

by patients or relatives, include patients having visions of deceased relatives (45%); 18% reporting visions of religious figures. Patients in a deep coma suddenly alert enough to say goodbye or communicate significantly with relatives was reported by 31% of respondents. 23% of patients experienced a radiant light. 42% of patients reported seeing people/animals or birds out of the corner of the eye—while frequently associated with drug/fever induced hallucinations, distinct qualities associated with DBE visions were identified. 76% respondents wish to receive further information and education about DBE.

Conclusion: DBE appears to be a normal part of the dying process and can be comforting for many patients and relatives. Education about DBE would raise awareness of these experiences and help palliative care professionals to normalise them for patients and families.

Abstract number: P121
Abstract type: Poster

Working Alone Together! A Pilot Education and Support Programme for End of Life Facilitators

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Background: In the UK registered nurses are appointed as End of Life (EOL) Facilitators to work in either hospitals, care homes or the community setting and to facilitate the use of all three national End of Life Tools: Liverpool Care Pathway, Gold Standards Framework and Preferred Priorities of Care. These nurses generally move from a team environment to a 'lone worker' role, are often unclear as to the nature and extent of their role, and receive little in the way of support and guidance.

Aim: To provide a formal development and support structure using a small amount of funding from Merseyside and Cheshire Cancer Network.

Method: An education and support programme for EOL facilitators was developed by, and rolled out as a pilot with, two experienced educationalists in the area leading the programme. After an initial brainstorming meeting an online survey was used to ensure the EOL facilitators were fully involved in shaping the pilot programme to meet their own needs. 15 EOL Facilitators took part over the first 12 months and met regularly to undertake formal (e.g. advanced communication skills) and informal (e.g. support group meetings) parts of the course. At the end of the 12 month pilot a formal online survey of the EOL facilitators was undertaken to assess the impact of the programme.

Results: The setting up, development and final shape of the programme is described in detail along with the results of the online survey feedback of the impact of the first 12 months programme completed by EOL facilitators themselves. The project was showcased at the first National EOL Facilitators Conference held in London in March 2010 and has been funded for a further year.

Abstract number: P122
Abstract type: Poster

Does 'Opening the Gate' Make a Difference? Results of the Initial Pilot of a Study Day to Raise Spiritual Awareness

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Background: The spiritual care chapter of the NICE Supportive & Palliative Care Improving Outcomes Guidance 2004 states a very clear expectation that health professionals should be in a position to assess the spiritual and religious needs of patients and either meet these needs or facilitate others to do so. An audit across one cancer network in the north west of England showed that specialist palliative care professionals felt quite unprepared for this role.

Aim: To see if a one day interactive course to raise awareness of spiritual & religious needs of patients and families was effective in increasing staff confidence in this area of support.

Method: In the process of developing a plan and materials for spiritual support education which could be rolled out across the cancer network, the one day course was run over a two year period as a pilot. Each

participant was asked to complete a pre and post course questionnaire as well as a course evaluation.

Results: This poster shows all the results of the compared pre and post course questionnaires and course evaluations. Many of the items suggest improvement from before the course to immediately afterwards e.g. pre course only 5% participants felt that they understood the nature of spiritual assessment very well, 31% quite well, 52% a little and 11% not at all. After the course 57% participants scored the answer as very well, and 49% quite well. Pre course the mean visual analogue score for confidence in assessing spiritual needs was 3.72 and afterwards 6.66 (where 0 was no confidence).

Conclusion: It appears that this course was successful in raising awareness and understanding of the nature of spiritual assessment and raises the confidence of participants in assessing spiritual needs. It remains to be seen whether the improvement is maintained once the participants return to the workplace.

