

that they felt more confident managing similar scenarios for real with three strongly agreeing. All participants either agreed or strongly agreed that the simulation study day was a realistic representation of the cases they come across in their roles, with the majority of participants strongly agreeing that the debrief was helpful. The majority of participants strongly agreed they would recommend this style of teaching to their colleagues. Free text comments were overwhelmingly positive, particularly around how realistic the scenarios were and how safe the learning environment felt.

**Conclusions** Simulation training in emergency palliative care scenarios for specialist palliative care nurses working within the HLT is a novel, effective and well accepted method of training.

43 **PILOT OF A REGIONAL PALLIATIVE MEDICINE SIMULATION TRAINING PACKAGE FOR INTERNAL MEDICINE TRAINING AS A SPECIALIST TRAINEE COLLABORATIVE: PEER EDUCATION, AN OPPORTUNITY FOR DUAL COMPETENCY ACHIEVEMENT**

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10.1136/spcare-2020-PCC.64

**Background** Shape of Training is a substantial transformation to postgraduate medical education. 'Managing end of life and applying palliative care skills is one of eight 'specialty capabilities in practice' for all internal medicine trainees (IMTs). Simulation based training (SIM) can help ensure a programme of holistic and intuitive assessment (JRCPTB, 2019). As a group of palliative medicine trainees (PMTs), we developed an innovative simulation package for IMTs across the North East region. This offers an exciting opportunity for dual competency achievement: PMTs will develop their skills in management and teaching, whilst IMTs will develop palliative care knowledge, skills and attitudes required.

**Methods** A literature review evaluated pre-existing palliative medicine simulation training programmes. All PMTs were trained in SIM facilitation and debrief. A comprehensive review of IMT and PMT curriculum requirements was used to develop teaching materials. This was piloted at two half day training sessions attended by 11 out of 12 IMTs that commenced at Northumbria NHS trust this year.

**Results** Feedback from all trainees who took part in the pilot was very positive with evidence of good progress in confidence in the majority of curriculum outcomes.

**Conclusion** This pilot aimed to inform the development of a regional training course. Evaluation of the pilot showed its potential impact and the value of a locally delivered course. It also highlighted potential challenges in the time commitment required from a small group of PMTs. Feedback has informed a second pilot at another trust to ascertain if it is possible to deliver high quality and effective training in a more sustainable and reproducible way. We are also aiming to develop the material into a training package that could be used nationally. Palliative SIM aims to provide an efficient and effective way of improving training and patient care.

44 **A SURVEY OF CURRENT PALLIATIVE CARE TRAINING IN UNDERGRADUATE MEDICAL, NURSING, AND ALLIED HEALTH COURSES**

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10.1136/spcare-2020-PCC.65

**Background** Impending death is not well recognised. As death occurs in any setting, at any time, it is vital that all healthcare professionals, have adequate training in palliative care. The aim of the survey was to understand what current training is available on the recognition of dying at undergraduate level.

**Methods** A survey of the following UK undergraduate courses: medical, nursing, social work, physiotherapy, occupational therapy was completed. All courses were asked what training was provided in recognising and communication of dying and what time was dedicated to this.

**Results** 73/198 courses responded (37%). 18/20 medical courses provided training in recognising dying with a median of 2 hours dedicated, and 17/20 in the communication of dying with a median of 3 hours dedicated. 80% (43/54) of nursing and allied health professional courses provided some form of training in end-of-life care. Many of these courses expressed frustration at the lack of resources, funding, and time to include more training. Those with more time dedicated to palliative care training often had a 'champion' to advocate for it.

**Conclusion** Training in end-of-life care was inconsistent and variable across courses and professions. Further work on how we can facilitate training on these courses is needed.

45 **IMPLEMENTING REAL TALK: INTERPROFESSIONAL EDUCATION INTERVENTION ENABLING CLINICIANS TO DEVELOP CONFIDENCE IN OPEN AND HONEST CONVERSATIONS ABOUT DYING**

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10.1136/spcare-2020-PCC.66

**Background** National reports highlight the need to break down the barriers between the evidence to practice gap in talking with patients about dying. Our programme of research incorporates evidence and video clips from UK hospice consultations. Real Talk is designed to fit into existing communication skills training, disseminated across diverse interprofessional groups/settings, aiming to promote confidence and competence.

Real Talk holds great promise because:

- practicalities of short video clips ensure flexibility for practitioners to engage in detailed conversation and debate, enhancing the learning potential in any environment;
- the depth of evidence underpinning our resources helps demystify complex communication strategies, promoting confidence when talking about dying;
- clinicians using the resources span diverse professional groups and clinical settings helping promote talk in broaching dying and planning ahead with diagnostic uncertainty.

**Methods** Mixed methods, quantitative database, qualitative user evaluations, content validity from field notes and workshops.

