care. Topics ranged from: symptom management, oncological emergencies, staff wellbeing, nutrition, catheter care, pressure ulcer management, safe use of equipment, learning disabilities and wheelchair training, to mention just a few.

Over time members of the team have taken turns delivering sessions, particularly those who undertake additional link worker roles. Staff have been encouraged to share skills and knowledge gained while attending external study days. The sessions have been running for a year and have evolved during this time. We have reviewed and adapted the sessions to meet the challenges we have encountered.

Colleagues from the multi-disciplinary team, such as our physiotherapist and social worker have undertaken education pertinent to their roles. This has resulted in better understanding of their roles within the wider clinical workforce, and led to more effective team working.

Staff feedback suggests the sessions are having positive benefits; they feel they are effective and enjoyable. Encouragingly staff have begun to take ownership of the sessions, suggesting topics for discussion. We have found that since introducing the ten-minutes sharing and learning sessions team morale has improved with staff telling us they feel included and valued. We plan to continue with the sharing and learning sessions with our intention being to build on our success. They are proving to be effective in ensuring our busy clinical workforce gains the knowledge and skills required to deliver high quality care to our patients.

P-54 'RESPIRATORY REFRESHER': AN IN-HOUSE TEACHING PROGRAMME TO UPSKILL COMMUNITY NURSE SPECIALISTS

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Introduction Ten of the community palliative care nurses working out of St Barnabas House Hospice in Worthing have previously attended a physical examination course. Some nurses have attended this very recently, but others less so. Informal feedback from these nurses suggested they lacked confidence performing examinations in their clinical practice and needed assistance in maintaining their skills. The inpatient unit often has stable patients with respiratory signs. Many of the doctors staffing the unit have an interest in teaching and have recently passed the clinical examination for membership of the Royal College of Physicians (PACES). A teaching programme was designed to share knowledge and address educational needs of the community team.

Methods Nine of the ten nurses signed up to a programme of 6 one-hour sessions in this pilot. Each session is limited to three nurses and is run by a ward doctor on the inpatient unit. The sessions are tailored to the attending community nurse specialists' needs and involve examining patients on the inpatient ward with respiratory signs. Attendees are required to fill in a short survey before attending the first session and after attending the last session to assess their subjective confidence levels in performing the respiratory examination and finding signs. The number of examinations performed during clinical practice per week before and after the course will also be measured as an assessment of behavioural change.

Results The project is currently in progress, results to be presented at the conference.

P-55 THE VOICE BEHIND THE PALLIATIVE CARE ADVICE LINE: ENSURING KNOWLEDGE, SKILLS AND SUPPORT

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Background National guidelines place an emphasis on patients, carers and health professionals being able to access specialist palliative care advice at all times (National Council for Palliative Care, 2015; Department of Health, 2008). The advice line enables this timely support and guidance. However, whilst running alongside the Inpatient Unit, the specific skills and knowledge required to handle calls can be overlooked (Carr, Lhussier & Wilcockson, 2008).

Aims To support all Registered Nurses working on the Inpatient Unit to feel more confident and competent in taking advice line calls (Purc- Stephenson & Thrasher, 2010) delivering up to date, safe and consistent advice, whilst enabling a culture of feedback and support.

Methods

- The development of advice line training following consultation with unit staff, feedback from other hospices and literature review, with sessions balancing specific telephone communication skills alongside clinical knowledge and practical elements (Yardley, Codling, Roberts, O'Donnell *et al.*, 2009);
- The implementation of a new framework to help guide more complex calls – encouraging staff to think of completing a jigsaw puzzle without being able to see the picture on the box, and by putting together 'pieces' of information to guide the advice given by remembering to 'delve' and 'tell me more...';
- The commencement of regular feedback sessions enabling protected time for staff to 'offload', discuss difficult calls and for feedback and ongoing teaching from an Inpatient Unit Consultant or other palliative care professional;
- The development of an information pack to accompany training and an advice line resource folder for staff to reference during calls.

Conclusion Acknowledging that for some staff the advice line can be stressful, the implementation of training and support has had a very positive impact, with staff reporting a more confident approach when taking calls. The new resources have been welcomed and already proven useful, particularly when dealing with medication related calls. This work is already enabling the delivery of more consistent, confident and quality advice and in time this will undoubtedly increase caller satisfaction (Moscato, Valanis, Gullion, Tanner *et al.*, 2007).

