

feedback was collected via Likert scales on content, delivery and organisation.

Results On evaluation, more than 90% of respondents gave scores of 'very good, or 'excellent' for all domains. Data taken 2–4 weeks after the end of series 1 and the more locally targeted series 2 showed means of 182.6 and 89.4 registrations respectively per session, 49.4 and 33.2 live attendees and 126.6 and 38.6 YouTube viewings. However, re-analysis of YouTube data 22 months after completion of series 1 and 7 months after completion of series 2 showed viewings continuing to rise with more than 180 and 100 viewings respectively for the most popular sessions.

Discussion and Conclusion Valuable and interactive education can be produced and delivered efficiently via virtual platforms and at minimal cost. Good quality digital recording of sessions provides an ongoing and sustainable resource that continues to be accessed regularly approaching 2 years after some live events.

26 SHOWING YOU CARE IN PALLIATIVE CARE: THE ART OF COMMUNICATION FOR NURSING STUDENTS ENHANCED THROUGH ONLINE LEARNING

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Background Research highlights that nursing students report feelings of unpreparedness when communicating with patients receiving palliative care and have expressed desire for more structured training and education around difficult situations at end-of-life (Rotter & Braband 2020 and Venkatasalu et al 2015). Successful completion of an Educational Fellowship, by the author, facilitated development of an online-learning resource for undergraduate nursing students. An interactive online resource utilising the latest technology, innovation and interactivity, aimed at improving and achieving undergraduate nursing student competencies, regarding communication in palliative care, was created.

Methods The aims of the study were to explore whether online learning meets the students' need in terms of improving confidence, skills, knowledge and understanding when communicating with patients in receipt of palliative care. In addition, it aimed to identify if the student would like additional education via the online learning approach in the area of Palliative Care. Following ethical approval nursing students were invited to review the resource, and upon completion, undertake a survey. Likert scale questions were utilised with opportunity to provide additional qualitative responses which were thematically analysed.

Results Results indicate a positive response to the resource, enhancing student learning. 96% of respondents found it useful to extremely useful, while all reported feeling comfortable exploring this content, online, at their own pace. This approach to teaching and learning enhanced nursing students' confidence when communicating with a patient receiving Palliative Care. 90% would recommend this resource as a way of improving skills in the area of communication in Palliative Care, assisting them while on clinical placement.

Conclusion Students benefited significantly to this online approach to learning which supports a sustainable educational approach that is relevant to palliative care practice. The

results are supportive in building momentum to further grow and develop sustainable Palliative Care skills for undergraduate nursing students.

27 CREATION OF A PHYSIOTHERAPY STUDENT WORKBOOK

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Background The Specialist Palliative Care (SPC) Physiotherapy team frequently host third year Physiotherapy Students from Cardiff University for clinical placements. The students understanding of Palliative Care was generally very limited and variable. It was thought that a Student Workbook would benefit both the students and SPC Physiotherapy clinical educators in order to provide guidance for self-directed study and evidence for grading at the end of the placement.

Method A student workbook was created, to be issued to students at the beginning of their placement and then reviewed during their end of placement feedback session. The workbook covers pertinent topics to guide student self-study and clinical practice within SPC, including syringe drivers, goal setting, metastatic spinal cord compressions and 'Total pain'. Each topic ends with prompts and questions for the student to research and consider independently. The workbook is issued to all Cardiff University Physiotherapy Students completing a SPC clinical placement and is also being issued by Chichester University to its Physiotherapy students.

Results Feedback has been obtained from past Students, and staff at Chichester University, and is positive and supportive of the use of the workbook.

'...Very helpful in giving me an overview of the palliative care setting and a guide for my self-study'

'...Opened the door for a more targeted self-study plan'

'...gave me better clinical understanding and judgement of the physio role in palliative care'

'...really enjoyed the workbook'

'Excellent feedback' (given to Senior PT Lecturer from students).

'Extremely valuable'

Conclusions Pt students' prior knowledge of SPC and the role of PT in SPC was limited and variable. A Student workbook was created and is issued to all students attending on clinical placement and is also circulated to Physiotherapy Students in Chichester University. Feedback from both University staff and students has been positive and supportive.

28 NEW OPENINGS: EVALUATING A NEW FY3 EDUCATION FELLOW POST IN A HOSPITAL SUPPORTIVE AND PALLIATIVE CARE TEAM

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Background Two new Education Fellow (EF)/FY3 posts were created within an acute hospital SPCT setting. The posts covered 40–50% WTE in SPC and the remainder was spent in medical education. The role was evaluated after six months to understand impact on team and improve the post for future.