Abstract number: P124
Abstract type: Poster

The Importance of Contexts in the Practice within the Development of the Skills of Nursing Students in the Area of Palliative Care

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The formation students is based on the **theory-practice articulation** of knowledge acquired within academic context, emerged from the questioning of practice and study of that same practice. The care giving, should be ruled by technical-scientific accuracy, being of extreme importance the scientific evidence to guide the daily practice of Palliative Care teams in order to guarantee the quality of cares. Only t teams with quality contribute to a constructive development of knowledge and skills of the student, allowing them in the *action* the integration and operationalization of the theory approaches they achieved. **Through a in depth review of literature we propose to understand in which way curricula and education/learning in the initial training of nurses, value the theory-practice articulation as structuring element in the development of skills, and how it works in contexts. Regarding the results of the review of literature and of the knowledge of the operationalization of education/learning strategies, we thought of suggestions for the development of education in Palliative Care.** It is also important of care contexts in scientific production of knowledge corpus, since it is the practices that allow to question and consequently to configure a new knowledge that is translated in the evolution and scientific recognition of the fundament of the care it self. Nursing education is focused in the student, in his development in order to be able to answer to professional evolution situations, structured in the action and when interacting with the other, within a social and symbolic dimension. We aim to reinforce the necessity of the investment in scientific training in this area and share our experience as teachers who join and monitor this training process in partnership with teams that enhance in the contexts the development of clinical learning.

Abstract number: P125
Abstract type: Poster

Medical Humanities and the Education of Doctors in the UK - A Review

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Background: Medical humanities and palliative medicine are both concerned with the 'whole person' as their primary focus of attention. They also require that the whole person of the caregiver is also involved, encompassing the doctor as both scientist and humanist. If medical humanities can educate for a more humane doctor, it could also be a useful approach in undergraduate and postgraduate medical education.

Aims: To understand how medical humanities are being included in the education of doctors in the UK at undergraduate and postgraduate level. To evaluate

the evidence on how the teaching interventions described have an impact on medical education.

Search strategy: Electronic databases were searched using a specific search strategy. Bibliographies of selected texts, journals and books were hand searched. Relevant websites were also included in the search.

Selection criteria: Eligible citations for inclusion were those that reported on an educational intervention, in which defined medical humanities were used, where medical students or postgraduate medical doctors were taught. They had to be UK studies and English language.

Data collection and analysis: Selected citations were appraised and data was analysed and synthesised using qualitative methods.

Results: The search yielded 33 educational interventions describing undergraduate and postgraduate courses and university programmes. Thematic analysis revealed five themes comprising:

1. Justification and motivation for medical humanities based educational interventions.
2. Engagement with medical humanities based educational interventions
3. Teaching methods and tutors.
4. Outcomes and evidence of change
5. Areas of compromise.

Conclusions: The various ways in which medical humanities are being included in medical education in the UK and the evidence of its impact is described. Challenges to further evaluation and research are discussed.

Abstract number: P126
Abstract type: Poster

Get Better Results by Searching the Knowledge Network of Palliative Care

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Background: Using a general search engine often results in getting many unwanted, random and less relevant hits. There is a need for a better structuring and for a better overview of good, available knowledge in the field of palliative care.

Aims: Using the search engine of the knowledge network of palliative care (www.kennismetwerkpalliatievezorg.nl), target groups can acquire access to relevant information about palliative care. Searching will become easier. In this way, knowledge about palliative care will become more widespread and more efficiently shared.

Methods: Sites containing information about palliative care have been selected. These sites have been made searchable and assembled into a search engine. There are various user profiles available for patients, students and carers. Decisions about adding new sites and appearance order of the sources and changes in the links between user profiles and content will be taken within the knowledge network in consultation with experts.

Results:

The search engine integrates existing sources of knowledge into a virtual whole. It shows only those results from the field of palliative care. Different types of user have been identified. Filters enable the proper information to be found more quickly. [Users] On participating sites, users can search through the whole domain of palliative care using the search engine of the knowledge network. [Partners] Using the knowledge network, the use of the search application and profiles can be analysed resulting in improvements in the quality of the product. [Administration]

Abstract number: P127
Abstract type: Poster

Education (Master Course) in Palliative Care: Do the Different Professional Groups Have Different Marks?

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Aim: To analyse if there are different marks between the professional groups at the Master Course in Palliative Care.

Methods:

· We used the marks (0-20 values) of the students of 8 Master Courses in Palliative Care of the Catholic University of Portugal

Poster sessions

· We analysed/compared 8 curricular units (CU), 1 sub-curricular unit ("pain control") and the final mark
· We organized the professions in 4 groups (physicians, nurses, psychosocial that included psychologist and social workers and, finally one group with others professions).

