P-215 PATIENTS’ UNDERSTANDING OF TERMINOLOGY USED IN PALLIATIVE CARE SERVICES
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Background Good communication stipulates that we avoid using jargon. However, patients’ understanding of terms such as ‘specialist palliative care nurse’ and ‘Macmillan nurse’ seems variable. We are often asked by patients who are already known to a palliative care specialist nurse, whether they could also see a Macmillan nurse.

In addition, as palliative care evolves and the role of hospices has changed to include complex symptom control, the subsequent name change to ‘Specialist Palliative Care Unit’ seems logical. However, patients’ understanding of this seems variable.

Aim To establish the understanding patients have of the terms commonly used in palliative care and ascertain whether the terms we take for granted cause any confusion.

Methods Qualitative semi structured interviews with 20 participants attending palliative care outpatient clinics. Participants had a range of life-limiting conditions and prognoses. Patients new to the service and those already known were sampled to identify any difference in their understanding. Interviews were recorded and transcripts were analysed using the principles of thematic analysis.

Results Only four patients were able to identify that the roles of specialist palliative care nurses (SPCN) and Macmillan Nurses were similar. Four patients felt that the SPCN was the same as the cancer specialist nurse. Five patients specifically mentioned the Macmillan nurse being available to provide hands on basic nursing and overnight care.

All participants identified end-of-life care with the term hospice. More than half did not know what a Specialist Palliative Care Unit entailed. Almost a third thought it was the same as the acute oncology ward or chemo/radiotherapy unit. Only three patients expressed their understanding of the two providing a similar role.

Conclusion There seems to be a real discrepancy between what is meant by these terms used commonly in practice and what is actually understood by patients. This raises serious issues which would benefit from further study.

P-216 INTERVAL

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Introduction Non-fiction filming involving death and dying has taboo status in terms of what western society can and cannot sanction. Made over the course of 12 months through close engagement with individuals experiencing and witnessing death and dying, our film consists of long sequences showing the

P-217 COMMUNICATION PASSPORT PROJECT

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Jessie May is a charity-run organisation who provides specialist care and support through a team of children’s nurses and nursery nurses in partnership with families and other agencies to deliver respite and palliative care service in the comfort of the families own home to children and young people with life limiting conditions.

The Departments of Health and Education (2015) define children with complex and continuing health care needs as individuals with prolonged chronic conditions which have an adverse effect upon a child’s development and welfare. Many of the children with long term life-limiting illness or disabilities may have impaired communication (Tear, 2009).

However Hewitt-Taylor (2008) suggests that communication difficulties may not arise because of the child’s inability to understand, but occurs through inability to make themselves understood by others. Children with complex needs communicate the same things as the other children, for example their feelings, needs, likes and dislikes (Mencap, 2010). The Convention on the Rights of a Child (2014), specifically states that each and every child has a right to be listened to. Jessie May has recognised the possible barriers for some of the children that we care for being heard and listened to due to communication barriers. This problem is something that communication passports address.

A literature review identified three pieces of research, Millar (2007), Sanderson (2003) and Bell, (2012), all have similar findings that suggest there are significant benefits to using communication passports, and we aim to conduct a study on communication passports to ensure that we produce a passport that is relevant to the service that we provide.