

Conclusion This innovative approach to education delivery has embedded the benefits of cross-organisational working and promoted the development of future training sessions such as syringe driver training, verification of expected death training, communication skills training and advance care planning workshops. There is continued momentum for specialist palliative educational input in such care environments, and it is apparent from the evaluation gathered that there is a real desire for this to continue and grow.

P-244 MOVING FORWARD; STRIVING TO IMPROVE UPON ABC END OF LIFE CARE EDUCATION WITHIN CARE HOMES

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Background The ABC Care Home Education modules are a recognised programme of multi-disciplinary training that has been successfully delivered using a classroom approach. However, the current training does not effectively cover all learning styles, particularly those who are kinaesthetic learners, leaving some attendees struggling to implement learning. Current finance has been established jointly between through the local Clinical Commissioning Group and hospice to continue this work which has provided an opportunity to review and adapt delivery of the programme.

Aims To improve the effectiveness of end of life care education in care homes using clinical interventions including role modelling, ad hoc support and demonstration of practical skills to reinforce learning.

Method Following consultation to establish the ongoing needs of staff a programme of support was offered. This included 'drop in' lunchtime sessions to look at the delivery of practical care, working alongside staff delivering care or supporting with medication and liaising with GPs as appropriate.

Results Although still in its initial stages, the feedback from care home staff and managers has been very positive with staff embracing the opportunity to work alongside an experienced professional. Staff have reported increased confidence leading to improved application of learning, more comprehensive documentation and effective communication. Further work is underway to establish the effect on admissions to hospital within the last year of life and the perceived increase in staff and patient/relative satisfaction.

Conclusion The ABC Education programme has previously established significant strides in improving end of life care within care homes. The review has established that practical input can theoretically improve care further by embracing an increased variety of learning styles and embedding the learning to create established improvements.

P-245 WHAT ITCH DO WE NEED TO SCRATCH? NURSING HOME EDUCATION DELIVERED BY HOSPICES

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Aim End of life care needs to be delivered in a range of care settings with hospice professionals key to promote best practice influencing knowledge, attitudes and behaviours to other healthcare organisations (Hospice UK, 2017). Education and

training is key to building these foundations (National Palliative and End of Life Care Partnership, 2015). This study focuses on describing what palliative care education is needed for nurses in nursing homes and does it differ to community nurses' education needs?

Method All nursing homes covered by a Hospice Outreach Nurse Team (HONT) were asked to participate in the study. Questionnaires with a combination of multiple choice questions and free text answers were sent to all nursing homes. Nursing home managers were contacted and permission given before questionnaires sent. The HONT hand-delivered or posted questionnaires with them returned/posted back after six weeks.

Results Questionnaires were sent to 17 Nursing Homes with a return rate of 78% of the total questionnaires sent. 71% were registered nurses; only the registered nurse data was collated. Length of time in current post was included with the majority in post for 3 years+ (66%). Most nurses described themselves as confident and/or competent in palliative care. Respondents replied that core subjects on the current education programme delivered to community nurses by the HONT would improve their care. 65% of responses stated they had completed palliative care training before with 35% acknowledging they had had no palliative training of any description. Only 10% indicated they had completed a university level training in palliative care.

Conclusions and recommendations Nurses in nursing homes want education which deals with broad subjects rather than anything specific. There was a global tone for training rather than specific areas – which suggests that a separate teaching programme is required for nursing home staff.

P-246 WORK EXPERIENCE STUDENTS: EMBRACING CHANGE IN HOSPICE WORKFORCE DEVELOPMENT

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Background Traditionally, hospice clinical staff are recruited from acute and community settings. Following a period of significant staff turnover it became apparent that, in keeping with national trends, this pool of experienced staff was diminishing. A decision was made to actively pursue diverse areas of recruitment.

Aims To approach local colleges of further education delivering health care studies at level 2 and 3 and to offer work experience within a hospice setting. It was hoped that this would encourage younger members of staff into hospice services.

Method The local college was approached, and a presentation given to all health care students offering placements in the day services, in-patient and community settings. Eight students requested to undertake their 50 hour placement at the hospice. An Induction Day was delivered including an overview of palliative care, safeguarding and practical care. A pre- and post- questionnaire was given to all students and feedback was sought from the college.

Results With support from tutors, each student was allocated a 'day release.' Only one student was placed in each clinical area at a time and with the high number of students and college holidays, the placements were spread over a five months period. A total of six students completed the placement with

an overall attendance rate of 69%. Six out of 12 questionnaires were returned.

