37 BREAKING BAD NEWS IN COMPLEX PALLIATIVE CARE SITUATIONS THROUGH ROLE-PLAY SIMULATION

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Background One of the most important components in the repertoire of nursing communication skills is the ability to 'break bad news' to patients and families. This article presents a pilot role-play simulation conducted at a Portuguese undergraduate nursing program with senior-level students.

Methods The simulation was designed to aid nursing students to develop communication skills necessary to care for the critically ill patient nearing the EOL. This approach had two main learning outcomes: a) improve students' ability to break bad news and build their confidence in that ability, and b) assist students to engage in the process of self- and peer reflection. Thirty students were recruited from palliative care nursing course, they had no previous experience with this type of simulation. The simulation took place on three separate theoretical-practical classes with ten students each one. Prior to each role-play, three students were randomly role-played both the nurse, the patient and the relative roles. Students who were not assigned active roles observed the simulation and provided feedback during the debriefing period. Students were encouraged to reflect on issues related to the communication of bad news using the Gibbs' reflective cycle.

Results Themes of students' responses during the debriefing included an overall positive feeling about the experience and their performance (n=25), nevertheless, students acknowledged they lacked confidence in their skills to communicate effectively (n=12). They indicated that they felt more prepared to meet the patient's physical needs than emotional needs. All students also reported valuing working together as a team as it fostered meaningful sharing of ideas.

Conclusions As a result of this kind of learning, the student develops greater capacity for treating others with the respect and understanding required in palliative care nursing. This may inform his or her understanding and capacity to help the other person.

38 'THE RIGHT INFORMATION TO THE RIGHT PEOPLE AT THE RIGHT TIME'- DESIGN AND DELIVERY OF A PALLIATIVE MEDICINE EDUCATION PROGRAMME DURING COVID-19

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In the face of an overwhelming Coronavirus pandemic, Palliative Medicine guidelines, knowledge and skills are a crucial aspect of care for many seriously affected patients. Palliative care specialists can only treat a minority of dying patients therefore an educational intervention was needed to equip frontline staff. The education programme was delivered via a live virtual platform in weekly 1 hour education sessions. These were offered to community and hospital facing multi-disciplinary staff within the Belfast Trust. Each session was

followed by a live Q&A with specialist staff. A total of 11 sessions delivered over 13 weeks reached approximately 528 health care professionals. Downar et al¹ described four critical elements for palliative care provision in a pandemic - 'stuff', 'staff', 'space' and 'systems'. Program topics therefore included:

Recognising dying

Symptom Assessment and Management for patients with COVID 19

Advance Care Planning

After death care

Bereavement care

Self Care

The advantages of virtual education include accessibility, affordability and flexibility.

We conclude that it is possible to successfully provide a focused educational intervention on palliative care principles when resources are scarce. Disasters will continue to occur and technologies will play a part in helping us to cope with them.

REFERENCE

1. Downar J, Seccareccia D. Palliating a pandemic: 'All patients must be cared for'. *J Pain Symptom Manage* 2010;**39**:291-5. doi:10.1016/j.jpainsymman.2009.11.241 pmid:20152591

39 VIRTUAL RESPONSE: AN EDUCATIONAL RESPONSE TO THE COVID-19 PANDEMIC

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Background The Covid-19 pandemic resulted in a need for locality-wide pandemic-specific end-of-life education. Face-to-face teaching was cancelled due to social distancing measures. A hospice education centre, already an ECHO (Extending Community Healthcare Outcomes) Hub, adapted their existing education programmes to meet local needs.

Methods Five ECHO Networks, established in March, ran over 10 weeks supporting local care homes, district nurses and GPs. Topics were agreed by participants, sessions led by a Palliative Medicine Consultant with multi-professional colleagues, and cases presented by the homes. Supporting resources were available via virtual learning environment (Moodle).

Additional bespoke Zoom sessions met specific training needs of nurses (verification of death (126), syringe driver competencies (92)) and other groups (GP trainees, local psychiatry teams). The Palliative Care Services visited all hospital wards daily delivering point-of-care training and local Covid-19 End-of-Life Guidance. Training numbers were collated and feedback requested via survey monkey for ECHO network participants.

Results Over 1500 individual education contacts were recorded in 3 months (ECHO:625, Zoom:404, Point of Care: 471). Survey-monkey feedback from 28 ECHO participants rated the overall value of the ECHO network as 9.3/10. None reported technical problems with Zoom. They reported peer support and keeping up to date with rapidly changing information & guidelines the most helpful elements. Learning was cascaded throughout teams.

