Oral Presentations

Parallel Session 1.1 – Contemporary reflections on our workforce worlds (Wednesday 3 November, 13:30 – 14:45)

0-1 CARRYING THE TORCH FOR PHYSICIAN ASSOCIATES (PAS) WORKING IN UK HOSPICES

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10.1136/spcare-2021-Hospice.1

Background The Physician Associate (PA) role is well established in primary and secondary care, however, a PA has never previously been employed by a UK hospice. To qualify PAs complete a bachelor's degree in health/life sciences, followed by the PA diploma or Masters (Royal College of Physicians: Faculty of Physician Associates; Royal College of Physicians: Faculty of Physician Associates. Code of conduct for Physician Associates). With the arrival of Shape of Training and future palliative medicine trainees dual accrediting in internal medicine, hospices need to find innovative ways of managing this significant change in workforce provision.

Aim We aim to share our experience, acting as a benchmark employer of the PA within UK hospice teams.

Method During the first six months of employment a service evaluation was conducted. The PA and consultant team worked closely together to understand the role and how it works alongside the traditional inpatient unit medical team, looking at the strengths and limitations.

Results The PA acts as a complementary role alongside the doctors on the team. As a permanent member of the medical team who understands the unique systems in place, the PA allows continuity of patient care. Daily tasks include: ward rounds, clerking new inpatient admissions, co-ordinating the weekly MDT meeting, discharge paperwork, family meetings, following up test results and practical skills such as blood taking and catheterisation. Non-clinical work includes education, audit and policy updates. Limitations to consider: PAs are not currently able to prescribe, are unable to complete after death paperwork and do not partake in the medical on call rota, therefore need to work alongside doctor colleagues to ensure the smooth running of the inpatient unit.

Conclusion The PA role can bring much needed continuity, ensuring smooth transitions between medical rotations and acting as a highly skilled addition to the hospice multidisciplinary team, ensuring efficiency and excellence in patient care. The PA role has potential within the hospice community team. This will be explored further in the coming year.

0-2 'GOING AGAINST THE GRAIN OF ALL WE DO': HOSPICE STAFF EXPERIENCES OF MORAL DISTRESS DURING COVID-19

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10.1136/spcare-2021-Hospice.2

Background COVID-19 has placed huge stress on healthcare systems and services, often impacting the well-being of staff across all settings (Mehta, Machado, Kwizera, et al., 2021). Little is known about the pandemic's impact on hospice staff. **Aims** Identify how responding to COVID-19 has impacted hospice staff, whether and why this resulted in experiences of moral distress, and how hospices have responded in supporting staff well-being.

Methods Qualitative multiple case study (Yin, 2017) (n= five cases), as part of the CovPall study which explored the multi-national response of specialist palliative services to the pandemic. Cases were hospices in England providing specialist palliative care services in any setting. Data collection involved individual interviews with hospice professionals and analysed using framework analysis (Ritchie, Lewis, Nicholls, et al., 2013).

Results 24 participants sampled by role, experience, and setting. Themes demonstrated how infection control constraints (i.e., visiting restrictions) prohibited and diluted staff's capacity to provide care that reflected their professional values. This caused moral distress. Despite organisational, team, and individual support strategies to address moral distress, continually managing these constraints led to a 'crescendo effect' with cumulative effects of moral distress (e.g., sadness, guilt, frustration, and fatigue) sometimes leading to burnout. Solidarity with colleagues and the feeling of making a valued contribution provided 'moral comfort' for some.

Conclusions Despite their experience of dealing with death and dying, the well-being of hospice staff has been, and continues to be, affected by experiences of moral distress during the pandemic.

How innovative or of interest is the abstract We provide an in-depth insight into why and how hospice staff experienced moral distress during the pandemic, alongside how voluntary organisations responded. Given that prolonged experiences of moral distress has detrimental effects on staff and the quality of patient care, (Burston & Tuckett, 2013) national and organisational changes need to be implemented to alleviate and manage the short and long-term impact of moral distress (Jameton, 2017).

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0-3 APPLICATION OF THE LANTERN MODEL TO STORIES FROM THE PANDEMIC: ITS USE IN ENHANCING MDT WORKING

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10.1136/spcare-2021-Hospice.3

As a large multi-disciplinary community palliative care team, together we have experienced a whole range of unexpected and unprecedented demands as a result of the COVID-19 pandemic. In March 2021 to mark a point in time when the nation came to stand still, in 'locking down', and when our world changed irrevocably, the St Christopher's Community