48 SUPPORTING INTERNAL MEDICINE TRAINEES TO MEET NEW CURRICULUM COMPETENCIES AROUND END OF LIFE CARE: A NOVEL SIMULATION COURSE

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Introduction The new Internal Medicine Training (IMT) curriculum defines a specific Capability in Practice (CiP) around managing end of life and applying palliative care skills. We have developed a mixed methods program to meet the necessary curriculum competencies, including a simulation course. The aim of this project was to adapt and design a bespoke simulation course and to pilot and evaluate it with IMT trainees

Methods The training was adapted from an existing course, CHOICE (Communicating Honestly and Openly to Improve Care at End of life), a high-fidelity simulation course, modelling a patient's journey at the end of life. Each trainee participates in a simulated scenario with an actor and receives focused feedback from a multidisciplinary faculty. Two half day courses were piloted with a total of eight trainees. The courses were evaluated using pre and post course questionnaires, assessing confidence in several areas related to end of life care using a 5-point Likert scale.

Results In all domains assessed, the IMT trainees reported an improvement in confidence in identifying a patient reaching the end of their life and communicating this with them and their relatives. Feedback demonstrated that trainees found it a safe place to explore and practice conversations around end of life care. 100% of participants reported the course as 'very much' likely to have an impact on their approach to end of life care. All participants would recommend the course to a colleague.

Conclusion The pilot course was highly valued by IMT trainees to support them to meet their CiP around end of life care. There is a plan to extend to all IMT3 trainees rotating through our hospital trust. Ongoing evaluation is planned with review of resource allocation to assess the long-term sustainability and viability of the course.

49 A COVID-19 END-OF-LIFE MULTI-PROFESSIONAL SIMULATION COURSE TO PREPARE STAFF FOR DIFFICULT CONVERSATIONS WITH PATIENTS AND RELATIVES DURING THE PANDEMIC

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Background Most healthcare professionals redeployed to COVID-19 critical care or cohort wards in our hospitals in the first wave expressed feelings of discomfort and inexperience speaking about death and dying especially with relatives over the phone. Although doctors were initially expected to take on this role, as the first wave progressed, more nurses and Allied Healthcare Professionals (AHPs) recognised the need to speak with relatives themselves as they answered phones or doctors were unavailable.

Methods We designed and delivered a half-day multi-professional simulation course involving two scenarios: an in-person ward conversation with the patient and their relative, and a phone conversation with a relative about clinical

deterioration with COVID-19. One or two healthcare professionals were actively involved in each scenario while the rest of the group observed in another room. A whole group debrief followed. Interestingly, for the phone scenario, the cameras were set up so the observers could see both the healthcare professional's and relative's perspectives. Pre- and post-course surveys were completed by participants to evaluate the sessions.

Results 22 participants (doctors, nurses, AHPs and physician associates) attended across five sessions between 14th July and 11th November 2020. Pre and post-course scores showed increased confidence levels with discussing issues around death and dying including symptoms, psychosocial and spiritual needs with patients and relatives, especially over the phone. All staff recommended the course and felt scenarios were a good reflection of real-life situations. Qualitative data supported this and highlighted specific themes around preparation, phrases, non-verbal considerations for enhancing conversations. They also expressed the value of the multi-professional aspect of the course.

Conclusion There is need for more multi-professional courses encouraging junior doctors, nurses and AHPs to have conversations around death and dying. The half day duration of the course enabled both staff to be released from clinical duties to attend as participants and faculty.

50 TIME CRITICAL TELEPHONE CONVERSATIONS IN THE EMERGENCY DEPARTMENT – A PILOT EDUCATIONAL PROJECT TO IMPROVE COMMUNICATION SKILLS OVER THE TELEPHONE WHEN BREAKING BAD NEWS TO RELATIVES

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Background In many countries the COVID-19 pandemic has resulted in unwelcome news being delivered by staff over the telephone as hospital visiting by relatives has been restricted. This includes having to communicate patients have died or are critically unwell. We wanted to increase nursing and medical staff confidence and skills in communicating by telephone, in time critical situations to relatives in the emergency department.

Methods A blended learning package was created. This consisted of a bespoke 15-minute eLearning session and a 1-hour facilitated role-play session. Two simulated telephone calls to a professional actor, posing as the relative were undertaken. The calls simulated realistic time critical telephone conversations including obtaining crucial medical information, conveying news of an acutely unstable patient. A second call to the relative involved breaking the news that the patient had died. Following this the actor gave feedback to the caller focusing on the experience of a relative during these conversations with observers joining as a learning conversation. Group participants reflected on their learning during the session and in a follow up questionnaire. The actors were paid for by the department.

Results 61 staff received this session over the months May and June 2020. Key new elements specific to telephone conversations were explored. During the learning conversation, learners discovered important ideas for framing the

conversation, checking the recipient's welfare, and how to open and close the conversations.

