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 its 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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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

palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education 'However, the provision of training in palliative medicine is variable both nationally and internationally.

Methods Initially organised as a Taskforce of the EAPC Steering Group on Medical Education and Training, the International Medical Education in Palliative Care (IMEP) project sought to examine how well current training prepares doctors to care for patients with palliative needs. EORTC structured translations of validated assessment tool were produced in French, German, Spanish and Italian, and piloted in participating countries. In addition, MD students from Aachen University, and PhD students from the University of Liverpool have developed further translations/assessments in China, India, Brazil, South Africa and Armenia. As a development, the 'Global IMEP Initiative' seeks to:

- pilot an electronic version of the assessment tools;
- coalesce existing data; and
- engage wider international collaboration to establish baselines on the preparedness of newly qualified doctors to practice palliative care.

Results To date, electronic versions of tools have been produced in English and German, structured to be accessible across computer, tablet and smartphone formats. Piloting of the electronic tool is ongoing in the UK, Germany and Israel. Preliminary data indicates that the electronic format is user friendly, transferable across languages and increases return rate.

Conclusion The IMEP electronic assessment tools are amenable to international translation and dissemination. Data from established national and international baselines will assist in the further promotion of the integration of training in palliative medicine within existing curricula.

31 NON-MALIGNANT ADVANCE CARE PLANNING – CREATING A COMMUNITY OF PRACTICE

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10.1136/bmjspcare-2018-ASPabstracts.58

Introduction Advance Care Planning (ACP) in non-malignant disease is recognised as helping to improve care and outcomes for patients at end of life. These discussions can be challenging for both patients and healthcare professionals. Education in ACP locally in Shropshire was needed, but how to deliver this and share good practice was the object of this course.

Methods A two day conference was designed and delivered in May 2017 in Shropshire. Over 60 delegates attended both days. Day one was predominantly didactic lecture based in design covering the Law and Mental Capacity Act, relative's perspectives (a pre-recorded video) and specific case presentations. Day two used multi-professional small group discussions in five disease specific workshops including heart failure and renal failure. The results of discussions were used to inform future policy and practice.

Results Both days were oversubscribed and positively evaluated. Evaluations described an increase in confidence in approaching ACP discussions and the value of collaborative

working and sharing of information. Overall the workshop delivery was particularly beneficial. For example, in the heart failure group it allowed recognition of areas of strength and development. It highlighted the need to identify projects that are going to: a) Increase the knowledge of both sets of Clinical Nurse Specialists (heart failure and palliative) b) Identify patients so that their location and what is happening is known to various teams

The overall aim to encourage hospice and heart failure professions to work collaboratively in symptomatic management of patients with heart failure.

Conclusion As a result of this conference streams of education in renal and heart failure are planned. Closer working relationships have been formed including a renal palliative MDT and heart failure MDT. The conference is to be repeated in 2018 using a similar program.

32 INTEGRATED RENAL PALLIATIVE CARE – CREATING A COMMUNITY OF PRACTICE

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Introduction It is increasingly recognised that patients with end stage renal failure can have needs similar to those with advanced cancer. This is particularly relevant in patients who have opted for conservative management or who wish to withdraw from renal replacement therapy (RRT) and in those patients who are deteriorating despite RRT. In Shropshire a renal palliative multidisciplinary team (MDT) has been formed and it is recognised that mutual education is important in delivering a good service to these patients.

Methods Joint workshops were held to identify learning needs and a two day programme was then designed and delivered in June/July 2017. Day one covered aspects of mortality/morbidity of RRT in an ageing population, conservative care, psychological adaptations and symptom management. Day two delivered communication skills training specific to renal scenarios, using simulated patients.

Results The course was well attended and positively evaluated. Overall delegates reported an improved confidence in approaching end of life issues in renal patients and a recognition of the importance and benefit of a collaborative approach, with effective information sharing and ongoing co-education. Recognised especially was the complexity of an ageing and increasing frail population of patients and a recognition of the psychological adaptations over time to renal failure. Evaluations for communication skills training revealed increased confidence in initiating and expanding conversations, especially around advance care planning and resuscitation.

Conclusion A greater understanding of the population we support and mutual education has resulted in closer working relationships within the renal palliative MDT. Dialysis end of life link nurses have planned spin-off educational sessions with frontline dialysis staff. The education programme is to be repeated in 2018 using a similar format. Similar streams of education in heart failure are planned.