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INTRODUCING GUIDELINES FOR THE MANAGEMENT OF TERMINAL AIRWAY EVENTS IN A HOSPICE SETTING

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10.1136/spcare-2023-PCC.40

Introduction The incidence of terminal ‘airway events’ (obstruction and haemorrhage) in hospice setting is not known. In our hospice, 75% of medical staff have looked after patients with altered airways and 30% have dealt with airway emergencies. Most do not feel confident dealing with such emergencies.

Methods All medical staff in the hospice were invited to anonymously complete a survey on their confidence dealing with tracheostomy patients and airway emergencies. Guidelines on management of airway emergencies were developed after literature review and agreed by the multidisciplinary team. They were then presented to medical staff in educational sessions, with a repeat survey to evaluate staff levels of confidence.

Results There were 11 and 8 respondents in the pre- and post-session surveys respectively. Respondents came from all grades (Internal Medical Trainee, Specialty Doctor, Specialty Registrar, Consultant). Prior to guidelines and training, 25% of staff felt not confident recognising the components of tracheostomy tubes, which improved to 75% feeling moderately confident. After education, 75% felt moderately or very confident distinguishing the differences of tracheostomy and laryngectomy (previously 50%). Levels of anxiety reduced post-education (58% pre and 12.5% post education), with levels of confidence dealing with terminal airway events significantly improving (8% pre- versus 75% post- education).

Conclusions Introduction of guidelines for airway emergencies in a hospice setting and educational interventions have improved the level of knowledge and confidence of medical staff. Ongoing education is necessary to ensure knowledge and confidence remain high. These guidelines have been included in induction for all medical staff. Impact and utility of guidelines will be further evaluated when staff apply them in real events.

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WHAT ARE THE EXPERIENCES AND SUPPORT NEEDS OF DISTRICT NURSES CARING FOR TERMINALLY ILL PEOPLE WITH DELIRIUM AT HOME? A QUALITATIVE STUDY

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10.1136/spcare-2023-PCC.41

Background Delirium is a serious neuropsychiatric syndrome. It is common amongst terminally ill people in the community, with studies reporting a prevalence of 4–12% on initial palliative care assessment, rising to 44% towards the end of life. District nurses have an important role in supporting terminally ill people to remain at home.

Aim To explore how delirium is assessed and managed by district nurses, and to identify the support they need to do this well.

Design/participants Semi-structured interviews were conducted via Microsoft Teams with 12 district nurses in Scotland, UK. Data was analyzed using a framework approach.

Results Overarching themes were challenges in delirium detection, uncertainty regarding delirium management, and

education and support needs. Time constraints on home visits, limited knowledge about patients, reliance on family carers, and the fluctuating intensity of delirium symptoms contributed to complexity in delirium detection and management. District nurses were unsure about the value of delirium detection tools and used delirium terminology inconsistently. They were familiar with non-pharmacological strategies, but uncertainty remained regarding pharmacological management of distressing hyperactive delirium symptoms, developing towards the end of life. When terminally ill people deteriorated acutely with delirium, organizational difficulties were reported, with challenges accessing timely advisory and practical support from other health and social care professionals. District nurses identified educational needs concerning delirium detection and management.

Conclusion Caring for terminally ill people with delirium in the community is challenging. Educational interventions may be beneficial in developing district nurses’ confidence in supporting these patients and their families. Specialist palliative care services are required to provide more responsive advice and support.

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SIMULATING DEATH: THE PRACTICAL WAY TO IDENTIFY UNDERGRADUATES’ PALLIATIVE CARE NEEDS

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10.1136/spcare-2023-PCC.42

Background Foundation doctors are expected to be able to provide interventions and support for patients nearing the end of their life,¹ yet many feel underprepared to manage basic palliative care, with minimal first-hand experience of end of life issues.² The aim of this project was to identify perceived gaps in confidence and knowledge and create a series of practical tutorials and simulation, focusing on areas important to students.

Method A programme was developed with South Tees NHS Hospital Foundation Trust Palliative Care Team focusing on: ‘Prescribing in Palliative Care’, ‘Care Near Death’ and ‘Practical Scenarios in Palliative Care’. Learning outcomes were identified through questionnaires completed by students and mapping to Newcastle University Medical School curriculum. Qualitative data was gathered before and after sessions to assess students’ understanding and perceived confidence. The sessions were delivered in the STRIVE academic centre in James Cook Hospital, Middlesbrough, with assistance from volunteers.

Results 10 students in their 4th or final year of medical school attended the sessions. Prior to the sessions, students were most confident in identifying symptoms near end of life, but all recorded low confidence in key aspects of palliative care, such as rationalising medication and communicating with relatives. All students’ confidence scores improved after the session, by 48% on average. All found the sessions ‘extremely helpful’ and found that being able to practise palliative care in a simulated environment was of notable value, in contrast to other teaching methods, with particular emphasis on the communication elements of the course.

