

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.

REFERENCE

1. N. Leboulanger. First cadaver dissection: Stress, preparation, and emotional experience, *European Annals of Otorhinolaryngology, Head and Neck Diseases*, 2011;**128**(4):175–183

31 'I LIKE PALLIATIVE CARE NOW': IMPROVING CONFIDENCE IN PALLIATIVE CARE USING SIMULATION FOR FOUNDATION YEAR 2 TRAINEES

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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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Background Children with life-limiting conditions are living longer, so relationships between nurses and families can span decades (Maunder 2013)². 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)¹ 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 personability 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

1. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 2006;**3**(2):77–101.
2. Maunder E. 2013. Exploration of the emotion management of children's nurses providing palliative care for children/young people living with life-limiting conditions and their families. Swansea University. Available at: <http://www.wspr.ac.uk/phd-studies-maunder.php> [Accessed: 7 February 2022].