A CROSS-ORGANISATIONAL APPROACH TO EDUCATION IN PALLIATIVE AND END OF LIFE CARE

Context Increasing access to appropriate education and training in palliative and end-of-life care are widely recommended to improve patient care. Coordinating and delivering an up-to-date education programme to meet the needs of varied health and social care professionals takes significant time and resources. We decided to approach this from a locality perspective, aiming to make the most effective use of all resources available.

What is being done? All relevant local organisations agreed to be involved, including hospices, acute trust, community service providers, clinical commissioning groups and social care.

An overall strategy was developed following local consultation, and an action plan developed:

- What is social media?
- Skin cancer awareness
- Eating salt
- Walk to the park
- Sharing stories
- Desert island discs – music reflection
- Mindfulness
- Laughter therapy
- Recording your learning
- Choices after death from a local funeral director.

Future topics include flower arranging, computer skills and continuing professional development sessions.

Evaluation and sustainability Feedback suggests the sessions are appreciated, useful and informative. Sessions are varied and interesting. Staff are encouraged to suggest topics. Directors are supportive and encouraging of staff attendance to these sessions. Staff can attend without guilt. Given numerous part time staff, we will trial alternating days to be more inclusive. Clinical training now stays in clinical areas.

All sessions incur no cost as all external speakers provide their services free of charge.

P-239 TOMORROW’S CARERS – HELPING TO UNLOCK THEIR POTENTIAL!

Tricia Wilcock, Sue Marshall. ellenor, Gravesend, UK

Background The hospice identified previous work placements offered internally provided an inconsistency of experience for learners, with multiple requests placing a burden on care staff, resulting in a review of the model of student support. This closely related to influential factors for future work force planning as follows: increasing demand on health and social care services; growing role of hospices as educators; a need to influence student career choices as early as possible; reluctance to expose young people to direct care.

To extend opportunities, funding was obtained from Health Education England to trial different models of support.

Aims
- Increase number of students experiencing hospice care
- Provide alternative structured training models
- Provide consistent positive experience of care delivery
- Support workforce to stimulate student’s experiences.

Approach Comparison of two supported training models:
1. One week accredited course
2. Six month placement.
Abstracts

P-240 PEOPLE, PARTNERSHIPS AND POTENTIAL – A COLLABORATIVE TEACHING PROJECT BETWEEN CYPRUS AND A UK HOSPICE

Caroline Aribald, Faith Bylands, Kate Shorthose, Maxine Smith. St Margaret’s Hospice, Taunton, UK

Introduction In 2015 in Cyprus a family member became unwell and needed medical assistance, which led to a palliative care nurse crossing paths with a Cypriot Hospice.

An extended invitation to come and visit the hospice, meet the staff and talk about the role of a palliative care nurse working in the UK. This resulted in a request to develop formalised education programme and to return to Cyprus to provide teaching on end-of-life issues, communication and symptom control. This has resulted in ongoing teaching collaboration.

Aims
- To offer training to the multidisciplinary team on end of life issues, communication and symptom control issues through modelling, sharing skills and knowledge
- Sharing good practice
- Offering peer support
- Sharing our experiences with staff and volunteers working at a Cypriot hospice and within our own UK hospice
- Empowering the Cypriot nurses through up to date knowledge on issues in palliative care.

Method
- Communication via skype and regular email contact
- Portable qualifications achieved
- Potential qualifications
  1) Accredited course
  2) Placement option

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 week full time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff resource</td>
<td>Two facilitators – full time</td>
</tr>
<tr>
<td>Maximum yearly capacity</td>
<td>24</td>
</tr>
</tbody>
</table>
| Activities       | – Interview multi-professional staff
                   | – Interact with patients on ward therapy
| Potential           | City and Guilds: |
| qualifications     | 1) Care certificate |

- A fact finding mission
- Delivery of tailored teaching programmes on end of life issues, communication and symptom control issues to the hospice nurses and doctors in Cyprus
- Two Cypriot nurses released to shadow colleagues working in the UK hospice. They will then cascade the knowledge, skills and experience they have gained when they return to Cyprus.

Conclusion
- Positive feedback from the doctors and nurses on the benefits of the teaching and impact on care delivery
- A rolling rota planned for the Cypriot nurses to come over and gain experience of working alongside our nurses
- Ongoing collaboration between the two hospices
- Awareness and respect for the cultural and economic differences in end-of-life care delivery
- Learning and sharing of experience for UK nurses of the challenges within other healthcare settings.

P-241 FOUNDATION DOCTORS EXPERIENCES OF DISCUSSING CPR

Alexandra Hadjimichalis, Pauline Dand. 1East Kent University Hospitals Foundation Trust, Kent, UK, 2Pilgrims Hospices, Kent, UK

Introduction A study to explore our junior doctors’ experiences of discussing CPR with hospital in-patients and their relatives; to identify any training needs, and if required design and deliver an appropriate training intervention.

Aims
- The aim of the study was to explore our most junior doctors’ experiences of discussing CPR with hospital in-patients and their relatives; to identify any training needs, and if required design and deliver an appropriate training intervention.

Method
- An electronic survey using a semi-structured questionnaire was distributed to 118 foundation doctors working in East Kent University Hospital Foundation Trust. Simple percentage analysis of results was undertaken.

Results
- Response rate to the questionnaire was 45%. The majority of respondents did have experience of discussing CPR with patients/relatives, with 69% [31/45] reporting initiating such a discussion. A third of these doctors felt inadequately prepared for the task and the majority identified prepared for such discussions (‘not prepared’ or only ‘a little prepared’). Many found the discussion difficult [34/40] and nearly half [18/40] found it distressing to some degree. Only a minority [6/45] reported having received formal postgraduate teaching on conducting CPR discussions, and most respondents [39/45] reported a need for further training.

Conclusion
- The majority of foundation doctors in this study had been involved in conversations about CPR. A significant number felt inadequately prepared for the task and the majority identified specific teaching and training needs. The investigators have collaborated to design an educational initiative for local foundation doctors based on identified needs which is currently being piloted.