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 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-CT1 (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
Preparing Future Doctors for Providing End of Life care: Can a Single Afternoon Teaching Session Improve Outcomes?

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10.1136/bmjspcare-2018-ASPabstracts.44

Background

Caring for patients and their families at the end of life is a core requirement of the GMC Outcomes for Graduates, as well as NES and NHS Scotland Guidance. However, recent surveys have suggested that medical students feel unprepared for discussing and dealing with issues around death and dying.

Aims

To pilot a communication and practical skills session around end of life care to final year medical students assessing whether having a single, focused teaching session enabled them to feel more prepared for their future roles as junior doctors as highlighted by national policy.

Methods

Two teaching workshops were run in Spring 2017 at the University of Dundee, each lasting 2.5 hours in total. The sessions included communication with relatives about end of life care and care after death, as well as practical stations on end of life care prescribing and death verification/certification. Following each workshop, students were asked to complete a short survey assessing how useful they found the session and whether they felt more prepared in caring for the dying following it.

Results

A total of 47 students attended both sessions and 41 (87%) completed written feedback. All respondents agreed that the workshops helped them feel prepared to care for people who are dying and their relatives. Over 95% of students felt that both communication skills stations were fairly or extremely useful, and over 90% of students felt that the practical stations were fairly or extremely useful.

Conclusions

Our feedback shows that final year medical students view teaching around end of life care as an important part of their learning experience and that it would be well-received if included in their training. Following this, we have integrated this teaching session into the curriculum with plans to further develop it by exploring alternative resources both locally and nationally.

Describing Treatment Aims for Patients Approaching the End-of-Life: Mapping Concepts from a Scoping Study of the Medical Literature

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10.1136/bmjspcare-2018-ASPabstracts.45

Background Learning to care for patients approaching the end-of-life may be complicated by inconsistent language and lack of clear terms to discuss aims of treatments. To begin the process of developing a clear taxonomy for end-of-life care education, it is necessary to first establish the breadth of terms in use, and consider concepts they represent. This study aimed to map the scope of concepts utilised in discussion of treatment for patients approaching the end-of-life in medical literature.

Methods

The authors undertook a scoping study of literature existing for the clinical education or professional development of medical doctors. This incorporated a systematic search of academic databases and non-database websites, and iterative development of inclusion criteria. Inductive qualitative content analysis was undertaken of the 269 included documents to examine terms, and their explicit and implicit meanings.

Results

As analysis progressed, terms were grouped into one of three emerging overlapping categories according to the concepts represented. One of these major categories consisted of concepts for possible aims of care for patients approaching the end-of-life: Palliative care; End-of-life care; Advance care planning; Assessment of dying patients; Withdrawing treatment; Active treatment; Do Not Attempt Cardiopulmonary Resuscitation; Supportive Care; Preferred Place of Care; Medicalised Death; Conservative treatment; Advanced decision to refuse treatment; Curative change agents; Escalating medical care; Overtreatment. Interpretation and discussion of these concepts will be presented, including how they interrelate with or contradict one another.

Conclusions

This study has delineated overlapping concepts in medical literature related to treatment aims for patients approaching the end-of-life. It has highlighted lack of consistent language. Further work is needed to develop clearly defined terms for teaching that can be widely understood and agreed upon.

High Fidelity Simulation in End of Life Care as Part of a Simulated Ward Round for Foundation Doctors

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10.1136/bmjspcare-2018-ASPabstracts.46

Background and Aims

Foundation year doctors must achieve competency in palliative care outcomes. An end of life scenario in a high fidelity simulated ward round was designed and evaluated to gauge confidence levels in palliative care and quantify benefit derived.

Methods

As part of trust induction Foundation Year 1 doctors (FY1) at Burton Hospitals NHS Trust undertake a simulated ward round with a palliative care scenario included. Newly