21 USING A QUALITY IMPROVEMENT APPROACH TO IMPROVE THE DETECTION AND MANAGEMENT OF DELIRIUM IN AN INPATIENT HOSPICE SETTING

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Background Delirium is a potentially reversible condition commonly seen in patients with advanced illness. It can cause distress and often impedes communication at the end of life. When the underlying cause cannot be reversed, the symptoms can still be improved by communication, environmental modifications and pharmacological measures. However, the signs of delirium can be subtle meaning it is often under-recognised and under-treated. Introducing routine screening may help to improve identification of the condition and facilitate improvements in care.

Methods A quality improvement project was introduced over six months at one hospice unit. A baseline measure of screening on admission was performed before the introduction of four PDSA cycles to improve the detection of delirium and its management. Each cycle implemented change and then performance was evaluated through the auditing of ten patients' admission documentation.

Results Prior to the project 0% of patients were screened for delirium on admission. This was increased to 10% following the delivery of a power-point education session. The second and third cycles aimed to introduce interventions, which would embed screening within the admission process. The delirium assessment tool – 3D-CAM and a practical delirium assessment workshop were introduced and improved screening to 70% and 89% respectively. The percentage of patients with delirium who had a plan documented (2nd cycle: 75% + 3rd cycle: 33.4%) or their diagnosis communicated to the family (2nd cycle: 50% + 3rd cycle: 33.4%) was lower. The fourth cycle aims to improve these two areas through introduction of a delirium leaflet and a second practical workshop.

Conclusion Introduction of the screening tool and a practical educational session has improved the screening of delirium. Further interventions will focus on improving management and communication. Future ambitions also include integration of the tool within the online admission documentation, with a link to online delirium guidance.

22 MULTIDISCIPLINARY TEACHING TO IMPROVE THE CONFIDENCE TO CREATE AN ACTIVE STUDENT-CENTRED LEARNING ENVIRONMENT WITHIN THE PALLIATIVE CARE SETTING

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Background Creating an active student-centred learning environment has been shown to improve motivation to learn and retention of knowledge. Facilitation techniques can be utilised to create this learning environment by motivating learners to engage in self-reflection, self-assessment, problem solving, critical thinking, discussion and collaboration.

Aim The aim of this teaching programme was to introduce the concept and advantages of active student-centred learning and demonstrate how to create this learning environment with confidence within the team's own educational sessions.

Methods Two one-hour workshops were delivered at a palliative care multidisciplinary teaching meeting. Each workshop initially focused on the topic of active learning. Eight different facilitation techniques were then introduced over the two sessions. Following the session, feedback was requested to explore previous experience and confidence and the likelihood of creating this learning environment in the future.

The facilitation techniques included:

First session

1. Post it notes;
2. Quiz;
3. Rounds;
4. Buzz groups.

Second session

1. Post it notes;
2. Buzz groups;
3. Rounds;
4. Line ups;
5. Brainstorming;
6. Snow balling;
7. Fish bowl.

Results Twenty seven members of the multidisciplinary team (MDT) attended the workshops and seven of those members attended both sessions. Some 50% of the MDT had not received prior education regarding this topic and 70% felt more confident at creating this learning environment in the future. Following the first and second sessions, 85% and 62% of the MDT respectively were likely to use all the facilitation techniques demonstrated. Of those who were not likely to use all facilitation techniques introduced in the second session, the fish bowl technique was least popular due to the role-play aspect.

Conclusion One-hour workshops focusing on how to create an active student-centred learning environment can improve confidence and the likelihood of learners creating this environment in their own future educational sessions.

23 DESIGNING AN E-ELCA LEARNING PATH FOR MEDICAL STUDENTS

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Background e-ELCA (end of life care for all) is an e-learning programme from e-Learning for Healthcare, delivering palliative and end of life care education. e-ELCA is freely accessible to staff working in the NHS, and those working in hospices and some care homes in the UK. A number of 'learning paths' have been developed to allow users to identify sessions that will be specifically helpful for their learning.

Access to e-ELCA has more recently been possible through OpenAthens. This allows medical students to freely access the programme, providing a potentially valuable educational opportunity.

Aim To design an e-ELCA learning path for medical students, allowing this group to easily identify sessions that will be particularly relevant for them.