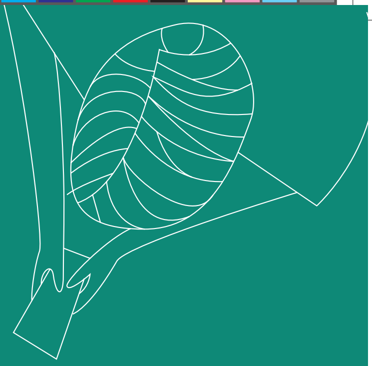
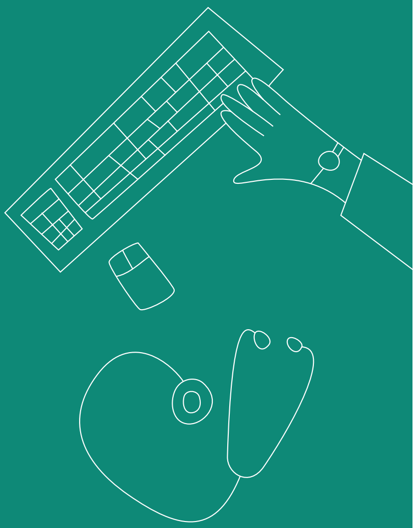


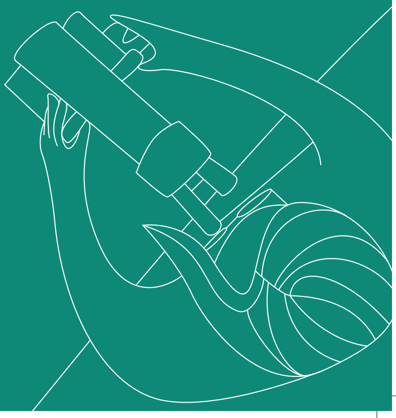
Irish Association For Palliative Care

25th Education and Research Seminar

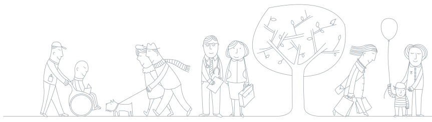
One Goal, One Team:
Advancing Palliative Care Through Inter Disciplinary Collaboration



6th February 2026

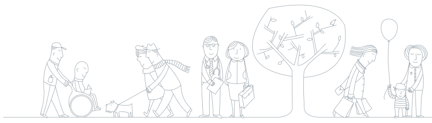


Irish Association For Palliative Care
A Collective Voice for Palliative Care in Ireland since 1993



Programme

09:00 – 10:00	Registration and Poster Viewing	
10:00 – 10:15	***Opening and Welcome*** · *Dr. Thomas Cahill, Chairperson Education and Research Forum* *Dr. Cian O'Leary, Vice Chair Education and Research Forum*	
10:15 – 11:15	**PRESENTATION 1** *Dr. Wen Yan Low*	***Palliative Care Needs Screening Tool for Regional Interstitial Lung Disease Specialist Clinic: A Pilot Project***
	PRESENTATION 2 *Dr. Ronan McLernon*	***Exploring the Specialist Palliative Care Experiences of Native Irish Speakers in the West of Ireland***
	PRESENTATION 3 *Ms. Sue Moran*	***The Evaluation of a Simulation-Based Education Program for Nurses Working in Specialist Palliative Care: A Mixed-Methods Study***
	PRESENTATION 4 *Dr. Monika Pilch, Valerie Smith*	***Mapping Advance Care Planning in Ireland: A Collaborative Diagnosis and Call to Action***
	PRESENTATION 5 *Ms. Marie McEvoy*	***Integrated Care for Patients Living at Home with Dementia and Frailty***
	PRESENTATION 6 *Dr. Elaine Cunningham*	***Results of a scoping review: Training activities and educational experiences that support specialist palliative care teams to provide palliative care to children and young people***
11:15 – 11:45	***Discussion and Q&A***	
	Comfort break and Poster Presentation Viewing	
11:45 – 12:15	**PRESENTATION 7** *Ms. Anjitha Thomachan*	***Healthcare professionals' perspectives on engaging ethnic minority groups in advance care planning in Ireland***
	PRESENTATION 8 *Dr. Ethna McFerran*	***Reducing Emergency Admissions at End of Life: Outcomes and Cost Impact of the Scottish Ambulance Service – Macmillan Partnership***
	PRESENTATION 9 *Felicity Hasson*	***Perceptions and experiences of providing end-of-life care among the Northern Ireland paramedic workforce***
12:15 – 13:15	***Plenary Speaker:*** *Professor Shelia Payne*	
13:15 – 14:15	Lunch break and Poster Presentation Viewing	
14:15 – 14:55	**PRESENTATION 10** *Dr. Cian O'Leary*	***Development of a Kidney Supportive Care (KSC) Service: A Quality Improvement Project (QIP)***
	PRESENTATION 11 *Dr. Mary McCarthy*	***Collaborative Working to Address Inappropriate ED Attendances by Nursing Home Residents***
	PRESENTATION 12 *Dr. Sara Leitao*	***Hospice at Home Out of Hours Models of Care: A Scoping Review***
14:55 – 15:10	***Discussion and Q&A***	
15:10 – 15:20	***Closing Remarks*** · *Cian O'Leary*	
15:20 – 15:50	***Siel Bleu***	
	Announcement of Poster Winner · *Cian O'Leary*	
	Announcement of Platform Presentation Winner · *Thomas Cahill*	



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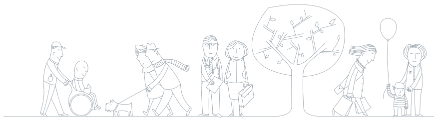


Dr. Thomas Cahill
Chairperson of the Education and Research Forum

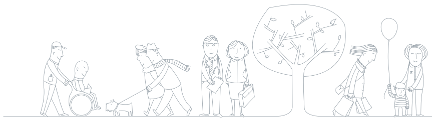
It is my great pleasure to welcome you to the 25th Annual Conference of the Irish Association for Palliative Care.

Thank you for joining us and for contributing to this important gathering, particularly those who have shared their work for presentation. Your commitment to advancing palliative care across the island of Ireland is at the heart of this event.

This year's theme, "One Goal, One Team: Advancing Palliative Care through Interdisciplinary Collaboration," reflects the diverse and dynamic nature of our membership. Clinicians, researchers, educators, and professionals from varied disciplines represented here today, each bringing invaluable insights from across the lifespan of palliative care practice. It is a pleasure to gather in person once again—to learn from one another, to share new perspectives, and to reconnect with colleagues and friends.

I would like to express my sincere thanks to our current and former Board members for their continued leadership and dedication. Representing hospice, hospital, community, and educational services across the island, the Board reflects the interdisciplinary excellence that defines our profession.

On behalf of the Association, I wish to offer heartfelt gratitude to Ms. Jacinta Cuthbert, whose remarkable commitment and leadership as CEO have been instrumental to the growth and resilience of the IAPC. Jacinta guided us with strength, clarity, and compassion through the challenges of the pandemic and beyond, leaving a legacy deeply appreciated by all of us.



It is also my pleasure to warmly welcome Mr. Sean McCrave, who joins us for his first IAPC Education and Research seminar as the new CEO. His initial few months have been very busy and we look forward to Sean's leadership as we continue to evolve, expand our reach, and advance the impact of Palliative Care in Ireland.

I would also like to acknowledge the invaluable support of Ms. Cathy Herbert and Ms. Zara O'Reilly Dempsey, whose hard work and professionalism have been central to the organisation of this event.

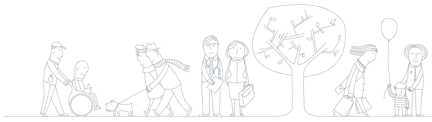
I want to extend my sincere appreciation to the Education and Research Forum, which I have the privilege to chair. The dedication, insight, and collaboration of its members have been essential in delivering this important conference—one of the key annual events of the IAPC, and a cherished opportunity for clinicians and researchers to come together.