Conclusion A flexible approach enabled the Hospice Education Centre to respond promptly to changing needs. As an existing ECHO Hub, the team were well placed to deliver interactive education virtually. Educators and participants recognised that education sessions provided a much-needed opportunity for pastoral and wellbeing support. Following the initial peak of the pandemic, point-of care training continues and other end-of-life training (including communication skills, undergraduate & postgraduate medical education, MSc modules) has been adapted to be delivered interactively & virtually, ensuring vital end-of-life training continues throughout the pandemic.

40 **FRAILITY DESERVES A MENTION IN THE NEW UK PALLIATIVE MEDICINE SPECIALTY TRAINING CURRICULUM. A META-SYNTHESIS AND DELPHI STUDY TO ESTABLISH APPROPRIATE CONTENT**

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Background Frailty, a decline in reserve, strength and endurance through deficit accumulation, is very common and highly associated with morbidity and mortality. Understanding how to provide palliative care for frail individuals is an international priority. Despite this, frailty is not mentioned in the current UK Palliative Medicine Specialty training curriculum (UK-PMSTC).

Aim To synthesise the literature and establish expert consensus on what should be included in a frailty subsection of the UK-PMSTC. This could be referenced by the new curriculum which is due to come into practice in 2022.

Methods

Setting/Participants The Delphi panel were Subject Matter Experts(SME): Specialist Palliative Medicine Consultants (n=14) and Trainees (n=10) with representation from seven hospital trusts (n=19), seven community services (n=13), nine inpatient units/hospices (n=18) and care home services (n=one) (individuals work across multiple sites).

Design Literature Meta-synthesis produced a draft curriculum with Bologna based learning outcomes (LO). The Delphi Study used standard methods and asked SME to rate LO importance for specialist-training completion and provided opportunity to add LO. Process was repeated until 70% consensus was achieved in over 90% of LO. SME divided LO into specific (for inclusion in a frailty subsection) or generic (applicable to other palliative conditions).

Results The meta-synthesis produced 113 LO, two were added by SME. Three Delphi rounds concluded 86 LO were specific to frailty whilst 29 were generic. Of the 86 items; 47 were considered essential, 34 desirable and five unnecessary. LO were arranged using clinical practice domains and bloom's taxonomy.

Conclusions We have developed a frailty curriculum that could be used as a subsection for the UK-PMSTC, highlighting the complex and unique palliative needs of those with frailty. Future research is required to inform implementation, educational-delivery and service-provision.

41 **ADAPTING A 2 DAY COMMUNICATION SKILLS COURSE FOR THE COVID-19 CLINICAL AND LEARNING ENVIRONMENT. FEEDBACK AND EVALUATIONS FROM DAY 1**

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Background/Introduction Social distancing and work load as a result of Covid-19 has resulted in the loss of face to face (F2F) education in health care settings. The need for greater use of telephone and video consultations, in addition to mastering optional communication whilst wearing personal protective equipment (PPE) during the pandemic has created additional challenges and learning needs at a time when palliative care skills are in great need. The Cardiff MSc includes practical communication skills as part of the annual F2F teaching. Content and delivery style needed to change in 2020 to reflect the current situation.

Methods Stakeholder analysis of curriculum content to inform the revised programme and delivery and evaluation of the sessions.

Results Discussion led to the development of a combination of webinars, interactive demonstration using specifically filmed scenarios prompting discussion in small groups, group discussions of challenges and strategies for current communication and role play in small groups of virtual consultations with formative feedback for participants. There was a 45% response rate for immediate evaluation and 32% response rate for the delayed evaluation 4 weeks following the day.

Immediate evaluation showed the majority of participants (96%) rated the sessions of the day 'good' or 'very good'. On delayed evaluation, 90% of respondents reported a solid or comprehensive understanding of the concepts, 66% reported already using what they had learnt in practice.

Conclusions The previously F2F communication skills teaching successfully translated to the online environment, including using 'breakout groups' to hold interactive demonstrations as prompts for discussion and to role play virtual and telephone consultations to help participants reflect on and develop optimal communication skills for these situations.

42 **ARE GP TRAINEES READY TO MANAGE PALLIATIVE CARE PATIENTS INDEPENDENTLY BY COMPLETION OF TRAINING?**

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Background Palliative care in the community is predominantly carried out by General Practitioners (GPs). As palliative care is part of most GPs workloads then trainees need to be prepared to manage this group of patients by completion of training (CCT). The aim of the study was to find out about GP trainees' exposure to palliative care during training and to explore whether GP trainees felt that they were ready to manage palliative care patients independently by CCT.

Methods Semi-structured interviews were carried out by telephone with ten final year GP trainees. The trainees were