P-282 RENNIE GROVE HOSPICE CARE PRECEPTORSHIP PROGRAMME

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Background The hospice has developed a preceptorship programme in response to the national shortage of nurses and the increasing demand for its service with increase in referrals year on year. We have begun to see the effects of the national shortage in nurses in our own recruitment. After 30 years of caring for our patients and having asked for experience in palliative care or community experience we decided to make the move away and recruit newly qualified nurses after a robust recruitment process.

Aims • to develop a preceptorship programme for newly qualified staff to run over 12 months

- write a job description and role profile
- write interview questions, marking grid and scenarios for interview
- write a competency framework
- prepare the existing workforce of 90-strong nurses to support and co-mentor the preceptees
- write preceptee guidelines and prepare the preceptors for their new roles
- run an initial pilot with two preceptees.

Method Completed a literature search around preceptorship programmes in the community and hospice arenas; explored what was happening in other areas; looked at the NMC code and aligned competencies with the code; aligned competencies with e-lfh; used the RCN framework for nurses working in specialist palliative care; attended job fairs at the local universities to advertise the programme.

Results The interviewing process and questions was effective in selecting two candidates; the preceptorship programme and frame work has yet to be tested; a full-12 month programme is ready for successful candidates to undertake.

Conclusion We are still looking to recruit suitable candidates for the programme and have identified that we would be in a stronger position if we were to take third year students and those doing the return to practice course. To this end we have approached two universities to support existing mentors to become 'sign off' mentors.

P-283 THE UNIQUE ROLE OF THE NURSE PRECEPTOR IN COMMUNITY PALLIATIVE CARE

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Background For patients approaching end of life, the majority have a preference to be cared for and to die at home (de Roo et al., 2014). Community palliative care makes a key contribution towards this goal. With the increased demand on these services, there will be an increase in the number of registered nurses and health care support workers needed to meet these needs. As an organisation we need to support this through initiatives to aid the recruitment, retention, job satisfaction and performance of staff working in this setting. There is a lack of previous research on the impact of transition to palliative community care on the member of staff. As far as the research team is aware, this is the first study to explore

the role of the nurse preceptor in palliative care with both registered nurses and health care assistants.

Aims To develop an understanding of the nurse preceptor role in community palliative care to explore the experience of the nurse preceptor in community palliative care to identify the barriers and rewards of undertaking this role.

Method All nurses (n=12) undertaking the preceptor role were approached and invited to participate in the research study. 7 preceptors participated over two scheduled focus group sessions, two withdrew from preceptorship prior to the focus groups. At the end of the focus group interviews the participants were debriefed.

Results Four key themes were identified:

supporting the individual, promoting clinical readiness, confidence building, and advocacy and the preceptor.

Conclusion Preparation of new staff into the role of a community palliative health care worker is essential to development, support and integration of the individual into the new working environment as well as the organisation. Lone working is a requirement within our community palliative care services and was identified as a major concern in focus groups as well as the potential impacts and scope for development in relation to this.

P-284 DIPPING A TOE IN THE WATER: DEVELOPING PROFESSIONAL ROLES FROM WITHIN

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Aim Experienced, qualified and unqualified, hospice nurses desire career progression which is limited within the hospice environment. Time and money is invested in education to deliver high quality palliative care. For nurses to then take those skills elsewhere leaves a huge gap in our workforce. An NHS post is the usual route to becoming a Palliative Care Nurse Specialist (PCNS). If experienced Health Care Assistants (HCA) want to progress they are currently required to attend university to gain an academic qualification and for many this would prove challenging.

Approach Local hospices' professional development was scoped, but revealed no specific models and new roles were bespoke. Two local roles were developed; Hospice Nurse Specialist (HNS), and HCA Therapy Assistant (TA). Roles were clearly defined, with robust job descriptions and person specifications, scope of practice agreed, required skills, competences and boundaries established.

Result The skilled HNS provides continuity of care for patients and a visible presence provides a vital link between nursing and medical professionals. It has led to a more streamlined admission process for the patient and following completion of the non-medical prescribing module, the HNS works autonomously wherever the patient presents, allowing medical staff to focus on patients with more specialist complex needs. The TA role presented its own challenges as there is no national specifically defined pathway to follow. Specific competencies were developed including input from community equipment suppliers, wheelchair services and by shadowing various therapy teams within hospital and community setting.

Conclusion This has been a successful 'dip of the toe in the water' for role development. Future development includes an

accredited academic module in Specialist Palliative and End of Life Care, in partnership with the local university and investigating the role of apprenticeships for hospice Healthcare Support Workers and Assistant Practitioners.

