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10 ESTABLISHING A MENTORING SCHEME FOR PALLIATIVE MEDICINE TRAINEES IN WEST YORKSHIRE: A REVIEW OF THE FIRST YEAR

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Background The value of mentoring in helping individuals develop confidence and resilience and focus upon career progression is acknowledged by multiple professional groups. Mentoring is also felt to be beneficial to the mentor.

Recognising this, the West Yorkshire trainees were surveyed about their interest in developing a mentoring scheme. Interest was expressed and thus senior trainees and consultants working in both training and non-training units were approached to become mentors.

Methods Mentors were signposted to mentoring training. First year trainees (ST3s) were mentored by senior trainees and more senior trainees were mentored by consultants.

To distinguish between the mentor and supervisor role, mentoring pairs were allocated to ensure mentors and mentees were not working together clinically. Mentoring relationships began in August 2017 and the scheme was evaluated after the first year.

Results The pairs met between one and five times and the mentees were universally positive about their experience of being mentored. Particular benefits were having an outside perspective and the opportunity to talk openly. Mentees scored their mentoring experience as 8.9/10 for usefulness.

Mentors reflected they had felt well prepared for their role and were happy to continue. The engagement and motivation of the trainee was identified as key in success of the mentoring relationship.

Conclusions The first year of the West Yorkshire trainee mentoring scheme has been well evaluated by both mentors and mentees. Given the acknowledged benefits of mentoring, the relatively short training and challenges of palliative medicine, it is a model which could be considered nationally.

Locally, the scheme continues and there is interest in extending it to consultants in their first year.

11 WE DON'T KNOW WHAT WE DON'T KNOW! KNOWLEDGE AND COMMUNICATION BARRIERS STILL PREVALENT AMONG PALLIATIVE CARE PATIENTS AND FAMILIES

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Background There is a struggle to meet the demands of adequate, let alone high-quality, palliative care, with one in four UK families unable to access the expert palliative care they need. This research uncovered difficulties experienced in accessing palliative care along with insights into why others have not accessed these services at all.

Methods This research is part of a larger ongoing study into palliative care. Data collection began in 2015. To date we have collected almost 2 million words of data from in-depth interviews with palliative care patients and their families

(n=223) and healthcare professionals including GPs, Community Nurses and Hospital Staff (n=22). We also surveyed (n=100) non-users.

Results We find that many of the long-recognised barriers, such as patient and family misconceptions ('the Death House') and lack of knowledge ('I didn't know what a palliative care nurse was'; 'I thought it was just for cancer patients) are just as prevalent as they have always been. There is an acute lack of awareness of wider palliative care offerings (e.g. non-pain physical, psychological, spiritual). Many people believe hospice care is solely for patients with cancer, or just for inpatients, or is private and has to be paid for. Confusion and lack of confidence among healthcare providers are also widespread, particularly when dealing with non-cancer patients. We also found poor integration of healthcare services in the wider ecosystem, often confounded by technological barriers and a lack of effective collaboration between service providers.

Conclusions Palliative and hospice care needs to be rebranded and better communicated to the wider public. Better training is needed to educate and equip healthcare professionals with the knowledge and confidence they desperately need. Champions are needed to improve collaboration and integration among healthcare professionals and their systems.

12 REDUCING PRESCRIBING ERRORS AMONGST JUNIOR DOCTORS AT THE BEGINNING OF THEIR DURING HOSPICE ROTATIONS- A QUALITY IMPROVEMENT PROJECT (QIP)

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Background It is documented within the literature that when transitioning between different forms of prescribing, errors are more likely to occur. This is especially pertinent within Hospice Medicine as many Hospices differ in their prescribing practices to those at Hospitals. This has been noted at Manorlands Hospice, whereby paper prescribing is used, with the local hospital having transitioned to electronic prescribing.

It had been noted amongst staff that a peak in prescribing errors occurred at the beginning of each rotation of new Junior Doctors, many of which resulted in a Datix (incident report). This QIP used the 'PDSA' methodology to look into this phenomenon and try and reduce it.

Methods Datix information regarding prescribing errors that occurred between December 2013 and April 2018 was collected. From this data and conversations with staff, a 'Safe Prescribing Guide' (SPG) was created that was given to new Doctors during their induction. This included information about how to reduce drug errors, and highlighted risky areas.

Results 42 Datix were identified as having occurred within the first month of a new rotation. This resulted in an average of 3 Datix per new rotation. The most common drug errors were due to the prescription of incorrect doses and the omission of medications.

Following the introduction of the SPG in August 2018, no drug errors occurred within the first month of the new Junior Doctors rotation.

Conclusion This QIP has highlighted the importance in recognising the new challenges faced by Junior Doctors due to the rapidly changing clinical environment as a consequence of new technologies. Following the implementation of the SPG