40   SNAP, CRACKLE & POP: DEVELOPING A FRAMEWORK TO ASSESS AND SUPPORT NURSING STUDENTS DURING FULL TERM PLACEMENT WITH AN ACUTE HOSPITAL SPECIALIST PALLIATIVE CARE TEAM

Paul Spencer, Christopher Seymour. *Manchester University NHS Foundation Trust*

Background In 2019 our acute hospital specialist palliative care team became a full term placement option for nursing students. We aimed to develop a framework that assessed proficiencies, encouraged creative, reflective thinking and provided outcomes of learning for students during their time with us. Methods

We performed a curriculum mapping exercise of the new NMC Standards of proficiency alongside a literature review of teaching methodologies. Findings from these exercises were combined with a newer concept we developed called 'creative reflection' resulting in the SNaP, CRACKLE & POP framework.

Results SNaP: Simulated Narrative Practice

Simulation based learning utilising scenarios pertinent to palliative practice to create a safe space, in which our students can receive constructive feedback at a controlled pace with opportunity to run scenarios again after they has been delivered.

CRACKLE: Creative Reflection Assessing Clinical Knowledge & Learning Experience

Students are asked to present a reflective account to the Supportive and Palliative Care Team. We ask that this is done in a creative manner our only rule being no PowerPoint. CRACKLE enables our students to engage with their reflections on practice differently making it a shared and memorable experience.

POP: Proactive Online Practice

We ensure our students make use of the nationally recognised online learning resource e-ELCA.

Conclusion SNaP, CRACKLE & POP is adaptable to the learning needs of the individual, offers a safe space to practice and reflect upon complex situations and teaches a range of key transferable skills. The framework has been successfully implemented with our first cohort of students and has proved to challenge perceptions of palliative care, the dying process and the roles and responsibilities of clinical nurse specialists. Feedback indicates this framework to be effective in assessing and supporting our nursing students during placement.

41   RESEARCH EXPERIENCE, INTEREST & OPPORTUNITIES: FINDINGS FROM A NATIONAL UK PALLIATIVE MEDICINE TRAINING SURVEY

Donna Wakefield, Charlotte Chamberlain, Jonathan Koffman. *UK Palliative Trainee Research Collaborative (UK_PRC)*

Background Palliative Medicine has rapidly grown but the volume of research currently remains behind other medical specialties in the UK. A 1997 survey of UK Palliative Medicine trainees identified they were highly motivated and interested in research. However, specialty trainees (StRs) have reported variable access to research opportunities by region of practice. This survey aimed to explore research interest, opportunities and barriers to research for UK StRs.

Methods Online Surveys software was used to design two surveys; one for Training Programme Directors (TPDs) & one for StRs. The Association of Palliative Medicine Science Committee (SAC) reviewed both surveys and then emailed the survey link to all UK TPDs with a request to cascade the StR survey within their region.

Results TPDs responded from 14/16 (88%) postgraduate training regions. 102/225 (45%) of UK StRs responded, representing all training regions. 13 (6%) of StR participants reported having research time through clinical academic/research fellow posts or time out of training. 92% (94/102) of StRs reported being interested in research with 20% (22/102) completing a postgraduate qualification including research. The main barriers identified were limited research supervision and time. Although 49% (n=50) of StRs reported having access to a supervisor supportive of research, only 34% (n=35) stated they had access to a supervisor with research experience. The amount of research time varied greatly, from StRs reported no dedicated research time (60%, n=61) up to a maximum of 8 months during training. Although the majority had opportunities to access journal clubs (76%, n=77) or research meetings (56%, n=57) many trainees (42%, n=42) still reported mainly doing research in their own time.

Conclusion Palliative care delivers complex questions that warrant quality research. This survey identifies variability in adequate support and opportunities for StRs to facilitate research. Improving research capability and capacity in training is therefore imperative.

42   NOVEL USE OF HIGH-FIDELITY SIMULATION IN THE TRAINING OF PALLIATIVE CARE HOSPITAL LIAISON TEAM NURSES IN THE MANAGEMENT OF PALLIATIVE CARE EMERGENCIES

Rowan Walmsley, Deepta Churm, Leonie Armstrong, Nichola Jenkins, Sharon Hartley, John Stratford. *Northumbria Healthcare NHS Foundation Trust*

Introduction Northumbria Healthcare has a well-established hospital liaison palliative care team (HLT), working over 4 different hospital sites. Comprising mostly of palliative care nurses, they see patients throughout their hospital admissions, sometimes in emergency situations. The need to improve skills in this area was recognised, so we piloted a novel education package using simulation.

Methods We delivered 3 half days of simulation training to 9 HLT palliative care nurses ranging from band 5 to 7 in seniority. The scenarios represented several emergency topics, including massive haemorrhage, seizures, hypercalcaemia, and superior vena cava obstruction. We used high-fidelity simulation manikins, with members of the simulation faculty role-playing healthcare professionals or relatives. The scenarios ran for 20 minutes followed by a 30 minute debrief. Evaluation forms were completed at the end, where participants rated their confidence levels before and after completing the scenario, how realistic the scenarios were, how helpful the debrief was, and whether they would recommend this style of teaching to their colleagues. They also gave free text comments.