P-56 TEACHING NURSES TO TEACH END OF LIFE CARE: CNSS' PERCEPTIONS OF THE IMPACT OF AN EDUCATIONAL INTERVENTION

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Background Central to national and international policies is the need for generalist healthcare staff to have education in end-of-life care. Much end-of-life care education is provided by specialist nurses who often have no specific education development to prepare them to teach. To address this gap an

Education Development Programme was developed and delivered to specialist nurses. We report on the evaluation of the programme.

Methods A mixed methods evaluation was adopted, with purposive sampling of 20 participants who completed the Education Development Programme and agreed to participate in the evaluation. Each participant provided a pre- and post- test score on a Likert scale for willingness and confidence to teach junior staff, staff at the same grade and medical staff.

Results An improvement was found in all participants' reported willingness and confidence to teach all grades of staff, particularly medical staff. From the focus groups two main themes were identified; learning to teach and building skills to change practice. Participants reported greater confidence and preparedness for their teaching roles. Their growth in confidence and the practical skills they have gained have equipped the participants to be able to teach a diverse workforce.

Conclusions It cannot be assumed that specialist staff, with teaching in their role, have the skills to facilitate learning. This programme offers a potential method of improving facilitation skills. Specialist staff with teaching responsibilities should be provided with education and training to develop their teaching and facilitation skills.

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P-57 USING SIMULATION FOR DNACPR DISCUSSION TRAINING: A NOVEL ROLE FOR HOSPICE VOLUNTEERS IN EDUCATION

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Background Evidence shows patient dissatisfaction regarding healthcare professionals' discussions of DNACPR (Do Not Attempt Cardio-pulmonary Resuscitation) and Ceilings of Treatment. Often the reality is that healthcare professionals are having to broach these conversations in less than ideal circumstances. Increasingly, the responsibility falls on nurses and new trainees with no opportunity to get feedback on the impact on patients and to learn in a constructive way from experience. We used hospice volunteers to take part in training two different groups (a) Hospice Community Clinical Nurse Specialists (CNSs) and (b) Foundation Year (FY) Doctors. The volunteers took part as simulated patients/relatives and provided feedback.

Aims The aim was to increase the confidence levels of the FY Doctors and CNSs through conducting DNACPR and Ceilings of Treatment discussions in a safe environment. For CNSs, there was an additional aim – to evaluate competency using simulation after a simulated practice session.

Methods Bespoke scenarios were written for each of the two groups, tailored to the likely clinical circumstances in which they would be having these discussions. Volunteers were recruited from the existing pool of hospice volunteers. The volunteers were briefed and shown the Simulation Suite

in advance. Confidence levels were completed by participants pre- and post each session. A competency framework was written against which to evaluate the CNSs' performance.

Results In both groups, 100% of the participants stated that their confidence levels increased. Both groups commented on the usefulness of feedback from the volunteers. 100% of the CNSs achieved the required competency after the practice session.

Conclusion Simulation is an effective way of improving the confidence levels of healthcare professionals in conducting DNACPR and Ceilings of Treatment discussions. Simulation can be used to conduct evaluation of competency. Hospice volunteers are a useful resource in educational initiatives using simulation and can provide dynamic feedback for healthcare professionals to aid reflective learning.

P-58 'WE REALLY DO WANT TO BE INVOLVED-IT'S A YES FROM US' PATIENT INVOLVEMENT IN THE CLASSROOM

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The St Barnabas House Education Programme is comprehensive and accessed by hospice staff and external health and social care professionals. We work in partnership with patients and relatives on different study days to provide a focus on what really matters to them. They are invited to be involved by the clinicians in practice and they meet a member of the Education Team. A discussion takes place about how they would like to be involved, this has included the production of short films, discussions, storytelling, art work and group work in the classroom. The stories are very real in their sincerity and sensitivity highlighting many different key issues, particularly the importance of empathetic and honest communication and the very real value of humanity.

Working in partnership we support the patient/relative to feel as empowered and comfortable as possible. This is followed through as part of the working agreement with delegates at the start of the study day and ensures safety for everyone.

Films have included 'The Reality of Living with Motor Neurone Disease' and how addressing the *little things* make such a difference to the patient. A lady, diagnosed with advanced Parkinson's disease made a fabulous film demonstrating the importance of continuing to roller skate despite her severe physical disability. Another lady expressed her difficulty to communicate her feelings through the use of paintings and this was enhanced by art work created by her husband. The richness of the patient/relatives narrative is very powerful and has raised many pertinent issues for discussion in the classroom with the patient/relative.

The evaluations have been very encouraging, highlighting how the patient/relatives story will positively impact on professional clinical practice. A very welcomed and unexpected result has been how valuable the patients/relatives have reported on the experience for them, an opportunity to make meaningful change, influencing the future through evolution.