Conclusion The sessions were perceived as valuable and felt from qualitative reflection to fill a gap in the current curriculum. Perception was undoubtedly biased by the self selecting nature of the timing and voluntary attendance of the teaching.

Session length may limit integration into existing curricula in current format. Further feedback is awaited from graduates to determine how the teaching impacted on their practice, which will help to consolidate and adapt the sessions.

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AN EDUCATION INTERVENTION TO IMPROVE THE UPTAKE AND DISCUSSION OF TREATMENT ESCALATION PLANS

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10.1136/spcare-2023-PCC.43

Background Treatment escalation plans (TEPs) document decisions around levels of care. In April 2020 during the first wave of the Covid-19 pandemic 90–100% of TEPs were completed in our health board, falling to 12–82% by September 2020. We aimed to increase the percentage of inpatients with a TEP that was completed, and discussed with the patient or relative. Our secondary aim was to explore barriers to TEP completion.

Method All doctors working in one large acute teaching hospital were invited to complete an online questionnaire, identifying barriers to completing TEPs. Two medical and two surgical wards were selected for study. One of each were selected at random to receive a teaching intervention focused on the rationale and practical application of TEPs. TEPs were audited on all wards pre and post intervention.

Results The doctor's survey had 40 responses. In medicine and surgery the main barrier was 'time pressures'. In trauma and orthopaedics (T&O) it was 'unable to find a TEP form in the notes'.

14 doctors, 32 nurses and 4 healthcare support workers attended the teaching intervention. We also provided teaching during the T&O clinical governance meeting. In medicine, numbers of completed TEPs decreased from 20 (80%) to 12 (52%) on the non-intervention, and from 9 (30%) to 5 (19%) on the intervention ward. In surgery, numbers of completed TEPs increased from 1 (3%) to 2 (7%) on the non-intervention ward and from 0 to 3 (12%) on the intervention ward. Of the 30 patients who were not for full escalation, 8 (4 pre-intervention, 4 post-intervention) did not have a documented discussion with the patient or relative.

Conclusion The teaching intervention is not clearly effective in isolation. This may in part be because it did not address the major barriers to TEP completion, as identified in the survey.

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ONLINE LEARNING ABOUT DEATH, DYING AND GRIEF: OPENLEARN RESOURCES AND FREE EDUCATION FROM THE OPEN UNIVERSITY

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10.1136/spcare-2023-PCC.44

Introduction Education and training are a core feature of palliative and end of life care policy and practice, both for professionals and the general public. The Open University (OU) has a commitment to providing free educational resources drawing on its expertise in online and distant learning via OpenLearn. Open Thanatology at the OU curate a collection of free death-related materials on this platform to enable education about palliative care, death, dying and grief.

Methods On the OpenLearn platform, we create and provide free open educational resources informed by learning design based on Open University research and curriculum. These include brief articles, animations, videos, interactives, and short courses. The latter are developed from our university-level modules on death, dying and bereavement. We also create content based on collaboration with organisations and public engagement work. The items are provided under creative common licences.

Results As a platform, OpenLearn has over 16 million visits annually. The introductory course on death, dying and bereavement had over 16,000 unique visits in 2021–2022 with over 4,000 completing the course; 20% of visitors click to learn more about studying the topic at university level (click-through rate). Animations and interactives received between 300–1000 visitors during that year, with click-through rates between 13–20%. Three core interactives have attracted over 10,000 learners since their release (between 2018–2021). The Open Thanatology Hub received over 200 unique visits in less than a year with a 23% click-through rate. Several short videos have won film awards.

Conclusion It is possible to create free educational resources about death that can reach wide audiences and that can be reused beyond the OU. Such resources can be vital for professional and public education now and in the future. Typical website data metrics currently does not provide longitudinal information about how this learning impacts thoughts and behaviours.

Link to the Open Thanatology Hub: <https://www.open.edu/openlearn/health-sports-psychology/open-thanatology-hub>

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PALLIATIVE CARE EDUCATION IN A PANDEMIC

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10.1136/spcare-2023-PCC.45

Background The COVID-19 pandemic and increased home deaths has highlighted the need for rapid, scaleable and cost-effective education on palliative and end of life care for health and social care staff in community settings.

Methods During COVID the Cardiff University MSc in Palliative Medicine team rapidly developed and delivered webinars on end-of-life care aimed at staff managing patients dying at home or in nursing and residential care from COVID, frailty and other conditions. They were delivered through the Zoom digital platform and made interactive by the Q&A facility, chat function and polls. Sessions were free to attendees as part of Cardiff University's 'Civic Mission.' All sessions were recorded and uploaded to a Cardiff University YouTube channel without time restrictions. A second series of webinars with expanded content was funded by Cardiff and Vale University Health Board and delivered by local clinicians. Electronic