Methods Recognising an unmet educational need, a ‘psychiatry in palliative care’ study day was provided in 2018 (78 delegates) and 2019 (121 delegates), both were oversubscribed. All delegates were asked to complete an anonymous online questionnaire rating each topic, describing what was most and least useful; and how likely they would be to attend subsequent study days (completion rate 69/78 in 2018, 84/121 in 2019).

Results Delegates were from a variety of healthcare backgrounds, disciplines and geographical regions with differing training levels. Across both years, reflecting learning needs, topics highly commended as extremely or very useful included ‘personality disorder’ (77/84, 91.6%), ‘treating delirium and dementia in palliative care’ (65/84, 77.3%) and ‘depression and psychosis in palliative care’ (57/69, 82.6%). 142/153 (92.8%) of participants across both days were extremely/very likely to attend subsequent events and/or recommend to a colleague. Qualitative feedback endorsed the value of interactive sessions and sharing learning about practical care and relationships building for service development. The event prompted development of a special interest module for psychiatry trainees embedded in palliative care teams, which is now in its second year, and sharing of audit tools to assess levels of combined palliative and psychiatric patient needs within palliative care services.

Conclusion These were important national learning events for best practice. We will continue, increasing capacity for 2020. Our next study day will focus on latest advances in research, advice on setting up mental health support and risk assessment in the palliative care setting.

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Method Through a Macmillan funded project, we tested the Advance Care Planning Brief Intervention (ACP-BI) in practice for:

1. Usability by health care professionals (HCPs)
2. Acceptability by patients as reported by HCPs
3. To refine the training programme and BI, based on staff feedback

A steering group provided direction to the project. 24 HCPs were recruited from Nursing homes, Acute hospital, Community Hospitals and Community Nursing teams. A self-assessment tool was developed for the HCPs to test the intervention. Bespoke training was delivered and evaluated. Data on staff learning, including a reflective piece, were collected via a learning management system. Focus groups with HCPs were held midway and at the end of the project.

Results Not every person will engage with these conversations, HCPs included. However, the use of an ACP-BI, with training, and mentorship gives HCPs a building block to broach conversations about future planning, focusing on the patient’s future and wishes. Qualitative feedback from nurses suggests it is possible to use a brief intervention for ACP: ‘The initial conversation was only 15 minutes. I am surprised at how short these very important conversations can be’.

Conclusion Given that the median time of the 47 conversations was 12.5 minutes, time can no longer be used as a barrier to these conversations. We recommend the ACP-BI is further tested through research.

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TIME IS NOT AN EXCUSE, ADVANCE CARE PLANNING – THE USE OF A BRIEF INTERVENTION

Catherine Hughes, Gill Horne, Wend Abrah, Amanda Nadin, Kerry Macnich. Rowcroft Hospice, Torbay in partnership with Macmillan

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