22 IMPACT OF THE CARDIFF UNIVERSITY MSC PROGRAMME IN PALLIATIVE MEDICINE (10 YEARS IN INDIA)

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10.1136/bmjspcare-2018-ASPabstracts.49

Background Since its inception in 1987, undertaking the 'Cardiff Diploma/MSc' has helped develop many Palliative Medicine specialists, teachers, service leaders and researchers both within the UK and Internationally. With annual financial support, first awarded in 2006, from the Commonwealth Scholarship Commission, doctors from India have been supported to undertake the Cardiff University MSc in Palliative Medicine.

Objectives This survey looks to quantify the impact of undertaking the Cardiff University Palliative Medicine Diploma or MSc on Indian doctors' practice.

Method All Indian alumni were invited to complete a short, 10-question, anonymous on line survey. Response rate was 61% (n=37). Respondents were asked to score (0–100) the impact the MSc had on their clinical, teaching, management/service lead, and research roles. As a measure of impact respondents were also invited to give details of any publications and special interests subsequently developed.

Results On a scale of 0–100 (zero to high impact) average collated self-scored impact of undertaking the MSc in Palliative Medicine were; clinical role 82% (50–100); teaching role 82% (30–100); management/service lead role 68% (20–100) and research role 74% (35–100).

Over 50 journal publications, 20 International poster presentations and several conference workshops were listed as a result of MSc work.

70% of respondents had developed a special interest as a result of undertaking the Diploma/MSc.

Conclusion 10 years on it would seem that the Cardiff University MSc has had significant impact. Future plans include collaboration with the India alumni, to roll out further teaching and training material and to develop international research between the Cardiff team and India.

23 OBTAINING ETHICAL APPROVAL FOR PALLIATIVE MEDICINE MASTERS RESEARCH – WHAT ARE THE CHALLENGES?

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10.1136/bmjspcare-2018-ASPabstracts.50

Background There is a growing focus on research in Palliative Medicine but the challenges in undertaking research in this area are significant. One of these challenges is often perceived to be the process of obtaining ethical approval from a Research Ethics Committee (REC). The aim of this project was to review the published literature relating to the research ethics process within palliative medicine and relate that to qualitative and quantitative data on this process from students undertaking a Palliative Medicine MSc at Cardiff University.

Methods A literature search was conducted through an OVID database search and hand-searching relevant journal articles. This identified seven articles which were reviewed in order to provide a qualitative assessment of the literature. A semi-structured online questionnaire was designed and distributed via email to all previous palliative medicine MSc candidates at

Cardiff University from 2010–2015. Qualitative data was reviewed by hand to explore common themes within the replies.

Results A common theme identified from the published literature was a perception that many RECs take a cautious approach to the palliative patient population. Of the 129 alumni, 114 were contacted and 34 replied. The student's feedback highlighted that some RECs are unfamiliar with qualitative research and the process is time-consuming. However, 85% of the students surveyed stated that they obtained approval without significant change to the project.

Conclusion This study highlights some of the barriers to research in palliative medicine and shows that students are still faced with variable insight into the nature of this research from RECs. Further study in this area is important to ensure that necessary research within palliative medicine is not avoided due to barriers in the ethical approval process. A strong palliative medicine presence within RECs may be beneficial to the appropriate assessment of research within this field.

24 WHAT CONCERNS DO MEDICAL STUDENTS HAVE WHEN FACED WITH CARING FOR A DYING PATIENT?

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10.1136/bmjspcare-2018-ASPabstracts.51

Background Existing research suggests that:

- Students are highly interested in palliative care competencies and appreciate formal curriculum covering competencies, in conjunction with opportunity to learn skills experientially.
- Palliative care encompasses a range of skills and knowledge which can potentially be addressed in a variety of ways (eg through lectures, SSMS, communication skills and reflection).
- Palliative care curricula for undergraduate medical students could creatively cover this breadth of knowledge/skills using learning modalities.

However, curriculum tend to be developed based upon the knowledge and skills that professionals feel students should have. There is little research that considers the specific concerns and learning needs identified by medical students themselves, in response to open questioning.

Methods Third year medical students, were asked to reflect on their experience of seeing dying patients, both on the wards and in the media and to answer the open question 'What concerns do you have about caring for a dying patient?' Their responses were collated and analysed for themes.

Results Medical students identified a range of concerns and potential learning needs. These included knowledge based competencies (such as managing of pain and symptoms; 20.8%); ethical and legal issues (33.3%) but mostly a desire to provide patient-centred care, respecting the patient's wishes and autonomy (41.7%). 20.8% of students identified their own personal concerns when caring for the dying. Interestingly, an explicit concern about communication was raised by just 12.5%, but communication issues were implicit in 37.5% responses.

