

Progress:

1. The committee have valued peer support and aim to expand membership so others can benefit from a safe space for minority ethnic staff within palliative care. Safe spaces for allies will also be supported.
2. A staff survey to explore experiences of racism within palliative care is due for release.
3. A commitment to being better representative of the minority ethnic people it champions.

REFERENCES

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BEGINNING TO CHANGE PRACTICE? – EXPERIENCES OF VIRTUAL BREAKING BAD NEWS TEACHING FOR FOUNDATION YEAR 1 DOCTORS

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Background Breaking Bad News and having conversations at the end of life is an important skill needed for Foundation Doctors. Every year all our Foundation Year 1 (FY1) doctors undertake this teaching. Due to COVID-19 we quickly changed our traditional face-to face teaching day, to a virtual session. We wanted to understand if this virtual teaching was valuable for participants and what impact it may have on their clinical practice.

Methods During the academic year of 2020–2021 we conducted 6 virtual teaching sessions around end-of-life conversations, resuscitation decisions and breaking bad news. These sessions were undertaken by FY1 doctors. Each student completed an eLearning module then attended the teaching session. Teaching sessions involved mixed educational modalities including didactic sessions, role plays and group reflective discussions over the course of 1 day. Each session involved up to 20–25 participants per session. They only needed to attend 1 session over the year. Approximately 6–8 weeks later attendees were invited to fill in an evaluation to understand the impact of the teaching for them.

Results Approximately 120 FY1 doctors attended one of the 6 sessions from September 2020 to March 2021. 34 attendees completed the delayed evaluation. 62% found they were looking after dying patients weekly, with 30% having conversations with either patients or relatives about dying most weeks. 70% felt the virtual teaching had changed the way they had conversations with dying patients and their relatives. Examples included feeling empowered to start these conversations, how to pace the information given and the importance of using the word die in the conversation.

Conclusion This first year of doing these sessions virtually has been overall positive, with some significant clinical impact for these junior doctors. These challenging topics are still educationally impactful despite being taught virtually.

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TIME CRITICAL TELEPHONE CONVERSATIONS IN THE EMERGENCY DEPARTMENT – CHANGING CLINICAL PRACTICE THROUGH SIMULATED TELEPHONE CALLS FOR BREAKING BAD NEWS SITUATIONS

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Background In many countries the COVID-19 pandemic has resulted in restricted hospital visiting by relatives. Staff have been forced to deliver unwelcome news over the telephone. There are few training resources around how to do this. We created a bespoke training package consisting of a 15-minute eLearning session and a 1-hour facilitated role-play session. We wanted to see if this could help improve conversations over the phone and if this could potentially impact clinical practice when doing this.

Methods A blended learning package was created. This consisted of a bespoke 15-minute eLearning session and a 1-hour facilitated role-play session. Two simulated telephone calls to a professional actor, posing as the relative were undertaken. The calls simulated realistic time critical telephone conversations including obtaining crucial medical information, conveying news of an acutely unstable patient. A second call to the relative involved breaking the news that the patient had died. Following this the actor gave feedback to the caller focusing on the experience of a relative during these conversations with. Participants were asked for evaluation 4–6 weeks later after attending the session.

Results 240 staff received this session over 12 months, from May 2020- May 2021. Participants were nurses and doctors of all grades. 98 participants (40%) completed the delayed evaluation. 70% of participants used the knowledge from these sessions in their clinical practice. With themes of the importance of checking where the relative was, being empowered to use the phrase died over the phone, and how tone of voice is crucial. 85% feel these sessions have changed how they now practice.

Conclusion The unique opportunity to practice these new skills and using the feedback from an actor in this format has influenced clinical practice. Further work and training are needed to understand this more.

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DEVELOPING A FRAMEWORK FOR COMMUNICATING TIME CRITICAL TELEPHONE CONVERSATIONS IN THE EMERGENCY DEPARTMENT

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10.1136/spcare-2022-SCPSC.68

Background The COVID-19 pandemic has resulted in restricted hospital visiting by relatives. Staff have been forced to deliver unwelcome news over the telephone. There are few training resources around how to do this. We created a bespoke training package consisting of a 15-minute eLearning session and a 1-hour facilitated role-play session using an actor. As these conversations can be often challenging, we