WE REMEMBER: A CRITICAL CARE COVID-19 REMEMBRANCE SERVICE

Ross Norris, Jacqueline McCarthy, David Gray, Radha Sundaran, Royal Alexandra Hospital, NHS Greater Glasgow and Clyde

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Abstract

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. 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.
Patients and their families often underestimate the severity of the disease and the risk of mortality (Elkington, 2005; Janssen, 2012).\textsuperscript{1,3} Given the disease trajectory, there is an important role for early advance care planning.

**Aim** To assess the effects of an educational intervention on the quality of generalist palliative care provided to patients with advanced COPD during an acute hospital admission.

**Methods** We reviewed the notes of patients admitted under the respiratory team at Hereford County Hospital with a COPD exacerbation and a background of at least one poor prognostic factor. These were assessed in the three months before and after an educational intervention. The notes were assessed for a range of quality outcomes in palliative and supportive care.

**Results** There were twenty-three patients who met the inclusion criteria pre-intervention, and nineteen patients’ post-intervention. Discussions with patients regarding their illness trajectory occurred more frequently post-intervention, in 42% of cases vs 17% of cases. Post-intervention, patients were more likely to have a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) with a documented ceiling of treatment, present in 95% of patients compared with 83% pre-intervention. Discussions surrounding preferred place of care and/or death took place in 26% of cases post-intervention vs 9% pre-intervention. Previously expressed future care wishes were reassessed more frequently post intervention, in 69% of cases compared to 54% pre-intervention.

**Conclusions** Following an educational intervention, discussions around prognosis and future care planning took place more frequently in hospital inpatients with end-stage COPD. We are proposing an expanded educational programme with a focus on respiratory nurse specialists.

**REFERENCES**


**13 UTILISING THE ‘COGNITIVE CONSTRUCTIVISM’ EDUCATIONAL THEORY TO INFORM A LESSON PLAN FOR FINAL-YEAR MEDICAL STUDENTS ON THE MANAGEMENT OF TERMINAL AGITATION**

Anna Gray, Cardiff University

**Introduction** Foundation doctors are required to provide individualised care for dying patients and manage common symptoms, including terminal agitation. Education of final-year medical students on terminal agitation management is therefore important, but how should this be done? A lesson plan with an evidence-based design is required, such as the cognitive constructivism educational theory applied here.

**Aim** To incorporate cognitive constructivism into a lesson plan for final-year medical students on the management of terminal agitation.

**Methods** Lesson plan design took place in December 2022. Given its alignment with the constructivist approach, the ASSURE model was chosen (Analyse; Standards and objectives; Select and Utilise strategy, technology, media, and materials; Require learner participation; and Evaluation and revise.) The students’ learning needs were identified from the Foundation Programme curriculum. The revised Bloom’s Taxonomy was also used to write learning outcomes. The cognitive constructivism theories by Dewey and Piaget informed appropriate lesson activities that help achieve learning outcomes.

**Results** Three domains of the revised Bloom’s Taxonomy (‘remember’, ‘understand’ and ‘apply’) were used to formulate five learning outcomes relating to the identification of reversible causes of, and management of, terminal agitation. Cognitive constructivist approaches were embedded in the lesson plan design by use of suitable learning activities for students to participate in. Theory-based learning preceded problem-based learning, thereby applying Piaget’s concept of ‘schema’. Further, to include Dewey’s principle of collaborative working on real-world problems, the activities of case-based discussions and communication skills role play were included. Finally, a class quiz was used to establish if learning outcomes were met.

**Conclusion** This lesson plan aims to support medical students in preparing to care for dying patients when qualified as foundation doctors. Lesson activities align with theoretical principles from Dewey and Piaget which appropriately challenge the students’ clinical knowledge, judgement, and reasoning through participating in realistic learning activities.

**14 STRENGTHENING THE LOCAL INTERPROFESSIONAL LUNCHTIME PALLIATIVE CARE TEACHING PROGRAMME AND PROVIDING A SAFE SPACE FOR LEARNING TOGETHER**

Anneka Burge, Sabrina Vitello, Armita Jamali. Royal Marsden Hospital

**Background** Local departmental teaching programmes provide opportunities for learning and developing teaching skills. Our hospital multi-professional palliative care team’s (PCT) teaching programme consisted of two lunchtime sessions a week: knowledge-based sessions delivered by a PCT doctor or external speaker, and journal club delivered by a PCT member. Often sessions were cancelled due to lack of speaker availability, or by the timetabled PCT presenter. Informal conversations with colleagues within the PCT revealed apprehension about delivering sessions due to their formal format or lack of time to prepare. The aim was to redesign the programme to provide a safer space not only for learning, but also for teaching and reflecting.

**Methods** We redesigned the teaching format and proposed different teaching styles. There were five different session types: Knowledge-based delivered internally, Knowledge-based delivered by an external speaker, Reflective Cases, Journal Club, and Private Study.

We proposed sessions could be delivered in pairs, with no powerpoint expectation and with the aim of generating group discussion. We emailed the PCT and spoke through the programme virtually explaining the above. We piloted the new format from May 2022 to October 2022 and evaluated this using an online survey.

**Results** 9 colleagues responded; 100% preferred the current format, the majority had attended most of the different session types and every person found each session type ‘very