DEVELOPING OUR FUTURE NURSES

Claire Booth. Rowcroft Hospice, Torquay, UK

10.1136/spcare-2023-HUNC.279

Background In 2022 we found ourselves facing all of the well documented post-pandemic recruitment and retention challenges for Registered Nurses.

Aims To develop a pipeline of future talent within the student body and create additional positive PR for the hospice to support our employer brand.

Methods We developed a bursary/sponsorship offer of a financial sum along with engagement with the organisation (education, placements, bank work, contact with service leads), in return for the student accepting any job offer we make upon their qualification. We worked with our local university to publicise this offer to their students. We held a recruitment process including presentation and interview with service leads and made offers to four students.

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.

PREPARING STUDENT NURSES FOR THE HOSPICE PLACEMENT EXPERIENCE

Maria Conway, Helen Burns, Emma Shaw, Sarah Stanley. Marie Curie Hospice, Liverpool, Liverpool, UK

10.1136/spcare-2023-HUNC.280

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.

Result 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?

Sarah Langridge. St Helena Hospice, Colchester, UK

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

Nicky Coombes, Catherine Sands. St Helena Hospice, Colchester, UK

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

Duncan Fleming. Mountbatten Hospice Group, Newport, UK

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