

drug errors have been reduced. However this could be due to a number of factors and ongoing data collection is required to identify the trend. The SPG has now been disseminated to Sue Ryder Hospices nationally.

13 ASSESSING THE IMPACT OF A ONE DAY ADVANCED COMMUNICATION SKILLS COURSE FOR QUALIFIED AND UNQUALIFIED NURSES IN A HOSPICE SETTING

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Background Trinity Hospice, Blackpool run an internal advanced communications course for qualified and unqualified nursing staff working across inpatient and community settings. Groups of up to 8 participants undertake role play with a facilitator and an actor, using commonly encountered communication scenarios. This project assessed the impact of the course on participants' confidence in communicating in difficult situations and the emotional burden associated with undertaking the course.

Methods Pre- and post-course questionnaires were filled in by all participants, and then retrospectively analysed.

Results 45 people were trained over 18 months, including 27 qualified and 18 unqualified staff-members. 1 questionnaire was incompletely filled out giving a total sample of 44.

84% of participants described negative emotions (e.g. nervous, unsure) before the course.

82% described positive emotions (e.g. relaxed, confident, energised) after the course.

50% of participants showed improvement in confidence in a challenging conversation with a patient or relatives

68% showed improvement in confidence in a challenging conversation with a colleague.

50% showed improvement in confidence in handling strong emotions.

34% showed improvement in confidence in identifying a patient or relative's concerns.

59% showed improvement in confidence in challenging problematic behaviour by a patient or relative.

98% of the participants reported that the course had met their needs, and scored the course as being interesting, informative, useful, enjoyable, respectful and safe.

Conclusion The subjective response to the course was positive, with a shift from negative to positive emotional responses. At least half of participants improved in all but one area of communication. We feel this project supports the validity of the advanced communication skills course for development of confidence in challenging areas of communication, for both qualified and unqualified nursing staff.

14 PHASE OF ILLNESS SURVEY

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Background Phase of Illness (POI) is one of the measures in the Outcome Assessment and Complexity Collaborative (OACC) suite of measures, and describes the current stage in the patient's illness according to the care needs of the patient and their family. The phases are: stable, unstable,

deteriorating, dying and deceased. POI is documented at every patient clinical contact by a range of healthcare professionals (HCPs); therefore consistency of phase assessment is important. The aim of this survey was to assess the consistency of POI assessment.

Method A survey was emailed to all clinical staff and had two peer reviewed fictional case studies evolving over time. They were asked to select the POI that best described the patient's situation at various time points.

Results Fifty-one HCPs completed scenario 1 and 41 completed scenario 2. The range of HCPs included nurses, doctors, physiotherapists, occupational therapists, counsellors, social workers and complementary therapists.

Scenario 1 – Mrs A with metastatic lung cancer, and six phase assessments. There was majority agreement across all phase assessments. The phase assessment with least agreement was Q5 stable 63%; unstable 1%; deteriorating 35%. All other assessments had >70% agreement with a particular POI.

Scenario 2 – Mr B with Motor Neurone Disease (MND), and seven phase assessments. There was less agreement across the phase assessments. Three POI assessments had <70% majority agreement: Q3- Stable 10%, Unstable 45%, Deteriorating 45%; Q4 – Stable 68%, Unstable 7.5%, Deteriorating 24.5%; Q7 – Stable 7.5%, Unstable 55%, Deteriorating 37.5%.

Conclusion There was less consistency of POI assessment in the MND patient scenario, particularly in terms of unstable and deteriorating phases, compared to the cancer patient scenario. This disparity may reflect the different disease trajectories and HCP familiarity with each condition. This has led to further multidisciplinary team training focusing on POI assessment in non-cancer conditions.

15 EXPLORING THE USE OF INNOVATIVE TECHNOLOGY TO DELIVER JUNIOR DOCTORS INDUCTION AT THE HOSPICE

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Background There is a paucity of published evidence evaluating the effectiveness of induction methods for trainee doctors. In any 12 month period 17 trainees (3 foundation doctors, 8 core medical trainees and 6 specialty trainees) will rotate through our hospice, resulting in the medical induction programme being repeated at least 8 times per year.

Methods Considering prudent healthcare principles, the aim was to evaluate the current induction programme and to scope alternative, more efficient delivery methods. Feedback on the induction of 16 trainees was analysed in addition to feedback from 29 medical students who had experienced virtual reality (VR) palliative care teaching methods locally as well as an online survey sent to 33 previous trainees at the hospice to ascertain their views on alternative delivery methods.

Results Amongst the cohort who had experienced VR, the feedback was generally positive. There was however a general reluctance to consider new techniques amongst past trainees of the hospice who, unanimously, valued the face-to-face induction they had received, this is consistent with positive GMC trainee survey responses at the hospice to the induction question.

