2022. Patients and their families often underestimate the severity of the disease and the risk of mortality (Elkington, 2005; Janssen, 2012). 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
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**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.