

based on their clinical assessment and the clinical history recorded in the resident's care plan. Beyond providing the potential for adequate symptom-control at the end of life, anticipatory medication frames a residents' death as expected, thus avoiding unplanned hospital admissions (and death) at the end of life.

Impact The anticipatory prescribing of CDs is a crucial tool for care home staff to allow residents die in place. No issues around the storing and monitoring of CDs in care homes were observed by this study. However, that CDs at times remain in place for many months or years before residents die calls for further investigation. Similarly, this study did not explore the disposal of unused CDs.

26 **A RAPID REALIST REVIEW: HOW SHARED DECISION-MAKING APPROACHES AND PATIENT AIDS INFLUENCE TREATMENT DECISIONS FOR PATIENTS WITH ADVANCED (NON-CURATIVE) CANCER?**

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Introduction Patients with advanced non-curative cancer are typically offered active palliative treatments (Chemotherapy, radiotherapy and immunotherapy). However, evidence suggests that when active treatment is used near the end of life it can result in worse quality of life, particularly those facing 30-day mortality. Patients' preferences should therefore be carefully integrated into these treatment decisions.

Aims We aimed to identify and explain contextual factors and intervention mechanisms that influence patients experiences in making decisions about palliative treatments and supportive care, when supported with patient aids and shared decision-making approaches.

Methods A realist review method (co-produced with public and clinical stakeholders) was used to search, appraise, synthesise and analyse the current research evidence. A theoretical model was produced to explain connections between contextual factors, intervention mechanisms and patient experience outcomes.

Results We included 41 papers in the review and produced a theoretical model which explains how patient (and family) experiences, clinician support, access to palliative care and communication can influence patients' engagement and satisfaction with decisions. It outlines how mechanisms such as enabling preparation for decision-making, providing accessible information, increased palliative care involvement, and supporting opportunities for patients to reflect on preferences and prior experiences of treatment decision-making.

Conclusions In order to improve patient's experiences of making difficult decisions about treatments for advanced cancer and supportive care they need time to engage with key information, revisit and re-evaluate information and decision-making before and during consultations. Multi-component, multi-format interventions that include additional input from palliative care specialists may prove most effective.

Impact These key contexts and intervention mechanisms identified can be incorporated in the design of a complex intervention aimed at improving treatment decision-making for patients with advanced non-curative cancer.

27 **GOING BEYOND WORDS: BENEFITS AND CHALLENGES OF VISUAL RESEARCH METHODS FOR QUALITATIVE RESEARCH IN PALLIATIVE CARE**

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Introduction Relying on written or spoken words, like questionnaires or interviews, has been criticised for not adequately communicating people's complex multidimensional experiences. Cognitive and physical efforts needed, and palliative patients' inherent anxieties in speaking with researchers, can limit the depth of data generated by verbal-only methods. Collage pictures and concept mapping are two visual methods. These promote researcher-participant collaboration, increasing the latter's autonomy and self-representation in the research process. **Aims** To explore two visual research methods to understand experiences of receiving and delivering emotional support by videoconferencing in adult palliative care looking at

- practicalities
- researcher-participant engagement
- credibility and trustworthiness of knowledge gained

Methods A multiple-site qualitative case study, with data purposively sampled from three UK hospices. Participants include patients, carers, health professionals, and hospice personnel. Data collection includes collages, concept maps and reflective journaling. Within and cross case analysis incorporates qualitative content analysis and critical visual methodology.

Results Summary of visual methods usage

- Practicalities (postage, equipment, dexterity, virtual whiteboards)
- Engagement (recruitment; managing research dialogues; task comprehension)
- Data interpretation challenges

Conclusions Collage pictures and concept maps can maximise engagement in research of diverse participants with a range of cognitive abilities, energy levels and verbal literacy. But researchers must address practical and interpersonal challenges to build reciprocity and rapport within the research relationship. This in turn may enhance credibility and trustworthiness of knowledge generated.

Impact Unless palliative care research methods fully engage participants' experiences information obtained will only have partial relevance to the population being investigated. Collage making and concept mapping provide people with limited time and energy the greatest opportunities to contribute their knowledge to the research process.

28 **WHAT COMPETENCY FRAMEWORKS ARE AVAILABLE TO PROMOTE A CONSISTENT EDUCATION FRAMEWORK FOR THE PALLIATIVE AND END OF LIFE CARE WORKFORCE IN WALES? A RAPID EVIDENCE MAP**

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Introduction Education frameworks identify specific learning needs, promote consistent, inclusive and flexible approaches to