Along with our platform presentations today I look forward to hearing from our plenary speaker – Professor Shiela Payne. Prof. Payne is a highly influential figure in hospice and palliative care research, holding an Emeritus Chair at Lancaster University's International Observatory on End of Life Care, known for driving research, leading key groups like the Sheffield Palliative Care Research team, and influencing European palliative care standards through her work with the EAPC and extensive publications on end-of-life care for older people and holistic support.

Following on from our seminar today, we will be hosting a series of workshops: "Easing the Burden: Lymphoedema Care in Palliative Practice", "Sexuality and Intimacy : Personal and Interpersonal Relationships in Palliative Care Patients" and finally "Nourishing beyond Nutrition: The Heart of Dietetic Care in Palliative Medicine'. We hope you will all join us and we look forward to hearing your perspectives.

Finally, I want to thank you for your continued support, and I wish you a stimulating, collegial, and inspiring conference.

Dr. Thomas Cahill
Chairperson of the Education & Research Forum



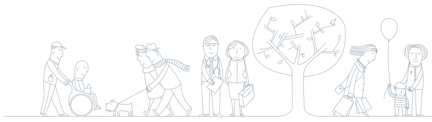
Plenary Speaker *Professor Sheila Payne*

Topic: **Leadership Core Competencies in Palliative Care-Recommendations from the European Association for Palliative Care: Delphi Study**

Professor Sheila Payne

Lancaster University, Faculty of Health and Medicine, and currently teachs on the Doctorate in Palliative Care (DHR) and the MA in Hospice Leadership (LUMS).

Professor Payne's research expertise is in palliative and end of life care, a multidisciplinary field. Her work is recognised and used to influence policy and practice to improve palliative care throughout the world. Her research focuses on: the needs of older people and family caregivers, who have cancer and other chronic diseases, and evaluation of organisational and service configurations. There has been a step change in the growth and reputation of the International Observatory on End of Life Care (IOELC) which is now widely recognised for, not only international mapping, but for research and education that has built upon this foundation.



Workshop 1 *Virtual – 12th February 2026 at 4pm*

Topic: **Easing the Burden: Lymphoedema Care in Palliative Practice**

Presenters: *Jean Ryan and Elaine Murray, Senior Physiotherapists, Milford Care Centre, Limerick*

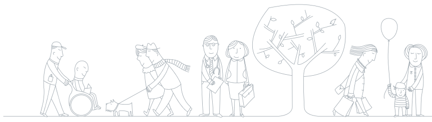
Chair: *Thomas Cahill*

Jean Ryan is a Senior Physiotherapist specialising in palliative care. She graduated from the University of Limerick in 2015 and initially worked in an acute hospital setting at the Mater Misericordiae University Hospital, Dublin. She has worked in specialist palliative care since 2020, with a particular clinical interest in symptom management and quality of life in advanced illness. Jean completed specialist lymphoedema training in 2023 under the Casley-Smith Method and is actively involved in developing lymphoedema care within palliative care services.

Elaine Murray is a Senior Physiotherapist specialising in palliative care. She graduated from the University of Limerick in 2008 and completed a Master's degree in Obesity Management at the University of Chester in 2013. Elaine has worked in practice education at the University of Limerick and in Galway University Hospital, where she specialised in neurology and rehabilitation. She has been working as a Senior Physiotherapist at Milford Care Centre since 2019. Elaine completed specialist lymphoedema training under the Casley-Smith Method in 2021

Jean Ryan

Elaine Murray



Workshop 2 *Virtual – 19th February 2026 at 4pm*

Topic: **Sexuality and Intimacy: Personal and Interpersonal Relationships in Palliative Care Patients**

Presenters: *Dr. Nicola Elmer, Principal Psychologist, St. Luke's Radiation Oncology Network (SLRON)*

Chair: *Frances O'Mahony*

Dr. Nicola Elmer is Principal Psychologist and Head of Department, St Luke's Radiation Oncology Network (SLRON). Working alongside the wider Psycho-Oncology team, she provides clinical assessment and therapeutic intervention to patients and family members who have been impacted by a cancer diagnosis.

Her role extends to lecturing, training, service development, research and supervising of psychologists and the wider multidisciplinary team. She has contributed to the field of Psycho-Oncology through active involvement in committees and policy development.

Dr. Nicola Elmer

Workshop 3 *Virtual: – 26th February 2026 at 4pm*

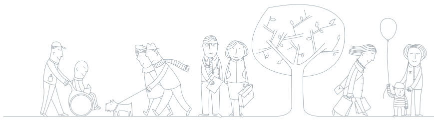
Title: **Nourishing Beyond Nutrition: The Heart of Dietetic Care in Palliative Medicine**

Presenter: *Ellie Sheehy, Senior Dietician South East Palliative Care Centre, Waterford*

Chair: *Cian O'Leary*

Ellie Sheehy is a senior dietitian (Diaitéiteach, Sinsearach (Leigheas Maolaitheach), currently working in the South East Palliative Care Centre in Waterford. She graduated from Dublin Institute of Technology/Trinity College Dublin with a BSc in Human Nutrition and Dietetics in 2015. She has predominantly worked in the acute hospital setting until taking up the role in the South East Palliative Care Centre in 2022. Ellie provides a dietetic service to the 20 bedded regional Specialist Palliative Care Inpatient Unit and out-patient service in Waterford.

Ellie Sheehy

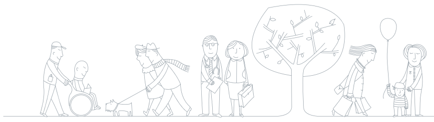


Siel Bleu Ireland

We are a social enterprise and a non for profit organisation who transform lives through exercise! We work with older adults, patient groups, community organisations, people living with physical and intellectual disabilities. Our youngest participants are in their twenties with physical or intellectual disabilities and we are privileged to deliver services to a number of centenarians living in Nursing Homes.

We design programmes with a preventative approach that benefits all our service users. We promote autonomy and well being of older people and people living with chronic conditions, ensuring that everyone has the capacity and self-confidence necessary to live independent and happy lives.

Siel Bleu Ireland offers exercise programmes online and in person in Residential and Day Care, with organisations, in communities and also in private homes. Our expert Physical Trainers gauge the ability of each participant and tailor classes to meet their needs. Together this results in programmes which have a real physical, social and psychological impact.



Presentation One: Palliative Care Needs Screening Tool for Regional Interstitial Lung Disease Specialist Clinic: A Pilot Project

Authors:
Dr. Wen Yan Low – St Vincents University Hospital
Ms. Lindsay Brown – St Vincents University Hospital
Dr. Frances O'Mahony – Midlands Regional Hospital, Portlaoise
Dr. Sarah Mabelson – St Vincents University Hospital
Dr. Leisi Garcia – St Vincents University Hospital
Prof. Eoin Tiernan – St Vincents University Hospital
Prof. Cormac McCarthy – St Vincents University Hospital

Background: Interstitial lung disease (ILD) is a heterogenous group of irreversible life-limiting disease with high symptom burdens. Early palliative care (PC) input is shown to improve patient outcomes. We developed a structured tool to analyse our cohort and aid clinicians in identifying critical disease timepoints to facilitate timely referral from our regional specialist ILD clinic to PC.

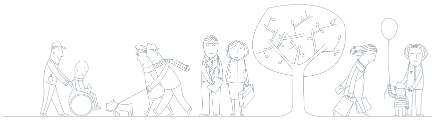
Methodology: Our tool records spirometry data, GAP index for Idiopathic Pulmonary Fibrosis mortality prediction, prognostic indicators for ILD as per European Respiratory Society guidelines, Australian-modified Karnofsky Performance Scale (AKPS), and Edmonton Symptom Assessment Scale (ESAS). The pilot project ran from 15/05/2025 to 10/07/2025. Clinicians completed the tool with all patients in clinic. Data was analysed in Excel and statistical significance measured with two-tailed Mann-Whitney U Test.

