

P-169 VIRTUALLY UNKNOWN VIRTUAL LEARNING. TAKING LEARNING PLATFORMS INTO HOSPICE EDUCATION

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Background An annualised training programme was delivered for all acute, community and care home staff in classrooms through short sessions, half days, full days and extended courses. Internal mandatory training only was delivered by e-learning and supplemented for clinical staff through a face-to-face study day. With the upsurge of a global pandemic, face-to-face training was halted and electronic learning was introduced to deliver much needed education safely and quickly to acute, care home and community staff. There were concerns about the 'safety' of delegates when delivering emotional content remotely.

Aims

- To deliver flexible, high quality short training sessions to meet the rapidly changing needs of staff.
- To deliver end-of-life care training alongside COVID-19 specific requirements.
- To record mandatory training topics for staff and volunteers to reduce 'footfall' within the hospice.

Progress

- Established a dedicated 'virtual' training room and supported staff to utilise the technology.
- Needs identified with CCG and care homes.
- Training delivered as required including for night staff and at weekends.
- Developed virtual delivery of Foundation, Intermediate and Advanced Communication Skills attracting staff from across the country.
- Delivered an education programme alongside council funded trainers, as well as in conjunction with the ICS for frontline staff as part of the local hospice education consortium.
- Facilitated education for the regional ambulance trust.
- Delivering training for a national charity on end-of-life care.
- Recorded MCA and safeguarding videos to update clinical staff working remotely.

Results Figures showed an increase of external attendees at training (184%). Virtual training offers a flexible and wide-reaching approach. Concerns remain over the sensitive nature of training and attendees being effectively supported. However, no anecdotal evidence or evaluations showed staff felt unsupported.

Conclusion Virtual education has a significant role in delivering end-of-life care education allowing greater numbers of staff to access flexible training from a wider geographic area.

P-170 ENGAGING THE PALLIATIVE CARE CLINICAL WORKFORCE THROUGH ONLINE LEARNING. A SUCCESS

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Background Achieving engagement of clinicians with regular voluntary teaching sessions is challenging. Voluntary attendance of teaching sessions at the hospice has historically been low

and uncoordinated between teams, with momentum difficult to establish; timings not always suiting a workforce with different commitments, shift patterns and geographical workplaces. Yet continuous professional development is a requirement for all (General Medical Council. Continued professional development: guidance for all doctors, 2012; Nursing and Midwifery Council. The code: Professional standard of practice and behaviour for nurses, midwives and nursing associates, 2018).

Aims Two nurses and a doctor were tasked with reintroducing clinical teaching for the hospice's community CNS teams. They decided delivery would be online using Zoom (due to COVID-19), recognising the opportunity this gave to expand access beyond the community clinical nurse specialist teams to all the different hospice clinical teams and sites.

Methods Responsibility was shared for arranging speakers and for gaining support for the new programme from team leads. The learning and development lecturer/CNS took responsibility for managing Zoom, creating QR evaluation codes, storing recordings on the shared hospice server, keeping attendance lists and providing feedback for speakers.

Results November - June 2021:

- Fifteen 45-minute sessions covering a wide range of topics; delivered fortnightly, commencing November 2020.
- 303 recorded attendances: 203 nurses, 20 doctors, 26 allied health professionals, 13 healthcare assistants, 22 trainee nursing associates, 7 Social Work, 19 paramedics, 3 Other. Attendance was across all hospice sites and clinical teams, including six guest paramedics. Some teams had higher percentages of team attendance than others.
- 270 attended live and 43 watched recordings.
- Recorded sessions were also shared with the local hospital palliative care team.
- 34% completed QR evaluations. Positive feedback, with demonstration of how new knowledge can be transferred to practice.

Conclusion Teaching and learning online has facilitated increased engagement in overall numbers across all the hospice clinical teams and sites, with easier access to internal and external speakers. Moving forward, continued encouragement from management to embed regular attendance across teams may be beneficial, to encourage those who have not yet made attendance habitual.

P-171 NURSE PRESCRIBING: A REAL COMMUNITY OF PRACTICE IN THE VIRTUAL WORLD

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Continuing professional development for non-medical prescribers is recognised as being pivotal in maintaining up-to-date knowledge and skills influencing prescribing competence (Weglicki, et al., 2015). In palliative and end-of-life care, pharmacology and prescribing are rapidly changing and require regular CPD in order to keep up-to-date with the latest developments. Non-medical prescribing is a comparatively new innovation to nursing practice, and within the hospice setting. Therefore, nurse prescribers need mentorship from