useful’ or ‘quite useful’. There was a mixed response regarding which session type colleagues wanted more or less of. 100% felt comfortable delivering a session. Free text comments confirmed the informal teaching increased enthusiasm to teach and many expressed particular enthusiasm for the structured space to reflect, and private study.

Conclusion The redesign of the teaching programme has created new learning methods for the team, more opportunities to share experiences and learn from, with and about each other, whilst developing teaching skills.

TO IMPROVE THE QUALITY OF E-DISCHARGE SUMMARIES FOR PATIENTS POTENTIALLY IN THEIR LAST 12 MONTHS OF LIFE USING THE G.R.E.A.T TOOL

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Introduction Concise e-discharge summaries undoubtedly support seamless transition to enable clear treatment plans and ensure that patient preferences considered wherever possible. ‘Ambitions-for-Palliative-and-End-of-Life-Care’ national guidelines emphasise the importance of well-coordinated care; a concise summary will enable this ambition to be fulfilled. Now, discharge summaries fall under the purview of the medical team and serve as primary documents for communicating a patient’s care plan between settings. While sifting through patient records, doctors need to know which information to include, to ensure excellent follow-up.

Setting Margaret Centre (MC) is an 11-bed specialist inpatient palliative care unit. In its 2021/22 annual report, 1 in 3 of all visions is to provide seamless transition to enable clear treatment plans and effective but if death is more personally acknowledged personal mortality pre communication training was appreciated. The challenge of contemplating one’s own mortality and end of life discussions. The Omega Course was designed for the pre-morbid lay population to increase death literacy, then teach skills required for a compassionate community, including communication skills by role play. We trialed an abbreviated OmegaPro one day course to assess if the same curriculum, starting with contemplation of one’s own mortality and end of life care planning, was beneficial to senior clinicians with communication and advance care planning.

Methods The 14 hour Omega Course was condensed into 6 hours for professionals, as some of the material would be familiar. The focus on universal and personal mortality, end of life wishes and communication role plays was purposely retained. Pre and post-course questionnaires, using quantitative and qualitative questions were performed (n=24).

Results Statistically highly significant paired t-test results (p<0.001) demonstrated increased confidence at the end of the day in:
- Thinking about my own death
- Listening to patient concerns
- Responding to patient concerns

Best part o Role play scenarios 11
- All of it 9
- Relaxed discussion and sharing 3
- Exploring own death in order to understand patients 3

Most challenging part o Thinking about own death 9
- Role play 7

Comment for course marketing o Do it! 18
- Educational 6
- Makes you think 6

Conclusion Clinical training is depersonalised for professionals find initiating End of Life conversations difficult due to culture, confidence and practicalities. Clinicians and patients find confronting their own mortality challenging and the inaccuracy of prognosis compounds the reluctance to address end of life discussions. The Omega Course was designed for the pre-morbid lay population to increase death literacy, then teach skills required for a compassionate community, including communication skills by role play. We trialed an abbreviated OmegaPro one day course to assess if the same curriculum, starting with contemplation of one’s own mortality and end of life care planning, was beneficial to senior clinicians with communication and advance care planning.

PASSING THE BATON OF CARE: TRAINING ON TREATMENT ESCALATIONS PLANNING, DECISIONS MAKING CARDIO PULMONARY RESUSCITATION AND ANTICIPATORY CLINICAL MANAGEMENT PLANNING IN AN ACUTE HOSPITAL

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Background Making clinical decisions when recovery is uncertain can be challenging for clinicians working within the acute hospital. Recognising the possibility of uncertain recovery facilitates honest and sensitive conversations about patients wishes,