Results: Of the 77 patients, 55% patients are female with average age 62.4±15.9, weight 78.5±21.9, BMI 28.7±6.2, Albumin 36.6±4.6, median AKPS 80 and GAP 3. Patients on ambulatory oxygen have approximately 15% lower FVC and DLCO, lower albumin (33.9±6.3) and AKPS 70. They report more dyspnoea, fatigue and wellbeing loss (ESAS=5,6,5 on oxygen; 3,2.5,1 without). This worsens when prescription is recently increased (ESAS=8,5,8) or when they need oxygen at rest (ESAS=8,5,10). GAP≥4 (n=22,28.6%) is correlated with worse spirometry, and GAP≥6 (n=5,6.5%) is significantly symptomatic with AKPS 60. Patients reporting unintentional weight loss have >10% lower FVC and DLCO. Radiological progression did not correlate with worse markers or symptoms.

Originality and Contribution to PC: Distinct to the Needs Assessment Tool for patients with ILD and King's Brief Interstitial Lung Disease questionnaire, our tool quantifies symptoms of patients who may benefit from PC review.

Conclusion: Oxygen use, frequent hospitalisations, and GAP≥6 are significant markers of deterioration which warrants referral to community or outpatients PC. GAP≥4, any reported weight loss, increasing symptoms despite optimal treatment should prompt consideration for referral.

Biography: Dr. Low is a palliative medicine registrar in North West Hospice. He is a member of RCPI and is on track to complete a Masters in Clinical Education with the University of Edinburgh in 2026. With prior experience as a registrar in respiratory medicine, he has a specific interest in managing life-limiting respiratory illnesses



Presentation Two: **Exploring the Specialist Palliative Care Experiences of Native Irish Speakers in the West of Ireland**

Authors:
Dr. Ronan McLernon – Galway Hospice Foundation
Dr. Sinéad Donnelly – Galway Hospice Foundation
Dr. Dorthy Ní Uigín - Galway Hospice Foundation
Mr. Niall Manktelow – Galway HospiceFoundation
Dr. Camilla Murtagh – Galway Hospice Foundation

Background: Irish is constitutionally recognised as the first language of the Republic of Ireland. Gaeltachts are regions in Ireland where inhabitants use Irish every day. Ireland's healthcare is predominantly provided through the English language, however, 2022 Census figures identify 20,261 Irish speakers in Gaeltachts. Specialist palliative care seeks to provide holistic care to patients with advanced progressive illnesses, with sensitivity and skill in communication being viewed as cornerstones. Irish speakers not receiving the opportunity to engage in the healthcare system in their primary language may be disadvantaged.

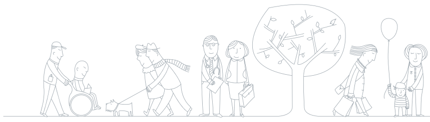
Aims and Objectives: To explore the experience of native Irish speakers encountering palliative care, assessing the importance of the Irish language and culture in care provision at a critical time in their lives.

Methods: A qualitative descriptive approach with inductive content analysis involved semi-structured interviews by two palliative care doctors in Irish with 10 native Irish speakers known to specialist palliative care services.

Findings and Results: Preliminary findings reveal the importance of place to participants, i.e., being surrounded by their own language, community and landscape. There is a strong sense of displacement and isolation in their descriptions of treatment in urban hospitals, and an acceptance that their basic language needs are not recognised without demand on their part for these rights. Participants value healthcare interactions in Irish, being more comfortable and confident in their understanding of care when this occurs.

Conclusion: This study is unique in being conducted by palliative care doctors in Irish, collaborating with University of Galway, and in directly asking native Irish speakers about the role of language and culture in their care as it relates to palliative care and healthcare. Recruitment and analysis are ongoing and will conclude in December. It is already evident that there are inequities in care provision to native Irish speakers which must be acknowledged and addressed.

Biography: Ronan is a registrar working in Ireland in palliative medicine with a passion for education and the holistic care of the isolated and vulnerable. Currently working in Galway palliative care services.



Presentation Three: The Evaluation of a Simulation-Based Education Programme for Nurses working in Specialist Palliative Care: A Mixed Methods Study

Authors:
Ms. Sue Moran – Milford Care Centre
Ms. Mary Spaight – Milford Care Centre
Ms. Joanne Callinan – Milford Care Centre
Prof. Owen Doody – University of Limerick
Ms. Mairead Moloney – University of Limerick
Ms. Melissa Browne – University of Limerick

Background: Registered nurses are central to delivering high-quality palliative and end-of-life care, yet many report insufficient opportunities for ongoing education. Simulation-based training is gaining attention as a practical tool for professional development, but it remains underused in specialist palliative care nursing in Ireland.

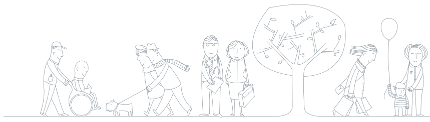
Aims and Objectives: To assess the practical impact of a simulation-based education initiative in preparing nurses for the complexities of specialist palliative care.

Methods: A sequential explanatory mixed-methods approach was employed, combining an online survey with follow-up focus group discussions. Quantitative analysis was conducted in SPSS, while qualitative data were analysed using content analysis.

Findings: Participants described the training as highly relevant to their clinical practice, citing emotional realism and reflective discussion as central to consolidating knowledge and skills. There was strong advocacy for extending simulation-based education as part of post-registration training, including the development of advanced clinical scenarios and interprofessional collaboration.

Conclusion: Simulation-based education is a practical, engaging, and sustainable strategy for improving nurses' competence and confidence in specialist palliative care. For effective implementation, attention must be given to psychological safety, realistic patient portrayal, and practice-focused debriefing. The study reinforces the need for dedicated funding and incorporation of simulation into structured nursing education pathways in Ireland.

Biography: Sue Moran: commenced her career in Specialist Palliative Care in Australia in the Sacred Heart Hospice. On return to Ireland Sue worked as a CNM 2 in Milford Care Centre for over 27 years and is currently working as Clinical Facilitator. Sue within her Clinical Facilitator role has collaboratively developed and implemented Simulation training for nurses working in Specialist Palliative Care.



Presentation Four: Mapping Advanced Care Panning in Ireland – A Collaborative Diagnosis & Call to Action

Authors:
Dr. Monika Pilch – School of Psychology, UCD
Ms. Valerie Smith – Irish Hospice Foundation
Mr. Bilko Kacar – School of Psychology, UCD
Mr. Nicholas Landy – School of Psychology, UCD
Mr. Ciaran Heuze – School of Psychology, UCD
Mr. Neil Fullerton – Irish Hospice Foundation
Dr. Sara Leitao – Irish Hospice Foundation

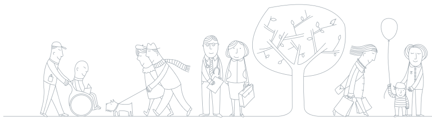
Background: Advance Care Planning (ACP) empowers individuals to articulate preferences for future healthcare. Despite supportive legislation in Ireland, uptake remains limited, hindered by legal, cultural, and systemic barriers. Collaborative approaches are essential to develop inclusive and actionable strategies for embedding ACP within palliative care and beyond.

Aims and Objectives: This project sought to (1) map ACP actors, activities, and resources in Ireland; (2) evaluate inclusiveness of existing resources; (3) identify barriers and facilitators to ACP engagement; and (4) generate actionable recommendations to strengthen ACP infrastructure.

Methods: Using an interdisciplinary, multi-method design, the project combined stakeholder analysis, desk research, and document review with 20 semi-structured interviews involving service providers (n=12) and members of the public (n=8), including individuals from marginalised groups. Resource inclusiveness was systematically assessed using a novel Inclusiveness Scale.

