DEVELOPING A RESEARCH CULTURE WITHIN A HOSPICE ORGANISATION

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Background The Myton Hospices were given opportunity to recruit a permanent research nurse for the first time in their then 39-year history of providing palliative care to patients in Warwickshire. It was necessary to have a clear plan as to how to develop a research culture and foster a keen willingness from staff to participate in research activity.

Aim To develop a research culture within the organisation from the grassroots level in order to cultivate an attitude toward research that both values its importance and actively seeks to promote its occurrence.

Methods Undertake internal questionnaires to ascertain staff attitudes toward research activity, their knowledge of what it involves and past experiences of research within healthcare. To begin a monthly multidisciplinary journal club to engage staff with current literature and enhance critical appraisal skills. To set up monthly publication stands highlighting contemporary literature for staff to access in environments such as the clinical team office; making literature accessible; motivating staff to read it and enticing interest in clinical research of relevance to them. To develop and maintain a Research Bulletin for staff, volunteers, patients and public to read about the research activity within the hospice and how they might be involved. To set up Research Interest Groups to gather individuals who have an interest in the subject to share ideas and promote continued activity. Encourage postgraduate research activity and begin to network with other hospices and the acute sector in regards to participating in research trials at Myton.

Results Staff became more engaged. Literature was being actively sought and read. Members of the team contributed to the journal clubs and interest groups and finally we began to participate in a variety of clinical trials and research projects.

Conclusion Developing a research culture is a gradual but rewarding process and one that gleans many benefits to both patients and staff.

P-112 CONDUCTING A PHASE III CLINICAL TRIAL IN A HOSPICE ENVIRONMENT

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Background Clinical trials are considered the gold-standard for the evaluation of interventions in healthcare (Thomas, Atkene, Antonelli et al. Postgrad Med J. 2020;96(1139):564–569; Sibbald, Roland. BMJ. 1998;316:201). However, there is a lack of literature on clinical trials within hospice environments, despite evidence that describes multiple benefits reported by trial participants with advanced disease (Middlemiss, Lloyd-Williams, Laird, et al. J Pain Symptom Manage. 2015; 50(3):642–649.e1). Here, we report our experience, including barriers and facilitators, of conducting a clinical trial in two hospices with different research infrastructures.

Aims To describe the setup and local implementation of a multi-centre phase III clinical trial within two Marie Curie hospices.

Methods Nov 2022 – Jan 2023: Detailed protocol review, including resource requirements and identifying key roles within the clinical and research teams. Central Marie Curie research governance approval and local approval at each site. Communication with key members of the clinical team to define roles and responsibilities. Jan 2023 – Present: Finalising site-specific trial documentation. Site Initiation Visits (SIVs) by the sponsor to meet local clinical and research staff. Preparation of education/training sessions for the local clinical teams. Recruitment of trial specific research staff to coordinate the trial, oversee recruitment and data management.

Results Preliminary data highlight barriers and facilitators in the following themes: 1) the safety of participants and staff; 2) staff training; 3) communication between research and clinical teams; 4) trial management and 5) solutions required to deal with differences in research resources, including staffing constraints, at both sites. Key timelines: March 2023 – First site opened to recruitment with three patients recruited in first month; June 2023 – Second site due to open.

Conclusion Here, using a coordinated team approach with careful and considered planning, it has been possible to conduct a clinical trial within two different hospices. Good communication from an early stage between research and clinical