Aim To understand how those who work outside of healthcare are trained to break bad news.

Method Using a snowball approach, a convenience sample of 20 participants from a range of sectors were invited to participate. Twelve completed semi-structured interviews (see table 1). Audio recordings were transcribed, anonymised and subjected to thematic analysis.

Results Though formal training was lacking in many sectors, the military, in particular, provided rigorous and consistent training courses for their Notification and Visiting Officers. Experiential learning by observing others or through own practice, or interactive learning in a safe and simulated environment (e.g. role-play) was common. Some sectors recognised the challenge of breaking bad news and have installed supportive measures. Digital learning was seen as 'the way forward', with accessibility and flexibility that matches modern working styles. There was a demand for more learning on breaking bad news, even in a digital medium, but there was little recognition of such resources being available.

Abstract 6 Table 1 Participant demographics

Variable	Participants (n=12)
Gender	
Male	4
Female	8
	Male to female ratio (1:2)
Age	
18–24	0
25–34	2
35–44	6
45–54	2
55–64	2
Sector	
Information technology	1
Law enforcement and security	4
Public services and administration	2
Recruitment and HR	5

Conclusion Other job sectors apply similar learning modalities to healthcare but place greater emphasis on training their workforce in breaking bad news. There is a need for research studying enhanced training for breaking bad news in healthcare by focusing on preparedness and support as this would likely offer comparable benefits for the healthcare sector.

Posters

7 A QUALITATIVE STUDY OF GENERAL PRACTITIONERS' DECISIONS ABOUT PRESCRIBING ANTICIPATORY MEDICINES AT THE END OF LIFE

¹Ben Bowers, ²Kristian Pollock, ¹Sam Barclay, ²Stephen Barclay. ¹University of Cambridge, UK; ²University of Nottingham, UK

10.1136/spcare-2019-mariecuriepalativecare.7

Background General Practitioners (GPs) have a central role in decisions about prescribing anticipatory medications (AMs) to help control symptoms at the end of life. (Faull, et al. 2013)

Little is known about GPs' decision-making processes in prescribing AMs and the subsequent use of prescribed drugs.

Aim To explore GPs decision-making processes in the prescribing and use of AMs for patients at the end of life.

Method A qualitative interpretive descriptive enquiry with a purposive sample of thirteen GPs working across one English county. Data was collected in 2017 via semi-structured interviews and analysed inductively using Braun and Clarke's thematic analysis.

Results Three themes were constructed from the data: 1) 'Something we can do'. AMs were a tangible intervention GPs felt they could offer to provide symptom relief for patients approaching death. 2) 'Getting the timing right'. The prescribing of AMs was recognised as a harbinger of death for patients and families. GPs preferred to prescribe drugs weeks before death was expected, while recognising this meant that many prescribed AMs were never used. 3) 'Delegating care whilst retaining accountability'. GPs relied on nurse to assess when to administer drugs and keep them updated about their use.

Conclusion GPs view AMs as key to symptom management for dying people. AMs are routinely prescribed even though they are often not used. In order to feel comfortable delegating care, GPs need regular access to nurses and trust in their skills to administer drugs appropriately. Patient and family experiences of AMs warrant urgent investigation.

8 BATTERY-OPERATED FAN AND CHRONIC BREATHLESSNESS: DOES IT HELP?

¹Matilda Barnes-Harris, ¹Miriam Johnson, ²Flavia Swan, ³Victoria Allgar, ¹Sara Booth, ⁴David Currow, ²Simon Hart, ⁴Jane Phillips. ¹Wolfson Palliative Care Research Centre, Hull York Medical School, UK; ²Hull York Medical School, University of York, UK; ³Department of Oncology, University of Cambridge, UK; ⁴IMPACCT, Faculty of Health, University of Technology Sydney, Australia

10.1136/spcare-2019-mariecuriepalativecare.8

Objectives To examine whether use of a hand-held fan ('fan') improves breathlessness and increases physical activity.

Methods A secondary exploratory analysis using pooled data from the fan arms of two feasibility randomised controlled trials in people with chronic breathlessness; i) fan and activity advice *vs* activity advice, ii) activity advice alone or with the addition or the 'calming hand', or the fan, or both. Descriptive statistics and regression analysis to explore patient characteristics associated with benefit (e.g. age, sex, diagnosis, general self-efficacy).

Results Forty-one participants were allocated the fan (73 years [IQR 65–76, range 46–88], 59% male, 20 (49%) chronic obstructive pulmonary disease (COPD), three (7%) heart failure, three (7%) cancer). Thirty-five (85%) reported that the fan helped breathing, and 22 (54%) reported increased physical activity. Breathlessness benefit was more likely in older people, those with COPD and those with a carer. However, due to the small sample size none of these findings were statistically significant. Those with COPD were more likely to use the fan than people with other diagnoses (Odds Ratio 5.94 [95% CI (95%CI) 0.63, 56.21, p=0.120]) (table 1).

Conclusions These exploratory data support that the fan helps chronic breathlessness in most people and adds new data to indicate that the fan is perceived to increase people's