Conclusion It may be more beneficial to complete each placement over a seven-day period. This may improve student engagement, give greater support and, where possible, encourage continuity of relationships with staff and patients. Good working relationships with the college are essential to ensure students are supported. Although no new staff were recruited, it has been agreed that we will continue to work with the college offering placements, encouraging and recruiting students who show an aptitude for hospice work.

P-247 DEVELOPING WITH THE NEXT GENERATION OF HEALTH AND SOCIAL CARE PROFESSIONALS

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Background Professionals at the point of registration should be confident and competent caring for patients at the end of life. Student placements include nurses, art therapists, physiotherapists, paramedics, social workers, chaplaincy and medical students

Aim What do health and social care students gain from a hospice placement?

Method Using collated student feedback 2017–2108, common themes were identified. Literature showed the development of end of life skills, frequently focuses on simulated learning (Efstathiou & Walker, 2014). One hospice study focused only on medical students. (Greenstock, Molloy, Fiddes *et al.*, 2013).

Results The following themes emerged:

- Inter-professional working. 'Different departments and agencies working together to provide for the patient and their family'; 'Understanding of professional boundaries'; 'Able to advise on referrals'; 'Inter-professional working, a holistic approach to deliver effective care'
- Communication skills. 'Taking part in the MDT meeting'; 'I communicate better'; 'The ability to converse more comfortably and effectively with palliative patients'; 'I can talk confidently about death dying'; 'I have developed listening skills'
- The Patient journey and its impact on caregivers. 'Getting to know patients'; 'Seeing different stages of a journey'; 'Understanding what families go through'; 'During home visits I saw patients in their environment'
- Gaining confidence. 'Confident with symptom control medication, just in case medication, drug calculations, care in the last days of life, care after death'; 'I have learnt to pre-empt symptoms'; 'I recognise the signs of end of life'; 'I have learnt prescribing skills in palliative care'
- Rehabilitation palliative care. 'Social activity incorporating exercise'; 'It's not just death and dying for example, physiotherapy'.

Conclusions The students' comments directly linked with the building blocks in Ambitions for End of Life Care (2015). Students gain more than palliative care skills; respecting the skills, expertise and contributions of colleagues and teams (Francis, 2013), reflecting professional body requirements (Nursing & Midwifery Council, 2015; Health and Care Professions Council, 2016; General Medical Council, 2014).

P-248 PREPARED TO CARE? HOW A CONCEPT ANALYSIS CAN HELP PREPARE THE NURSING WORKFORCE

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Background Recent publications have made it very clear that pre-registration training is not adequately preparing nurses for end of life care (The Democratic Society, 2015; National Council for Palliative Care, 2016). Although the proposed NMC curriculum changes (Nursing & Midwifery Council, 2017) address this for future student nurses, many nurses are already in practice without preparation, and will not benefit from curriculum change. Currently, few nurses outside of palliative care settings have access to any end of life care education (Cavaye & Watts, 2014).

Aim To identify the attributes a prepared nurse will possess, and the antecedents of becoming prepared, with intent to inform education strategies.

Method A concept analysis using Walker and Avant's (Walker & Avant, 2013) model was conducted to ensure rigour, and standardise the findings. Several clinical databases were searched to find appropriate literature to inform the concept analysis.

Results Attributes of a prepared nurse can be divided into two core areas; being educationally ready and having a willing attitude. The seven individual key attributes are:

- Able to assess the dying patient and plan care
- Has advanced ability to communicate with empathy
- Able to identify and manage physical symptoms
- Able to recognise and deal with dying and death
- Understands the holistic elements of dying
- Understands and is comfortable to deal with the effects of loss and bereavement on patients, families and self
- Is self-aware and self-competent.

Antecedents are: education, having a willing attitude towards the dying, exposure to death and dying, experience of care of the dying, and seeing a dead body. Empirical referents need to measure self-competence, knowledge and attitudes.

Conclusion This concept analysis will demonstrate that future education needs to be focused on those nurses who are already qualified, but lack previous end of life education. All nurses, both pre-registration and post-registration, also need to have opportunities to care for the dying, and perform care after death, in a safe environment where exposure to death can be supported.

P-249 PREPARED TO CARE: CREATING A LEARNING AND COLLABORATIVE INITIATIVE TO INCREASE SUPPORT FOR MENTAL HEALTH PATIENTS WITH PALLIATIVE CARE NEEDS

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Background Following from a successful scoping session in June 2017 in which mental health and palliative care professionals came together to look at how we can best