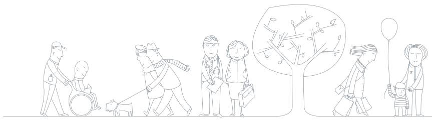
Findings and Results: Eighteen organisations and 60 resources were identified, spanning information materials, support services, professional training, and policy tools. While many scored highly on inclusiveness (particularly age sensitivity and accessibility), gaps remained in cultural and LGBTQIA+ representation. Interviews revealed barriers including legal ambiguity, financial concerns, cultural taboos, systemic inefficiencies, and lack of public awareness. Facilitators included legislative advances, community initiatives, and improved documentation practices. Unmet needs centred on a national ACP framework, a centralised registry, inclusive tools, professional training, and public awareness campaigns.

Conclusion: This collaboration between academia and the Irish Hospice Foundation demonstrates the value of interdisciplinary partnerships in diagnosing the ACP landscape and co-producing solutions. The findings highlight actionable pathways for embedding ACP within palliative care, ensuring equitable, person-centred, and system-wide impact. Strengthening ACP requires ongoing collaboration between healthcare providers, policymakers, community organisations, and patients to achieve the shared goal of dignified, values-based care at end of life.



Biography: Dr. Monika Pilch is an Assistant Professor at the UCD School of Psychology. Her research focuses on building psychological readiness for Advance Care Planning. She collaborates with national and international partners to design innovative, inclusive solutions that foster meaningful and collaborative engagement in shaping future care.

Valerie Smith (co-presenter) is Public Engagement Lead at Irish Hospice Foundation, where she leads the Think Ahead Advance Care Planning programme. She delivers national training and webinars across Ireland, speaks in media, and partners across sectors to build death literacy and support timely, inclusive conversations about future care and end-of-life choices.



Presentation Five: **Integrated Care for Patients Living at Home with Dementia and Frailty**

Authors:
Ms. Marie McEvoy – Our Lady's Hospice & Care Services
Ms. Kershni Moodley – Our Lady's Hospice & Care Services
Ms. Donna Mills – Dublin, South Kildare, West Wicklow Community Health Care
Dr. Ronan O'Toole – St James's Hospital
Dr. Rory Nee – St James's Hospital
Dr. Bernadette Brady – St James's Hospital

Background and Rationale: People with advanced dementia and frailty face complex and poorly coordinated care in the community. This contributes to avoidable hospital admissions and fragmented end-of-life experiences. There is an urgent need to deliver integrated, anticipatory care that supports patients and families.

Aims and Objectives: To evaluate the impact of a community-based, multidisciplinary, multispeciality initiative to support people with advanced dementia or frailty at home.

Methodology: Model of care developed by Community Palliative Care, Community Advanced Nurse Practitioner in Gerontology, and Older Persons Integrated Care. Inclusion criteria included patients aged ≥65 years, with advanced dementia and/or frailty, and uncontrolled symptoms (physical or psychosocial).

Key components include early identification, advance care planning, proactive symptom management, and coordinated response across specialities.

Results: 111 patients were seen over 2 years, for an average duration of 3 months. Clinical Frailty Scale was 8 (average). 63 patients died at home. There were 11 ED presentations and 6 admissions to either hospice or nursing home. Families felt more supported and prepared. Professionals noted improved collaboration and continuity.

Originality of the Project: Palliative Care in the context of dementia & frailty is a relatively new concept but a growing need. The model is replicable, scalable and sustainable, and has not yet been done elsewhere in this setting.

Contribution to Palliative Care: Integrated, person-centred, age-friendly care enables people to live and die well at home. The move to integrated care in community settings is supported by national policy.

Conclusion: Findings indicate an increase in home deaths, consistent with patients wishes, and reduction in admissions and hospital presentations.

Anticipatory multidisciplinary multispeciality care enables people with advanced dementia and frailty to remain at home, preserving dignity while reducing strain on health systems. The model supports current policy ambitions for community-based care and improving outcomes at end of life.

Biography: Marie McEvoy works as a CNS for Older Persons in the Community Palliative Care Team in Our Lady's Hospice, Harold's Cross.

Presentation Six: Results of a Scoping Review: Training activities & educational experiences that support specialist palliative care teams to provide palliative care to children & young people

Authors:
Dr. Elaine Cunningham – Milford Care Centre
Dr. Feargal Twomey – Milford Care Centre
Prof. Regina McQuillan – St Francis Hospice, Raheny
Dr. Clare McAleer – St Francis Hospice, Dublin

Background: Specialist Palliative Care (SPC) teams who are primarily trained in the delivery of care to adults, provide care to paediatric patients at end of life in the community. This role is supported by National Policy in Ireland and in other parts of the world. Lack of training and appropriately trained staff has been reported as barrier to the provision of care to children at end of life.

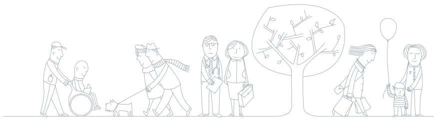
Objectives: To identify what training is delivered to SPC trainees and teams providing care to paediatric patients and what education approaches are used in the delivery of training.

Methodology: Scoping review methodology following the Joanna Briggs Institute (JBI) scoping review methodological framework and PRISMA-ScR reporting guidelines informed the review. 4 databases were searched in January – March 2025, with grey data incorporated from 10 years of Irish and European conference abstracts. Basic descriptive statistics were used.

Results: 12 evidence sources were included in the review, with representation from United States of America, Canada and Ireland. A lack of formal and standardised training was evident. Preferences for preferred educational approaches included traditional didactic style, in addition to small group learning, simulation and role play, and experiential learning methodologies. Effective educational programmes are described in the literature with variation in delivery methods, duration, and intended participants.

Conclusion: There is a lack of evidence to support which training and educational methodologies best support adult SPC teams develop the requisite skills and competencies to provide care to children and young people at end of life. Further research is needed to explore how post graduate speciality training meets the learning needs of SPC trainees in the provision of care to children and young people.

Biography: Dr. Elaine Cunningham is a specialist palliative medicine trainee, currently working in Milford Care Centre. She is interested in medical education and completing a Masters programme in Clinical Education with Queens University Belfast.



Presentation Seven: Healthcare professionals’ perspectives on engaging ethnic minority groups in advance care planning in Ireland

Authors: *Ms. Anjitha Thomachan – School of Psychology, UCD*
Dr. Suzanne Guerin – School of Psychology, UCD
Prof. Regina McQuilan – St Francis Hospice, Raheny
Dr. Monika Pilch – School of Psychology, UCD

Background: Ireland’s increasing cultural diversity presents both opportunities and challenges in delivering person-centered, equitable palliative care. Advance care planning (ACP), a cornerstone of quality care, is often underutilized among ethnic minority groups. This study was inspired by a recognition of the need for culturally responsive healthcare practices and the limited Irish research on healthcare professionals (HCP) views in this context.

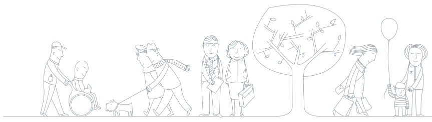
Aim: To explore HCPs perspectives on the barriers and enablers to engaging ethnic minority populations in ACP in Ireland.

Method: Guided by a socioecological framework and a constructivist paradigm, this qualitative study used purposive sampling to recruit nine HCPs from various palliative care settings. Semi-structured interviews were conducted, audio-recorded, transcribed, and analyzed using reflexive thematic analysis. The study adhered to the Standards for Reporting Qualitative Research (SRQR).

Results: Four themes were identified, including Competencies, Beliefs, and Readiness, Family and Interpreters as a Double-Edged Sword, Lack of Culturally Sensitive Resources, and Need for Tailored Policies and System-Wide Change. HCPs highlighted limited awareness of ACP in ethnic minority communities and acknowledged their own cultural competence gaps. While families and interpreters often facilitated communication, they could also hinder honest or effective ACP conversations. Participants cited a lack of accessible, translated, and culturally relevant ACP materials. Time constraints, resource limitations, and rigid systems made it difficult to deliver culturally responsive care.

