nursing students. This was in partial response to widespread calls (Ambitions for Palliative and End of Life Care, 2021; Nursing & Midwifery Council. Future nurse: Standards of proficiency for registered nurses [Internet] 2018, updated 2023; All-Party Parliamentary Group Hospice and End of Life Care. The Lasting Impact of COVID-19 on death, dying and bereavement. 2023; Royal College of Nursing. Investing in patient safety and outcomes: health and care nursing workforce and supply in England [Internet], 2023; Yoong, Wang, Seah, et al. Nurse Educ Pract. 2023; 69: 1–38) for collaborative and innovative action aimed at better preparing the current and future health and care workforce as providers of competent, person-centred, compassionate PEoLC whenever and wherever this is required.

**Aim** To offer a funded extra-curricula professional development opportunity to final year nursing students with an interest in PEoLC, aimed at enhancing their confidence, knowledge, skills, and employability prospects in PEoLC.

**Methods** April 2021 to date; co-design of proposal and selection criteria to achieve formal scholarship approval; marketing and press releases; shortlisting and interviews; co-mentorship of awardees by PEoLC specialist and nurse academic, menu of options; networking and development opportunities; formal recognition of scholarship award at annual Faculty student prize-giving; interim and final student evaluations; bi-annual reporting to key stakeholders.

**Results** Each of the eight awardees to date has positively evaluated their experience of this scholarship. For example, "Being awarded the scholarship has felt like the biggest privilege. It has opened many channels and enabled new connections with unique professionals who share my passion for reducing inequalities in EOL care to be formed." Two of the first three scholarship students accepted newly qualified posts in community palliative care settings. This scholarship has also drawn wider attention to the importance of compassionate, person-centred PEoLC as an integral aspect of nursing practice.

**Conclusion** This unique scholarship has been found to enhance the confidence, professional development, and employment prospects for award winners as intended. It has also drawn wider attention to the importance of PEoLC and opened new opportunities for preparing the future nursing workforce locally through our collaborative ventures with the university.

**Results** Four students joined the programme (one dropped out for logistical reasons after joining our bank and realising the journey was too far), and our first student will start working with us in Autumn 2023. We have a further four students studying with us, and are recruiting additional students this year through two local universities. Students have joined us as bank staff and/or on placement. One student set up a joint university end of life care masterclass for their students, delivered by us. We received fantastic publicity from our local press, and both we and the students have benefited from the relationship. We also received funding from a private donor to cover the cost of the sponsorship. One of our students suggested that we allocate a mentor to them in their final year to support with their learning and qualification, which we have adopted.

**Conclusion** So far this has proven to be a successful recruitment strategy for us and we look forward to continuing to work with our universities to promote palliative care as a career route for Registered nurses.

**P-262 PREPARING STUDENT NURSES FOR THE HOSPICE PLACEMENT EXPERIENCE**

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**Background** Student nurse placements are essential to developing a variety of skills across different specialties (Royal College of Nursing. Student nurses. [Internet] 2023). Hospices can provide a unique placement experience for students (Jeffers. J Hosp Palliat Nurs. 2018; 20(3): 266–271), however, some evidence suggests that student nurses are not prepared to deal with death and dying whilst on placement (Parry. Int J Palliat Nurs. 2011; 17(9):448–453).

**Aims** Our aim was to improve the student nurse placement experience by: (i) Better preparing students for their hospice placement (ii) developing a multidisciplinary approach to create a complete hospice experience for student nurses.

**Methods** In June 2021 we re-designed the student nurse welcome pack which provided essential information about the hospice. We ensured that we used terminology such as ‘life-limiting illness’, ‘death’ and ‘dying’ to prepare students for some of the experiences a hospice will likely provide. We emailed student nurses one week in advance of their placement, providing them with the welcome pack, mentor details and rota for the placement. Rotas included a comprehensive timetable of sessions with all members of the multidisciplinary team including day services, complementary therapy and fundraising. At initial interviews mentors were asked to discuss any experiences, fears or anxieties the student nurse might have in relation to death and dying.

**Results** Feedback from student nurses has been positive. Many students have enjoyed experiencing all aspects of the hospice, and they felt that the advance planning and preparation meant that their supernumerary time was protected. Students reported feeling well prepared for the placement, and that anxieties were addressed in good time. A number of students have expressed an interest in hospice and palliative care in their future career.

