

for patients. There is an education need across the region to raise awareness and confidence of digital legacy, which the undertaking authors will be addressing.

12 IS SIMULATION AN EFFECTIVE WAY TO TEACH PALLIATIVE MEDICAL EMERGENCIES TO SPECIALIST TRAINEES?

Samuel Krauze, Fiona Wiseman. *Northampton General Hospital NHS Trust, Northamptonshire Healthcare NHS Foundation Trust*

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Background Simulation is increasingly being used to train those in 'acute' medical specialties, offering the chance to practice in a safe environment, without compromising patient safety. It lends itself particularly to infrequently occurring situations which are potentially life-threatening. Its use in palliative medicine is mainly limited to advanced communication skills – there is little published work regarding its use for acute clinical skills.

Methods A simulation day was arranged for eleven palliative medicine specialist trainees in the East Midlands. This covered five scenarios (hypoglycaemia, opioid toxicity, acute left ventricular failure, massive haemorrhage and anaphylaxis) from the specialty training curriculum for palliative medicine. In each scenario trainees took part in pairs, the 'patient' being an actor, or the 'SimMan' manikin. There was a nurse and HCA present in each, and an actor playing a relative was present in three of the scenarios. Each was observed by the consultant present. The trainees not taking part watched events unfold via video-link. Feedback was led by the consultant present, with input from an acute medic. There was group discussion with all trainees present. The consultant completed 'mini-CEXs' for each trainee in the scenario.

Results Pre and post-simulation day feedback was collected via a 1–5 scale (1=strongly disagree, 5=strongly agree), and showed:

They felt their clinical knowledge increased (3.5 vs 4.0)

They felt their confidence increased (3.6 vs 4.1)

They felt they would learn/had learnt something new from the day (4.3 vs 4.7)

Free text feedback explained that trainees felt it was a fun and effective way to learn, and that it was especially beneficial to have other members of the multidisciplinary team present, and to receive feedback from acute medics.

Conclusion Simulation seems to be an acceptable, enjoyable, and effective way to teach palliative medical emergencies. Trainees are keen for simulation to be incorporated into their training.

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13 OPTIMISING THE MANAGEMENT OF PATIENTS WITH CANCER PAIN: DEVELOPMENT AND EVALUATION OF THE RAPID ACCESS MULTIDISCIPLINARY PALLIATIVE ASSESSMENT AND RADIOTHERAPY (RAMPART) CLINIC

Andrew Jenks, Paul Fenton, Carol Davis, Charlotte Brooks, Lynsey Clode, Inga Driver, Mark Cawley. *University Hospital Southampton NHS Foundation Trust*

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Background Patients with cancer-induced bone pain often wait weeks to receive palliative radiotherapy treatment and to be assessed by specialist palliative care and allied health services. While waiting, they experience debilitating physical problems and psychological distress. This paper reports on the development and evaluation of RAMPART, a 'one-stop' multidisciplinary clinic at University Hospital Southampton. This innovation has not previously been reported in the UK.

Methods The clinic model involves a single visit and combines assessment by palliative medicine, clinical oncology and allied health professionals, with the planning and delivery of palliative radiotherapy. The intervention also involves signposting, onward referrals and supported self-management of physical, psychological and social concerns. A patient satisfaction questionnaire and Macmillan's Holistic Needs Assessment are performed on the clinic day and repeated one month later. Open response questions are asked on the day and at 1 month.

Results Overall, 87% of patients were very satisfied and 13% were satisfied. Patients' global concern score decreased by 1.9 points, mean score 7.1 (range 4–10) on clinic day to 5.2 (range 2–8) at 1 month. There was a reduction in pain score by 2 points, mean score 6.8 (range 3–10) on clinic day to 4.8 (range 0–8) at 1 month. The RAMPART clinic model successfully reduced the median time from referral to radiotherapy from 22 days in the comparator cohort to 8 days in the RAMPART cohort. Qualitative data findings are that patients felt supported, enlightened, informed and valued by the comprehensive nature of the assessment. Patients felt their symptoms and quality of life had improved.

Conclusions Implementing a multidisciplinary palliative radiotherapy clinic is feasible, valued by patients and effective in reducing pain, other patient concerns and time from referral to treatment. This model helps to bridge the gap between hospital and community services and may be transferrable to other areas.

14 ENHANCED SUPPORTIVE CARE – JOINT WORKING BETWEEN SUPPORTIVE CARE AND ACUTE ONCOLOGY TO DELIVER RAPID ACCESS TO EXPERTISE

Lisa La Mola, Geraldine Campbell, Richard Berman, Tim Cooksley, Tamar Al-Sayad, Hannah Clare. *The Christie NHS Foundation Trust*

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The Enhanced Supportive Care (ESC) clinic provides patients with better access to supportive care services. It allows any Christie patient with problems relating to their cancer, or cancer treatment, to be seen without delay. This helps to reduce the escalation of symptoms and medical problems that could potentially lead to hospital admission. ESC clinic is a new joint service provided by Supportive Care and Acute Oncology teams.

A six month pilot has demonstrated a reduction in emergency admissions to the Christie, a reduction in patients sent elsewhere within Greater Manchester (GM), a reduction in the need for GP follow up appointments, reduced length of stay and has facilitated early discharges from the Oncology Assessment Unit (OAU), which improves patient flow.

Referrals into the ESC clinic are received from multiple areas, namely:

- Acute Oncology Management Service/Hotline