Conclusion: These findings reveal how individual, interpersonal, organizational and systemic factors intersect to shape ACP experiences with ethnically diverse populations in Ireland. This is one of the first Irish studies to explore ACP with ethnic minority from the perspective of HCPs. It uses a socioecological theoretical framework to highlight under-researched but critical challenges in providing culturally sensitive palliative care. The study also brings forward the voices of practitioners navigating these complexities on the ground and emphasize the importance of co-designing culturally responsive approaches.

Biography: Anjitha Vadakkethala Thomachan completed a Master’s degree from UCD focused on Advance Care Planning (ACP). Her research explored healthcare professionals’ perspectives on barriers and enablers to engaging ethnic minority populations in ACP in Ireland, one of the first Irish studies to examine this topic from the viewpoint of healthcare professionals. The findings highlight the need for culturally responsive and co-designed approaches to improve inclusion and communication in care planning. Alongside her academic work, Anjitha is working in special care, supporting refugee children. She is passionate about advancing this work through a PhD in Palliative Care and Advance Care Planning.



Presentation Eight: **Reducing Emergency Admissions at End of Life: Outcomes and Cost Impact of the Scottish Ambulance Service – Macmillan Partnership**

Authors:
Dr. Ethna McFerran – Queens University Belfast
Ms. Sandra Campbell – Independent Nurse Consultant Palliative Care
Mr. Scott Mackinnon – Scottish Ambulance Service
Dr. Deans Buchanan – Dundee Health & Social Care Partnership
Prof. Mark Lawler – Queens University Belfast

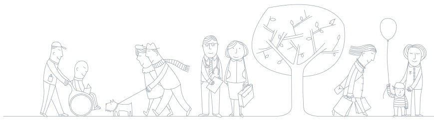
Introduction: Unnecessary hospital admissions for palliative emergencies strain resources and may not meet patients' end-of-life preferences. This study evaluates the impact of a three-year partnership between Macmillan Cancer Support and the Scottish Ambulance Service (SAS), launched in 2022, to strengthen community-based palliative care and establish alternative referral pathways.

Methods: A retrospective comparative analysis of SAS call data linked to Emergency Department (ED) outcomes was conducted for 2022 and 2023. We assessed changes in key metrics: acute-care hospital admissions, ambulance conveyance rates, and 7-day mortality using chi-squared and two-proportion z-tests. Costs were estimated using NHS data and scenario modelling of patient length-of-stay.

Results: A statistically significant 5.47% reduction in hospital conveyances was observed, equating to over 1,600 fewer incidents conveyed to hospital. Estimated ambulance service savings totalled £570,871, with ED-related cost reductions from £3.6 to £5.6 million. A modest increase in 7-day mortality was noted, consistent with increasing acuity of patients managed in the community.

Conclusion: The SAS-Macmillan collaboration demonstrates that targeted education, alternative referral pathways and integrated community care can reduce avoidable hospital admissions and improve efficiency. The initiative offers a scalable model to enhance patient-centred, community-based palliative and end-of-life care, aligned with patient preferences.

Biography: Dr. Ethna McFerran is a health economist and oncology specialist nurse whose work integrates clinical insight with advanced health economic modelling to improve care and outcomes. With a PhD in Cancer Health Economics from Queen's University Belfast, her research spans cancer screening, palliative care, and digital health infrastructure. She has held leadership roles including Chair of the RCN Cancer Forum (2023–2024) and Board Member of the Community Development and Health Network, promoting equitable, evidence-based healthcare across sectors.



Presentation Nine: Perceptions and experiences of providing end of life care among the Northern Ireland paramedic workforce

Authors:
Dr. Felicity Hasson – Ulster University
Dr. Sinead Keeney – Ulster University
Dr. Paul Slater – Ulster University
Prof. Sonja McIlfatrick – Ulster University
Dr. Natasha Campling – University of Southampton
Julia Wolfe – Northern Ireland Ambulance Service
Christine Irvine – Marie Curie

Introduction: Many people spend the last year of their life at home, with many wishing to die there. As patients progress towards the end-of-life, many experience worsening symptoms for which paramedics are contacted. Evidence suggests paramedics facilitate over half of emergency department visits for patients receiving palliative care, many of which are avoidable. Northern Ireland is projected to have the biggest rise in demand for palliative care across the UK, with a 32% increase between 2023 and 2048 (Marie Curie 2023).

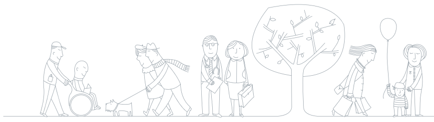
Aim: To identify Northern Ireland Ambulance Service paramedic workforce perceptions of current practice, influencing factors and strategies to enhance their contribution to end-of-life care.

Methods: Online survey using the ParAid questionnaire (Campling et al. 2024), adapted for use in Northern Ireland, to all paramedics, collecting quantitative and qualitative data. Data analysis included descriptive statistics using SPSS and thematic analysis of qualitative responses. Ethical approval was obtained.

Results: Paramedics faced multiple challenges in delivering end-of-life care. Over half rarely or never know in advance they are attending an end-of-life call (58%), and 89% always or often lack access to advance care planning discussions, with 88% often or always lacking access to documentation. Access to medicine is a major issue, with 54% often or always unable to obtain specific medicines needed for symptom control. Education and training gaps are evident, 67% felt lack of pre-registration training often influenced their ability to meet patient needs, and 71% reported that lack of post-registration CPD training impacted care delivery. Only 28% of paramedics felt very or extremely confident or competent in end-of-life care. Fear of doing the wrong thing was common, with 47% experiencing it always or often.

Conclusion: Findings emphasise the urgent need for enhanced palliative care education, clinical support structures, and improved access to digital care plans for paramedics.

Biography: Dr. Felicity Hasson is a Senior Lecturer in the Institute of Nursing Research at Ulster University, with over 20 years of experience in social research. Her expertise spans qualitative, quantitative, and mixed methods, particularly in palliative and end-of-life care. Felicity earned her MSc in 1996 and completed her PhD at Ulster University in 2012. She is a member of the All Ireland Institute of Hospice & Palliative Care Research Network.



Presentation Ten: Development of a Kidney Supportive Care (KSC) Service: A Quality Improvement Project (QIP)

Authors:
Dr. Cian O'Leary – South East Palliative Care Centre
Dr. Muhammad Farhan – University Hospital Waterford
Dr. Cormac Newell – University Hospital Waterford
Dr. Darren Walsh – University Hospital Waterford
Ms. Jane Cullen – University Hospital Waterford
Ms. Fiona Tobin – University Hospital Waterford
Ms. Casey O'Neill – University Hospital Waterford
Dr. Jane McSweeney – South East Palliative Care Centre
Dr. Susan McGrath – University Hospital Waterford
Dr. Aine Ni Laoire – South East Palliative Care Centre

Background and Rationale: KSC is the application of palliative medicine principles/practices to patients with kidney disease. There is urgent unmet need for the provision of KSC, nationally and internationally. This QIP was developed to meet this need in our region.

Aims and Objectives:

1. Establish KSC Multidisciplinary Team (MDT) from relevant clinical stakeholders.
2. Review literature to guide use of validated patient reported outcome measures (PROMs).
3. Involve service users throughout, guiding QI initiatives.
4. Develop multidisciplinary/patient education initiatives.

Methodology:

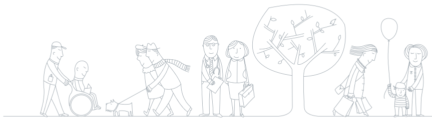
- Model for Improvements Plan-Do-Study-Act (PDSA) methodology employed.
- HSE Quality Improvement Toolkit used.
- Engaged with stakeholders to develop KSC MDT.
- Literature review of validated KSC PROMs. conducted.
- Scoping survey of service users (haemodialysis patients) to guide KSC service user priorities/preference of validated PROMs.
- Pharmacy led multidisciplinary symptom management guideline development.

