

**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)<sup>2</sup>. A majority of junior doctors do not feel well prepared to deliver palliative care (Bowden et al, 2013)<sup>1</sup> and report high levels of psychological distress when doing so (Linane et al, 2019)<sup>4</sup>. 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).<sup>3,5-7</sup>

**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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**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 death<sup>1</sup>, 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