discussion and risk of harm. In 4/22 cases there was no documentation of the clinical reasoning for a DNACPR decision. In 1 case the consultation led to potentially avoidable patient distress.

In 7 cases the patient lacked mental capacity to participate in a consultation; in 1 case it was felt it would cause too much harm to discuss the decision with their family.

Conclusion Patients and those important to them should be made aware of DNACPR decisions and these conversations recorded, including reasons for the decision. This audit however has highlighted ongoing variability in practice. Further training is needed in order to standardise practice and ensure high quality consultations around this sensitive topic are undertaken.

17 PREPARING FUTURE DOCTORS FOR PROVIDING END OF LIFE CARE: CAN A SINGLE AFTERNOON TEACHING SESSION IMPROVE OUTCOMES?

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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 welcomed 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.

18 DESCRIBING TREATMENT AIMS FOR PATIENTS APPROACHING THE END-OF-LIFE: MAPPING CONCEPTS FROM A SCOPING STUDY OF THE MEDICAL LITERATURE

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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 over-arching 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.

19 HIGH FIDELITY SIMULATION IN END OF LIFE CARE AS PART OF A SIMULATED WARD ROUND FOR FOUNDATION DOCTORS

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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