

role was evaluated by their nurse colleagues working in community team.

Analysis Four colleagues responded to evaluation request. All feedback was positive with themes of new skill, energy among staff, diversity, knowledge and skills, future planning, extended outreach, assessment and communication skills, teamwork, triage and availability. For future development, ideas of rapid response assessments, education, clinics, drop-in sessions and advance care planning support were suggested.

Results Since the appointment of an initial Specialist Paramedic Practitioner, the hospice has grown its AHP workforce to include a second Paramedic. Clear developmental pathways in line with Health Education England and the College of Paramedics Framework have been executed to facilitate learning and professional development within the palliative care setting.

Conclusions The introduction of Paramedics at the hospice has seen a different dynamic to the existing workforce and offered mutual exchange of skills and knowledge, whilst clearly identified career development structures will in turn improve service delivery and patient experience.

P-217 A COLLABORATIVE EDUCATIONAL PROJECT TO ENHANCE CONFIDENCE AND KNOWLEDGE OF AMBULANCE CLINICIANS IN END OF LIFE CARE

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Background Ambulance clinicians have a critical role in enabling people at the end of life to have their care wishes met (National End of Life Care Programme, 2012). Training historically focused on the 3 Ps model (preserve life, prevent deterioration and promote recovery) and this has led to a lack of confidence and knowledge among ambulance clinicians in managing palliative patients at end of life (Kirk, Crompton, Knighting, et al., 2017. *J Paramedic Practice* 9:71), plus uncertainty and anxiety in decision-making (Murphy-Jones & Timmons, 2016. *Emerg Med J.* 33:722). Working closely with hospices and community palliative care providers is key to improving this (Brady, 2014. *Int J Palliat Nurs.* 20:37 ; Stead, Shirmilla, Nicell, et al., 2018. *Eur J Palliat Care.* 25:112).

Aim Hospice education staff and a community palliative medicine consultant worked in collaboration with the Regional Ambulance Service to develop a training programme with the aim of upskilling ambulance clinicians to help them better care for patients at the end of their life.

Method An interactive one-day workshop was carefully constructed with practical activities and case-based discussions (some participant directed). This was delivered to small groups of 10. Participants were asked to rate their knowledge and confidence before and immediately following the training. In addition, participants were asked to identify the impact they perceived the training to have on their future practice.

Results Pre-workshop over 80% of participants rated their confidence and knowledge as poor or average. Post workshop around 60% rated their confidence and knowledge as very good or excellent. Participants identified perceived impacts on their ability to act in the best interests of their patients, administer anticipatory medications, and engage in open

honest conversations to prevent inappropriate admissions. Following the training participants also highlighted a desire for further joint working opportunities.

Conclusions Tailored palliative and end of life education for ambulance clinicians improves self-rated confidence and knowledge scores. How this translates into clinical practice requires further evaluation. Opportunities for further joint working and education are being explored as a means of improving outcomes and experience for palliative care patients.

P-218 THE CHANGING FACE OF HOSPICE VOLUNTEERING

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Background Volunteers have always been an essential part of specialist palliative and hospice care services, contributing to high quality care of patients, families and bereaved relatives. However, the absence of most volunteers throughout the pandemic created the need to reflect and review the sustainable, effective use of the volunteer workforce for the future.

Aims Understanding our organisational needs has enabled us to identify new ways in which volunteers can support our specialist services. Creating roles for volunteers that are both meaningful and fulfilling has been key to future recruitment and retention of this invaluable workforce.

Methods A recent study (Walsh, Garner, Dunleavy, Preston, et al., 2021) considered the challenges of volunteering throughout the pandemic and beyond. Post pandemic, we have recruited fantastic volunteers from a diverse background of ages and skill sets into these new roles.

Results/Conclusion As a hospice in the south-east of England, we are embracing this challenge to integrate volunteers at the heart of our specialist clinical services, moving alongside patients, families and bereaved loved ones. The introduction of ward support volunteers has complemented professional care and provided an opportunity for volunteers to enhance quality of life for patients on our in-patient units over a seven day week.

The pandemic highlighted the positive effects of embracing nature at a time when mental wellbeing was paramount. The introduction of walking group volunteers for carers and bereaved relatives has provided a wonderful opportunity to gain support alongside the evidenced health benefits. Blackbird volunteers* will enable us to capture our patients' unique stories, memories and messages in their own voices, as lasting legacies for their loved ones.

Bereavement support has never been more welcome, our Stepping Stones bereavement support volunteers have provided telephone support throughout the pandemic and are now offering face-to-face group support for hospice families and importantly for any bereaved person in our local community.

* The Blackbird project digitally captures the voice of our patients as a lasting legacy for loved ones, it might be stories of their life, a recipe handed down over generations or a special message for a loved one, this precious recording is stored on a little Blackbird USB stick and given to the family. Blackbird volunteers are trained to sit with patients, on the wards, therapy centres and eventually in the community, to create this lasting legacy.