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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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 unlicensed 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 unlicensed 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

to consider how best to implement the Palliative Medicine aspect of the curriculum.

Method Our aim was to explore the extent of Palliative Medicine experience gained during Core Medical Training (CMT) from current specialty trainees in Wales to help guide implementation of the new curriculum. An online survey was sent to Welsh Palliative Medicine trainees, South Wales Palliative Medicine Specialty Doctors, and registrars on the General Medicine on call rotas in Abertawe Bro Morgannwg UHB in February 2019.

Results 17 trainees responded, 76% felt they had received sufficient exposure to Palliative Medicine during CMT. Overall, responders felt confident in managing different aspects of palliative care, particularly recognising limited reversibility, the dying patient (88%) and communication around end of life care issues (94%). The best way to teach these palliative care skills is unresolved. Suggested effective methods included palliative care placement (94% of responders agreed), small group teaching and communication skill workshops (59%).

Discussion Our survey shows that the majority of responders were positive about their CMT experiences in Palliative Care. Some commented that most of these skills were learnt after starting specialty training, or from a CMT rotation in a hospice. Almost two-thirds of responders were Palliative Medicine middle grades suggesting more proactive approaches in seeking out these learning opportunities. Continued attention to placement opportunities, small group teaching and communication skills workshops would seem at present to be the most relevant response.

16 QUALITY IMPROVEMENT PROJECT: IMPROVING JUNIOR DOCTORS' CONFIDENCE IN PRESCRIBING AT END OF LIFE FOR ACUTE INPATIENTS

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10.1136/spcare-2020-PCC.37

Background Junior doctors are often at the forefront of prescribing for acute inpatients. It is imperative that they are equipped with the knowledge and confidence to prescribe appropriately for patients at the end of their life. We felt that there was reduced awareness of the need for individualised prescribing for patients with relatively common chronic diseases such as Parkinson's disease and epilepsy. Recognising that prescribing end of life medications for patients with such diseases can differ, we looked to improve symptom management by focussing on improving end of life prescribing.

Methods A pre-intervention questionnaire was used to assess subjective confidence levels in prescribing anticipatory medications, syringe drivers, and individualised prescribing for patients with Parkinson's disease, end-stage renal disease, epilepsy, end-stage heart failure, and diabetes mellitus. Based on these findings a prescribing handbook was produced, incorporating consultant advice from relevant specialities. Teaching sessions were carried out using case-based discussions alongside the handbook content. A local press release facilitated dissemination of the handbook. A post-intervention questionnaire was then distributed to reassess prescribers' confidence levels.

Results Twenty-five allied health professionals (mainly foundation doctors) completed the questionnaires. The pre-intervention questionnaire found that the majority were confident in prescribing anticipatory medication but were significantly less confident in prescribing syringe drivers and in individualised prescribing. Following formal education and release of the prescribing handbook, higher confidence levels were reported throughout all themes of the questionnaire.

Conclusions This quality improvement project has significantly increased prescribers' confidence levels in end of life prescribing. It has also increased awareness of the need for alternative approaches to prescribing for certain individuals and diseases at the end of life. It was stressed that the handbook is to be used as a guide and should not replace the need to escalate concerns to the relevant specialities and the in-house palliative care team.

17 SIMPALL AN IN-SITU SIMULATION COURSE ON PALLIATIVE CARE FOR THE EMERGENCY DEPARTMENT

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10.1136/spcare-2020-PCC.38

Aims/Objectives/Background Emergency Medicine is a unique speciality often meeting people at the worse moments of their life. Death is an everyday occurrence, and with that comes the skills needed to talk to patients and families about when their end of life may be nearing. The Royal College of Emergency Medicine's guideline suggests doctors need to have the skills to talk to these patients. We developed a full day course called SimPall which incorporates some lecture-based teaching, and then in-situ simulation within the emergency department. Our aim was to gather feedback to see what educational benefit this brought to our EM staff.

Methods/Design Following some teaching around difficult conversations, do not attempt cardio pulmonary resuscitation and managing palliative emergencies we then gave the participants all 3 of our in-situ simulations, in two groups. The participants were not aware of what simulations they got. The three simulations based on real ED patients were; Scenario 1 was the end stage COPD patient who is not for any further interventions. Scenario 2 is of a very frail patient, with pneumonia who has multiple comorbidities. Scenario 3 was a massive upper gastrointestinal bleed with known oesophageal cancer. All participants were debriefed, and feedback recorded. All participants were offered the chance to discuss with a senior if they had any worries about the scenarios.

Results/Conclusions This teaching day was in April 2019. 13 people including doctors and advanced nurse practitioners attended the day. All were involved in each of the scenarios and their feedback was collated. Overall the feedback for all the simulations was positive. 76% of participants felt their knowledge had improved from lacking confidence to being fairly or very confident after the simulations. Written comments suggest that participants feel they would benefit from more teaching and exposure of this. We are looking at repeating this day.