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

2. Atewologun D, Kline R, Ochieng M. Fair to refer: Reducing disproportionality in referrals for palliative care is due for release.

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.

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.

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.

P-46 TIME CRITICAL TELEPHONE CONVERSATIONS IN THE EMERGENCY DEPARTMENT – CHANGING CLINICAL PRACTICE THROUGH SIMULATED TELEPHONE CALLS FOR BREAKING BAD NEWS SITUATIONS

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10.1136/spcare-2022-SCPSC.67

P-45 BEGINNING TO CHANGE PRACTICE? – EXPERIENCES OF VIRTUAL BREAKING BAD NEWS TEACHING FOR FOUNDATION YEAR 1 DOCTORS

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10.1136/spcare-2022-SCPSC.66

P-47 DEVELOPING A FRAMEWORK FOR COMMUNICATING TIME CRITICAL TELEPHONE CONVERSATIONS IN THE EMERGENCY DEPARTMENT

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10.1136/spcare-2022-SCPSC.68