

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.