Conclusions In response to an open question, third year medical students identified insightful concerns about caring for the

dying. These themes could be readily addressed through a variety of teaching styles and will influence the Buckingham Medical School palliative care curriculum.

25 IS THE eELCA PROGRAM A GOOD LEARNING SUPPORT FOR SPANISH PROFESSIONALS?

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10.1136/bmjspcare-2018-ASFPabstracts.52

B. The eELCA program has been well used to support and further learning in End of Life in the UK in a range of Health and Social care facilities

A. To determine whether the contents and model of eELCA are transferable to suitable group of Spanish professionals

M. We analyse a 40 strong cohort of multidisciplinary, multi-level learners looking at data regarding accessibility frequency, hours of module study, end of course survey results, ad hoc comments and requests over the 12 months, recommended reading list use, and the personal individual learning commentaries and reflective practice incorporation. These data were the basis of multivariable knowledge and conceptual algorithms used to compare with those obtained from Spanish Master degrees

C. Those professionals who had access to eELCA had a significantly superior learning curve in 12 months to other courses. eELCA seems to be an extremely useful program for Spanish learners, although they would like some modules to incorporate Spanish regional and local information.

26 GABAPENTIN AND PREGABALIN USE, MISUSE AND ASSOCIATED RISKS IN THE PALLIATIVE CARE SETTING

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10.1136/bmjspcare-2018-ASFPabstracts.53

Background Gabapentin and pregabalin are antiepileptic medications licensed for the treatment of neuropathic pain. The Department of Health has highlighted the need for vigilance when prescribing these medications due to their misuse and associated risks: dependency, CNS depression, seizure activity and mortality. Furthermore, due to the frequency of withdrawal symptoms, the manufacturers have recommended that pregabalin should be weaned gradually over a minimum of one week.

Objectives To;

- Assess prescribing practices, frequency of misuse and frequency of serious adverse events in relation to gabapentin/pregabalin in the palliative care setting
- Methods
- An anonymous survey was designed and administered using SurveyMonkey. It was distributed via email link to palliative medicine physicians (PMPs) and palliative care nurse specialists (PCNSs)

Results 49 responses were received- 36 from PMPs, 13 from PCNSs. 48/49 respondents prescribe or advise gabapentin/pregabalin. 94% of respondents prescribe pregabalin more frequently than gabapentin. When discontinuing gabapentin/pregabalin, 16% stop without weaning, 6% wean over three days, 20% wean over one week, 56% wean over one week or more. Seizure activity and respiratory depression secondary to gabapentin/pregabalin was reported by 6% (3/49) of respondents. 8% (4/49) of respondents reported that they suspected or believed some of their patients to have misused gabapentin/pregabalin- none reported their concerns to the UK Committee on the Safety of Medicines or the Health Products Regulatory Authority.

Conclusions Gabapentin and pregabalin are commonly prescribed in palliative care, practices vary with regard to weaning the medications, and serious adverse events and misuse of these medications are occurring but are not being reported. Respondents displayed a growing awareness of the abuse potential of these medications in the comments section of the survey and report having modified their prescribing practices on account of this.

27 'I DON'T KNOW WHAT TO SAY': COMMUNICATION AT THE END OF LIFE – WORKSHOPS FOR FOUNDATION DOCTORS

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10.1136/bmjspcare-2018-ASFPabstracts.54

Background Effective Communication skills are imperative for good patient care. Communication with patients and relatives can be challenging in a busy hospital environment. Juniors have extensive training throughout medical school, but little after qualifying. however, they are often involved in these end of life discussions.

Methods As part of their education programme, all Foundation Year 1 Doctors at Poole Hospital NHS Foundation Trust attend a small group workshop (4–6 participants) facilitated by a Palliative Medicine Consultant and Specialist Nurses in Palliative and End of Life Care. Workshops run every month to allow all 28 FY1 Doctors to attend.

each 3 hour session comprises:

- Principles of good communication, challenges and individual experience.
- Observation of facilitator acted role play
- individual role play with a nurse actor. peer and facilitator feedback.

Communication scenarios include breaking bad news, DNACPR, ACP and discussing dying.

Evaluation includes questionnaire on completion of the workshop and a follow up 3 months later.

Results in 2016 all 28 (100%) FY1 Doctors attended a workshop. 100% completed a survey on completion of the workshop and 54% completed a follow-up survey at 3 months. Feedback was very positive with 93% rating facilitation as excellent and 7% as very good.

Supportive, constructive, real-time feedback given by approachable, knowledgeable staff was appreciated. FY1 Doctors reported training was not too early after qualifying, giving them opportunity to practice conversations in a relaxed