

**Aims** To produce evidence to test assumptions, learn new insights into perceptions and form a baseline.

**Method** On-street interviews were the preferred methodology capturing views of the public in areas of high footfall. An online survey for supporters was developed, allowing comparisons between ‘warm’ supporters, with assumed greater knowledge and the public’s awareness of our care. This was a funded piece of work and a market research company was commissioned to carry out and analyse the fieldwork.

**Results**

- 511 on-street interviews
- 486 online surveys.

**Key Findings**

- Areas geographically further away from the hospice building have lower awareness of conditions cared for, services provided and recognition of hospice logo
- 82% of respondents had heard of the hospice and made aware through events, charity shops, word of mouth.
- Cancer, dementia, Multiple Sclerosis, Motor Neurone Disease were conditions the community believed we cared for
- Respondents were motivated to volunteer or donate to give something back, personal interest, if they knew the charity, cared for family/friend.

**Conclusion** Conducting research has produced valuable evidence to direct the future of communications and engagement. Evidence has substantiated and discredited assumptions communications has previously been guided by. Therefore, key messages have been identified which need to be reinforced to improve community awareness. Different messaging techniques and platforms have been explored to ensure a wider audience is captured when communicating key messages. This project demonstrates how researching public perceptions can strengthen communication to the community to widen understanding.

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**‘WHAT’S IMPORTANT TO ME’: A WHOLE TEAM APPROACH TO PERSON-CENTRED CARE**

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**Background** Person-centred, holistic care is one of the foundations of palliative care (NICE, 2011). Finding out patients’ stories and what’s important to them provides a starting point for doing this (Henry, 2015). However, conversations with health professionals often focus on problems/symptoms and as a result it can be difficult to stay focused on patients’ priorities and goals (Boa et al., 2014).

**Aims** We aimed to: Explore how staff in a hospice inpatient-unit get to know patients and families and find out what is important to them. Identify and implement a guided conversation tool to help professionals capture stories and priorities in a consistent way. Implement structures and processes to ensure information is communicated to and used by the whole team.

**Methods** Initial observations of admission interviews with patients and families were carried out and case notes analysed to see what staff documented in relation to patients’ stories and goals. A conversation guide was devised, based on a rehabilitative, functional information-gathering approach. Processes were put in place to share the information across the team.

Observations and case notes analysis were repeated after implementation.

**Results** Initial observations showed that staff often had conversations with patients and families about what was important to them but this was rarely documented. A guided conversation tool and the supporting documentation and processes helped the whole team get to know patients and families better. As a result the emphasis of professional work shifted from clinically-orientated priorities to supporting patients/families to work towards goals that were important to them in the context of their individual story.

**Conclusion** Providing a conversation guide and supporting communication can help professionals capture patients’ stories more consistently. As a result, care is delivered and documented in a more person-centred way.

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**A QUALITATIVE INVESTIGATION OF MEDICAL STUDENTS’ ATTITUDES TO COLLUSION IN END OF LIFE CARE**

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**Background** Collusion in healthcare is the act of withholding information from the individuals involved. Across a range of cultures, collusion is extremely common in end of life care: up to half of patients in India receiving cancer treatment are unaware of their diagnosis (Santosh, 2009). To our knowledge, no studies have used qualitative techniques to explore the beliefs and attitudes underlying this common and controversial practice.

**Aim** Our study sought to explore medical students’ attitudes to collusion, employing qualitative techniques to optimise depth and authenticity. Our ultimate aim is to promote awareness of the issues surrounding collusion in order to develop communication skills training appropriate for an increasingly culturally diverse environment.

**Methods** 15 student volunteers from final year and third year participated in three 30 min focus groups. Our students study a UK degree in a Malaysian context, providing unique insight into cross-cultural differences. Discussions were facilitated by the authors, using open facilitatory questions which explored students’ thoughts on collusion and observations in practice. The recorded transcript was processed using simple content analysis: following initial coding, codes were drawn into categories to provide a conceptual framework.

**Results** Our students expressed conflicting reactions to collusion. In favour of collusion, they cited cultural setting, family expectations, patients’ mindset and doctors’ attitudes. Conversely, they felt that a number of factors supported disclosure, including legal and ethical frameworks, personal beliefs and the practical benefits of knowledge for the patient. The resulting dilemma was felt strongly and intense reservations were expressed about navigating these tensions in practice.

**Conclusion** We feel that we have identified an important area for further study. Students experience conflicting demands regarding end of life communication. We advocate development of communication skills teaching to support students through these dilemmas in a culturally interconnected world.