Results Development of a free online course hosted by University of Northampton. Participants:

- 97% agreed/strongly agreed that the module had been organised in a way that helped them to learn
- 68% felt that they had significantly increased their knowledge of MND and a further 30% believed they had increased their knowledge
- Following the course 94% felt more confident about caring for someone living with MND.

Reasons for completing the course varied: 47% indicated they were caring for someone with MND, and 32% were undertaking it purely for professional development. A significant proportion of completions were outside core hours: 31% 7 pm – midnight and 11% midnight – 7 am; a requirement not easily accommodated by training. The course has been used to provide wholesale staff training.

Conclusion This module has approximately 700 completions to date. It provides a comprehensive, practical introduction to MND and has been well received by participants. It could usefully be employed within hospices to support the delivery of outstanding care.

P-255 THE IMPLEMENTATION OF PROJECT ECHO INTO NORTH EAST ESSEX

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Background Project ECHO® (Extension of Community Healthcare Outcomes) is a virtual environment learning tool, used within a community of practice among care providers, to facilitate a more comprehensive seamless experience for care staff, patients and families.

Aim The concept of ECHO in this instance is being utilised to disseminate knowledge and best practice within the palliative care community to enable cohesive working. This united approach lends itself to problem solving and improving the quality of decision making within the healthcare sector with emphasis on collaboration and shared focus, to enhance standards of care, in a dynamic and revolutionary manner.

Method Utilising the Gold Standards Framework workshops for nursing and residential homes, we introduced the concept of ECHO by demonstrating a video example plus an in-house demonstration. As a consequence, we gained buy-in and will run a pilot dividing the nursing and residential homes into two groups of eight and delivering six ECHO sessions over a period of six months from July 2018.

Results These sessions will be based on the identified learning needs of the 16 nursing and residential homes. The first three sessions will be based on communication, symptom management at the end of life and advance care planning. A guest speaker will provide a 20 min presentation on the chosen subject which will set the tone for the remainder of the discussion. Two of the nursing and residential homes will provide case studies relating to the theme of the session with active participation from the expert panel at the hospice hub and all participants.

Conclusion From initial observation, the idea of ECHO has captured the enthusiasm and willingness of shared learning to

improve patient experience with 16 out of the 24 nursing and residential homes voicing an interest in engaging with the opportunity to participate in ECHO.

P-256 DESIGNING AN E-ELCA LEARNING PATH FOR SPECIALISTS IN PALLIATIVE CARE

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Background e-ELCA (end of life care for all) is an e-learning programme from e-Learning for Health, delivering palliative and end of life care education. It was originally developed to support the Department of Health's End of Life Care Strategy, being designed to deliver education to the wider NHS workforce. More recently, there has also been a focus on offering educational opportunities to specialists in palliative care. Of note, e-ELCA is comprised of over 160 sessions and utilises 'learning paths' to allow users to identify sessions that will be helpful for their learning.

Aim To design an e-ELCA learning path for specialists in palliative care. This would allow this group to easily identify e-ELCA sessions that are relevant for their own learning.

Methods The JRCPTB (Joint Royal College of Physicians Training Board, 2014) speciality training curriculum for palliative medicine is used in the training of palliative medicine specialty registrars. The curriculum contains many sections including physical care, communication and ethics. Educational resources that support this curriculum will be helpful for registrars, but are also likely to be relevant for other specialists in palliative care. Therefore, e-ELCA sessions were mapped to the JRCPTB speciality training curriculum for palliative medicine (2010 with amendments 2014)¹. This process was carried out by a specialty registrar in palliative medicine, with this work then reviewed by the e-ELCA clinical lead.

Results Initially 34 e-ELCA sessions were identified that mapped to the curriculum. Following further review, 10 of these were deemed to too basic in content for specialists in palliative care. The 24 sessions that remained comprised the final version of the learning path. This is now available on the e-ELCA website.

Conclusions The JRCPTB speciality training curriculum for palliative medicine was used to identify e-ELCA sessions that specialists in palliative care could use for their own education.

P-257 A REVIEW OF THE (QELCA)© (QUALITY AT END OF LIFE CARE FOR ALL) PROGRAMME ADAPTED FOR LEADERS AT ST CHRISTOPHER'S HOSPICE

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This programme, funded by the Burdett Trust, used an adapted version of the (QELCA)© course. Its aim was to develop the leadership skills of inpatient managers. The group visited and observed external NHS leaders in both hospital

and in a prison environment. There was a combination of classroom learning and practice experience. An action plan was then formulated and implemented using Action Learning over a six month period.

