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LEAN IN, DON'T STEP BACK: THE VIEWS AND EXPERIENCES OF PEOPLE, AND THEIR CARERS, WITH MENTAL ILLNESSES AND INCURABLE PHYSICAL HEALTH CONDITIONS, OF PALLIATIVE AND END OF LIFE CARE

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Background People with severe mental illness (SMI) have a life expectancy of up to twenty years less than the general population. They also experience poor physical health and higher rates of many life-limiting conditions. Research on the specific needs of people with SMI in palliative and end of life care is extremely limited and focuses on describing barriers to care from clinician's perspectives. The limited research that has been carried out originates outside the UK in the USA, Canada and New Zealand. The views of patients with both SMI and a life limiting and carers have not been included in previous research studies.

Methods Eight participants were interviewed using a semi-structured interview format. Five were patients with mental illnesses and incurable physical conditions and three were, or had been, carers of people with mental illness and incurable conditions. Interviews were transcribed and a reflexive thematic analysis carried out. A conceptual framework of themes was developed from the interview analysis and is presented in the paper.

Results Four overarching themes were developed from the analysis of the data.

1. Stigma and Prejudice – 'See me not my diagnosis'
2. Hesitancy and Avoidance – 'Treading on eggshells'
3. Collaborators in Care – 'the ignored experts' and
4. Connections 'Leaning in, not stepping back'.

Each will be discussed and illustrated with participant views.

Conclusions This study offers novel understanding of the views, experiences and expectations of a group of patients often marginalised and excluded from palliative and end of life care - people with SMI and terminal conditions. The themes developed from the interview data offer valuable insights into how access to, and quality of, palliative and end of life care can be improved for people with SMI. The findings are of interest to clinicians, policy makers, patients and carers.

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EXPERIENCES OF A PILOT COURSE FOR ADVANCED CARE PRACTITIONERS IN THE EMERGENCY DEPARTMENT TO SIGN DO NOT RESUSCITATE FORMS FOR PATIENTS APPROACHING THE END OF LIFE

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Emergency Medicine (EM) 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

guidelines suggests health care practitioners need the skills to talk to these patients. Within our department, we have advanced care practitioners (ACP) working as independent practitioners. These ACPs come from a nursing, paramedic or physiotherapy background. They have had further masters level training to do this role. Our department advocates early conversations with patients who have a frailty score of 7, 8 or 9 as per the Rockwood frailty score. With our hospital supporting the signing of do not resuscitate forms by ACPs, provided they have had sufficient training.

Aims We developed a full day course which is 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 ACPs.

Methods Following teaching around difficult conversations, do not attempt cardiopulmonary resuscitation and legal aspects we then gave the participants 4 in-situ simulations.

Results 9 participants completed the pilot course, none of which had, had formal training to have this type of conversation. This is despite these ACPs all having a minimum of 5 years post qualification. All felt their confidence had increased from no confidence to neutral or fairly confident. All felt this was useful for their training.

Conclusion This course has provided our ACPs skills to have the conversation with patients. We will look to gather feedback 1 month and 6 months following the course to see how and if this has influenced clinical practice.

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USING POINT OF CARE HIGH FIDELITY SIMULATION AS A TEACHING TOOL IN A HOSPICE SETTING

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Background High-fidelity simulation uses computerised manikins that simulate scenarios with briefed facilitators who aid in delivering learning outcomes. Point of care simulation is the use of scenarios that are carried out within a clinical environment.

Aim To assess if using point of care high fidelity simulation within a hospice setting focussed on potential emergencies is a valuable learning experience for those that attend.

Methods A single afternoon educational session at Prospect Hospice. A high fidelity simulation mannequin was brought into a hospice side room where the scenarios took place.

4 doctors (x2 speciality doctors and x2 GP trainees), 1 trained nurse and 1 student nurse attended.

Four simulated scenarios were carried out including: acute breathlessness, opioid toxicity, anaphylaxis and communication with a relative about an error. Doctors and nurses were worked in a simulation in 'real time' within an environment that they would normally work. Prior to the session attendees had a rigorous pre-brief and introduction to simulation and a structured debrief following scenarios were carried out by trained facilitators. Feedback was collected after the session.

Results All attendees reported the simulation was a useful and novel experience that aided their learning and was relevant to their work in the hospice. 6 out of 7 attendees strongly agreed that the simulation was useful for developing their