

9 CREATING A PALLIATIVE CARE EMERGENCY SIMULATION SESSION FOR A LARGE ONCOLOGY DEPARTMENT

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Background The role of simulation to develop skills around managing complex palliative care emergencies has already been established in training post-graduate doctors. Following several palliative care emergencies on a busy oncology ward, a simulation afternoon was formulated with a focus on consultant-led simulation. The session utilised a trust wide training afternoon which released departments from clinical commitments.

Methods Three simulations were developed, the topics inspired by PALL-SIM-IMT by NEPRA. Scenarios were re-written to formalise a role for an oncology consultant. The topics included: status epilepticus; opiate toxicity that required careful naloxone administration; and a catastrophic bleed from a head and neck tumour. Focus was on identification of the situation, clinical judgement, application of knowledge and clinical leadership. The half-day session was hosted at the local hospice's simulation suite. It was attended by 40 people, predominantly oncology consultants with a smaller number of oncology registrars and ward nurses. Only a small proportion of attendees participated in the simulations themselves. The simulations were livestreamed to larger conference room. A member of the faculty remained with the audience and provided a running commentary to stimulate learning and discussion. Each simulation was followed by a debrief and short presentation.

Results Formal feedback was collected.

Attendees were asked to score each scenario with an average score of 9.32/10 for overall experience of the session and 9.21/10 that simulation was a helpful and efficient way of sharing experiences and learning new points. Following on from the session there has been continued positive feedback particularly when the scenarios have clinically occurred.

Conclusion The session was able to demonstrate that palliative care simulations can be applied to other specialties and that simulation itself is well received by consultants, including when not all participants undertake the simulation itself.

10 PLANNING, DEVELOPING AND TESTING A DIGITAL HEALTH INTERVENTION FOR HEALTH AND SOCIAL CARE PROFESSIONALS TO DELIVER FAMILY-CENTRED CANCER SUPPORTIVE CARE WHEN AN ADULT WITH SIGNIFICANT CAREGIVING RESPONSIBILITIES FOR DEPENDENT CHILDREN IS AT END OF LIFE

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Introduction Families are often unsure how best to prepare children for the death of a significant caregiver with a poor cancer prognosis. Children less prepared for this experience are at increased risk of adverse outcomes. Health and social care professionals (professionals) are ideally placed to provide

this important aspect of supportive cancer care, but often feel they lack the training, knowledge, and confidence. Using the 'Person-based approach', the aim of this study was to plan, develop and test a theory-driven educational intervention to equip professionals to provide this important aspect of family-centred cancer care in practice.

Methods The planning and development phase of the intervention combined evidence from a systematic review of existing educational interventions for professionals, data generated from primary studies with adults and children (pre-and-post bereavement), professionals and funeral directors, a steering group, and logic model. Iterative cycles of 'think-aloud' interviews were conducted with 13 professionals for usability testing, with continuous movement between data collection, analysis and modifications to the resource. Individual feedback was captured from subject and digital experts, and bereaved adults and children.

Results The systematic review identified a paucity of existing interventions in this area (n=2). Co-produced educational video resources were integrated, and a 'Talking, Telling, Sharing: End of Life Communication Framework' was adapted for utilisation within the resource. Key navigational difficulties were identified during the user-testing phase, with minor changes to language and content. Feedback from subject and digital experts, and bereaved adults and children complemented the development and refinement of the prototype to enhance the accessibility of the intervention.

Conclusions A co-produced, theory-driven and evidence-based intervention has the potential to promote family-centred cancer care at end-of-life, and facilitate better health outcomes for the affected family members and children. An evaluation of the intervention is required to explore its acceptability and useability in practice.

11 CHALLENGING CONVERSATIONS IN PALLIATIVE CARE: IMPROVING DOCTORS' COMMUNICATION VIA EDUCATION AND SIMULATION

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Background When patients near the end of life, doctors are often expected to manage challenging conversations with patients, relatives and colleagues. The Internal Medicine Training (IMT) curriculum renews focus on developing effective consultation skills for complex situations alongside compassionate professional behaviour.¹

This project assesses the impact of communication skills training for challenging situations related to palliative care for Internal Medicine Stage One trainees (IMTs).

Methods A multifaceted teaching session exploring positive communication in challenging situations was designed by palliative medicine registrars. An interactive presentation was followed by four small group simulation scenarios, giving participants opportunity to practice communication using roleplay and receive feedback. The scenarios were dealing with anger, breaking bad news, collusion with relatives, and challenging senior colleagues when active treatment is no longer felt appropriate. Sixteen IMTs participated in the teaching session. They completed pre- and post-course questionnaires regarding their skills and confidence in