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

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

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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. e ELCA seems to be an extremely useful program for Spanish learners, although they would like some modules to incorporate Spanish regional and local information.

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

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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.

**‘I DON’T KNOW WHAT TO SAY’: COMMUNICATION AT THE END OF LIFE – WORKSHOPS FOR FOUNDATION DOCTORS**

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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
environment and provide skills for the future. Some participants suggested it would be helpful at the start of their post in Medicine for the Elderly.

All Doctors reported gaining confidence in challenging conversations and in particular DNACPR discussions.

**Conclusion** Foundation Doctors appreciate the opportunity to develop confidence in communication skills at a very early stage in their career. Embedding these skills early can help to improve life-long communication, patient care and reduce complaints.

### 28 AUDIT ON THE IMPACT OF NEW GUIDANCE ON STRONG OPIOID PRESCRIBING FOR ADULT PALLIATIVE CARE PATIENTS IN A LARGE HOSPITAL TRUST

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**Background** Following a series of clinical incidents it was recognised that guidance on the use of strong opioids for adult palliative care patients was needed to reduce errors and improve safe prescribing.

Extensive guidance was developed by the palliative care team and disseminated and publicised. This audit reviewed the impact of this guidance on opioid prescribing standards.

**Methods** Two wards with a large number of palliative care patients were identified, an oncology and a respiratory medicine ward. The ward ‘Controlled Drug’ registers were used to identify patients receiving strong opioids. Full case note and drug chart review was completed and each opioid prescription and corresponding notes were analysed.

Baseline results were obtained prior to the dissemination of guidance. The second round was completed eight months after the guidance had been published and publicised.

**Results** A total of 80 case notes and 140 opioid prescriptions were audited across the two rounds. The respiratory patients were older and had a wider range of pathologies but oncology patients were more likely to be on strong opioids on admission.

Compared to baseline, the second round demonstrated that more patients had their admission opioids appropriately titrated (87% vs 64.5%). New opioid prescriptions also had more appropriate PRN dosing, review (57% vs 53%) and titration (76% vs 71%).

The second round also demonstrated greater review of side effects (36% vs 28%) and associated supportive prescribing. Opioid toxicity was rare, occurring in only 6% of the patients audited with no recorded use of Naloxone.

**Conclusions** The audit was limited by it’s size and availability of notes and drug charts, however, modest improvements in strong opioid prescribing were demonstrated. Dissemination of best practice in a large hospital Trust remains challenging and further audit should perhaps focus upon how best to embed new guidance within clinical practice.

### 29 THE UNIVERSITY OF LIVERPOOL SCHOLAR PROGRAMME: DEVELOPING ACADEMIC CLINICIANS IN PALLIATIVE MEDICINE

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**Background** Medical students should understand the value of research and be able to `formulate simple relevant research questions’. … and design appropriate studies or experiments to address the questions (Outcomes for Graduates – Section 12b). However, it is often difficult for students to engage meaningfully with academic departments and clinical research. As a result, graduating Doctors are often under-prepared for postgraduate research and few engage in further academic training.

**Aims** The University of Liverpool Scholar Programme aims to accelerate the development of research skills by embedding medical students within an active clinical research department at early stage in their education.

**Methods** Selected students are offered the opportunity to apply to the Scholar Programme. An action plan is developed, and the academic partnership provides the opportunity for the Scholar to be mentored and supported in the development and completion of a student led research study.

**Results** The Scholar Programme began in 2014. Currently there are 57 Scholar students, producing several peer reviewed academic outputs. There are currently 6 Palliative Medicine Scholars, engaging in a range of projects from, a feasibility study on the use of the dignity question, to contributing to the development of a Core Outcome Set. Summary feedback indicates that, in addition to an enhanced understanding and working knowledge of research, the scholar programme provides substantial benefits to the personal and professional development of the student.

**Conclusions** The Scholar Programme is an effective way to provide academically focused medical undergraduates with the opportunity to understand the critical relevance and application of research evidence whilst developing transferable research and critical thinking skills. Although a new programme, providing students with this experience in Palliative Medicine may assist in developing future academic clinicians in the field.

### 30 THE GLOBAL IMEP INITIATIVE: AN INTERNATIONAL PROGRAMME OF ASSESSMENT IN UNDERGRADUATE PALLIATIVE MEDICINE

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10.1136/bmjspcare-2018-ASPabstracts.57

**Background** The number of patients with palliative needs is increasing globally. In response, the World Health Organisation has recommended that ‘training and continuing education on