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/partly helpful (13/14), I found neither helpful/nor unhelpful.

3. Role Feedback: Felt supported by the SPC team although advisory role needed adapting to, expectations that had more SPCT 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

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.

Abstracts

PALL-EM: RESULTS OF AN INTRODUCTORY STUDY DAY FOR JUNIOR DOCTORS INTO ACUTE PALLIATIVE CARE
Jennifer Paskins, Benjamin Lambert. South Warwickshire University Foundation Trust; WMCares, University Hospitals Birmingham NHS Foundation Trust

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). A majority of junior doctors do not feel well prepared to deliver palliative care (Bowden et al, 2013) and report high levels of psychological distress when doing so (Linane at al, 2019). 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).

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.

PREPARING OUR FUTURE DOCTORS – USE OF LIFE-CAST SIMULATED VERIFICATION OF DEATH IN FINAL YEAR MEDICAL STUDENTS
Joshua Craig, Jessica Scott, Nicholas Moss, Chris Yates. Northumbria NHS Foundation Trust

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 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, with potential for detriment for wellbeing.

Methods Our study involved creating an educational session using a highly realistic life cast simulation model named Viviene. 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
emotive side of this process. Our aims with the project were to improve the student’s confidence in their ability to practically manage this common scenario as foundation doctors and to encourage discussion and around the non-clinical emotional aspects of such experiences to allay anxiety.

Results Using pre and post simulation questionnaires we were able to demonstrate improvement in student emotional preparedness towards the verification of death process. Compared to the pre-simulation responses there was a globally positive trend in mean scores throughout. Free text responses reflected on an overall positive experience in both practical and emotional aspects of the case.

Conclusions Due to the positive experiences thus far we have plans to expand the use of life cast simulation for training in undergraduate end-of-life care education including in discussions around resuscitation and performance of basic life support.

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31 ‘I LIKE PALLIATIVE CARE NOW’: IMPROVING CONFIDENCE IN PALLIATIVE CARE USING SIMULATION FOR FOUNDATION YEAR 2 TRAINEES
Laura Masey, Lucy Robinson, Amy Huggin, Deepta Churm. DASH at Northumbria
10.1136/spcare-2023-PCC.S1

Background Simulation as a learning platform is recognised internationally as beneficial in terms of education, training and assessment of doctors. This study aimed to introduce and evaluate a novel Palliative Medicine simulation session as a tool for Foundation Year 2 (FY2) doctors to gain competency and confidence in the assessment and management of life-limiting illness. Prior to the session only 27% of FY2s felt that their training so far had prepared them to deal with Palliative Care (PC) issues as Higher Trainees.

Methods We designed the PC simulation session based on the FY2 curriculum. The three scenarios involved management of opioid toxicity, breaking bad news and shared decision making with a role-play patient with a gastrointestinal bleed. Session faculty included a mix of healthcare professionals, but always included a PC specialist. We evaluated the session using a pre and post-session questionnaire collecting data using 5-point Likert scales and free-text comments. We calculated percentage agreement with questionnaire statements using Likert scores of 4 or 5 and compared candidate’s answers pre and post-session. We analysed qualitative data using content analysis. Researcher and methodological triangulation increased the credibility of the findings.

Results 95.6% of FY2s felt the session addressed the challenges they experienced managing PC issues. The percentage of candidates who felt confident in PC management and communication increased post session in all domains measured. The content analysis found that the commonest issue FY2s worried about was communication followed by prognostication. The ‘debrief’ was the most commonly cited positive aspect of the session. Suggestions for improvement included prescribing practice and use of professional role-players.

Conclusion Our session was effective at improving confidence in the management of PC patients for FY2s. The content analysis shows learners particularly valued the simulation and debrief format. The evaluation supported integrating the session long-term into local foundation teaching.

32 HOW DO CHILDREN’S NURSE WORKING IN HOSPICES MANAGE EMOTIONAL LABOUR AND PROFESSIONAL INTEGRITY IN LONG-TERM RELATIONSHIPS WITH PARENTS?
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10.1136/spcare-2023-PCC.S2

Background Children with life-limiting conditions are living longer, so relationships between nurses and families can span decades (Maunder 2013)3. Although long-term relationships between nurses and children/families in paediatric palliative care have been researched, studies undertaken exclusively in children’s hospices (CH) are rare.

Aims Develop an understanding of how CH nurses maintain professional integrity whilst providing long-term practical, emotional, social and spiritual care to parents. Explore coping strategies used by CH nurses to manage emotional labour.

Methods Participants were a purposive sample of six registered children’s nurses, employed at CH for minimum of 4 years. Participants told the story of a shift, focusing on interactions with parents. Data collected (January 2019-January 2020) via audio diaries recorded on mobile phones and further explored in telephone interviews. Audio diaries securely transmitted via ‘Whatsapp’ (university and hospice ethics approval granted).

Results Thematic analysis (Braun and Clarke 2006)4 was used to identify that participants used a range of strategies/approaches to manage their relationship with parents; in terms of their emotions (Purposeful positioning) and interactions (Balancing personality and professionalism). In addition, participants revealed other CH specific factors which helped them cope with their role (Coping with and counterbalancing emotional labour).

Discussion Findings were indicative of CH nurses’ using and building Emotional Intelligence (EI). Established EI theory was combined with findings to develop: ENRiCHn (Using EI to Navigate Relationships in Children’s Hospices: a framework for nurses). Although CH specific, aspects of the framework could be adapted for other areas of nursing practice where long-term nurse-parent/client relationships exist.

Conclusions The findings provided an insight into how experienced CH nurses used emotional intelligence to engage emotionally with parents whilst simultaneously managing the level of involvement and maintaining a sense of separation. Features of hospice work which positively contributed to counterbalancing the emotional demands of the role were also highlighted.

REFERENCES