meeting the specialist needs for Tier 3 competencies (Health Education England & Skills For Health. Common core principles and competences for social care and health workers working with adults at the end of life. 2017), aimed at enhancing confidence. Assumptions lead to lack of confidence and barriers in effective communication (Royal College Physicians. Talking about dying: how to begin honest conversations about what lies ahead. 2021; General Medical Council. Understanding communication failures involving doctors. 2019). The impact of using CA to embed the learning of micro skills within ACST was explored and evaluated.

Aims To evaluate our ACST courses, delivered over a 12 month period to multiprofessional groups, via a blended approach with RealTalk and authentic clinical scenarios, using the adapted EMET (Whittaker, Parry, Bird, et al. BMJ Support Palliat Care. 2018; 8(4):439–446) capturing (a) pre and post evaluation of confidence/competence, and (b) the impact of CA evidence base RealTalk on learning.

Methods Addition of CA evidence base to ACST April 2022-March 2023: pre and post evaluation using EMET (Whittaker, Parry, Bird, et al., 2018); adaption of pre course preparation based on stakeholder feedback; data collected from EMET and goal setting returning to practice; data on impact of RealTalk on learning; data collected on professional demographics.

Results EMET has shown increases in confidence of the nuances and tacit skills that can be taught (Land, Parry, Pino, et al. Patient Educ Couns. 2019; 102(4): 670–679), enhancing professional behaviours. Post learning questionnaire showed 97.3% of delegates feel confident to listen to and talk with a dying person about issues surrounding their death. 100% feel competent in recognising a person's cues. Demographics: Doctor, 53%; EOLC facilitator, 4%; ACP, 14%; Therapist, 3%; CNS, 25%; Other, 1%.

100% agreed that they felt safe in the learning environment, the course met their needs and they would recommend the course to colleagues.

Conclusion Having adapted ACST, RealTalk has added the next step in widening the dissemination of talk as action in clinical practice, confidence has increased following the embedding of basic principles that underpin a range of complex communication skills. Practitioners can draw on these to facilitate compassionate conversations role modelling into clinical practice.

P-82 IMPROVING CONFIDENCE AMONGST COMMUNITY-BASED HEALTH-CARE PROFESSIONALS IN HAVING CONVERSATIONS REGARDING RESUSCITATION STATUS

[1]Hannah Bingley, [1,2]Charlie Besley. [1]*Mountbatten Hampshire, Southampton, UK*; [2]*University Hospitals Southampton, Southampton, UK*

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Aim To deliver a training programme to enable senior practitioners from the wider community team to complete DNACPR ('Do Not Attempt Cardio-Pulmonary Resuscitation') forms.

Background It is well documented that practitioners find initiating DNACPR discussions with patients difficult due to fear of causing distress, time constraints, as well as fear of complaints (Perkins, Griffiths, Slowther. NIHR Journals Library. 2016). The Institute of Medicine recommends that improved education around end-of-life care planning will help communication between the patient, family and care provider allowing for a more dignified death and limiting unnecessary suffering (Dobbins. Nurse Pract. 2016; 41(9):26–34). A systematic review of advance care plan training facilitation showed that role play is an effective pedagogy to help enhance practitioner confidence when initiating these conversations (Chan, Ng, Chan, et al. BMC Health Serv Res. 2019; 19(1):362).

Method A half-day training programme was developed by the palliative care team which incorporated advanced communication skills, legal and professional accountability, mental capacity assessment, discussion and role play to explore the complexities and importance of advance care planning conversations. A total of 16 senior practitioners including community nurses, physiotherapists and paramedics attended. The sessions were interactive and used a range of materials including recordings, presentations and simulation training. The practitioners were given the opportunity to practice complex scenarios in a safe environment to help develop their confidence within this area. Following the course, a competency document was completed, and an Observed Structured Clinical Examination performed to determine safety and expertise. Once successfully completed, this then allowed for the senior practitioners to complete DNACPR forms in the community.

Results This training session gained excellent feedback and was highly recommended by all the participants.

Conclusion By sharing expertise with community-based colleagues, trusting relationships between teams were built, enhancing patient care to be delivered within the wider community.

P-83 WHAT MATTERS TO YOU TODAY? DOCUMENTING PATIENTS' GOALS IN THE LAST DAYS OF LIFE

Wendy Short, Maria Wan, Kirsty Cornwall. *Ayrshire Hospice, Ayr, UK*

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Background The Respite and Response team at Ayrshire Hospice supports people to be cared for and die at home, if that is their choice. The team also aims to prevent unnecessary hospital admissions, and provides respite for carers. During 2021/22, 167 people were supported by the team to achieve their preferred place of death at home. Short-term goals are discussed at every visit (when appropriate), with the team aiming to help the patient realise their goal, or facilitate an adapted version wherever possible.

Aim Documentation in the patient record did not accurately reflect the person-centred care carried out. An initiative was launched by a team member to improve practice – specifically regarding documentation of patients' goals. The aim being that 95% of Respite and Response patients will have up-to-date person-centred goals documented by June 2023.

Methods The project lead presented to colleagues on the importance of discussing and documenting goals (Boa, Wyke, Duncan et al. BMJ Support Palliat Care. 2012;2:A9-A10) during a team development day. The team also linked with a local representative from The Care Inspectorate, responsible for regulating the service. A baseline audit was completed, looking at the level of personalisation and frequency with which goal setting was recorded. A run chart was displayed within the team office, with percentage compliance plotted at fortnightly intervals.

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