

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.

#### P-40 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.

#### P-41 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.

#### P-42 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.<sup>1 2</sup> The location of an MDT meeting, online or in-person, may impact professional contributions and overall value.<sup>2</sup> Increasingly, technology is being utilised to facilitate discussions.<sup>3</sup> 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.

**Methods** We designed a voluntary educational intervention for medical students interested in palliative care centred around two fictional hospital inpatients discussed in a virtual MDT. A multi-professional team was recruited (chaplain, clinical nurse specialist, occupational therapist, physiotherapist, clinician) led by a chair. Cases were designed to highlight MDT roles and reduce focus on the physician, with opportunities for questions. A practice session was conducted pre-event. Learning points included attributes and benefits of effective MDTs and understanding roles. Pre and post online surveys were distributed.

**Results** 6 participants attended this 60-minute pilot session with 83% (n=5) completing both pre and post surveys. Post-survey feedback indicated greater understanding of MDT roles (including that of the physician) with 100% (n=5) identifying they understood each professional's role (agree/strongly agree). Students cited features of an effective MDT including teamwork, communication, respect, structure. A better understanding of chaplaincy role was particularly valued.

**Conclusion** The intervention was time and resource intensive, reliant on technology adequacy – although this did facilitate remote attendance. Intervention timing (evening) likely impacted attendance. Although a small sample size, the intervention was well-received. Objectives of showcasing teamwork and adequate communication were met, despite online delivery. This virtual model could feasibly be delivered on a larger scale. There may be value in showcasing to other healthcare professionals. The option to record could further expand audience and convenience of access.

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P-43

### DEVELOPING A POSITIVE PALLIATIVE CARE RESEARCH CULTURE WITH A BESPOKE ONLINE INTER-PROFESSIONAL RESEARCH TEACHING PROGRAMME

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**Background** Palliative Medicine is increasingly developing as an evidence-based specialty. However, research experience during training is not uniform for all disciplines involved. In a tertiary referral Cancer centre, palliative care clinical staff (N=30) reported a lack of confidence in the language and understanding of research and critical appraisal, inhibiting research engagement.

**Aim** To create a bespoke research teaching skills course which builds confidence and capacity in a multi-disciplinary team thereby fostering a positive research culture.

**Method** A virtual programme was developed with 10 live sessions which were recorded for offline access. The programme was based on learners' needs and included terminology, audit

vs. research, statistics, quantitative vs. qualitative and how to appraise research papers. It employed a range of teaching aids including interactive quizzes and games. Responses from pre- and post-programme questionnaires plus individual session feedback were compared to assess changes in confidence and enthusiasm for research engagement.

**Results** The pre-course survey highlighted a lack of confidence. On a scale of 1–10 (10 most confident), scores  $\leq 5$  were reported for 50% of staff regarding research methods and evaluating journal articles, 60% for research language and 70% for statistics. Feedback for individual sessions demonstrated improved confidence, with 85% reporting this for statistics. The post-course survey highlighted a global improvement in confidence and knowledge with 100% of respondents rating the course a minimum of 8/10.

**Conclusion** This research teaching programme has improved confidence and encouraged a more positive research culture amongst clinical staff, opening doors for further research and education opportunities.

P-44

### GEORGE FLOYD AND THE DEVELOPMENT OF THE ASSOCIATION FOR PALLIATIVE MEDICINE (APM) RACE EQUITY COMMITTEE

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**Background** Racial prejudice and discrimination are increasing in healthcare and towards healthcare professionals. Studies show increased rates of poor mental and physical illness among the minority ethnic ageing population compared with the majority population.<sup>1</sup> Research and GMC data also demonstrate disparities according to ethnicity in medical workforce outcomes across all measures of training and career progression, as well as GMC investigations and sanctions.<sup>2</sup>

**Race Equity in Palliative Care** Within palliative care there is evidence of poor access and outcomes for minority ethnic groups. This has commonly been attributed to deficits within minority ethnic communities such as lack of awareness and misconceptions of services, religious and cultural preferences, a reluctance to engage in advance care planning and language barriers. Little serious consideration has been given to structural disadvantage.<sup>3</sup>

**Race Equity Committee** Following the death of George Floyd and the Black Lives Matter demonstrations of 2020, the APM supported the creation of a Race Equity Committee, led by a group of trainees and consultants working within the specialty from minority ethnic backgrounds. The Committee has been supported by members of the APM executive team. The Committee aims to:

1. Create a safe space for members from minority ethnic backgrounds to share experiences and views on how to address racial and ethnic inequity.
2. Understand the experiences of staff working within palliative care of racial and ethnicity-based prejudice and discrimination.
3. Support the development of an anti-racism strategy within the APM.