

the hospice with non-malignant conditions had risen from 11% (2015) to 21% (2018) during this time.

Staff training Teaching sessions were provided for staff to highlight key considerations when caring for patients with necrotising fasciitis, including symptoms and infection control advice. Feedback was gathered from staff attending teaching with 82% rating it as 'useful' or 'very useful' and 90% indicating that they would be interested in future education sessions.

Conclusion The breadth of patients referred for inpatient hospice management is growing. The case outlined may represent an emerging patient subgroup; those without a prior palliative diagnosis whereby active treatment of an acute complication has failed. Teaching sessions proved beneficial to hospice staff and should be considered in the future to promote individualised integration of care across disciplines.

24 IMPROVING COMMUNICATION AND DOCUMENTATION OF END OF LIFE CONVERSATIONS, A SIMULATION BASED PROJECT

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Approximately 89.6% of patients' who are going to die in the next 12 months are admitted to hospital at least once. Evidence shows that good communication reduces hospital stays through advance care planning in the last 12 months of life. End of Life and DNAR discussions are part of the F2 curriculum and the development of good communication skills is a central part of clinical training. It is important to note that it is now a legal requirement that doctors involve patients and families in decisions regarding treatment escalation and resuscitation following the Tracey Judgement.

A recent audit undertaken at our Trust showed that there is scope for improving the quality of treatment escalation conversations the doctors are having with patients and their families as well as the documentation of these discussions.

An initial survey of F2 doctors showed that 92% had previously had TEP discussions with a patient, 77% with a relative and 69% had completed a TEP form. 46% reported not feeling confident having these discussions with main concerns not knowing what to say to initiate the conversation, being unable to answer questions and causing distress to both the patients and their family

A SIM course was delivered to improve the communication skills and confidence of F2 doctors allowing them to practice with actors in a safe learning environment. This learning was consolidated by debriefing with consultants in geriatric and palliative medicine. Post course feedback showed all participants enjoyed the course, 90% found it useful for clinical practice and 80% would recommend it to their colleagues. Significantly, all participants feel confident in discussing TEP following the SIM and commented on the detailed feedback.

This should lead to an increase in the number of patients who have these documented discussions which we know improves patient care.

25 A MIXED-METHODS STUDY TO INVESTIGATE NURSING ATTITUDES TOWARDS ADMINISTRATION OF 'AS REQUIRED' PRESCRIBED SYMPTOM CONTROL MEDICATION AT END OF LIFE IN A HOSPITAL SETTING

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Background Anticipatory drugs for symptom control in dying patients are commonly prescribed in the acute hospital setting. The decision to administer 'as required' drugs usually lie with the ward nursing team who may have varied experience in end of life care. A previous survey informed changes to end of life care training offered within the Trust. This prompted the team to undertake a follow-up survey to determine whether the adapted training provision was meeting the needs of nursing staff administering 'as required' drugs at the end of life and to aid understanding of nurse decision making in this area of drug administration in the hospital setting.

Methods A questionnaire based on the previous survey was developed and piloted. A range of question styles were used including Likert scale, two ranking scales based on scenarios, and free text responses. Ethical approval was gained. Hard copies of the questionnaire were distributed to nurses on wards with the highest death rates together with elderly care wards. 100 copies of the questionnaire were distributed. Completed anonymous responses were coded and statistically analysed using SPSS 26.

Results The response rate was 62%. Just under 50% respondents reported being 'very confident' in recognising symptoms at the end of life. This was similar across the wards surveyed (oncology, acute medical, elderly care). Scenario ranking questions based on treatment of pain and agitation resulted in appropriate responses. 39% of respondents had undertaken the Trust palliative care training. Five respondents (8%) expressed fears around administration of medication at end of life.

Conclusion Most hospital nurses reported confidence in recognising end of life symptoms. Preliminary results have been shared with the specialist team, awaiting the final report to inform further development of training to improve the confidence and decision making of newly qualified nurses in this area of drug administration.

26 PSYCHIATRY & PALLIATIVE CARE: MEETING INTER-PROFESSIONAL, MULTI-DISCIPLINARY EDUCATIONAL NEEDS

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Introduction There is increasing evidence of higher rates of psychiatric disorder in palliative care patients. Navigating between palliative and psychiatric services can be challenging, and links between these specialities need to be strengthened to improve patient care and develop cross-disciplinary learning. Appropriate educational and networking opportunities for professionals to explore these issues has been limited.