Results:

- There weren't differences between the professional groups at the final mark ($p=0.05$)
- There were differences of the marks in the CU-Symptom Control, the CU-Pain Control and the CU-Spirituality Approach ($p < 0.05$)
- In the CU-Symptom Control the physicians (17.2 ± 1.1) and the nurses (16.7 ± 1.6) had higher mark than the psychosocial group (15.6 ± 1.6) [$p < 0.05$]; we didn't find any other differences
- In the sub-CU-Pain Control the physicians (16.7 ± 1.9) had higher mark than the nurses (15.9 ± 2.1) and than the psychosocial group (14.6 ± 2.3); the nurses had higher mark than the psychosocial group and than the others;
- In the CU-Spirituality Approach the physicians (16.8 ± 1.3) had higher mark than the "others group" (15.9 ± 0.7).

Conclusions:

- Although that there weren't differences on the final mark between the professional groups we found differences in three curricular units and at these the physicians had the highest marks
- The Master Course in Palliative Care that we studied promotes equal opportunities to the success of the different professional groups of his students

Abstract number: P128

Abstract type: Poster

Supporting the Setting up of a Tertiary Palliative Care Service. Positive Reflections on Reaching out between an Established Service in the UK and a New and Developing One in Pakistan

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In 2008 a new Consultant in Internal Medicine was appointed to a busy cancer centre in Pakistan. He found himself providing predominantly palliative care, alongside a skilled but small palliative nurse team. This was recognised. He was made Consultant Lead for Palliative Care, and supported to enrol on a UK Diploma course and to do a 6 wk locum registrar spell in a UK hospice for professional development. The relationships forged led him to request continued connecting with the hospice Consultant, through SKYPE, for one hour per month, once back in Pakistan. This to allow reflection on complex cases, as he had no local Consultant to do this with.

We started connecting 2 years ago, achieving 11 x 1 hour sessions per year, discussing on average 2 cases each time. The sessions soon widened to include the MDT in Pakistan, and an educationalist/Nurse Specialist in the UK hospice.

For Pakistan it has been so useful to discuss difficult symptom control and emotional challenges with an experienced physician, with, over time, real gains in patient, family and staff comfort and support. Sharing of working, evidenced policies has been invaluable. Our connection has enabled a more powerful lobbying to politicians regarding access to controlled drugs, and armoury for Consultant and team to pursue UK established initiatives like the Liverpool Care Pathway. For the UK we have learnt from the imaginative ways the team overcome the many practical challenges in Pakistan, particularly in support of people at home, often involving real engagement with families in care delivery. We have been impressed by the willingness of anaesthetists, surgeons, physicians, radiographers and ward teams to work together, quickly, towards best comfort care. It has enhanced own case management; we are more including of families, and understand more those we care for with international connections. We recommend this as a manageable and rewarding way to support international palliative care development.

Abstract number: P129

Abstract type: Poster

The Leadership Development Initiative: Preliminary Results of Physician and Mentor Qualitative Interviews

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Background and aims: The Leadership Development Initiative was created with the purpose of enhancing leadership skills among international palliative care physicians in order to globally advance the field. This two-year program provides three residential training sessions, designates field mentors, and offers unique opportunities for global networking. Qualitative interviews performed immediately following each residential session aim to identify the physicians' personal leadership development and inform future programmatic enhancements.

Methods: After completion of the first residential session, 25 semi-structured qualitative interviews were completed with the program's physicians (n=21) as well as the designated field mentors (n=4). During the interviews, the respondents were asked to discuss leaders they admire, their personal leadership style, their greatest needs, and their most prominent fears about the program. Utilizing grounded theory procedures, analyses of the common emergent themes were completed.

Results: The most common themes among the physician participants were:

- 1) admiring inspirational and organized leaders of strong moral character,
- 2) self descriptions of compassion, resilience, and commitment,
- 3) the need to learn time and conflict management skills, and
- 4) fears of decreased personal time, diminished clinical practice, or tapering financial gains due to leadership pursuits.

