

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.

Conclusions Death cafes proved to be an effective tool for staff development and increased healthcare professionals' confidence in discussing death. We will now expand this through using a similar format as an educational tool with medical students. The sessions will focus on training in end of life care; the process will be evaluated in terms of design and learning gain. The results will be available for the conference.

14 FOUNDATION YEAR 1 (FY1) DOCTORS KNOWLEDGE ABOUT COMMON PALLIATIVE MEDICINE PRESCRIBING ISSUES

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Background Death and the process of dying is an inevitable part of the practice of medicine. The ability to provide palliative care is a necessity for every junior doctor and currently approximately 60% of deaths occur in hospital. It has been suggested that current undergraduate medical education is failing to prepare junior doctors for their role in caring for dying patients. Dealing with death and talking to distressed relatives is also a major source of stress. This study aims to explore and describe the type and amount of undergraduate palliative medicine education received; to explore and describe the participant's level of confidence towards the management of patients with palliative care needs and to assess the level of prescribing knowledge when faced with common palliative care scenarios.

Methods Mixed methods questionnaires including case vignettes with single-best answer, multiple choice questions were completed under exam conditions by newly qualified junior doctors.

Results 37 FY1 doctors were included in the study. The mean time allocated to undergraduate teaching was 21 hours with a wide range of 2–140 hours. A palliative clinical placement was a component of teaching in 41% of participants. Participant-reported confidence levels varied among the four areas explored but the majority of participants responded negatively. The mean score of the knowledge component of the questionnaire was 45% (range 20%–80%). Level of participant-reported confidence demonstrated no correlation with knowledge as assessed.

Conclusions This study highlights the lack of exposure of undergraduates to patients with palliative care needs, a variable level of knowledge when faced with scenarios they are likely to encounter during foundation years, and a level of confidence in the subject which may not correlate with their practical abilities.

15 VARIANCE IN SELF-REPORTED OPIOID PRESCRIBING PRACTICES BY JUNIOR DOCTORS AT A DISTRICT GENERAL HOSPITAL: IMPLICATIONS FOR MEDICAL EDUCATION

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Introduction Opioids are commonly prescribed by Junior Doctors in the acute hospital setting. Here we describe the self-

reported behaviour of this professional group in relation to opioid prescribing for palliative in-patients at a District General Hospital.

Method A structured survey was completed by twenty-seven training grade doctors from F1-CT3 (85.2% F1 or F2). The anonymous responses related to self-reported behaviour based on recall of patient care episodes.

Results Two thirds of respondents were involved in the care of palliative patients on a weekly basis. Therefore, the prescribing of opioids and evaluation of treatment efficacy should be embedded into their practice.

When monitoring the side-effects of opioid therapy, patients may not automatically declare these, so it is advisable to directly enquire. Seventy-three percent of respondents reported that they do so for less than half of their patients. Constipation and nausea were reported as most likely to be assessed; being ascertained at least half of the time by ninety-six percent and eighty-five percent of respondents, respectively. None of the respondents routinely enquired about bad dreams, myoclonic jerks or hallucinations.

The occurrence of opioid-associated side effects, or the absence of these, are crucial findings to document in the medical record. Forty-five percent of respondents reported that they do not always document when a patient is experiencing side-effects from opioid therapy. Forty-eight percent of respondents reported that they never document the absence of opioid-associated side effects.

Conclusion This account indicates scope for improvement in the monitoring and documentation of side effects associated with opioid therapy by the Junior Doctors at this District General Hospital. These findings highlight a need for education of this staff group at a local level, and may well indicate a need for enhanced education in opioid prescribing in Medical Undergraduate Curricula.

16 DECISIONS AND DISCUSSIONS RELATING TO DNACPR IN A REGIONAL CANCER CENTRE

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Background In 2014 the family of a woman who died in one of Britain's best-known hospitals won their legal claim that her rights were violated when a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) document was completed without her or her family being consulted.

A judicial review noted that Article 8 of the Human Rights Act was breached, concluding that there is a duty to consult patients and/or those important to them in relation to DNACPR unless that consultation may result in physical or psychological harm; this is more than just causing distress.

Aim Audit practice regarding DNACPR decisions and the discussions surrounding them in a tertiary cancer centre.

Methods A retrospective case note review of patients' in whom a DNACPR had been placed was conducted in December 2016. Practice was compared against the 2016 Joint Statement, 'Decisions relating to cardiopulmonary resuscitation'.

Results 22 case notes were reviewed in which a DNACPR was completed; 19 due to futility in cases of terminal cancer and 3 due to patient choice. In 3 cases no consultation had taken place. The reasons for this included patient/family declining a