**Poster Nos 11–43: Education and Training**

**10 WE REMEMBER: A CRITICAL CARE COVID-19 REMEMBRANCE SERVICE**
Ross Norris, Jacqueline McCarthy, David Gray, Radha Sundaram. Royal Alexandra Hospital, NHS Greater Glasgow and Clyde

**Abstracts**

**Background** There is increasing recognition that palliative care when provided appropriately to critically ill patients with life-limiting illness can not only offer physical, psychosocial and spiritual care to patients but also helps improve family and staff satisfaction.1 Given this, a multi-disciplinary group within the critical care unit of the Royal Alexandra Hospital was established to improve the delivery of palliative care. A staff survey highlighted the desire from staff to improve bereavement support for both families and staff. In light of this, the decision was made to host a remembrance service in memory of patients who had passed away in the unit during Covid-19 pandemic.

**Methods** Funding was secured from the charity To Absent Friends. The critical care database, Ward Watcher, was utilised to collate the details of patients who had passed away in the unit from March 2020 until August 2021. The number of patients identified was 237. The families of each patient were invited. A non-denominational remembrance service consisting of readings, live music and acts of remembrance was held in November 2022.

**Data** 13 staff and 40 families attended. 69% of staff who attended completed a feedback survey. 89% reported that the service brought them benefit and 100% reported that they would want the service to be held again. Written feedback from families included: ‘The Service on Saturday became our ‘closure’ time and helped me get a new perspective on the last two years’

**Conclusions** Although the feedback received was limited, the data suggests that a remembrance service can be of benefit to both families and staff, particularly in the context of a pandemic when visiting was curtailed. This collaborative project has also demonstrated the need for further cross specialty working in order to ensure the delivery of palliative care within a critical care unit.

**REFERENCE**


**Poster Nos 11–43: Education and Training**

**11 SUPPORTING NORTH WEST SAS PALLIATIVE MEDICINE DOCTORS**
Alison Bacon, Helen Bonwick, Mary Ann Mahadevan, Anura Hodgson, Lucy Lavelle, Jayne Kennedy. St Catherine’s Hospice, Preston; Marie Curie Hospice, Liverpool; St Ann’s Hospice, Salford; Heath Education England North West; North West Coast Clinical Networks; Wrightington, Wigan and Leigh Teaching Hospital NHS Foundation Trust

**Background** SAS (Specialist, associate specialist and specialty) doctors are an important element of medical staffing within hospices and palliative medicine and are likely to become increasingly important with the forthcoming workforce challenges and shortfalls. Historically these doctors have not received information and support regarding their learning and development and peer support has been limited to that available within their organisation.

**Methods** With support from Health Education England NW Palliative medicine SAS leads for the 3 regional networks within the North West (Mersey, Lancashire and South Cumbria and Greater Manchester and East Cheshire) are in place and meet regularly with each other as well as providing support to doctors within their area. As a result of one of these meetings a Study Day was planned specifically for SAS doctors working within palliative medicine in the North West, funded by the SAS Development fund. The programme was designed to cover both clinical and non-clinical development topics and advertised to all eligible doctors.

**Results** 22 SAS doctors attended and completed evaluation forms. This number represents approximately a third of eligible doctors and was in line with predictions accounting for leave, providing clinical services etc. Average evaluation of the day overall was 4.5/5 with no session scoring below 3.8/5 on average. Attendees were enthusiastic regarding the content, and keen for it to become an annual event. Comments reflected that the opportunities for service development, networking and education were much appreciated.

**Conclusions** Supporting SAS doctors with educational opportunities targeted at their development needs in conjunction with peer support is welcome and may help staff retention, development and service delivery in the future.

**12 AN EDUCATIONAL INTERVENTION TO IMPROVE THE QUALITY OF GENERALIST PALLIATIVE CARE PROVIDED TO PATIENTS WITH END-STAGE COPD DURING ACUTE HOSPITAL ADMISSION**
Angus Grant, Sally Johnson. Wye Valley NHS Trust

**Background** The chronic obstructive pulmonary disease (COPD) illness trajectory consists of a gradually deteriorating baseline with intermittent exacerbations. In end-stage COPD, exacerbations carry a significant risk of mortality (Iyer, 2017; 10:1136/spcare-2023-PCC.31 on 14 March 2023. Downloaded from http://spcare.bmj.com on September 15, 2023 by guest. Protected by copyright.