Conclusion The unique feedback from the simulated relative's perspective has enabled us to deliver a learning package that helps to prepare learners to deliver unwelcome news over the telephone in time critical situations. Further work will look at the clinical impact of this project.

51 INTRODUCTION OF THE ROLE OF ASSISTANT PRACTITIONER IN A PALLIATIVE CARE SETTING

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Introduction The role of Assistant Practitioner (AP) was first formally defined in 2002 and is widely considered a pioneering role able to work semi-autonomously across various health and social care settings. Although not registered to a formal body, an AP's accountability comes through locally agreed and defined protocols. Health Care Assistants (HCA) can progress to AP by successfully completing a 2-year Foundation Degree in Health and Social Care. In 2015 Marie Curie Hospice Liverpool introduced the role of AP to work across all patient-facing areas and two individuals were identified to attend university one day a week while spending 4 days per week in practice developing new skills.

Methods Due to the role being new to the charity, there was opportunity for the AP to co-create the job specification and identify, with the help of the wider multi-disciplinary team (MDT), tasks which would be beneficial to the team for the AP to carry out. The AP would continue to carry out many of the tasks usually delegated to the HCA, while also developing new skills to support the registered nurse.

Results Both APs successfully completed the Foundation Degree and continued to develop the role and their skills. New opportunities to develop the role are continuously sought although there have been some barriers to development due to not being registered to a formal body; mainly around medication checking and administration. Nevertheless, venepuncture, assessing new patients, handover of patients to the MDT and assisting in the application of topical medications have become key skills within the role of AP.

Conclusion Although the introduction and implementation of the role has been somewhat successful, there are areas of the journey of the development of the role that have been identified that could have been improved on and role distinction is still unclear to a certain degree.

52 A VIRTUAL MULTIDISCIPLINARY JOURNAL CLUB

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Background Research is essential in enabling practitioners to deliver evidence-based treatment and care.¹ A journal club has been identified as a way to encourage a research culture by engaging staff to build evidence of best practice.² Since January 2019 Marie Curie Hospice Liverpool have developed a unique multi-disciplinary approach to journal club, which has recently been impacted by the COVID19 pandemic. We

recognised the importance of re-instating these sessions in order to continue learning and development of a research culture in our hospice.

Methods Our journal club is held fortnightly and is co-ordinated by the research nurse and speciality doctor with support from our research lead. Following the height of the COVID19 pandemic, meetings resumed and were encouraged to utilise Microsoft teams in order to maintain social distancing in meeting rooms. This provided us with a unique opportunity to expand our journal club outside of the hospice and invite healthcare professionals from external organisations (including acute hospital trusts and other local hospices) to join these meetings.

Results To date we have held a total of 22 meetings. Healthcare professionals attending the meetings have generated 109 research questions relevant to palliative care. Feedback from external organisations has been positive, and these healthcare professionals report being grateful for the opportunity to attend a journal club. We are currently working on developing a structure for a quality improvement project which will allow members of the MDT to come together and answer one of our generated questions.

Conclusions Our MDT journal club model has proved to be successful, and with the support of technology has allowed us to share our learning outside of the hospice. Attendance and engagement across disciplines has made our staff research aware, creating a culture of enquiry and an eagerness to provide evidence-based care.

REFERENCES

1. Preston NJ, Payne SA and Todd C. Conducting research in palliative care patients: burden or an opportunity? *International Journal of Palliative Nursing* 2009;15 (11):524–525.
2. Payne S, Preston N, Turner M, Rolls L. Research in palliative care - can hospices afford to not be involved? *International Observatory on End of Life Care* 2013.

53 AN AUDIT INVESTIGATING THE ROLE OF NASAL HIGH FLOW OXYGEN THERAPY IN ONCOLOGY PATIENTS – IS IT DELAYING APPROPRIATE PALLIATION?

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Introduction High-flow nasal oxygen (HFNO) is increasingly used as part of ward-based treatment, especially for oncology patients with respiratory failure that is either directly due to the underlying malignancy or secondary to anti-cancer drugs or radiotherapy-induced pneumonitis. Patient selection is paramount to its success, as unsuitable selection can result in delays in appropriate palliation, leading to unrealistic expectations for relatives.

Methods We performed a retrospective audit of 40 patients across both Gloucester Royal and Cheltenham General Hospitals, who received HFNO on the respiratory wards over July–December 2019.

Results The average age for patients receiving HFNO was 74 years with mortality rates being the highest at 80% in the 80–89 years age group. Interestingly, 81% of patients with HFNO as their ceiling of treatment died and only 10% of patients deemed for full escalation of treatment died. The majority of referrals were from medical specialities, closely followed by oncology. The oncology patients did show the highest mortality rates. The majority of patients referred for