Results:

MDT Development
MDT of key stakeholders (Palliative Medicine Physicians, Nephrologists, Pharmacists, Nurse Specialists) established, resulting in monthly KSC MDT guiding service development.

PROM Literature Review
Integrated Palliative Outcome Score (IPOS)-renal/Edmonton Symptom Assessment System (ESAS)-revised (r) Renal PROMs. identified as validated tools to consider adopting.

Service User Survey: Ten dialysis patients surveyed. 80% considered symptom management information important. 80% wanted regular symptom assessment, with 90% willing to complete regular questionnaires. Both validated tools were reported equally easy to complete. IPOS-renal more accurately captured symptoms (n=5 vs n=2). 60% felt monthly reassessment would be appropriate.



Guideline Development: Evidence based symptom management guidelines for the renal team to utilise were developed. Patient information leaflets for KSC/symptom management developed.

Originality of Project: Our QIP has been guided by current KSC literature.

Contribution to PC: Our project may inform KSC service development in other centres

Conclusion: This project demonstrates that a robust QI methodology and strong focus on service user/MDT collaboration can result in development of vital KSC services for patients with complex unmet needs.

Biography: I am a second year SpR in Palliative Medicine, currently working out of the South East Palliative Care Service in Waterford. From my prior clinical experience working in Australia and UHK my interests pertain to kidney supportive care and oncological palliative care.

Presentation Eleven: Collaborative Working to Address Inappropriate ED Attendances by Nursing Home Residents

Authors:
Dr. Mary McCarthy – University Hospital Kerry
Ms. Tina Bolger – University Hospital Kerry
Ms. Joanne Crowley – University Hospital Kerry
Ms. Brid O'Connor – University Hospital Kerry
Dr. Margaret Clifford – University Hospital Kerry
Dr. Patricia Sheahan – University Hospital Kerry

Background: Studies found up to 40% of residential care facility (RCF) residents' hospital admissions were deemed inappropriate, defined as "a situation in which care in lower cost settings would be as safe and less disruptive than care in higher cost hospital settings". The literature shows that palliative care support for nursing homes can help prevent some of these admissions.

Aim: Our SMART aim was to reduce the number of RCF residents being inappropriately referred to ED from 50% to 30% from March 2024 to May 2025.

Methodology: A convenience sample of ED attendances found that 50% were inappropriate. QI measures included the standardisation of terminology through the workings of the Palliative Frailty MDT group, development of a communication document on resuscitation status and treatment escalation preferences and the implementation of an Advanced Nurse Practitioner (ANP) Palliative Care service for RCFs supported by a Palliative Medicine physician.

Results: Monthly ED attendances of RCF residents reduced from a median of 82 to 50. Inappropriate attendances reduced from 50% to 31%. Stakeholders' feedback on the new service was overwhelmingly positive. The project resulted in financial savings for the Health Service.

Originality of Project: Similar initiatives have been successfully implemented in the UK.

Contribution to Palliative Care: This alternative model of care can be effectively implemented, improving staffs' confidence and knowledge base in residential care facilities, optimising residents' quality of living and dying while also have cost savings.

Conclusion: Integration of the Geriatric and Palliative Medicine services with staff of RCFs allowed sharing of knowledge, standardisation of terminology, development of alternative models of care and pathways to access specialties. The introduction of a designated ANP Palliative Care service for RCFs has been essential in helping residents to receive the right care, in the right place, at the right time.

Biography: Mary is a fourth year SpR in Palliative Medicine currently working in Milford Care Centre who completed an Aspire Fellowship in Frailty and Geriatric Medicine in University Hospital Kerry in 2024/2025.

Presentation Twelve: **Hospice at Home Out of Hours Models of Care - A Scoping Review**

Authors:
Dr. Sara Leitao – Irish Hospice Foundation
Mr. Neil Fullerton – Irish Hospice Foundation
Ms. Siobhan Murphy – Irish Hospice Foundation
Ms. Marese Damery – Irish Hospice Foundation
Dr. Felicity Hassan – Ulster University
Dr. Esther Beck - Ulster University

Background: Research shows that most people in Ireland wish to die at home, yet only a small proportion does. This unmet need will increase as the ageing population continues to grow.

A large proportion of end-of-life care is provided in the context of out-of-hours (OOH); patients and families often rely on OOH services provided outside of core working hours. Access to OOH palliative care is inconsistent, hence, understanding different models of delivery is crucial for providing high-quality care that supports patients in their preferred place of care.

Aims and Objectives: This review aimed to map existing evidence relating to the OOH models of care delivered to patients with palliative care needs.

Methods: The scoping review included literature from the past ten years, in academic databases, Google searches and backward citation tracking. Search terms included palliative care, out of hours, models of care and carers. Two researchers independently screened all records and reviewed relevant literature.

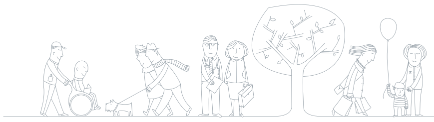
Findings and Results: In the 31 papers included, six models of OOH palliative care services were identified across seven countries. While models had similar elements, a wide variety of operational differences was evident. All models included telephone advice support and, in each, it was evident that patients were supported to be cared for at home avoiding unnecessary hospital admissions. A flexible response, round-the-clock availability and multidisciplinary collaboration was essential. Enablers to high-quality OOH care included up-to-date, accessible electronic medical records, integrated and co-ordinated patient-centred care, skilled compassionate and highly trained multidisciplinary workforce, effective communication, efficient allocation of adequate resources and standardised processes with guidelines and protocols.

Conclusion: Findings from this review will inform the development of OOH models in Ireland. Further work must focus on the scalability and translation to the Irish context, to apply a strong and high-quality model of OOH care that responds to people’s needs in Ireland.

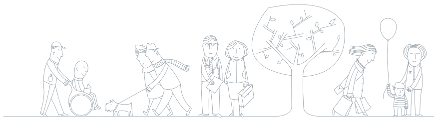
Biography: Sara is the Director of research in Irish Hospice Foundation. In that role she undertakes, oversees and collaborates in various research in palliative, end of life and bereavement care. Sara's portfolio includes qualitative and quantitative research work with a special interest in pubic health and psychosocial wellbeing. She has previously worked in the National Suicide Research Foundation, the National Perinatal Epidemiology Centre and collaborated with Pregnancy Loss Research Group.

Seminar Abstracts – Poster Presentations

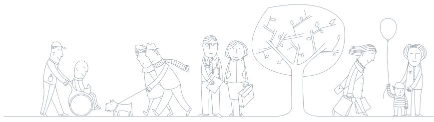
№	Title	Authors
	Case Reports	
1	***Case series of usefulness and tolerability of clonidine in managing complex symptoms in children with Severe Neurological Impairment***	*Stephens, O'Mahony, Devins, Allen*
2	***Nebulised Adrenaline for Stridor: AIR-IN***	*O'Mahony, Johnston, Slattery, Jennings, Doyle, O'Reilly, Twomey*
3	***The Lazarus Effect: Opioid Toxicity Masquerading as Terminal Decline***	*Cahill, Myles*
4	***A Case of Recurrent Metastatic Adenoid Cystic Carcinoma in a Neurodivergent Patient***	*Hayes, O'Reilly*
5	***Malignant Psoas Syndrome- a Rare Cause of Leg Pain***	*McDonnell, McCarthy, Kiely, O'Brien*
6	***Crushed topical Metronidazole for cavitating malignant abdominal wound malodour***	*Ryan, Cunningham, Lorton*
7	***Quality-Time is brain: Early mortality from an acute stroke in a palliative care unit***	*Maguire, Kehoe, Reagan, Sheahan, Neito*
8	***An uncommon side effect: Parotitis secondary to glycopyronium***	*Kennedy*
9	***Ketorolac continuous subcutaneous infusions (CSCI) in a Specialist Palliative Care (SPC)***	*Kara, Colleran, Leeson, Sheehy-Skeffington*
	Audits	
10	***Audit of compliance with the International Dysphagia Diet Standardisation Initiative in a Palliative Care setting***	*Cronin, Slyne*
11	***Audit of Hospital to community Discharge Forms***	*Azhar, Maguire, Leydon, Cleminson, Bogan, Finnerity*
12	***Audit of Electronic Prescriptions to a Hospice Unit***	*Azhar, Finnerty, Kavanagh, Bogan*
13	***Management of Diabetes Mellitus at End of Life: A Clinical Audit***	*Murphy, Webb, Cleary, Cranfield*
14	***An Audit of the Triage Process in the Palliative Medicine Department of a Tertiary Referral Centre***	*Kennedy, O'Connor*
15	***Audit of Family Meeting Proforma Documentation in a Specialist Palliative Care Inpatient Unit: A 2025 Re-Audit***	*Killeen, Walsh*
16	***Reaudit of Management and Documentation of Delirium in a Hospice Inpatient Unit 2024***	*Lynch, Myles*
17	***Audit of Venous Thromboembolism (VTE) prophylaxis documentation.***	*Healy*
18	***An Audit of EOL Care in an Irish Hospital, Using the NACEL Case Note Review.***	*Hudson*



