values and preferences, enabling clear plans to be developed which guide future decision making. 

**Method** In a collaborative project between Specialist Palliative Care, the Emergency Department and Frailty, an interactive workshop, ‘Critical Decision Making in Clinical Uncertainty’ was developed to enable experienced clinicians to explore the clinical, communication, legal and ethical considerations of caring for patients where prognosis is limited and recovery uncertain. The role of Treatment Escalation Plans (TEPS), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Anticipatory Clinical Management Plans are explored, using clinical cases, and staff given the opportunity to reflect on their own practice with colleagues.

**Results** Training has been delivered to 34 senior clinicians (19 hospital doctors, 1 GP, 14 senior nurses/ANPs) resulting in lively, interdisciplinary discussions and a sharing of knowledge and experience. The sessions were well evaluated (mean 9.3/10) and staff valued the interactive nature of the workshop, recommending it to colleagues.

Pre- and Post-course confidence levels showed improvement: confidence to have an open and sensitive conversation with a dying person (4.5/10 to 9/10), confidence to develop a TEP (4/10 to 6/10), confidence to make decisions regarding CPR (4/10 to 6/10) confidence to develop an ACMP (5/10 to 8.5/10).

**Conclusion** This training stimulated inter-disciplinary discussions about the clinical components of future care planning. Clinicians were able to identify how they could apply learning to their own practice and reflect upon how they document conversations, decisions, and treatment escalation plans, as they ‘pass the baton of care’ to the next clinician caring for their patient.

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**18 CULTIVATING CONFIDENT CONVERSATIONS: THE IMPACT OF AN END-OF-LIFE CARE STUDY DAY FOR PRECEPTEE NURSES IN AN ACUTE HOSPITAL**

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**Background** Following recruitment of a large number of new nurses to a district general hospital, it was identified that this group of staff lacked confidence when having conversations with, and caring for, dying patients. Recognising the challenge of transitioning from student to autonomous practitioner, a Preceptorship programme was in place, and this offered a forum to review end-of-life training needs.

**Methods** In collaboration with the Preceptorship Programme, the Specialist palliative care team have introduced an interactive study day, ‘An introduction to end-of-life care’ which focused on core communication skills and care of the dying.

**Results** Two successful study days have been delivered to 33 learners. The agenda, set by attendees of the day, mirrored the proposed learning outcomes. The sessions were well evaluated (mean 9.4/10). Pre- and Post-course confidence levels showed improvement: confidence to have an open and sensitive conversation with a dying person (4.5/10 to 8/10), confidence to develop a plan for care for a dying person (4.5/10 to 7.5/10), confidence to facilitate a Rapid End of Life Transfer (4/10 to 8/10). Feedback showed that learners valued the interactive group activities and intend to use the ‘Simple Skills Secrets’ model of communication in their clinical work.

**Conclusions** These vibrant training days stimulated lively discussion throughout the day, allowing staff to explore their anxieties about caring for those approaching the end of their lives and providing the opportunity to dispel myths about end-of-life care. The opportunity for preceptor nurses to meet the palliative care team has enhanced clinical relationships and joint working back on the ward. Further learning needs were identified and staff signposted to other end of life training opportunities.

It is proposed that this training is included in the preceptor programme for all new adult nurses within the trust, with roll-out to other allied health care professionals.