

protocol, documentation and research procedures. Areas that required acknowledgement and response during the trial included providing support to address issues of informed consent and eligibility, understanding the impact of the ‘wait’ allocation on participants, staff and volunteers, and integrating volunteer management and feedback into trial procedures. At subsequent feedback sessions, staff moved from being research naive to research active making recommendations about the design of future studies.

**Conclusions** For most this was the first time they had been involved in research yet they embraced this and developed research skills for future studies. The trial acted as a catalyst for training of staff who were able to contribute to running a rigorous and ethical wait-list trial. Funded by the UK Cabinet Office.

**P-71 MAKING CHILDREN’S HOSPICES RESEARCH-READY: A CRN WEST MIDLANDS’ INITIATIVE**

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Making children’s hospices research-ready: A CRN West Midlands’ initiative builds on the Payne Commission report in 2013 ‘Research in palliative care: can hospices afford not to be involved?’ and recognising the opportunity in the CRN: WM region to engender research in children’s hospices, engagement with the following hospices: Donna Louise Hospice, Acorns Hospice in Selly Oak and Hope House in Oswestry has started, in order to scope the needs for bringing research to this setting. Introductory and planning meetings with national key players were held and we also took part in initiatives eg Tweetfest to raise the profile of research in hospices, as well as gain advice and suggestions from key people nationally via Twitter. Next steps include expansion of GCP training, and providing paediatric communication and consent and PI masterclass courses to staff in children’s hospices, in order to give the staff the practical skills to run research studies in children’s hospices. CRN WM workforce development team will be involved in creating a bespoke training package for individual children’s hospices, tailored to their need to be research-ready. These initiatives firmly link the clinical research network with the hospice staff forging good working relationships and ensuring that the research skills are acquired in readiness for opening the first paediatric hospice study.

**P-72 BUILDING RESEARCH CAPACITY TO ADDRESS THE PUBLIC HEALTH NEED FOR PALLIATIVE CARE**

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**Background** The growing demand to address significant public health issues such as ageing populations, changing patterns of chronic diseases, individuals living longer with life-limiting conditions and so on increases the pressure on researchers to produce high quality, clinically relevant, innovative palliative care research so as to improve the quality of life for service users and carers.

**Aim** All Ireland Institute of Hospice and Palliative Care (AIHPC) believes that one way to meet this demand is through research

capacity building which is being taken forward via the Institute’s Palliative Care Research Network.

**Method** Capacity building is defined as a “process where individuals, groups, networks, organisation and the wider community are encouraged and facilitated in enhancing their knowledge and skills so as to increase their ability to perform innovative and high quality research” (Moley and Seale, 2009). It is a major component of large national and international funding that seek to enhance and develop research expertise and leadership in specific health areas, for example, Irish Health Research Board, Public Health Agency (Northern Ireland), Horizon 2020, Canadian Institutes of Health Research).

**Conclusion** AIHPC’s Palliative Care Research Network is taking forward a multi-tiered approach to research capacity building ranging from awareness-raising of research, to providing more extensive support to those who want to progress elements of palliative care research, to providing tailored support and leadership opportunities for more advanced researchers.

**P-73 INTERDISCIPLINARY RESEARCH IN PALLIATIVE CARE: WHEN ACTIONS SPEAK LOUDER THAN WORDS**

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Multidisciplinary research is characterised by two or more disciplines coming together to address the same issue or area of interest from their respective paradigms. Interdisciplinary research arguably moves several steps further to bring two or more distinct academic fields together, integrating theory, methodology, terminology and/or data to address critical and complex health issues (National Institutes of Health, 2007). A range of environmental, group and individual factors have been found to influence interdisciplinary working including organisational commitment, availability of resources, effective communication, strong leadership, mutual trust between partners, flexibility in addition to specific scholarly competencies (Aboelala *et al.*, 2007; Gebbie *et al.*, 2008). Porter *et al.*, (2012) describe the correlation between funded interdisciplinary networking and scholarly impact noting that research articles arising from interdisciplinary research are more likely to be published in high impact journals and be highly cited.

This paper aims to provide a high-level overview of the highlights and challenges to adopting an interdisciplinary research approach in palliative care drawing on Irish, European and international experiences.

**Patient Care**

**P-74 HOW IMPLEMENTING THE FOUNDATION MODULES FOR PRODUCTIVE WARD HAS IMPROVED EFFICIENCY, SAFETY AND MORALE WITHIN THE INPATIENT UNIT**

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**Introduction** The inpatient unit has introduced the three foundation modules from the Productive Ward programme, Patient Status at a Glance, The Well Organised Ward and Knowing How we