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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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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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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

development of the first UK wide palliative trainee research collaborative.

Methods The UK Palliative Care Trainee Research Collaborative (UKPRC) was established in 2017. Modelled on other successful trainee collaboratives, we employed the following steps:

1. Writing and adopting a constitution that enshrines shared authorship as a central tenant;
2. Identifying a core group of interested trainees;
3. Nominating a clinical and research lead;
4. Defining a brand; logo, website, email address, newsletter and twitter profile;
5. Choosing a project;
6. Recognising crucial stakeholders to disseminate information and garner support.

Results Launched publicly in August 2018, the UKPRC already has members from 12/14 of the UK deaneries. The first national audit project is underway aiming to recruit 40 sites across all sectors in the UK. The UKPRC has a website, 186 followers on twitter and has been discussed by the APM and the National Clinical Research network leads in palliative and supportive care in the UK.

Conclusions The UKPRC has the potential to conduct audit and research across hospice and hospital sectors UK wide, which will inform evidence-based practice and ultimately aims to improve patient care. Collaboratives may strengthen the research culture within palliative medicine, embedding research activity and evidence-based practice from the first year of training.

19 IMPACT OF AN EDUCATION PROGRAMME TO IMPROVE PRESCRIBING OF ANTICIPATORY MEDICATIONS IN THE COMMUNITY

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Background A baseline audit demonstrated a need to improve anticipatory prescribing at the end of life in a community setting. The specialist palliative care team facilitated education on end of life care prescribing. The impact of the education delivered was evaluated using a combination of methods.

Method Six sessions on anticipatory prescribing were delivered to 93 General Practitioners (GPs) in year one and five sessions to 56 GPs in year two. A mixture of teaching methods was used both years. Delegate feedback was collected for all sessions. Informal education/coaching with GPs was also provided. A prospective re-audit was conducted of 50 community prescription charts to identify any change in prescribing practice.

Results A re-audit showed anticipatory medication was prescribed more frequently for the five core symptoms. The increase in prescribing frequency ranged from 19% to 49%. This finding is consistent with an improvement in delegate confidence scores. However, half the patients had an error on their community prescription chart compared to 41% in the baseline audit. This should be considered in the context of each chart containing more prescriptions than in the previous audit. 26% had an error due to an incorrect frequency of as required medication. Other errors identified included the dose being too high (8%) and too low (6%).

Conclusion The audit showed a significant improvement in practice; with anticipatory medication for all five core symptoms prescribed more frequently. GPs need to prescribe anticipatory medication relatively infrequently which may contribute to the errors observed on half of the community prescription charts. To reduce such errors a commitment to on going education is required. Overall the education programme delivered by specialists in palliative care resulted in a positive change in practice.

20 REAL TALK – BEYOND ADVANCED COMMUNICATION SKILLS: OUTCOMES OF A RESIDENTIAL WORKSHOP FOR PALLIATIVE CARE DOCTORS

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Background Analysis of filmed data of patient consultations at a UK hospice provides the materials for 'Real Talk'; a novel and flexible education intervention containing real-life film clips. Communication skills training is more likely to be effective in changing behaviours when it is experiential and interactive, being relevant to trainees' practice.

Methods Experienced palliative care doctors attended a three-day residential workshop in which they explored the Real Talk intervention in facilitated small groups. Discussions linked to the evidence relating to communication strategies, whilst reflective diaries and action planning provided opportunity for linking learning to their clinical and educator roles.

Results The workshop was attended by 29 experienced palliative care doctors who completed a pre and post questionnaire we adapted from a validated tool. Pre-workshop questions asked for workshop expectations; 19 delegates identified all their expectations had been met, 10 did not indicate an answer. Narratives from the expanded answers noted the workshop had exceeded expectations and the 'train the trainer' approach was welcomed. Delegates identified the most effective aspects of learning included experiential small group work relating to the content of the Real Talk film clips, opportunity to critique underpinning evidence of how clinicians communicate in relation to conversations in end of life care and having an opportunity to reflect on learning and application to practice in a safe and stimulating environment.

Conclusions Engagement in, and feedback on, the workshop has provided a foundation on which to build our research in understanding complex communication and skills training. Providing interactive experiential learning, embedded in the emerging evidence base underpinning Real Talk, is crucial for clinicians seeking to explore complex communication skills with patients facing the end of life. Ensuring skilled facilitation, a safe environment and programme flexibility are crucial to the learning process.

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