

have very little exposure to and experience in Palliative Medicine. There is uncertainty about the benefits of dual training and only a minority would consider taking a palliative medicine consultant post which included the acute take. Approximately a quarter would have considered applying from GP route if this was available. The majority completed their undergraduate medical degree in NI and see themselves continuing to work in NI.

Conclusions Recommendations are made to suggest how to attract more trainees to the specialty, improve the experience and success of trainees at national recruitment, and increase the resilience of the Palliative Medicine workforce in Northern Ireland.

4 **PALLIATIVE CARE EMERGENCIES IN A HOSPICE SETTING: USING SIMULATION-BASED TRAINING TO IMPROVE NURSING CONFIDENCE**

Amy Thompson, Amy Boswell, Tricia Evans, Beverley Clarke. *Compton Care, Wolverhampton, Mersey and West Lancashire Teaching Hospitals NHS Trust*

10.1136/spcare-2024-PCC.23

Background Nurses working in hospice inpatient settings may encounter various emergency situations requiring urgent intervention, however may lack confidence in emergency response skills due to the infrequency of such occurrences in these settings. This project aimed to assess whether a simulation-based training programme focusing on palliative care emergencies conducted in a hospice setting could improve the self-reported confidence and competence of nursing staff.

Methods A training programme was developed to enable nursing professionals to practice clinical skills necessary for recognising and managing palliative care emergencies including opioid induced respiratory depression, catastrophic haemorrhage, anaphylaxis, seizure, and acute airway obstruction. The content was developed by two members of the medical team, overseen by a consultant in palliative medicine. A pre- and post-questionnaire design was employed to collect data. Participants self-reported their confidence and perceived competence in responding to the relevant scenario before and immediately after simulation training and provided free text feedback. Paired T-tests were applied to assess for a change in competence and confidence scores, while free text responses were analysed thematically.

Results Forty healthcare professionals participated across eight simulation sessions. Findings demonstrated a statistically significant increase in the mean scores for both confidence and competence when comparing pre- and post-training ($p < 0.001$). Participants valued the opportunity to develop emergency response skills and recognised the value of simulation as an educational tool. Debrief was perceived to be important for maximising learning and facilitating self-reflection. Many participants noted they had previously underestimated the importance of non-technical skills, but the debriefing process facilitated a deeper appreciation of these skills.

Conclusion Simulation-based training improved both confidence and perceived competence of nursing professionals. Development of simulation-based training programmes specific to palliative care may contribute to the acquisition and development of specialist skills for nursing professionals and may be effective as induction programmes or refresher training.

5 **PALLIATIVE CARE TEACHING IN THE GP TRAINING SCHEME- ANALYSIS OF TRAINEES VIEWS AND IMPACT OF INTENSIVE SPECIALITY LED TRAINING DAY**

Ben Lambert, Emma Wooldridge. *WMCARES, Birmingham Hospices*

10.1136/spcare-2024-PCC.24

It is well known that the population is living longer & with continuous advances in medical assessment & treatments, patients' care needs are becoming increasingly complex. This is especially true for patients with palliative diagnoses who are often receiving very extensive treatments. Currently the GP training scheme runs over 3 years however, there is no standardised palliative care training during this time

The aim of our research project was to understand the gaps in palliative care knowledge of GP trainees and whether standardised teaching sessions may improve their knowledge

We formulated an online survey that was sent out to every GP trainee in post within the West Midlands programme containing a variety of questions regarding palliative care knowledge. We analysed the results in a excel spreadsheet, with core themes identified with qualitative answers. Following this we identified the areas which the trainees felt they needed further education and developed a teaching programme to address these areas. Following the teaching session we also released an online survey evaluating the course and their knowledge.

The feedback showed that there was a lack of palliative knowledge. Collating the information we designed and produced a training day which was provided at a central hospice. The teaching was performed as a hybrid model to 149 delegates with a variety of speakers from a palliative care and GP background.

We looked at their responses both prior and after the teaching day with a 60.1% increase in perceived palliative care knowledge and 77.81% increase in confidence managing complex palliative patients.

Ideally we would also have a follow up study to see how much knowledge has been retained. Going forward and assessing the feedback we would like to expand the training to over 2 days, to allow more time and also look to expand to more trainees.

6 **WIDENING ACCESS TO ONCOLOGY UPDATES – THE THREE-YEAR JOURNEY DEVELOPING A NATIONAL ONCOLOGY STUDY DAY FOR PALLIATIVE MEDICINE TRAINEES AND SPECIALTY DOCTORS**

¹Sophie Merrick, ²Sabrina Vitello, ³Daisy Henderson, ⁴Theresa Tammy Tran. ¹Medical Research Council Clinical Trials Unit at University College London; ²Princess Alice Hospice, London; ³Royal Trinity Hospice, London; ⁴Royal Marsden Hospital, Sutton

10.1136/spcare-2024-PCC.25

Background Oncology is a dynamic specialty with rapidly-evolving treatment options and associated complications. A core aspect of palliative care involves supporting oncology patients and their loved ones whilst keeping up-to-date with the latest developments. In the United Kingdom (UK), oncology-focused study days for palliative medicine doctors are rare. We developed a national oncology study day for UK palliative medicine trainees.

