

wanted to use the feedback from the actor to help create a frame work for having these challenging conversations in the acute setting.

**Method** Two simulated telephone calls to a professional actor posing as the relative were undertaken on a speakerphone. Following each call, the actor gave feedback to the caller focusing on the likely experience of a relative during these conversations. Using some of the principles from the traditional models and the learning from discussion with the observers, participants and actors, we created a framework that may be useful for structuring a breaking bad news conversation over the telephone in the emergency department.

**Results** 240 staff received this session over 12 months, from May 2020- May 2021. Participants were nurses and doctors of all grades. Common themes from the actor's feedback included the avoidance of medical jargon, speaking slowly and using unambiguous terminology, avoiding over-optimism, tips for breaking news of the death clearly and rapidly, and frequently checking comprehension. Elements specific to telephone conversations included ensuring the safety of the recipient to take the call i.e., not driving a car, and ensuring they had adequate local support. A framework structured around the eight S's; Setup and Safety, Situation, Space and Silence, Suggest, Sum up and Stop was developed. We added the eighth 'S' for STOP, to remind the caller to stop, to ensure they are also considering their own well-being.

**Conclusion** This framework created, could be used to help deliver bad news quickly in the emergency department and other acute settings. Further work needs to explore the use of this framework.

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#### LEARNING TOGETHER: A TRAINING NEEDS ANALYSIS TO PROMOTE INCLUSION OF HOSPICE STAFF IN THE DEVELOPMENT OF AN EDUCATIONAL STRATEGY

Sarah Stanley, Emma Shaw, Helen Bonwick. *Marie Curie Hospice Liverpool, UK*

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**Background** In order for healthcare professionals to feel confident in their role it is important that their educational needs are met. A training needs analysis is essential in establishing the continuing professional development of a health care workforce.<sup>1</sup> Training needs analysis looks to identify gaps in knowledge and skill for an individual or organisation, allowing the trainer and the person/s requesting training to develop an educational plan together.<sup>2</sup>

**Aims** To improve confidence amongst staff by identifying gaps in knowledge and forming an educational plan to meet their needs.

**Methods** An online and paper based questionnaire was developed, giving hospice staff the opportunity to be involved in developing their own plan of education. Consisting of 35 questions, the survey asked individuals to self-assess different aspects of their own work. For each topic respondents were asked to rate how important they felt the topic was to their role and how confident they felt in this area. A final question provided the opportunity for respondents to give free text responses on their hopes and requirements for future education.

**Results** We received 38 responses from different healthcare professionals working in the hospice. Results of the

questionnaire identified gaps in knowledge amongst different disciplines, providing us with the essential information needed to develop an educational strategy to meet the needs of our staff. Feedback from staff has been positive as they have reported a feeling of inclusion and an appreciation of having their voices heard.

**Conclusion** Developing a training needs analysis to identify the educational needs of hospice staff has proven to be successful, positively engaging staff in order to develop an inclusive plan of education.

#### REFERENCES

- Gould D, Kelly D and White I. Training needs analysis: an evaluation framework. *Nurs Stand* 2004;**18**:33–36.
- Barbazette J. Training needs assessment: methods, tools and techniques. San Francisco, CA: John Wiley & Sons, 2006.

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#### PATIENT AND PUBLIC INVOLVEMENT AND ENGAGEMENT IN RESEARCH: AN EXAMPLE FROM A MIXED-METHODS STUDY IN PALLIATIVE CARE

Yuki Kano, Margaret Perkins, Laila Kamal, Anna-Marie Stevens, Markella Boudioni, Joanne Droney. *The Royal Marsden NHS Foundation Trust*

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**Background** High quality patient and public involvement and engagement (PPIE) ensures that research is effective, representative, and focused on patients' needs.

**Aims** To describe PPIE activities in a palliative care study.

**Methods** The six UK Standards for Public Involvement in Research were used to evaluate PPIE activity in a single site mixed-methods observational study.

**Results** Inclusive Opportunities: Early involvement of PPIE through the local Patient and Carer Research Review Panel.

Working Together: Co-design: PPIE members influenced the addition of the qualitative element. Co-production for meaningful collaboration: PPIE member is being co-applicant on research grant and co-investigator. Involvement in writing the patient-facing documentation, plain language summary, study protocol and funding application. Attendance at the Research Ethics Committee meeting. Participation in qualitative data review and development of themes.

Governance: PPIE in the Trial Management Team and Trial Steering Committee.

Communication: Continuous involvement and engagement maintained (face to face/virtual meetings and emails) and PPIE contribution to dissemination (conference and journal publications).

Support and learning: PPIE organisational infrastructure with a dedicated PPIE lead and training opportunities. Dedicated bespoke PPIE digital platform enables dissemination. Discussions about end-of-life were challenging for some members.

Impact and lessons learned: PPIE increased the effectiveness and credibility of this study and raised awareness of PPIE in palliative care. Specific challenges but also drivers for PPIE within palliative care research include the vulnerability of the participants (both study and PPIE members) and the subject matter (end of life, advanced cancer, palliative versus curative dichotomy). Adequate funding, training about palliative care research and virtual meetings can facilitate engagement. Institutional leadership supports successful PPIE involvement in studies.