From successful pilot, we expect the following outcomes.

- Increased in students accessing and considering a career in care
- Identify best approach to support students
- Portable qualifications achieved
- Focused opportunity for staff to support students.

Conclusion From successful pilot, we expect the following outcomes to shape future training:

- Increase in students accessing and considering a career in care
- Identify best approach to support students
- Portable qualifications achieved
- Focused opportunity for staff to support students.

A student's conclusion – “I was relieved to find out we were being taught valuable skills on an actual course, not just making tea.”

**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
- 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.
Junior Doctors Caring for the Dying: A Pilot of Peer-Peer Teaching Improves Confidence in End-of-Life Care

Sim Haslam, Alice King, Caroline Pinckney, Rameshwor Sunar, Becky Baines. Royal Devon and Exeter NHS Foundation Trust, Exeter, UK. 1Joint first authors; 2Hospiscare, Exeter

Abstracts

Background
The National Care of the Dying Audits have described a need for improvements in end-of-life care in hospitals and highlighted the need for further training for doctors of all levels of seniority. Junior doctors (JDs) are often at the front line of end-of-life care and are well placed to address issues.

Aims
- To identify the challenges for JDs when they are providing end of life care in hospitals.
- To address these through training and quality improvement methodology.

Methods
- Electronic questionnaire to all Foundation Years (FY) JDs working within one medium sized UK teaching hospital.
- Peer-to-peer teaching on core topics including use of case-based discussions.
- Simple rating of confidence in managing patients at the end of their lives on 10-point scale, before and after sessions.
- Mentoring for the peer educators from a palliative care consultant.

Results
21 FY Doctors responded to an electronic questionnaire. Their main needs for education were: help with recognising the dying patient, symptom control, nutrition and hydration issues, and communicating management decisions at the end-of-life.

Two lunchtime sessions were delivered to cover these issues. Attendance was on a voluntary basis. Mixed teaching methods were used: short presentations on key topics and case based discussions. A total of 15 JDs attended one or both sessions.

Mean self-rated scores of confidence in managing patients at the end of life improved:
- 2.4 points for those attending 2 sessions (n = 5)
- 3 points for those attending 1 session (n = 9)

Further training in communication skills was highlighted as key by many JDs.

Conclusion
Short mixed methods lunch time sessions attracted good voluntary attendance and improved confidence in JDs caring for those at the end of life. Practical tips – both for prescribing and communication were highly valued. Further lunchtime communication skills sessions are planned.

Springhill Hospice Palliative Care Education Passport

Jane Ashworth. Springhill Hospice, Rochdale, UK

Abstracts

Background
An innovative programme designed by the author to meet the needs of community care staff in the borough, the PCEP accreditation the care worker rather than the organisation. High staff turnover is prevalent in care homes and the aim is that all care homes in the borough will have at least 70% of staff trained by 2019.

Methods
The PCEP is based on the Common Core Competencies and Principles for Health and Social Care Workers (2014), mapped against Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life (SCN 2014), and incorporates many aspects of the National Care Certificate (2015). Skills are transferrable, and once part of everyday practice will enhance the care of all service users.

The SPCP comprises of six core modules:-
- Northwest EoL care model, difficult decisions and recognising advanced disease
- Communication skills
- Spirituality/psychological needs and supporting families and carers.