Background Online social networks act as a mode of communication that helps to share information and resources and collaborate with peers through engaging in social media based digital dialogues.

Aim To measure the effectiveness of social media and classroom-based end-of-life care education among nursing students.

Methods A mixed methods approach was adopted. A total of 196 first-year undergraduate nursing students of one UK university were invited. 157 students joined Facebook based teaching and 34 students attended classroom-based end-of-life care teaching that delivered similar learning objectives. The Frommelt Attitude Toward Care of the Dying (FATCOD) Scale was completed by a group of nursing students before and after their participation in teaching sessions. Four post-teaching focus groups also conducted with students. Within the group, difference between pre- and post-test were assessed by using paired samples T-tests with use of SPSS V20. Using Nivio10®, a thematic qualitative analysis was undertaken.

Results Although there was no statistical significant difference in the level of attitude between the groups during pre-test, in post-test, there was a significant change in level of attitude for social media intervention group (94% before vs 99% after; p = 0.041) comparing to classroom-based education (84% before vs 81% after; p = 0.107). The mean difference score of Individual FATCOD items before and after education between two groups showed that the social media intervention group showed statistically significant change in student attitudes towards care of dying patients in 10 items. A comparative qualitative analysis revealed five themes: speaking out, lecture at living room, technology less interest, emotional teaching, and re-live lesson.

Conclusions Our study explored that using social media in death dying education enhances students’ learning experiences both in emotional as well as knowledge acquisition similar to classroom teaching. However, Facebook teaching provided more flexibility and increased interest yet attained similar learning outcomes.

Analysis of chats, contributor profiles and timelines provide rich insights into online activity. Simply counting the number of contributors and tweets does not reveal the full influence of @WeEOLC. Chat and conversation contributors come from a wide background (e.g. clinicians, non-clinical, academics in social sciences, patients, families and interested parties). There is evidence of new connections and partnerships as well as a broad scope of interactive discussions, shared resources, evidence and reflections.

Conclusion Participation in platforms such as Twitter can support clinical and academic roles. By providing a non-hierarchical forum for learning and sharing, it contributes to improved clinical care, leadership and quality. Future work needs to develop methods of analysing and disseminating qualitative content as well as the quantitative reach of Twitter engagement.
Findings We have used the software with nine patients including a young man with Motor Neurone Disease who has two young children and a number of family members living abroad. Initial evaluation with staff, patients and families suggests that it provides an opportunity for conversations about memories, wishes, hopes and fears. We believe the intervention enables rapport to be built and has been reported as being therapeutic in its own right.

Implications We are working with the software designers to develop additional language capabilities to enable it to be used with different cultural identities. We intend to develop robust evaluation measures, such as patient perceptions, the impact of the MyLife content on bereaved family members, and enhancing staff understanding of existing networks.

Conference Papers 4

0-13 EXPLORE AN INTERVENTION FOR OPTIMISING END-OF-LIFE CARE AND TREATMENT IN ANY SETTING

Emily Dobson. Saint Michael’s Hospice, Harrogate, UK
10.1136/bmjspcare-2016-001245.13

Background It is a ‘wicked problem’ that the gold standards of care created within the hospice setting are not always effectively influencing national, regional or local policy. This struggle is something which the public health sector has successfully contended with. In particular an approach known as Health in All Policies (HiAP) has been developed to lay down the rules of engagement and guide the exchange between organisations from all sectors. This synergy allows for an exploration of the possibilities of utilising HiAP within end-of-life care. In particular, this study will look at how the HiAP can be adapted to better integrate end-of-life care throughout the population.

Objectives
a. To investigate HiAP as an intervention
b. To develop a framework for implementing a HiAP approach to end-of-life care
c. To evaluate the possible impacts of changing the manner in which end-of-life care integrates within England.

Method
Systematic review The utilisation of HiAP in healthcare and specifically in end-of-life care.

Ethnographic study A study of the stakeholders within end-of-life care which will aim to understand the problem surrounding influence and policy translation in end-of-life care.

Action research HiAP will be unpicked into a framework which is transposable to end-of-life care. Utilising this, a study will be designed to analyse its applicability to end-of-life care and the possibilities moving forward.

Relevance Increasing death rates, more complex co-morbidities and evidence of unmet need, signals a future where the demand for end-of-life care will increase. Hospice care can be exceptional but will only touch a fraction of those who will die. We need to be able to effectively share what we know with others, now more than ever before, to support tomorrow’s patients.

0-14 HOW A CARE COORDINATION CENTRE DELIVERED IN PARTNERSHIP HAS IMPROVED END-OF-LIFE CARE IN THE COMMUNITY

Megan Veronesi, Cathy Maylin. Royal Trinity Hospice, London, UK
10.1136/bmjspcare-2016-001245.14

Background In Wandsworth, end-of-life care (EOLC) is provided by a range of organisations from health, social care and voluntary sectors. Feedback used to be that patients, carers and professionals were sometimes unsure who to contact during a crisis, which resulted in unnecessary hospital admissions. In 2014, the CCG commissioned us to set-up an Endof Life Care Coordination Centre with Marie Curie and St George’s NHS Foundation Trust as a two-year pilot to address these issues.

Aims The aims of the pilot were to:
• Improve the quality of EOLC for patients and their families
• Free up clinical time for professionals
• Increase number of people able to die at home.

BMJ Supportive & Palliative Care 2016;6(Suppl 1):A1–A112