

11 HAEMATOLOGY SPECIALTY REGISTRARS' TRAINING IN PALLIATIVE CARE

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Background Patients with haematological malignancies (HM) experience significant symptom burden, but uptake of palliative care services remains low, with most patients cared for by the haematology teams. Little is known about the training haematology specialty registrars (StRs) receive to enable them to provide palliative care to patients.

Aims This study aimed to explore haematology StRs' experiences of education and training in palliative care during specialty training, and how this could be improved.

Method A qualitative study using semi-structured interviews of 9 haematology StRS from the London Deanery was carried out. All interviews were audio-taped, transcribed verbatim and thematically analysed using Framework Analysis.

Results Four main themes emerged: different learning experiences, areas of difficulty, role of the specialist palliative care team (SPCT) and future improvements to education and training. Participants did not receive any formal specialty-specific training on palliative care and all participants felt that further teaching would be beneficial.

Experiential learning was highly valued with confidence increasing after working in certain key specialties. Despite positive interactions with the SPCT, referral to them was often viewed as a sign of professional failure. However, all the StRs interviewed felt that earlier integration of the SPCT would be beneficial.

Conclusion Key areas where training could be improved, included increased focus on palliative care in the curriculum and formal specialty-specific teaching on palliative care in haematology. The SPCT play a vital role in education as well as service provision, with every clinical encounter being an opportunity to disseminate knowledge. The StRs wanted to learn from the SPCT in an observational capacity and the specialty should facilitate this by offering placements at hospices or with hospital palliative care teams. This would provide the opportunity for case-based, clinically relevant learning, a clinical imperative since these StRs are the consultants of the future.

12 A PILOT STUDY OF THE USE OF A NEW TOOL, THE CHATT (COMMUNICATING HOLISTICALLY, AN ASSESSMENT & THERAPEUTIC TOOL) TO ASSIST PALLIATIVE CARE HEALTH CARE PROFESSIONALS IN COMMUNICATING WITH PATIENTS

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Background CHATT was recently developed in India to assist palliative care nurses with minimal training in communication to meet the holistic needs of patients. A pilot study resulted in both subjective and objective improvements in care and was well received by patients. The tool was also an interest to experienced practitioners who saw value in a visual aid for both staff and patients to assist in both communication and therapy.

Method Practitioners representing the hospice (IPU, Day Care, Home Care, Hospice at Home, bereavement) were selected randomly and the CHATT was demonstrated (August 2017). All wanted to participate in trialling the tool which is accompanied by written guidance and a tutorial. Minor changes to CHATT were made to ensure appropriate for a Western population e.g. aspects relating to spirituality. Staff were given the tool to use with patients then, believing the tool to be of benefit to their practice, all agreed to take part in a pilot study.

10 participants (1 doctor, 2 counsellors, 7 nurses) with a range of palliative care experience, used the CHATT and completed a feedback form following use of the tool. Feedback was obtained relating to their own experiences, with a section for feedback from patients also included. When possible, this feedback was taken by an alternative HCP. Patients were informed the tool was a new concept and their opinions were sought. Support for staff was provided in the event of any perceived difficult conversations.

Results Both staff and patients deemed the tool to be very helpful in assisting in conversations, particularly around psychospiritual aspects of care in both inpatients and the community. Experienced practitioners also valued the tool.

Conclusion The CHATT appears to have value in assisting staff with more challenging conversations and is well received by many patients. A formal research study on CHATT is warranted and planned.

13 CAN THE 'DEATH CAFÉ' CONCEPT BE ADAPTED FOR USE IN HEALTHCARE PROFESSIONAL LEARNING AND DEVELOPMENT?

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Background Much deep learning is about thinking, talking, reflecting and shaping ideas through interactions with others. 'Death cafes' are examples of modified 'World Café' methods designed to create an informal, relaxed atmosphere where conversation allows people to recognise their own personal values, share knowledge and understand the world around them. This project was created to determine if this could be applied to healthcare professional development.

Methods Two 'death cafes' were run, one with a Palliative Care team and one a group of hospital-based doctors. Groups of 3–6 people sat at tables with refreshments and a set of cards with stimulus questions on them related to death and end of life care. There was then informal discussion at the tables with people sharing their experiences and gaining new insights based on the group's response to questions. After the Café participants were invited to complete an evaluation looking at its potential benefits, relevance to their role and suggested improvements.

Results All participants saw benefits of using the Café for their learning. They reported the relaxed atmosphere generated open and interesting conversation and prompted discussion about end of life. The majority felt more confident in discussing death with patients and their families afterwards, including 77% of the Palliative Care team. Many reported they could use this format in their roles for wider team training sessions, medical student teaching or with certain patient groups.