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**DEATH AND DYING: LET'S TALK ABOUT IT. A STUDY OF IMPROVING JUNIOR DOCTORS' WELLBEING BY TALKING ABOUT THE 'D' WORD**

Jennifer Hancox, Helena Wells, Michael Blaber, Anna Lock, Edward Fogden. *Sandwell and West Birmingham Hospitals NHS Trust*

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**Background** Delivery of good palliative care is a vital skill for medical trainees. Research identifies psychological burdens associated with managing dying patients, with up to 12% of junior doctors reporting features of Post-traumatic Stress Disorder. Contributing factors include unpreparedness and insufficient support.

**Methods** This project looks at talking about dying and how this impacts junior doctor wellbeing and palliative care delivery. Data were collected via questionnaires validated in the undergraduate population: Self Efficacy in Palliative Care Scale (SEPC) and Thanatophobia Scale. These were distributed to Core/Internal Medicine Trainees (n = 19). Phase 1 involved distribution of a book aimed at normalising dying (With the End in Mind, Kathryn Mannix); accompanied by a bookmark signposting to additional resources, including local (WMPCP) guidelines. In Phase 2, wellbeing workshops were held. Plan-Do-Study-Act cycles were implemented. A repeat questionnaire was distributed in January (n = 12) and March 2020 (n = 13).

**Results** By March 2020, 69% (n = 9) had read the book and 85% (n = 11) were aware of WMPCP guidelines, compared to 5% (n = 1) and 47% (n = 9) at baseline. Of those that read the book, 100% of documented (n = 8) responses indicated positive/very positive impact on their practice and wellbeing in relation to managing dying patients. Across all questions in the SEPC, there was improvement in mean self-perceived management of dying patients. Across six of seven questions in the Thanatophobia Scale, there was a small reduction in mean scores (-0.28 to -0.85), a higher score indicating greater fear of managing dying.

**Conclusions** Results suggest that narrative medicine may be an effective approach to support palliative care training in trainee doctors. More research is needed to explore this further in a larger cohort and in different staff groups.

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**IMPORTANT CONVERSATIONS; AN EDUCATION TOOL TO ADAPT TO A VIRTUAL SIMULATION PLATFORM**

Conal Corr. *Western Health and Social Care Trust*

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**Background** In anticipation of a surge of Covid-19 in March 2020, it became apparent that the delivery of important information to patients' relatives would change. High volumes of

these conversations were anticipated; a daunting prospect for junior medical staff with limited experience and training.

**Methods** Communication is difficult to teach by didactic means, the aim of this project was to create a simulation based teaching session which could be adapted to a virtual platform to comply with restrictions. A forty-five minute session was developed with scenarios related to specific, important conversations. These included breaking news of a diagnosis, a death or discussion regarding ceilings of treatment. Sessions were conducted with groups of six foundation doctors. At the end of each session, QI methodology was applied; adding additional detail to scripts for facilitators for example. Attendees completed structured questionnaires before and after the session. Candidates were asked to self rate their skill in conducting important conversations. The aim was to show an increase in confidence following the intervention.

**Results** Seventeen attendees filled out the questionnaire prior to the session. Eight attendees completed the post-session feedback for comparison. Participants were given statements and asked the extent to which they agreed. Sliding scales of 1–10 were used for responses; 1 being strongly disagree and 10 being strongly agree. There was a global increase in confidence in specific skills covered by the session. On pre-intervention survey, respondents reported a wide range of prior education (Range = 7). This range decreased to 4 following the session. (Pretest Median 4, Posttest Median 8). Qualitative feedback was extremely positive.

**Conclusions** Results proved an increase in attendees assurance that their training in important conversations was adequate. This was in an engaging and beneficial session which could be made accessible for delivery to other groups of healthcare professionals.

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**MACMILLAN TEN TOP TIPS FOR CHALLENGING CONVERSATIONS**

Elise Lang, Gemma Eccles, Sarah MacAuley, Sue Llewellyn, Juliet Norwood. *Macmillan cancer support, Wales cancer centre, Velindre University NHS trust, Swansea Bay healthboard*

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**Background** A multi-professional team working for the Macmillan Primary Care Cancer Framework (MPCCF) Wales embarked on a project to establish standardised prognostic terminology for clinicians to use when sharing oncological prognosis between clinicians. Communication, when done well, improves the experience of PABC and reduces distress and complaints, yet often clinicians have had no formal communication skills trainings post qualification.

**Method** Two separate surveys were disseminated to people living with cancer/their carers (PABC –people affected by cancer) and clinicians who engaged in prognosis discussions with cancer patients. To explore the survey findings in more depth, two separate workshops were held with clinicians who engaged in prognosis discussions with cancer patients (October 2020) and PABC (November 2020). In addition, a small clinical group, with representation from all Welsh health boards met on three occasions to discuss the findings, share learning and agree outputs.

**Results** Workshops with PABC (delegates=14) highlighted that in consultations with patients, whilst the terminology was important, the manner and environment in which the prognosis was shared was paramount. PABC strongly voiced that