

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 (7.5/10 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.

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 preceptee 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 preceptee programme for all new adult nurses within the trust, with roll-out to other allied health care professionals.

19 END OF LIFE IN CRITICAL CARE; TIME FOR MORE TRAINING?

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Introduction It is estimated that 15–20% of patients admitted to critical care will die during their admission. The Faculty of Intensive Care Medicine state that critical care teams should be aware of the importance of a good death. Prognostic uncertainty and increasing complexity of ICU patients are some of the barriers to a good death. The curriculum in Palliative Medicine newly includes dual training with General Internal Medicine. Supporting early palliative care involvement across a wide range of patient groups is now recommended.

Methods A cross-specialty focus group met to discuss curriculum requirements in both training programmes. This was to identify opportunities for enhanced training and collaborative learning. Literature was also consulted to gather evidence that each of these specialities can gain invaluable experience from the other. A survey of intensive care trainees in the UK was used to ascertain if experience in the field of palliative medicine would be useful in a career in intensive care.

Results Curriculum review identified key learning points between specialties; understanding of complex pharmacology of symptom management and navigating ethically challenging situations. Review of evidence identified learning needs for those caring for patients who die in ICU; hydration and nutrition at end of life and anticipatory prescribing. Seventy-five ICM trainees responded to the survey. Findings included that 61 of 75 respondents (81%) agreed or strongly agreed that observed consultations with a palliative care specialist would be beneficial. 41 of 75 respondents (54%) did not feel confident in decision making regarding hydration/nutrition at end of life.

Conclusion Collaborative learning between palliative medicine and intensive care requires further exploration. There is a desire from intensive care trainees to gain experience from palliative physicians to optimize care for patients who die in intensive care. This experience might take the form of a short placement or formal teaching.