Results Most of the participants rated their confidence higher following the simulation than before it. Six participants agreed

that they felt more confident managing similar scenarios for real with three strongly agreeing. All participants either agreed or strongly agreed that the simulation study day was a realistic representation of the cases they come across in their roles, with the majority of participants strongly agreeing that the debrief was helpful. The majority of participants strongly agreed they would recommend this style of teaching to their colleagues. Free text comments were overwhelmingly positive, particularly around how realistic the scenarios were and how safe the learning environment felt.

Conclusions Simulation training in emergency palliative care scenarios for specialist palliative care nurses working within the HLT is a novel, effective and well accepted method of training.

43 PILOT OF A REGIONAL PALLIATIVE MEDICINE SIMULATION TRAINING PACKAGE FOR INTERNAL MEDICINE TRAINING AS A SPECIALIST TRAINEE COLLABORATIVE: PEER EDUCATION, AN OPPORTUNITY FOR DUAL COMPETENCY ACHIEVEMENT

Kerry Waterfield, Hannah Billett, Jo Brown, Felicity Dewhurst, Elizabeth Fleming, Kate Howorth, Emily Kavanagh, Rachel Kiltie, Lucy Robinson, Grace Rowley, Donna Wakefield, Elizabeth Woods, Deepta Churm, Rowan Walmsley. *Health Education North East, Northumbria Healthcare NHS Foundation Trust*

Background Shape of Training is a substantial transformation to postgraduate medical education. 'Managing end of life and applying palliative care skills is one of eight 'specialty capabilities in practice' for all internal medicine trainees (IMTs). Simulation based training (SIM) can help ensure a programme of holistic and intuitive assessment (JRCPTB, 2019). As a group of palliative medicine trainees (PMTs), we developed an innovative simulation package for IMTs across the North East region. This offers an exciting opportunity for dual competency achievement: PMTs will develop their skills in management and teaching, whilst IMTs will develop palliative care knowledge, skills and attitudes required.

Methods A literature review evaluated pre-existing palliative medicine simulation training programmes. All PMTs were trained in SIM facilitation and debrief. A comprehensive review of IMT and PMT curriculum requirements was used to develop teaching materials. This was piloted at two half day training sessions attended by 11 out of 12 IMTs that commenced at Northumbria NHS trust this year.

Results Feedback from all trainees who took part in the pilot was very positive with evidence of good progress in confidence in the majority of curriculum outcomes.

Conclusion This pilot aimed to inform the development of a regional training course. Evaluation of the pilot showed its potential impact and the value of a locally delivered course. It also highlighted potential challenges in the time commitment required from a small group of PMTs. Feedback has informed a second pilot at another trust to ascertain if it is possible to deliver high quality and effective training in a more sustainable and reproducible way. We are also aiming to develop the material into a training package that could be used nationally. Palliative SIM aims to provide an efficient and effective way of improving training and patient care.

44 A SURVEY OF CURRENT PALLIATIVE CARE TRAINING IN UNDERGRADUATE MEDICAL, NURSING, AND ALLIED HEALTH COURSES

Nicola White, Ollie Minton, Sarah Yardley, Linda Oostendorp, Patrick Stone. *University College London, Brighton and Sussex University Hospitals NHS Trust*

Background Impending death is not well recognised. As death occurs in any setting, at any time, it is vital that all healthcare professionals, have adequate training in palliative care. The aim of the survey was to understand what current training is available on the recognition of dying at undergraduate level.

Methods A survey of the following UK undergraduate courses: medical, nursing, social work, physiotherapy, occupational therapy was completed. All courses were asked what training was provided in recognising and communication of dying and what time was dedicated to this.

Results 73/198 courses responded (37%). 18/20 medical courses provided training in recognising dying with a median of 2 hours dedicated, and 17/20 in the communication of dying with a median of 3 hours dedicated. 80% (43/54) of nursing and allied health professional courses provided some form of training in end-of-life care. Many of these courses expressed frustration at the lack of resources, funding, and time to include more training. Those with more time dedicated to palliative care training often had a 'champion' to advocate for it.

Conclusion Training in end-of-life care was inconsistent and variable across courses and professions. Further work on how we can facilitate training on these courses is needed.

45 IMPLEMENTING REAL TALK: INTERPROFESSIONAL EDUCATION INTERVENTION ENABLING CLINICIANS TO DEVELOP CONFIDENCE IN OPEN AND HONEST CONVERSATIONS ABOUT DYING

Becky Whittaker, Sharan Watson. *Loughborough University, University of Derby*

Background National reports highlight the need to break down the barriers between the evidence to practice gap in talking with patients about dying. Our programme of research incorporates evidence and video clips from UK hospice consultations. Real Talk is designed to fit into existing communication skills training, disseminated across diverse interprofessional groups/settings, aiming to promote confidence and competence.

Real Talk holds great promise because:

- practicalities of short video clips ensure flexibility for practitioners to engage in detailed conversation and debate, enhancing the learning potential in any environment;
- the depth of evidence underpinning our resources helps demystify complex communication strategies, promoting confidence when talking about dying;
- clinicians using the resources span diverse professional groups and clinical settings helping promote talk in broaching dying and planning ahead with diagnostic uncertainty.

Methods Mixed methods, quantitative database, qualitative user evaluations, content validity from field notes and workshops.