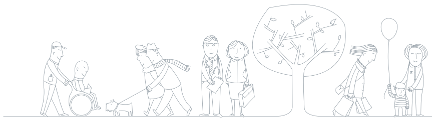
№	Title	Authors
19	*An audit of assigned patient category and AKPS in an acute hospital specialist palliative care service*	*Kelly, Beatty, O'Riordan*
20	*Audit of Antimicrobial Use at End of Life in Acute Hospital Setting*	*Donnellan, Doherty O'Gorman*
21	*Improving Palliative Care Outcomes Collaborative (PCOC) Score Completion on Admissions to an IPU*	*O'Leary, Sheahan, Clifford*
22	*Audit of Treatment Escalation Plans in a Community Specialist Palliative Care Service*	*Casey, Burke, Hallissey, Clifford*
	QI Projects	
23	*‘Uniting for Safety’: A Collaborative Approach to Managing Falls in Inpatient Palliative Care”*	*Battye, Walsh*
24	*Breathlessness beyond the patient: addressing breathlessness and the psychosocial needs of carers as a collaborative intervention in specialist palliative care.*	*Alvarez, Quinn*
25	*Defining “Category 1” – A service evaluation of acute hospital-based specialist palliative care activity.*	*Hayes, Hudson, Drought, Fagan, O'Leary*
26	*Exploring Factors Delaying Triage in an Outpatient Specialist Palliative Care Service: A Quality Improvement Initiative*	*Hayes, Keane, O'Reilly, McAleer, Doherty*
27	*Implementation of an Evaluation Framework for All-Ireland Communities of Practice: Strengthening Education Through Quality Improvement*	*Nugent, Charnley*
28	*First Encounters in Palliative Care: A Quality Improvement Approach to Undergraduate Medical Teaching*	*Neves, White*
29	*Developing Updated Guidelines for Diabetes Management at End of Life - A Quality Improvement Project*	*Murphy, Ryan, McQuillan, Cranfield*
30	*Evaluation of a facilitated carer support group in a specialist palliative outpatient and day service.*	*Honan, Scanlon, Boyle, Casey, O'Dowd*
31	*Qualitative Analysis of a Palliative Care Advanced Nurse Practitioner delivered service for Residential Care Facilities*	*McCarthy, Bolger, O'Connor, Clifford, Sheahan*
32	*Enhancing Nursing Confidence and Competence in End-of-Life Care in Surgical Wards*	*Brennan*
33	*The Development of Algorithms To Manage Laryngectomy-Associated Emergencies within Specialist Palliative Care. A Medical and Speech and Language Therapy Collaboration*	*Taheny, Parkes, Flood, McMahon*



№	Title	Authors
34	***Regular Capillary Blood Glucose Monitoring for Non-Diabetic Hospice Inpatients Prescribed Corticosteroids: Quality Improvement Project***	*Myles, Irwin, McCarthy, Ruttledge, Stodart*
35	***Developing a Palliative Nutrition Algorithm to Guide Assessment, Support and Referral***	*Nugent, Haylett, Clarke, McSorley, Cronin, Stewart, McCloskey, Zwarte, Naughton, Hamilton, Donnelly, O'Grady, Briggs, Hannon*
36	***Renal Palliative Supportive Care Pathway Development***	*Paffrath, Moodley, McEvoy, McAnallen, Griffin, Brady*
37	***An multidisciplinary Quality Improvement Initiative on Oral Symptoms in inpatients with advanced cancer***	*Kelly, McDonnell, Igoe, Loughnane, Fahy, Pounder, Gantley, Beatty, O'Riordan*
38	***The Development of Algorithms for Tracheostomy-Associated Emergencies in a Specialist Palliative Care Unit. A Multidisciplinary Approach***	*Taheny, Parkes, McCarthy, Cranny, McMahon*
39	***Intravenous infusions for symptom management in Specialist Palliative Care: Multidisciplinary team Quality Improvement Project***	*Skehan, Walsh, Cullinane, Ryan*
40	***Transitions of Care – Implementation of a county-wide Specialist Palliative Care (SPC) Single First Assessment (SFA) document.***	*O'Brien, Lee, Fitzgerald, Hilliard, McCarthy, Moynihan, McCarthy, Leonard, Lowney*
41	***Implementation of the Age Friendly Health Systems 4Ms. Framework in a Specialist Palliative Care Inpatient Unit – A Quality Improvement Project***	*O'Brien, Broe, Daly, Dukelow, James, Foley, Dennehy*
	Research	
42	***Empowering NCHDs: An Interdisciplinary QIP in Anticipatory Prescribing at End of Life***	*Boyd Crotty, Creedon, Moore, Shore*
43	***Enhancing Palliative Care Integration of Healthcare Services in the West of Ireland; A collaborative approach using Project ECHO'and a specialist palliative care in-person hospice education programme for nursing homes.***	*Butler*
44	***Developing a Reflective Practice Programme to Support Oncology and Palliative Care staff with Patient Death***	*Kelly*
45	***Palliative Day Care- an update based on an international interdisciplinary secondary data analysis***	*Hasson, Kernohan, Leblanc-Huard, Fortin*
46	***An Exploration of the spiritual needs of children with life limiting conditions – A Qualitative Evidence Synthesis.***	*Conroy*
47	***Review of antimicrobial use in the last four weeks of life in tertiary Irish Hospital***	*Jones, Howley,Fagan, Anderson, Grennan, Korn, Townsend, Bannon, Conneely*