Discussion and conclusion There was not enough evidence from this work to suggest a switch, with the associated resource costs, to deliver the induction programme from face-to-face to VR or other pre-recorded media. However, given the positive response from students who had previously experienced VR, we have created a 360 degree tour of the hospice and induction programme to pilot using equipment on loan and evaluate its acceptability and effectiveness as a delivery method of induction at the hospice.

16 **THE PALLIATIVE A-E: AN ABCDE APPROACH TO ASSESSING AND MANAGING DYING PATIENTS USING SIMULATION TEACHING**

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10.1136/bmjspcare-2019-ASP.39

Background ABCDE approaches are a proven and effective method of assessment in emergencies but could they be used in end of life care? This project developed a simulation teaching station for Foundation Programme Doctors to learn and practice an ABCDE style examination in the unconscious dying patient who cannot communicate symptoms verbally. The aim was to improve the confidence in this junior doctor cohort around assessing and managing dying patients.

Methods During trust teaching, a cohort of Foundation Doctors from Gloucestershire Hospitals NHS Trust were presented with a simulation case assessing an unconscious dying patient. One member from each group assessed the patient with other members contributing ideas. Ultimately the group was taught an ABCDE approach (a structured examination assessing Airway, Breathing, Circulatory, Disability and Exposure aspects, tailored to dying patients) and questioned on management options, with feedback throughout. A survey conducted before and after the teaching aimed to assess the cohort's confidence in assessing these patients.

Results The pre-intervention surveys demonstrated a lack of confidence in Junior Doctors in assessing dying patients both before and after graduation with 30 out of 30 and 28 out of 30 candidates feeling somewhat confident or less, respectively, partly attributed to a lack of teaching. Following the session, confidence in assessing these patients improved with 15 out of 20 feeling very or extremely confident and 100% of candidates finding the session and ABCDE technique useful.

Conclusions The use of an ABCDE approach to assessing the dying patient appears to improve the confidence Junior Doctors have with this skill. A simulation teaching session allowed for effective demonstration and practice of this tool. This method may lead to an improvement in symptom control in our dying hospital patients however, further research is needed.

17 **A QUALITATIVE STUDY EXPLORING HOW FOUNDATION DOCTORS FEEL THEIR UK UNDERGRADUATE MEDICAL EDUCATION HAS PREPARED THEM FOR CARING FOR THE DYING**

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10.1136/bmjspcare-2019-ASP.40

Background Newly qualified doctors working within the Foundation Programme are expected to care for dying patients, however many feel inadequately prepared for this. Given recent changes to the outcomes expected of medical graduates and national guidance surrounding the care of dying patients, there is a need to evaluate how UK graduates feel their training has prepared them to care for these patients.

Research question What are Foundation doctors' perspectives on how their UK undergraduate medical education has prepared them for caring for the dying?

Objectives

1. To investigate how Foundation doctors feel their UK undergraduate medical education has prepared them for caring for the dying.
2. To consider how undergraduate medical training in caring for the dying may be improved, from the perspective of Foundation doctors.

Methodology Qualitative data was collected by means of semi-structured interviews with eight Foundation doctors who had experienced caring for dying patients since graduation. Thematic analysis was used to analyse the data.

Results Six themes were identified: 'The undergraduate course: what medical students are taught and what influences how they learn'; 'the role of the clinical team'; 'changing roles and practice'; 'preparedness to care for dying patients'; 'the culture that patients 'get better' and the realisation that they die'; 'recommendations for undergraduate training'.

Discussion All participants identified areas relating to the care of dying patients that they did not feel well prepared for. This suggests that current undergraduate training is not preparing graduating doctors adequately for this role. The theme of preparedness to care for dying patients can be subdivided into knowledge-based preparedness and emotional preparedness. Meaningful clinical contact appears to be integral to increasing knowledge-based preparedness. It should be recognised that caring for dying patients is often emotive; training surrounding dealing with this is required in order to avoid emotional distress and burnout.

18 **A UK PALLIATIVE TRAINEE RESEARCH COLLABORATIVE: NEW KNOWLEDGE THROUGH NETWORKING**

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Background The first UK trainee research collaborative was established in 2006 and the majority (39/45) are surgical or anaesthetic based. Trainee collaboratives harness the resource of doctors in training for multicentre audit and research. Collaboratives have spearheaded quality improvement projects, audit, systematic reviews and recruitment for national and international studies. Collaboratives have also demonstrated increased trainee research exposure over time, with trainee involvement in design, ethics, data analysis, and manuscript preparation.

Palliative medicine research is relatively underfunded, and trainee research exposure varies significantly across rotations. Our small specialty has much to gain from the