Method The national virtual oncology study day for palliative medicine doctors was developed over three years (2020–2023). An oncology registrar and two palliative medicine registrars co-designed each study day by mapping topics to the Palliative Medicine curriculum and liaising with oncology consultants, who delivered the sessions virtually. Feedback was reviewed and the course adapted annually. The third iteration was promoted UK-wide to palliative medicine trainees and specialty doctors.

Results In 2020, 30 palliative medicine trainees from London, Kent, Surrey and Sussex (London/KSS) attended. 96% (25/26 attendees) felt they would benefit from an annual study day to ensure broad contemporary topic coverage. In 2021, the programme was adapted to cover other topics. 34 London/KSS trainees attended. 100% (18/18 attendees) would recommend the study day to colleagues and 95% (17/18) would attend again.

In 2023, 80 doctors attended from across the UK. 97% (55/57 attendees) would recommend the study day and would attend again. Feedback was universally positive. Attendees valued the variety and quality of talks, knowledgeable speakers and opportunity to discuss complexities with specialists.

Conclusion Palliative medicine doctors care for patients with a range of oncological diagnoses. Our national programme has proven itself to be successful and valued. Delegates appreciated discussing complex oncology topics and real-world experiences with subject-matter experts. The virtual format enabled speakers and attendees to join from across the country and future iterations will be advertised more broadly to improve equity of access.

7 USING AN ADAPTED SHADOWBOX TECHNIQUE TO TEACH HEALTHCARE STAFF HOW TO MANAGE A PATIENT WITH END-OF-LIFE CARE NEEDS- A BLUEPRINT FOR EDUCATORS

David MacLennan, Abigail Walton, Rebecca Evans, Charlie Hall, Kelly Moffat, Carolyn Davies, Suzanne Young, Linda Fletcher. *NHS Lothian Medical Education Directorate*

10.1136/spcare-2024-PCC.26

Introduction Shadowbox technique was first described for use in training emergency and combat personnel. This educational technique allows a participant to observe a specific semi-scripted encounter being managed by an expert. Importantly, the expert is unscripted and acts naturally and spontaneously. The learner then reflects on how they might have managed the encounter before contrasting this with how the expert managed the situation, leading to practice change. This has been adapted for clinical education previously for infectious disease history taking and teaching nursing students (Mutch, 2022; Harder, 2020). In our context, we sought to empower junior clinical staff to advocate for patients with palliative care needs, following incident reports and anecdotal evidence.

Methods A multi-professional group formed who created, wrote and edited scenarios based on three key areas: 1: Advocating for a dying patient amongst staff 2: Developing a shared understanding of what a patient and relatives understand 3: Communicating the use of anticipatory medicines in a healthcare team. We adapted the Shadowbox technique to have a voice-over at the conclusion of the videos explaining why the actions of the observed expert were best practice.

Three short videos were created for use our trust's induction, in ad-hoc teaching and were embedded on the trust education website.

Results We adapted the approach to allow greater flexibility in their use by incorporating a short explanation as to why the expert managed the situation they did. This allows the learner to consider how they may have acted prior to an explanation, allowing versatility in delivery while maintaining the underlying educational theory where learners challenge their existing practice by observing how an expert manages the same scenario.

Conclusion The adapted shadowbox technique is a novel educational tool which has great utility for the unmet needs in palliative education due to time constraints on educators and professional groups, allowing flexibility in delivery while maintaining the underlying theoretical principles.

8 THE IDENTIFICATION OF LEARNING NEEDS AND DEVELOPMENT OF TEACHING RESOURCES FOR CARE AT THE END OF LIFE IN A UK HOSPITAL SURGICAL DEPARTMENT

Hannah Gyekye-Mensah, Srirupa Gupta. *Broomfield Hospital, Chelmsford*

10.1136/spcare-2024-PCC.27

Background Surgical training devotes little time to developing skills within palliative care domains, making it challenging to understand the requirements when managing a patient at end of life. The National Audit of Care at the End of Life (NACEL 2022/2023) found only 49% of healthcare professionals completed formal training within the last 3 years. Staff feedback highlighted the need for improved palliative care teaching in a UK surgical department.

Methods A 'Plan, Do, Study, Act' (PDSA) cycle was used to create standardised face-to-face teaching sessions. These were designed with the palliative care team and focused on addressing highlighted learning needs. Initially, 30 randomly selected surgical patient's notes were audited using NACEL's audit tool. A survey was sent to department professionals with 26 respondents (43% response rate).

Results Whilst 77% of staff members reported they felt confident in recognising a patient dying immediately (hours-to-days), the audit found 40% of deaths occurred ≤ 24 hours of recognition of dying. 47% lacked confidence in responding to practical and social needs of the dying patient, and 92% wanted formal training. A 5-part teaching series was created. This consisted of 30-minute mixed-method teaching sessions on the following: How to recognise a dying patient; symptom management and prescribing; challenging conversations; PEACE planning, and dealing with practical and social needs. The sessions will be rolled out to all relevant staff. Multistage feedback will be collected and assessed using Kirkpatrick's evaluation model and thematic analysis to study impact.

Conclusions Earlier recognition of dying patients can allow for better care and communication. This longitudinal learning tool will enhance exposure and understanding of key palliative care domains. Outcomes will be measured during the next audit cycle and further work is underway to ensure a high standard of delivery of sessions, with potential expansion of resources into other hospital departments.