The most common themes emergent in the mentor group were:

- 1) admiring mentors who had become personal friends over time,
- 2) self descriptions of compassion and confidence in successfully handling challenges or conflict, and
- 3) the need to connect with other program mentors.

Conclusion: These results can help educators more fully understand the topics most frequently discussed by emerging palliative care physician leaders and mentors. Such results may serve as a foundation for the creation of additional leadership curricula in this area.

Abstract number: P130

Abstract type: Poster

Hospice Twinning - And the Role of Education

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Inspired by presentations on several hospice twinning projects during the 2007 Help the Hospices conference, Dorothy House Hospice (Bath, England) embarked on a twinning arrangement with the newly developing hospice team (Hospice Angelus) in Moldova. This was supported by the UK based charity Hospices of Hope. A decision from the outset was to focus on the provision of education.

One of the initial concerns of the UK team was how best to utilise and adapt the educational skills acquired over the 33 years of their existence in order to meet the needs of the Hospice Angelus staff in their unique setting. The teaching methodologies which were employed in order to meet the Moldovan teams' individual and joint needs, not only as practicing clinicians but also as future educators, were broad-ranging. These included case reflections following joint visits, small group work around realistic case scenarios, the development of a manual handling CDROM, the use of role play (with its challenges of language interpretation and understanding of cultural expectations), alongside modelling multidisciplinary team working. Additionally, advice was provided on the planning, as well as active participation in, the national conference for Moldovan family doctors organised by Hospice Angelus and held during one of the week long visits by Dorothy House staff. We will also summarise Hospice Angelus staff's evaluations of the input.

Overall it has been extremely rewarding to see how both teams have gained, both personally and professionally, from the project.

Abstract number: P131

Abstract type: Poster

Rescued but Abandoned: Supportive Care for Cancer Survivors

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Terminology can be confusing and can compromise high quality care being achieved. Supportive care/palliative care for cancer survivors is essential now that so many new treatments have been developed. However, to "rescue" someone with successful first-line cancer treatment and then to abandon them once they have survived is inexcusable. Palliative care for what has become a long-term condition is essential for both the patient and their family

Aim: To develop and evaluate a module on cancer survival with postgraduate students of all disciplines in healthcare.

Design: An interactive teaching model to address: Impact of life threat on human beings
Human strategies for survival

Application of philosophy and strategies to cancer
Development of policies and practice to enable supportive care for cancer survivors

Teaching was through analysis of general literature and addressing Problem Based Learning of real cancer survivors' journeys.

Results: Clarifying the meanings of many terms/labels for describing palliative and supportive care through literature searching, discussion and problem-based learning and applying this to individual participants' practice, changed the perception of dealing with cancer survivors. Innovative assessment of learning through a portfolio of real cases and the presentation of a proposal for practice development consolidated learning and produced practice and policy development for this group of patients.

Abstract number: P132

Abstract type: Poster

An Evaluation of the Consultants with Another Special Interest (CWASIs) in Palliative Medicine Education Program

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Introduction: Evidence suggests that care of the dying in UK hospitals can be poor. This may reflect a lack of formal undergraduate and postgraduate medical education in palliative care. Consultants in all clinical specialties should have the appropriate skills to deliver good palliative care and to provide clinical leadership and training in end of life issues for their junior colleagues.

A one-year training program was developed to increase the palliative care skills among consultants working with dying patients. It was piloted with 6 participants (2 respiratory physicians; 1 cardiologist; 1 geriatrician; 1 intensivist) in 3 teaching hospitals. The programme included group discussions, mentoring and observation of practice by experienced palliative medicine specialists.

Mixed method evaluation was undertaken. We report on the participant experience and educational outcomes.

Method: A self-assessment tool was developed to measure participant confidence in physical, psychological and social aspects of end of life care. It was completed at 0, 6 and 12 months and trends in response were measured.

Semi-structured interviews were undertaken at 0, 6 and 12 months. These explored participants' motivation for undertaking the programme; learning styles; facilitators/barriers to successful completion; and whether educational objectives were met. Thematic analysis was used to determine participants' views of this model of education to their clinical practice.

Results: The self-assessment tool showed increased confidence in all domains. Participants reported that the course was highly relevant to clinical practice and