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 rota 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 hospital. 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.

**Results/Conclusions** 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.

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

Laura Dewhirst, Hannah Hudson. Shrewsbury and Telford Hospital Trusts

**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.