№	Title	Authors
48	Butterfly Project: Supporting children and young adults affected by bereavement in SJH ICU.	Gollogly
49	Physicians’ Perspectives on Initiating Specialist Palliative Care Referrals: A Systematic Review of Qualitative Evidence	Ward, Daly
50	Experiences and perspectives of occupational therapist working with palliative patients at end of life in Ireland	Delaney
51	Oral symptom assessment in older patients with frailty using the Oral Symptom Assessment Scale	Cleary, Davies, Romero-Ortuno, Lavan
52	A survey among hospital NCHDs (non-consultant hospital doctors) on use of translators to optimise communication	McDonnell, Cronin
53	Assistance in Estimation of Prognosis Using AKPS	McLernon, Tarrant Manktelow, Cran
54	Educational Programme for Advanced Nurse Practitioners to support palliative care provision in Residential care facilities.	McCarthy, Bolger, O'Connor, Clifford, Sheahan
55	Breathlessness Management in Motor Neuron Disease; A Speech and Language Therapy and Physiotherapy Collaboration	Collins, Parkes, Murray, Sullivan, Flood
56	Analysis of an Integrated Multidisciplinary Palliative Care and Respiratory ‘pal-resp’ Service in a Model 3 Acute Hospital	Hayes
57	Observational study of prevalence, treatment limitations and outcomes of hospitalised patients with life limiting illnesses	Lannon, O'Connor, McLernon, Cran, Hartnett
58	Doctor’s Perceptions of the Barriers to Adhering to Advanced Care Plans of Nursing Home Residents	Cooney, Daly, Dukelow, Dennehy, O'Brien, McCarthy, Fitzpatrick, McGrath, Foley
59	Patients experience of a four-week exercise intervention for patients with advanced cancer under a specialist palliative care team	Carr, Hussey
60	End-of-life dementia pain management at home requires teamwork, with family playing a vital role	Duffy, Harkin
61	Integrated Palliative Care Multidisciplinary team (MDT) rehabilitation improved outcomes for a patient with breathlessness and anxiety	Mates, Afolabi
62	Oesophageal syncope A Case Report	McCarthy, Cleminson
63	Developing a Palliative Care Education Workshop Programm for HSE Community Carers in the South East	Cullinane, Bluett, Byrne, Scanlon, McKeown



№	Title	Authors
64	***Applying the Age-Friendly Health Systems (AFHS) 4Ms. Framework to Palliative Care: Insights from multidisciplinary implementation in Ireland O'Gorman, Hegarty, O'Brien, Bambury***	*Leitao, Weathers, Cao, Fullerton*
65	***A Exploration of experiences and training among hospice staff delivering oral care in a palliative care unit***	*Crothers, Hasson*
66	***Radiological Investigations in Patients Approaching End of Life (EOL) – Retrospective Review in an Irish Hospital***	*Jones, Drought, Murphy, Cusack, O'Leary, Sheehy*
67	***A Qualitative exploration of Motor Neurone Disease family caregivers' experiences of the palliative care keyworker***	*Betts, Hasson*
68	***The Use of Clonidine in Respiratory Panic: A 6 Patient Case Series from a Hospice***	*Chapman Yan, Neves, Zia, Curtin*
69	***Retrospective study to determine patient characteristics and pathways through a hospice-based Outpatient and Day Service***	*O'Connor, Kinsella, Donohoe, Doherty, Cahill, Molloy, Carr, Delaney*
70	***Assessment and revision of a shared proforma to guide and document discussion at a Specialist Palliative Care Inpatient Unit (SPC IPU) Multi-Disciplinary Team Meeting (MDTM)***	*Ankatiah, McAtamney, Reidy, Clifford, Sheahan*
71	***Personal and Professional Perspectives on Advance Care Planning Among Palliative Care Staff: An Observational Study***	*Gleeson, McQuillan, Pilch*
72	***Management of Diabetes Mellitus at the End of Life – Adherence to Local Hospital Guidance***	*Dinneen, Doherty*
73	***A National Survey of Kidney Supportive Care Services in Ireland***	*Mackey, Lowney, O'Brien, Moran, Long, Plant, Curtin*
74	***Hospital-Wide Assessment of Self-Reported Competence in the Provision of Palliative Care to Patients with Life-Limiting Conditions and their Families at Portiuncula University Hospital: A Cross-Sectional Survey***	*Killeen, McBrearty, Cronin, Beatty, Ely*
75	***High flow nasal oxygen in community palliative care: a case series***	*Nestor, Alvarez, Murtagh*

A message from the Vice Chair of the Education and Research Forum

Dr. Cian O'Leary

We have reached the end of yet another exciting and thought-provoking Education and Research Seminar.

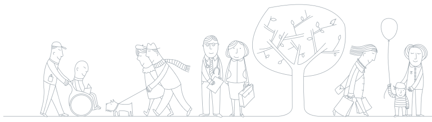
On behalf of the Education and Research Forum, I would like thank you all for your contribution and attendance. The importance of our seminar theme of "One Goal, One Team" is demonstrable in our collective collaboration here today, gathering together from across disciplines to connect and drive progress in our specialty. As a result of your support and engagement, this conference continues to thrive and provide a platform for exceptional research in Palliative Care to be celebrated. Thank you to our speakers for some truly stimulating presentations, and our panellists for their support and insight. A final thanks the organizing committee and volunteers for delivering such an exceptional and well-organized event.

Though the conference may be over for another year, I would like to highlight again the trio of exciting workshops we have lined up for the coming month, running on consecutive Thursdays. Following our theme of interdisciplinary collaboration, these workshops focus on key issues managed by the Palliative Care Multidisciplinary Team. Kicking things off, we have "Easing the Burden: Lymphoedema Care in Palliative Practice" on the 12th of February. This will be followed on the 19th of February with "Sexuality and Intimacy: Personal and Interpersonal Relationships in Palliative Care Patients". Finally, we will conclude our workshops for this year with "Nourishing beyond Nutrition: The Heart of Dietetic Care in Palliative Medicine" on the 19th of February.

Safe travels home, we look forward to collaborating with you again in the future.

Until next year,

Dr. Cian O'Leary
Vice Chair of the Education and Research Forum

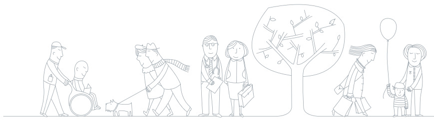


BMJ

Irish Association of Palliative Care

BMJ Supportive and Palliative Care holds an inclusive view of supportive and palliative care research and connects all disciplines in the research internationally. BMJ SPCare publishes articles with relevance to clinical practice and clinical service development quarterly in print and continuously online. We wish to engage the many specialties and roles that do clinical work associated with supportive care and palliative medicine, as well as those not traditionally associated.

The IAPC have teamed with BMJ SPC for the last five years where the winner of the platform presentation is invited to submit their research (where appropriate) and have it published by BMJ SPC. This is a prestigious award and we are grateful to Dr. Declan Walsh for continuing to support this initiative.



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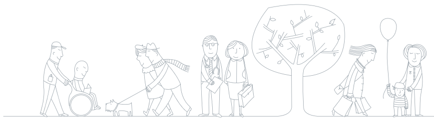

IAPC
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2025/2026

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2025/2026

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IAPC gratefully acknowledges the Scheme to Support National Organisations is funded by the Government of Ireland through the Department of Rural and Community Development 2022–2026.

IAPC gratefully acknowledgement HSE Primary Care funding under Services for Older Person January 2024 – December 2024.

HSF The Hospital Saturday Fund

IAPC would like to gratefully acknowledge the funding received through the Hospital Saturday fund to support the 2026 Seminar.

BMJ

The IAPC have teamed with BMJ SPC for the last four years where the winner of the platform presentation is invited to submit their research (where appropriate) and have it published by BMJ SPC. We will continue to work with BMJ SP for 2026. This is a prestigious award and we are grateful to Dr. Declan Walsh for continuing to support this initiative.

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IAPC are appreciative of the continued sponsorship of Nutricia to our Education and Research Seminar.

IAPC

Irish Association For Palliative Care

A Collective Voice for Palliative Care in Ireland since 1993

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Established in 1993 as an all-island body with the purpose of promoting palliative care nationally and internationally, the Irish Association for Palliative Care (IAPC) is a multidisciplinary membership non-government organisation. The intention of the founders was that IAPC would be identified by its inclusiveness and would encompass the whole island of Ireland.

The IAPC membership reflects the entire spectrum of all those who work in or have a professional interest in the provision of palliative care. This includes doctors, nurses, social workers, chaplains and pastoral carers, pharmacists, psychologists, physiotherapists, occupational therapists, dietitians, as well as executive staff, academics and educators. Membership also includes clinicians and allied health professionals working in related are as such as geriatrics, oncology, psycho-oncology, paediatrics, and pain management.

The IAPC is organised around a number of working groups designed to create forums aimed at promoting best practice, professional development, research and learning in palliative care.education and research.

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www.iapc.ie for more information and on-line membership application