each month during seven consecutive regional training days. We surveyed members' views anonymously on the effects of group participation.

Results 100% (14/14) felt the group was an effective use of training time and were keen for the group to continue. 93% (13/14) thought it enhanced their ability to adapt to work-related challenges. 100% (14/14) valued the opportunity to learn from others' experience, 93% found it enhanced peer support (13/14), 79% (11/14) felt less isolated as a result and 71% (10/14) thought the group helped develop self-awareness and insight. The most frequent words used to thematically describe the group were: supportive, valuable, safe, reassuring, interesting and useful.

Conclusions Starting a peer-led reflective practice group is an efficient, effective and economic method of enhancing higher specialty training in palliative medicine.

11 ONE OPIOID CONVERSION WORKBOOK, THREE SETTINGS: COMMUNITY, HOSPICES, HOSPITALS

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10.1136/spcare-2020-PCC.32

Background Despite a near absence of rigorous training programmes, safely converting between strong opioids is a key skill for palliative care clinicians, regardless of setting.

To address this deficit, we developed the Opioid Conversion Workbook (OCW), an educational intervention to teach complex conversion calculations between morphine (oral and subcutaneous), oxycodone (oral and subcutaneous), transdermal buprenorphine, transdermal fentanyl and subcutaneous alfentanil.

Aims To assess whether the OCW produced improvements in opioid conversion ability in different professions, clinical

settings and experience levels, and whether these improvements were sustained.

Methods Participants were selected across the East of England from the palliative care teams of a university teaching hospital, a district general hospital, two community clinical nurse specialist (CNS) teams, and two specialist palliative care inpatient units (IPU).

Each participant answered 17 clinically relevant calculation questions as a baseline assessment under exam conditions. They then completed the OCW over 6 weeks, before taking a different but structurally symmetrical 17 question final assessment. One year after completing the OCW, a proportion of participants took an ability retention assessment under exam conditions.

Results 141 clinical staff took part: 64 hospice IPU nurses, 35 hospice doctors, 17 hospital CNS, 2 hospital doctors, 18 community CNS, and 5 clinical managers. The length of time working in palliative care ranged from 1 week to 25 years.

The median baseline assessment score was 34% (5.79/17; range 0 to 17). Following completion of the OCW, the median final assessment score was 99.8% (16.96/17; range 15 to 17).

12 months later, 23 staff took the ability retention assessment. The mean score was 91.8% (15.6/17; range 8 to 17).

Conclusions The OCW generated significant improvements in opioid conversion ability for a wide range of palliative care staff, in a variety of clinical settings. Most of this improvement was sustained, suggesting long-term skill retention.

12 COMPETENCY BASED PALLIATIVE CARE EDUCATION IN ACUTE HOSPITAL

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10.1136/spcare-2020-PCC.33

Background All Healthcare professionals including nurses should be competent to provide the best end of life care. We developed Professional Development in Palliative and End of Life Care Programme to enhance learning and teaching to registered nurses and allied healthcare professionals. The aim of the programme is to provide high quality evidence-based end of life care and maintain the Care Quality Commission (CQC) rating of 'Outstanding'.

Methods This in-house programme uses the End of Life Care core skills education and training framework, developed by Health Education England. Programme consists 5 half-day and 1 full day study sessions for the theoretical component of the course and half-day to shadow Palliative Care Clinical Nurse Specialist mentor. The practical elements are work-based and are guided by a competency portfolio and reflective practice. Evaluations were completed pre- and post-teaching assessing knowledge, skills and confidence on 0-5 scale for each session.

Results Total 34 attendees attended from September 2018-June 2019 in 3 cohorts. Attendees found every session helpful, interesting and informative, 'Pain management' session was most informative of all. There was increase in knowledge, skills and confidence after each session. Average increase in knowledge in psychological issues from 2.61 to 3.85, principles of pain management from 2.23 to 4.26. Average increase in skills in palliative care emergencies was from 2.76 to 3.88, ethical dilemmas was from 2.67 to 3.20. Average increase in

confidence in pain assessment was from 2.32 to 4.02, complex communication skills from 2.82 to 4.20, cultural care from 2.53 to 3.75.

Conclusion Programme has received positive feedback with increase in knowledge, skills and confidence. Attendees are cascading their learning to other healthcare professionals in their clinical areas supported by their mentor. The challenge of some missed session by attendees will be addressed by encouragement. Based on the results, programme for healthcare assistants is being developed.

