BHFO were those deemed not to be appropriate for escalation to ITU.

Conclusion Our experience demonstrates that the mortality of oncology patients on HFNO is high. Although starting HFNO in these patient groups might be appropriate if we can demonstrate evidence of reversible pathology, care needs to be taken in managing the expectations of patients and their families, and where relevant, appropriate palliative input sought.

54 BUSTING SOME MYTHS OF ONLINE DELIVERY OF PALLIATIVE CARE EDUCATION

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Background/Introduction There is an urgent need to continue palliative care professional development (CPD) for all those delivering health care, especially in view of health needs of the population currently affected by the Covid-19 pandemic. Face to face teaching, whilst preferable to date, has not been possible. The face to face interaction at the start of a Masters course in Palliative medicine was transitioned to virtual learning. We explored the impact of using technology on the learning experience of participants both in terms of comfort with the virtual environment and its impact on their learning.

Methods Prospective evaluation of a redesigned face to face teaching programme. Participants were asked if the virtual learning environment or technology had impacted on their learning. Participants were invited to send immediate free-text comments on breakout rooms, and thematic analysis used to explore feelings towards this teaching strategy.

Results 252 responses were received across all sessions (45% response rate). Results were screened for reference to breakout rooms, and thematic analysis used to explore feelings towards this teaching strategy.

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Conclusions Breakout rooms, and the use of the ‘chat’ function, were found to be an excellent medium with which to facilitate interaction and develop a community of practice. Using all aspects of technology to successfully support delivery of palliative care education can enhance palliative care knowledge during this time when F2F education is not possible.

56 LEARNING FROM DEATHS: THE STRUCTURED JUDGMENT REVIEW

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10.1136/spcare-2021-PCC.74

Background Most acute trusts have systems in place to review hospital deaths to identify areas that could be improved and areas of good practice. Following on from the National Mortality Case Record Review, the Learning From Deaths Guidance published in 2017 sets key requirements to ensure organisations effectively respond to and learn from deaths. This includes introduction of structured case record reviews when reviewing deaths. Following this guidance, we set up a monthly educational programme at Woking and Sam Beare Hospice from November 2019-September 2020, including monthly adapted ‘Structured Judgment Reviews’ (SJR) of nominated deaths.

Methods Each month a patient death was selected from a list that teams felt further discussion would be beneficial. An ‘independent reviewer’, not directly involved in the care, would objectively review the notes. The phases of care focused on were:

- First assessment
- Ongoing care