clinical and non-clinical skills after completing specialty training and the support available during the transition from trainee to consultant.

Method An online survey, using previous literature, pilot tested on multi-specialty consultants to test functionality. A five-point Likert scale to record various aspects of preparedness was used. The survey was distributed via the Association for Palliative Medicine email and social media. Ethics approval was obtained.

Results Forty-eight consultants completed the survey; 80% were female, 40% were in a consultant post for 1 year, 50% worked across multiple settings, 46% worked as a specialty doctor before training. The majority felt very or extremely prepared in clinical skills (71%), audit (84%), interaction with other colleagues (70%), time management (64%) and self-management (64%). 50% felt moderately prepared in Human Resources, 68% in organisation structure and 52% in leadership. The majority (70%) were not at all or slightly prepared in financial management. 50% reported being moderately and 43% slightly or not at all prepared in complaint management. Attendance at management and leadership course (68%) and management meetings (55%) were most useful to gain management experience. The majority (75%) found departmental colleagues gave the most support in stressful situations but only 7% had a formal mentor.

Conclusion Palliative Medicine consultants may require support with the non-clinical aspects of their role, such as management of complaints, finances and mentorship. This is consistent with findings from other specialties. Future research should identify how trainees should be supported in these areas, especially with changes to specialty training; ‘Shape of training’.

DID YOU KNOW YOU COULD GIVE THE GIFT OF EYESIGHT? AN AUDIT OF CORNEAL DONATION DISCUSSION AT A PALLIATIVE CARE HOSPICE

Summer Chan, Simon Glover. Sue Ryder St John’s Hospice

Background Currently in the United Kingdom there is a shortage of 500 corneal donors per year with a waiting list of 2 years. To address this, Sue Ryder St John’s Hospice actively encourages all of its doctors to discuss with patients their views on corneal donation.

Aim The aim of the audit was to assess if all new inpatient admissions to the hospice were considered eligible for a discussion about corneal donation. A standard was also set for these discussions to occur within 72 hours of admission.


Results There were 34 admissions to the hospice in this time. All admissions were considered for corneal donation discussion. Discussions were had with 79.4% (27/34) patients, all within the target time frame of 72 hours. Those not had were due to reasons such as confusion or rapid deterioration. Out of the discussions that occurred, 96.3% (26/27) of them were held by GP trainees. As a result of this developing trend, a concurrent survey was sent to all the GP trainees in February to indicate their confidence levels in this topic. Of the responses, 100% (4/4) of trainees had never had such discussions before with only 50% (2/4) of them having heard about corneal donations prior to their palliative care placement. The change implemented was the creation of an informational leaflet about corneal donation which was distributed in March. This educational resource was also incorporated into the induction pack for future trainees. The leaflet was well received and data continued to be promising.

Conclusion This local hospice demonstrated a high rate of discussions about corneal donation. Fostering an awareness among all staff, like the GP trainees, was key to promoting this.

PHASE OF ILLNESS SURVEY

Suzy Williams, Joanna Vitens. Phyllis Tuckwell Hospice

Background Phase of Illness (POI) describes the current stage in the patient’s illness and are classified according to the care needs of the patient. The phases are stable, unstable, deteriorating, and dying. POI are used to prioritise interventions, manage caseloads and in handovers. POI is documented at every clinical contact by a range of healthcare professionals (HCP); therefore, consistency of assessment is important.

Aim To assess whether there is consistency across the organisation and clinical areas as to how to POI is being used and interpreted.

Method Clinical staff across the organisation were asked to complete two questionnaires. Two fictional patient scenarios were devised for the surveys. HCPs were asked to choose which POI best represented the patient’s condition, which evolved over time, at each clinical contact by an HCP.

Results Thirty-five HCPs completed scenario 1, 29 completed scenario 2. The range of HCPs included nurses, doctors, physiotherapists, occupational therapists and patient and family services. Majority agreement across all POI assessments in scenario 1. Five of the seven questions having agreement of the phase by over 70%. Less agreement across the POI assessments of scenario 2. Only 2 questions showing agreement by over 70% of the respondents. This was in part due to disagreement when to change from unstable to another POI.

Conclusion POI assessments give a useful description of the patient and families’ current care needs and whether an effective care plan is in place. This survey shows that there is mostly agreement of POI assessment across the multidisciplinary team. More work in terms of staff training and support is required to ensure the consistency of POI assessment across the hospice. The results of the survey have been disseminated to the hospice HCPs with a focus on when to change a POI.

FORTY YEARS OF PALLIATIVE AND END OF LIFE CARE TEACHING: A RETROSPECTIVE AND AN UPDATE

Thomas Weetman, James Brimicombe, Jane Gibbins, Paul Paes, Steven Walker, Stephen Barclay. University of Cambridge, Royal Cornwall Hospitals NHS Trust, Newcastle University, St Giles Medical London and Berlin

Background Palliative and end of life care (PEOLC) is now a core competency for all UK graduating medical students. In 1983, a UK-wide survey investigated how PEOLC was being taught in medical schools. A similar survey has been