**Conclusions** Our work has demonstrated that by offering information in advance of placements, providing support on
induction to the hospice setting and creating a timetable of multidisciplinary activity, we can offer a positive and supportive environment for student nurses at all stages of their training.

**P-263** WHAT ARE THE BARRIERS AFFECTING THE FULL UTILISATION OF PARAMEDICS WITHIN HOSPICE CARE, IS A ROTATIONAL MODEL THE ANSWER?

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10.1136/spcare-2023-HUNC.281

**Background** With increasing demand for community based palliative and end of life care, paramedics are being recognised as a potentially valuable asset to a multidisciplinary workforce (Lord, Andrew, Henderson, et al. Palliat Med. 2019; 33(4):445–51). But there are barriers that prevent paramedics from being routinely found within the multidisciplinary teams in hospices. These barriers include; lack of specialised training, lack of confidence in leaving dying patients at home (Blackmore. Palliat Med. 2022; 36(3): 402–404) and concerns of losing the unique acute skills gained in paramedicine.

**Aim** Can we combat the barriers hindering full utilisation of paramedics in palliative and end of life care by applying a rotational model where paramedics retain employment with the ambulance service and split their working hours between frontline ambulance shifts and integrating into a rapid response hospice team?

**Method** Four paramedics commenced a rotational role with East of England Ambulance Service and St Helena hospice SinglePoint team. We undertook a comprehensive training programme followed by a period of joint working with registered nurses (RNs) and non-medical prescribers (NMPs) leading to a blend of dual and autonomous rapid response visit and telephone triage, mainly focusing on presentations suggestive of reversible causes, chest pains, neurological symptoms and traumatic injuries from falls including wound closure.

**Outcomes** The application of a rotational model has allowed the paramedics to practise paramedicine in an acute setting ensuring they maintain their acute skills. The integrated working with the SinglePoint and training team has provided specialised training, increasing the paramedics’ skills and confidence in palliative care.

**Conclusion** A rotational model can help overcome some of the hurdles faced when integrating paramedics into hospice care and has additional positive outcomes in staff retention for the ambulance service, increased hospital avoidance, opportunities in disseminating learning to other frontline paramedics and providing specialist learning and development pathways. However, the pilot is in its infancy and development of the role should continue to evolve and be regularly evaluated.

**P-264** ROTATIONAL SPECIALIST PALLIATIVE CARE PARAMEDICS

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10.1136/spcare-2023-HUNC.282

**Background** The ambulance service was experiencing challenges retaining experienced paramedics, the hospice with recruiting experienced nurses. An opportunity for collaborative working, sharing skills and knowledge (Nolan, Nolan, Sinha. CMAJ. 2018; 190(21):E636-E637) was identified by both organisations.

**Aims** Improve recruitment and retention of experienced paramedics and nurses.

- Share the skill set between the hospice and ambulance service.
- Improving confidence and knowledge.
- Preventing skill fade.
- Increase the responsiveness of specialist palliative care in the community.
- Improve individualised care.

**Methods** Recruited four paramedics working alternate weeks between the hospice community team and ambulance service. Week one of a six-week induction – classroom based, focusing on core elements of palliative care:

- Holistic assessment of patient and carers.
- Symptom control.
- Care in the last days of life.
- Communication skills.

Each paramedic was allocated a non-medical prescriber mentor and shadowed the team during induction applying theory to practice. The paramedics:

- Triage phone calls.
- Attend crisis home visits, using their clinical assessment skills.
- Support with decisions regarding potential hospital admissions.
- Identify reversible causes in deteriorating patients.

When on ambulance service shifts the paramedics, identify patients who require palliative/end of life support and cascade specialist palliative care knowledge to their colleagues.

**Outcome** In the first quarter 82 patients were seen. A random audit of 40 cases showed, 37/40 patients remained out of hospital for 72 hours post paramedic intervention, 22 continued to remain out of hospital three months prior to death. One patient had an appropriate acute admission, one patient was admitted to a community hospital, and one to the hospice IPU. The paramedics are now fully embedded, we anticipate the data to show even greater outcomes.

Feedback received from colleagues in the hospice is 100% positive. Demonstrating that the MDT has benefited from the additional role, improving collaborative working and sharing expertise.

**P-265** SUPPORTING PARAMEDICS WITH END OF LIFE DECISIONS

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10.1136/spcare-2023-HUNC.283

**Background** At the end of 2022 Mountbatten Hampshire met with the South Central Ambulance Service (SCAS) to discuss how the two organisations could work collaboratively to