**Results** We have 114 facilitators engaged in using Real Talk; 67% clinicians (n=76; 52 doctors, 12 nurse specialists, 8 allied health, 4 nurses) and 33% educators (n=38; 16 faculty, 13 hospice, 10 end of life facilitators). Table of diversity of interprofessional groups and settings.

**Conclusions** Our findings show a growing number of Real Talk facilitators are clinicians embedded in practice, shifting delivery from educators. Emerging themes from our evaluation are that the resource is user friendly, very impactful in embedding communication skills in practice, is adaptable as a resource to use in a range of learning events, and is relevant to the inter-professional audience. Facilitators and learners alike appreciate the authentic nature, and value the video clips in demonstrating the softer skills and nuances of communication. Bridging the evidence to practice gap by naming the skills, can build confidence to engage patients in end of life talk. Next steps will be formalising impacts in practice over time.

## End of life care | posters 46 – 91

### 46 HOW ACTIVE ARE UK HOSPICES IN NATIONALLY IMPACTFUL RESEARCH?

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10.1136/spcare-2020-PCC.67

**Background** The Neuberger Commission (2013) and NICE guidelines (2015, 2019) have emphasised the paucity of good quality evidence for palliative and end of life care. In the UK, hospices have a significant role in determining standard of care. We sought to quantify the extent to which hospices contribute to nationally impactful research.

**Methods** We analysed the NIHR portfolio of clinical and service delivery research, for studies in which hospices actively recruited patients, from 2015/16 to 2018/19. All relevant clinical specialties were searched.

**Results** The NIHR portfolio contained 172 studies in the 2015/16 to 2018/19 period which are relevant to hospice and end of life care. 65 out of 253 registered hospices were identified as participating in 42 studies. Hospices recruited 4418 patients to national portfolio studies, 3817 of these with cancer. Specialties contributing to this recruitment included: Cancer 19 studies; Health Services Research 11; Dementia & Neurodegeneration 6; Primary Care 3; Neurological Disorders 1; Respiratory 1; Children 1.

These figures underestimate the true contribution of hospices because in many sites recruitment is attributed to an acute trust (an established process which sees trusts providing governance in return for recruitment accrual). Moreover, we missed studies which are locally funded, single centre or related to higher educational research. We are working with hospice organisations and local clinical research networks to rectify these data gaps. The NIHR's expansion project, which extended recognition of research into health and social care research taking place in non-NHS settings, will support this.

**Conclusions** We found that only a small minority of UK hospices are active in nationally impactful research. However, together they make a significant contribution to the NIHR portfolio. The NIHR & Charities Consortium for Hospice

and Community Research, which funded the study, is working with the hospice sector to increase UK-wide research participation.

### 47 GREAT DISCHARGE LETTERS FOR END OF LIFE CARE PATIENTS

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10.1136/spcare-2020-PCC.68

**Background** Hospital discharge letters for End of Life Care patients are often poor. The lack of communication from the hospital to community teams regarding essential issues which is needed for community teams to plan care, can lead to poor care including avoidable re-admission to hospital.

**Methods** Standards for discharge letters from Russells Hall Hospital in Dudley for End of Life Care patients were designed. The mnemonic GREAT was used to remind those writing discharge letters to update community teams about: GSF Needs code/Resuscitation status/End of life medications/Advance Care Planning/Treatment Escalation Planning. An audit was conducted looking at discharge letters for End of Life Care patients to see whether GREAT was used and whether or not this made any difference to the care of the patient. Re-audit done 12 months later looked at whether or not there was sustained use of GREAT and improved care.

**Results** GREAT has become the gold standard of information required on discharge letters for End of Life Care patients in Dudley. The results showed that in both years, patients who died at home had higher quality discharge letters (use of GREAT), and patients who had been discharged from hospital, but readmitted and died within 12 weeks, had poorer quality discharge letters.

**Conclusions** GREAT reminds discharge letter writers to include information that is essential to pass on to community staff caring for End of Life Care patients. Embedding GREAT as the gold standard of content has led to an improvement in the quality of discharge letters.

### 48 MANAGING SUDDEN DEATHS IN HOSPITAL

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10.1136/spcare-2020-PCC.69

**Introduction** Sudden and unexpected, in-hospital deaths are a common occurrence. Currently, there are no national guidelines to assist staff with the management of these events and, providing optimal end-of-life-care in these circumstances is challenging. We designed a questionnaire to explore the experiences of relatives who had been bereaved in this way.

**Methods** Over 17 weeks, a questionnaire was offered to recently, bereaved relatives who attended the Bereavement office at the University Hospital of Wales. The questionnaire explored how, who, where and when the death was disclosed; whether sufficient privacy was afforded, full explanation offered, time for questions allowed, and whether the communication was empathetic and caring. Other questions asked if relatives had been allowed to view the deceased, whether religious and cultural observances had been facilitated, tissue donation discussed, and explanation for coronial referral offered.