is harmonised. Evidence identifies a more holistic, non-drug approach to effective management. This study aimed to embed the Breathing, Thinking, Functioning (BTF) conceptual model of breathlessness into clinical practice, equipping and enabling professionals to cascade the approaches to patients and carers.

**Methods**

Multi stage approach:

1. A 2 hour practical workshop to understand the Breathing, Thinking, Functioning (BTF) conceptual model of breathlessness will be offered to all staff within the palliative care teams (community, inpatient, and hospital) under MCH CIC management.
2. Staff will complete pre and post questionnaires following this intervention, looking at experience, confidence and utility in managing breathlessness with questionnaires at 3 month follow-up.

**Results**

40 professionals attended the practical workshops (n=4) with participants initially rating their experience ('quite a bit' and 'very well') in managing breathlessness with 15% (6/40) compared to 77% (31/40) post-intervention, along with confidence increasing from 15% (6/40) to 72% (29/40) within the same group. Feedback was very positive with 88% (35/40) participants identifying the utility of this model in clinical practice. Follow-up at 3 months identified that confidence was still relatively high at 64% (14/22) despite lower response rate 55% (22/40).

**Conclusions**

This work identified the usefulness of the BTF model in the management of refractory breathlessness in progressive respiratory disease. Professionals initially rated themselves low in confidence managing breathlessness but after the workshop, identified confidence increasing by 57%. Despite the significantly reduced numbers at 3 month follow up (22 vs. 40), this project still identified 64% of attendees identifying themselves as confident ('quite a bit' or 'very well') in managing breathlessness, compared with an initial 15% of participants. This practical workshop approach has the potential to equip professionals in the effective management of refractory breathlessness.

**DOES A ONE DAY HOSPICE PLACEMENT FOR MEDICAL STUDENTS DO MORE HARM THAN GOOD?**

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10.1136/bmjspcare-2019-ASP.20

**Background**

In their first year as a doctor, F1s will care for 40 patients who will die and 120 patients in the last year of life. However, research shows junior doctors are often unprepared. We present data on the value of extending a hospice placement from 1 day to 4 days.

**Methods**

Students were randomly allocated to 1 day or 4 days in 3 different hospices. Students completed a thanatophobia scale and a questionnaire at the end of year. Performance in palliative medicine and oncology questions in end of year summative exams were compared.

**Results**

153 students undertook the 4 day placement. All students (1 and 4 day) had improved self-efficacy scores. 4 day placements had a greater effect on the global score and individual questions. Thanatophobia scores were reduced for the 4 day but not the 1 day placement. Students feedback was overwhelmingly positive highlighting the high quality of teaching, alignment of classroom and placement teaching, opportunities for work based assessments, medicines management, communication skills and interprofessional learning. 4 day students scored significantly higher in palliative medicine and oncology OSCE stations, higher for palliative medicine written questions, approaching significance in oncology written questions.

**Conclusions**

Extending placements in hospices to 4 days significantly improved student’s self-efficacy in palliative care and reduced thanatophobia when compared to a 1 day placement. Students valued the placements and as well as learning specific subject knowledge they developed many generic skills. 4 day students did better in both their oncology and palliative care OSCE stations and better in written palliative medicine questions. Students may have increased feelings of helplessness in caring for dying patients when they only attend a hospice for 1 day. Medical Schools should be encouraged to extend placements in palliative care and be aware for the potential increase in distress when only a short placement is provided.