P-285 WHAT INFLUENCES PALLIATIVE CARE NURSES IN THEIR CHOICE TO ENGAGE IN OR DECLINE CLINICAL SUPERVISION?

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Background Clinical Supervision has been around since the early 1990s in the UK and has been endorsed by government and professional bodies. Levels of engagement range from 18%–85% (Butterworth et al., 2008).

Aim To investigate what influences palliative care nurses in their choice to engage in or decline clinical supervision.

Methods A qualitative study was undertaken in an in-patient hospice in England and employed two focus groups to compare the views of participants and non-participants in clinical supervision. Data was audio recorded and transcribed verbatim by the researchers and analysed using Systematic Text Condensation (Malterud, 2012).

Results Palliative care nurses all used informal team support for 'in the moment' support. Some engaged in formal clinical supervision to reflect 'on action' and to challenge practice. Nurses reported a lack of clarity regarding clinical supervision but, once this was overcome and engagement with clinical supervision was established, it led to changes in practice, identification of training needs and team building. Options of group and individual supervision were found to be important. Group supervision led to enhanced understanding of group members which also led to team building, individual sessions were useful for individual issues. Protected time was essential for staff to be able to engage in clinical supervision. Staff who worked in larger teams reported higher levels of engagement whereas a small team reported less need due to more informal team support. The interview themes allowed development of a Palliative Care Nurses Model of Support.

Conclusions Nurses need to be aware of their options for support and ultimately how this affects the care they provide. The Palliative Care Nurses Model of Support helps to explain the effects of each choice and how this may lead to team-building.

P-286 USING OSCEs WITH INPATIENT CLINICAL STAFF TO MAINTAIN CLINICAL COMPETENCE

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Hospice nurses require a range of clinical skills to meet the varying needs of their patients. These skills ensure safe, effective and timely care, however, there can be limited exposure in clinical practice therefore Observed Structured Clinical Examinations (OSCE) were introduced at St Giles Hospice as a way of bridging this gap. An OSCE is a simulated assessment used widely in healthcare education (Hensler, 2013) and is recognised nationally as a model for evaluating clinical

competencies (McWilliam & Botwinski, 2014). Preparing and conducting an OSCE is resource-intensive (Ahuja, 2009) and can provide some evidence of competence (Hensler, 2013) especially in environments where clinical learning opportunities can be limited (McWilliam & Botwinski, 2014).

Four OSCE subjects were chosen and performance criteria devised. These criteria were then available for the participating registered nurses. The participating nurses were given two months' notice of the date of assessment. The standard operating procedures for each skill and additional resources were also made available for the participating nurses prior to the assessments. Thirty minutes was allocated for each skill which included time for feedback.

The registered nurses who took part in the OSCEs were asked to complete a questionnaire one month after. Overall both the examiners and participating registered nurses found the OSCEs to be a positive experience; they helped to increase confidence, acted as a refresher and highlighted areas for further learning on a personal and team level. However, it is important to remember that performance in the simulated environment may not be easily transferred to the clinical environment (Hensler, 2013). Following these OSCEs, the performance criteria have been split into procedure and knowledge to better identify where further learning is required. It was also decided that OSCEs would be implemented annually and also incorporate Health Care Assistants.

P-287 BUILDING ON COMPETENCY

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Background The hospice has a well-established competency framework for Registered Nurses and Healthcare Assistants which guides staff progression. The importance of developing capabilities of the hospice workforce has been well documented (Help the Hospices, 2012). The hospice's Nursing and Care Quality Forum recognised the importance of creating further growth opportunities for those who had achieved the most experienced level of competence whilst engaging staff in continuous practice development.

Aims To ensure an engaged and motivated group of staff working together to progress practice development across the hospice. The programme formed the next stage in the cycle for those who had completed the competencies at the highest level for their role and recognised the need to embed continuous quality improvement whilst providing on-going career development.

Methods A two-year programme was designed. The first year consisted of facilitated monthly sessions covering broad skills related topics. The second year required staff to work with colleagues on a particular project aimed at improving patient care and experience. Eleven Registered Nurses and 13 Healthcare Assistants have participated. In addition, participants attend regular facilitated sessions to ensure on-going support and engagement. Participants self-assessed their confidence and competence at the beginning of the programme to allow evaluation of its impact after completion.

Results The second year has produced increased engagement from staff who have worked together on specific areas of practice development. The areas include: bowel assessment;