Methods A five day programme (three days classroom based and two placement days). This was followed up with six action learning sets over the following six months. Each set was a two-hour period, where individuals' action learning was reviewed and summarised. Risk and obstacles were reflected upon and new action plans made if needed. The group was divided into two, each group having the same lead for the entire programme.

Results Individual and team objectives enabled the managers to lead in the change management of:

- Standardising daily board rounds
- Review of nursing handover processes
- The development of the role of a 'discharge coordinator'
- Improving access for BME patients
- Supporting staff to goal set with patients
- Undertake the leadership of key clinical skills – reviewing practice and policies e.g., tracheostomy care and Central venous access devices
- Reviewing processes with the HR department surrounding the management of sickness
- Setting an inpatient nursing action plan to support the hospice's strategic priorities for 2017–2018.

Over the six months action learning was disrupted by staff leaving and shortages of staff over the summer holidays.

Conclusion All the managers evaluated the programme as a positive learning experience which enabled them to develop and lead practice changes.

P-258 IVY ST!: A VIRTUAL CASELOAD FOR PALLIATIVE CARE EDUCATION

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Background Palliative care education modules, developed collaboratively with the local university, required discussion about people living with progressive illness, their families and health professionals. It would not be possible to standardise real participant scenarios and the risks of lack of focus, loss of confidentiality and criticism high.

Aim To provide a virtual caseload/population with 'real' stories/situations moulded to participant needs.

Method The initial module had classroom sessions, supported by 'Blackboard' Virtual Learning Environment for participant access to resources. A web-based virtual community – 'Ivy St' with 'houses' (genograms) of extended families and nursing home. Each person had an avatar and a story, including a snapshot of their context – life, work, faith, hobbies and relationships. During the course a daily newsfeed of social and health activities on the street outlined clinical scenarios and role modelled the actions of health professionals with a continuously unfolding storyline.

Results Participants quickly engaged with the story and often expressed emotion about the happenings as if the characters were real. They seemed encouraged to discuss, pose possible

conclusions from information available and suggest actions to be taken, learning from one another and online tutors. In the classroom, the topic being discussed would draw on street characters, with group-work on symptoms or treatments, conversations or services. Feedback from participants rated Ivy St as one of the course highlights, confirmed by a positive independent evaluation of the resource. Suggestions that too many happenings on the street in one day made it difficult to keep up with the story, changed the second iteration of the module.

Conclusion It was possible to replace discussion of real live cases, risking loss of confidentiality and criticism of actual care provision, with a virtual, standardisable, mouldable, web based community. The resource will be further developed for the second module and PGCert.

P-259 THE EDUCATIONAL NEEDS OF PROFESSIONAL HOSPICE STAFF: AN ETHNOGRAPHIC INQUIRY

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Problem Seniors are estimated at 25% of the Canadian population by the year 2036 (Alberta Health Services, 2014). Of those, 22% will have a diagnosis of cancer yearly (Canadian Cancer Society's Advisory Committee on Cancer, 2015). In Alberta by the year 2030, there will be 27 640 cases of cancer, with 25% requiring hospice care. These cancer cases comprise 85% of the hospice care in Alberta (Alberta Health Services, 2014). Several non-oncological diagnoses also require hospice care in Alberta (CSPCR, 2016). Inconsistent hospice staff knowledge has additionally become a concern for hospice care provincially (Alberta Health Services, 2014). No studies assessing the educational needs of Calgary hospice staff were found in a literature search. Also, international hospice nurses identified knowledge deficits in pain and symptom management, psychological, and spiritual care and communication with dying patients (Kehl, 2014; Ly Thuy, Yates, & Osborne, 2014; Murray, Fiset & O'Connor, 2004).

Purpose Determining ways hospice culture shapes the educational needs of professional staff. This knowledge provides information for staff education, promotes evidence-informed practice and improves hospice resident care.

Scope The study includes staff at a Calgary Catholic facility. This new site has been open for approximately two years at the time of the study. The hospice residents include those individuals with a life-limiting illness and a prognosis of approximately a few months.

Research design Qualitative, focused, interpretive ethnography.

Data sources The data includes interviews with nine hospice staff members, the shadowing of those staff members, and field observations of the site culture focusing on staff educational needs. Data also includes; field notes, documents, and cultural artefacts.

Methodology The study design includes the researcher's interpretation of the hospice culture within the focused domain of staff educational needs. Data from the interviews, site observations and field notes are coded and analysed. This data reveals hospice cultural themes for analysis.