Methods Multiple methods utilised:

1. Measurement of service activity- total, joint and solo EF consultations (Nov 21-May 22) from Somerset database of SPCT contacts
2. Online anonymised semi-structured survey to whole SPCT. Items covered expectations, positives & challenges of the role.
3. Feedback from post-holders: Face-to-face discussion with Nurse team lead (not direct line manager) about experience and hopes -results anonymised.

Results

1. Total EF consults = 404 (on own= 64.4%, with CNS/ other HCP= 27.7%, with Consultant= 7.9%). EF involved in 8% (404/4553) of total consults within SPC team.
2. Survey Response rate 14/17 (82%). Most common expectation was support for CNS skills (cited 14 times), assessing/examining patients, service delivery and education & training (all cited 13 times). Role added with 'meeting service delivery' (8 citations), providing medical support (5), increasing CNS skills/knowledge (4) and training junior doctors (4).

Most commonly cited challenges were Unclear about working patterns (when combined with education role) (4), less experience of SPC (cited 4 times), needing support from CNS team. Most of SPCT found role helpful/partially helpful (13/14), 1 found neither helpful/nor unhelpful.

3. Role Feedback: Felt supported by the SPC team although advisory role needed adapting to, expectations that had more SPC experience. Highlighted the balance between education role and linking with SPC education, and patient clinical continuity when splitting SPC/education time.

Conclusions The EF role is a valuable addition to SPCT in an acute hospital setting. Further support with role expectations, SPC knowledge and continuity needed to sustain future posts.

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PALL-EM: RESULTS OF AN INTRODUCTORY STUDY DAY FOR JUNIOR DOCTORS INTO ACUTE PALLIATIVE CARE

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Introduction Approximately 1 in 3 patients currently in hospital is in their last year of life. Palliative care is a neglected part of medical education (Charlton, 2008)². A majority of junior doctors do not feel well prepared to deliver palliative care (Bowden et al, 2013)¹ and report high levels of psychological distress when doing so (Linane et al, 2019)⁴. Recommendations have been made for palliative care simulations to influence medical student teaching (Kozhevnikov et al 2018, Price and Schofield 2015, Wells et al 2019, Wells et al 2022).^{3,5-7}

Method Pall-Em (a palliative emergencies study day) was advertised as free for local junior doctors to Coventry and Warwickshire in May 2022 via social networks. 10 candidate spaces were created and successfully filled with an attendance of 8 on the day. The teaching content focused on simulation scenarios and how the ABCDE approach may differ for a palliative patient. An anonymous pre course knowledge questionnaire and post-course knowledge questionnaire was filled in by each candidate.

Results Results showed an increase in candidates' confidence and knowledge with all candidates recommending the course. Candidates noted that their knowledge improved in palliative care by 47% and improved their confidence in managing palliative care emergencies/terminal events by 85% with all participants in agreement that they would recommend the course to other practitioners.

Conclusion There is a real need, value, appreciation and benefit for junior doctors to develop skills and a holistic competency in palliative care emergencies. Pall-Em has been proven to create a safe and effective model for healthcare professionals to become competent in recognising a dying patient and providing the best possible care.

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PREPARING OUR FUTURE DOCTORS – USE OF LIFE-CAST SIMULATED VERIFICATION OF DEATH IN FINAL YEAR MEDICAL STUDENTS

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10.1136/spcare-2023-PCC.50

Background High fidelity simulation has a well-established role within undergraduate education, teaching both clinical and non-clinical factors in the management of acutely unwell patients. Verification of death is equally part of a junior doctor's role as initial management of the unwell patient; however, the verification process is often taught theoretically, focusing on the logistical and legal aspects with very little emotional investment. This, in our experiences, has led to a lack of emotional preparedness in medical undergraduates, which can lead to fear and anxiety when confronted with such situations as a newly qualified foundation doctor. Studies looking into cadaveric dissection clearly demonstrate student fear and anxiety when considering concepts such as death¹, with potential for detriment for wellbeing.

Methods Our study involved creating an educational session using a highly realistic life cast simulation model named Vivienne. Medical students took part in an interactive simulation performing death verification in real time, with simulated nursing staff and relatives to bring out the human and