13 DEVELOPING THE PALLIATIVE CARE CLINICAL NURSE SPECIALIST WORKFORCE – AN INNOVATIVE APPROACH

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10.1136/spcare-2020-PCC.34

Background The specialist palliative care workforce is experiencing recruitment and retention challenges to Clinical Nurse Specialist (CNS) roles in all settings. In response, drawing on the End of Life Care Learning Outcomes (LO) (Taylor 2016), the Yorkshire CNS Workforce Group created a supra-regional CNS development programme (Dec 2019-July 2020) supported by HEE funding.

Twenty two participants across thirteen sites are supported by a local mentor to:

- develop individual workplace development programmes using the LOs
- receive support/on-going education
- record evidence of achievement in the LO document.

Project aims:

- sharing and delivery of education resources to multiple participants
- formation of a community-of-practice for CNSs'/mentors
- implementation of LOs using bespoke documentation, enabling regional benchmarking of CNS competence
- development of e-portfolio enabling 'pass-ported' between organisations (hosted on HEE Website)
- improve CNS confidence/knowledge/retention

Method Utilising the ECHO tele-education model, 6 interactive education sessions (presentation and case based discussion) will be live-streamed to participants in their place of work. Participants should participate in a minimum of 5 sessions. A participant focus group identified topics, ensuring relevant, practice-related learning. Participants and mentors implement individual workplace development programmes.

Evaluation To evaluate impact on knowledge, confidence, staff retention.

Completion of self-evaluation in relation to Learning Outcomes using Bondy Self-Assessment tool at beginning, during and end of project. Completion of validated Self-efficacy questionnaire pre and post course. Immediate evaluation using ECHO technology after each taught session (Likert scale). Comparative recruitment data analysis at end of project

Results Initial Feedback after first session, all 20 participants agree or strongly agree that:

- Participation increased knowledge and confidence
- They felt connected to other participants

- Topic was relevant to practice and LO
- This innovative, collaborative project brings new CNSs together across a region and beyond, learning and developing together in a virtual cohort, to build confidence and knowledge.

14 CLINICAL INDICATION DOCUMENTATION WITH DEXAMETHASONE: AN AUDIT OF INDICATION DOCUMENTATION IN PATIENTS TREATED WITH DEXAMETHASONE IN AN IN-PATIENT HOSPICE UNIT

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10.1136/spcare-2020-PCC.35

Background Dexamethasone is a corticosteroid with potent glucocorticoid but limited mineralocorticoid activity suitable for high dose anti-inflammatory therapy. It is used in Palliative Medicine for a variety of licenced and unlicenced indications. Glucocorticoid toxicity depends on the dose that is administered over a certain period of time. Therefore even low doses can have toxic effects if administered long-term. Because dexamethasone is used for various indications in palliative care it is pertinent that the indication is clearly documented in order to facilitate medication review. The aim of this audit is to identify those patients treated with dexamethasone on a single day in an in-patient hospice unit and to identify if indication for treatment with dexamethasone has been documented

Methods A manual review of patient medication records was carried out on a single day in a 36- bed in-patient hospice unit to identify patients prescribed dexamethasone. Documentation of indication in either the patient medication record or patient clinical record was audited. Education was provided to medical staff. Subsequent re-audit took place to complete the audit cycle.

Results Initial data collection identified 8 patients on current dexamethasone treatment. 2 had clinical indication documented. The range prescribed was 2 mg-6 mg. Mean prescribed was 3.625 mg and median was 4 mg.

Following re-audit, 10 patients were identified on current dexamethasone treatment. 5 had clinical indication documented and five did not. The range of dexamethasone prescribed was 1-24 mg. The mean prescribed was 5.1 mg and median was 2 mg.

Conclusions Dexamethasone is used for both licenced and unlicenced indications in the palliative care setting. Because its toxicity is dependent on the dose that is administered over a certain period of time, the smallest dose for the shortest period of time is crucial in limiting toxicity. This audit has shown that a brief educational session improves documentation of clinical indication for dexamethasone.

15 HOW SHOULD THE PALLIATIVE MEDICINE ASPECT OF THE NEW INTERNAL MEDICINE CURRICULUM BE BEST IMPLEMENTED?

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10.1136/spcare-2020-PCC.36

Background With the introduction of phase 1 of the new Internal Medicine curriculum in August 2019, there is a need