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.

Methods The previous e-ELCA lead worked with a team to map e-ELCA against the Association for Palliative Medicine (APM) medical school curriculum, identifying 64 relevant sessions. Further work from a team at Liverpool Medical School identified sessions that covered areas of the APM curriculum that were not covered by their local medical school curriculum. This previous work was combined to generate a provisional medical student learning path. This was presented at the APM undergraduate education special interest forum (APMUESIF). Feedback was gained on the choice of sessions but also the size and structure of the learning path. This feedback and the provisional learning path were used alongside the General Medical Council's (GMC's) Outcomes for Graduates document and the APM curriculum to produce a final learning path.

Results A compact medical student learning path comprising 5 core, 5 additional and 5 case study sessions has been developed.

Conclusions An e-ELCA medical student learning path has been developed following guidance from a number of sources. This will allow e-ELCA to be used more readily for undergraduate medical education.

24 EXPANDING THE PROVISION OF PALLIATIVE MEDICINE EDUCATION ON THE GRADUATE ENTRY MEDICINE COURSE AT SWANSEA UNIVERSITY

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Background The provision of Palliative Medicine education within UK Medical Schools is a subject of ongoing discussion, with wide variation in how much teaching is delivered. With 36% of hospital patients having palliative care needs, all newly qualified doctors require these core skills. At Swansea University, this teaching has previously been scattered throughout the curriculum with little co-ordination. We were given the opportunity to develop a new combined Pain and Palliative Medicine learning week for second year students, aiming to design a structured and balanced week to complement clinical teaching.

Methods Our working group included a third year medical student, who helped to focus our teaching techniques on what would be appropriate for her peers – mature and engaged adult learners with well-developed learning skills. We surveyed previous students to attain their thoughts on existing and future learning opportunities; with responses influential in the development of the week. A similar survey was sent to those who attended the week, to ensure their learning needs were met.

Results There was a 51% absolute increase in those who felt they had sufficient teaching on Palliative Medicine after this week; with a 26% increase in those who felt confident or reasonably confident in their knowledge of Palliative Medicine, and 14% in their communication skills in Palliative Medicine. We will compare with APM data on medical education and consider next steps, including our current work, in using this year's feedback to shape next year's teaching.

Conclusions This exciting opportunity to expand the Palliative Medicine teaching at Swansea University is a further step towards building a workforce better equipped to deliver

general palliative care, as well as nurturing and inspiring the next generation of experts. We will present learning from how the week was developed and thinking on how to evolve for the future.

25 INTEGRATING HOSPICE AND END OF LIFE CARE INTO THE UNDERGRADUATE MEDICAL CURRICULUM: EVALUATION OF A NEW UNDERGRADUATE EDUCATIONAL PLACEMENT IN NORTH STAFFORDSHIRE

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Background Although palliative care teaching for undergraduate students in the UK is increasing, there remains considerable variation between medical schools. It is unclear how much opportunity there is for experiential learning from patient contact (Walker, S *et al.* 2016). End of life care is integrated throughout Keele Medical School's spiral curriculum, but it has previously not been possible for all students to experience or even visit a hospice. A half-day placement at Douglas Macmillan Hospice, Stoke-on-Trent, during the third year elderly care attachment was piloted. Viability and student satisfaction were evaluated.

Method All third year medical students at Keele University attended a half-day placement at Douglas Macmillan Hospice in groups of up to six students. This included hospice orientation, observation of a nurse-doctor handover and syringe driver administration, and a patient interview in pairs followed by a de-brief. Students completed a feedback questionnaire including numerical rating scales and free text responses. Medical staff involved in organising the placement assessed the resource implications for the hospice in providing it.

Results 89 students attended. 81% completed a feedback questionnaire. 78% had never visited a hospice before. Numerical ratings for all aspects of the placement were high indicating that students valued the experience. The most frequent suggestion for improvement was a longer placement.

Conclusions The placement was highly valued by students but challenging to deliver due to the time needed from staff and the large number of students. The positive student feedback enabled funding to be secured to support the hospice to continue to provide the placement. Additionally, this academic year a palliative care seminar within the same elderly care attachment will explore end of life care in dementia. Further evaluation is needed to establish the effectiveness of the placement in influencing students' learning and behaviour in end of life care.

26 REDESIGNING THE REGIONAL TEACHING PROGRAM FOR PALLIATIVE MEDICINE

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Background Traditionally the trainees in the North West and Mersey deaneries have run separate teaching programs. After NW and Mersey deaneries merged the decision was