

their recommendations be shared widely to improve patient experience and the Macmillan 10 Top Tips (TTT) were organically established. Their common themes to improve conversations with PABC include environment, language, exploration of patient understanding and the need to update PABC about delays in the running of the clinic, amongst others.

Conclusions The TTT should be shared with all clinicians who discuss cancer prognosis but also with clinic co-ordinators in order that clinics are planned with consideration to this framework. Applying TTT where relevant will improve the experience of PABC. Communication skills should be refreshed regularly throughout a clinician's career not just in their undergraduate experience. In a changed clinical world due to the pandemic these TTT also support improved virtual consultations and patient led care.

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THE CHANGING FACE OF TRAINING IN LIGHT OF THE COVID-19 PANDEMIC

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Background The Covid-19 pandemic brought many changes to palliative care. Services had to rapidly adapt to provide the structures needed in challenging and evolving conditions. Service workforces contained palliative medicine trainees who, alongside providing clinical care, were also required to fulfil training competencies. This study explored the impact of the pandemic on training (both positive and negative) including the adaptations made and the ongoing legacies.

Method A UK-wide survey was distributed to all palliative medicine trainees through Association of Palliative Medicine regional trainee representatives. Responses were received from over 70% of deaneries. The survey collected qualitative and quantitative data and considered changes to the workplace and training.

Results All trainees recognised changes to consultations across all care settings with a particular increase in telephone and video interactions. There were numerous positive work opportunities. Trainees were involved in policy, guideline and educational resource development and complex clinical situations such as the withdrawal of non-invasive ventilation. Education changed. Initially formal education provision was suspended. Subsequently, the shift to virtual platforms had the benefit of reducing travel and increasing flexibility allowing easier access to national speakers and shared resources. Consequently, for many regions it has remained in place. The survey respondents highlighted challenges in assessments particularly Direct Observation of Procedural Skills (DOPS) and Mini-Clinical Examinations (mini-CEX) due to a combination of increased workload, reduced joint reviews and limitations on movement between different clinical areas.

Conclusion The survey showed that there were definite challenges for trainees that arose from the Covid-19 pandemic however there were also positive changes particularly around education. Further work should explore whether there needs to be a greater emphasis on virtual consultation skills in training.

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CASE REPORT: UNUSUAL VISUALISATION OF OXYCONTIN GHOST TABLETS

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Background The concept of 'ghost pills' is well described in the literature. The term refers to extended-release medications that allow absorption of the active ingredients while the outer layer (or shell) is passed intact in the stool. The appearance of these ghost pills can cause distress for both patients and clinicians unfamiliar with the phenomenon.

Case Presentation A 52 year old man presented with unintentional weight loss and passing urine per rectum. Investigations revealed bladder SCC with invasion of the left pelvic side-wall and colo-vesical fistula. He was referred to the specialist palliative care team for symptom management and prescribed OxyContin 80 mg BD along with PRN Oxy-norm. He underwent defunctioning stoma and urinary catheter insertion. A subsequent cystoscopy visualised OxyContin tablets within the bladder, clearly demarcated with '20 mg'. Concerns were raised that the patient was not absorbing his analgesia. Management and Outcomes: Analgesia had been titrated in the days preceding the cystoscopy with good effect. The concept of 'ghost tablets' was discussed with the primary team and the patient, and reassurance provided. The patient went on to complete 40Gy (15#s) palliative radiotherapy. He died prior to commencing chemotherapy.

Discussion Ghost tablet visualisation in stool passed per rectum or via stoma is not uncommon. In this case, the colo-vesical fistula allowed the passage of the tablet shell to enter the bladder resulting in an unexpected finding on cystoscopy. Lack of awareness regarding the mechanism of action of extended-release medications may cause concern for patients and staff around perceived drug malabsorption.

Conclusion Education around the existence of ghost tablets among the wider medical and surgical community is important in order to prevent undue anxiety and unnecessary alterations to analgesia regimens.

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WINDOW INTO THE PALLIATIVE CARE MDT: FEASIBILITY OF A VIRTUAL MULTIDISCIPLINARY EDUCATIONAL INTERVENTION FOR UNDERGRADUATE MEDICAL STUDENTS IN THE UK

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Background Palliative care is best delivered through a multidisciplinary team (MDT) approach, facilitating improved team functioning, patient care and practitioner wellbeing through collective discussion.^{1 2} The location of an MDT meeting, online or in-person, may impact professional contributions and overall value.² Increasingly, technology is being utilised to facilitate discussions.³ We aimed to pilot an online teaching session for medical students showcasing MDT roles, recognising challenges of delivering a concept reliant on inter-team discussion in a virtual environment.