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.

**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.
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% (404/4533) 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 SPCE 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.

References

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)5. A majority of junior doctors do not feel well prepared to deliver palliative care (Bowden et al, 2013)3 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 (Koheznikov 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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