

Session length may limit integration into existing curricula in current format. Further feedback is awaited from graduates to determine how the teaching impacted on their practice, which will help to consolidate and adapt the sessions.

REFERENCES

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AN EDUCATION INTERVENTION TO IMPROVE THE UPTAKE AND DISCUSSION OF TREATMENT ESCALATION PLANS

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Background Treatment escalation plans (TEPs) document decisions around levels of care. In April 2020 during the first wave of the Covid-19 pandemic 90–100% of TEPs were completed in our health board, falling to 12–82% by September 2020. We aimed to increase the percentage of inpatients with a TEP that was completed, and discussed with the patient or relative. Our secondary aim was to explore barriers to TEP completion.

Method All doctors working in one large acute teaching hospital were invited to complete an online questionnaire, identifying barriers to completing TEPs. Two medical and two surgical wards were selected for study. One of each were selected at random to receive a teaching intervention focused on the rationale and practical application of TEPs. TEPs were audited on all wards pre and post intervention.

Results The doctor's survey had 40 responses. In medicine and surgery the main barrier was 'time pressures'. In trauma and orthopaedics (T&O) it was 'unable to find a TEP form in the notes'.

14 doctors, 32 nurses and 4 healthcare support workers attended the teaching intervention. We also provided teaching during the T&O clinical governance meeting. In medicine, numbers of completed TEPs decreased from 20 (80%) to 12 (52%) on the non-intervention, and from 9 (30%) to 5 (19%) on the intervention ward. In surgery, numbers of completed TEPs increased from 1 (3%) to 2 (7%) on the non-intervention ward and from 0 to 3 (12%) on the intervention ward. Of the 30 patients who were not for full escalation, 8 (4 pre-intervention, 4 post-intervention) did not have a documented discussion with the patient or relative.

Conclusion The teaching intervention is not clearly effective in isolation. This may in part be because it did not address the major barriers to TEP completion, as identified in the survey.

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ONLINE LEARNING ABOUT DEATH, DYING AND GRIEF: OPENLEARN RESOURCES AND FREE EDUCATION FROM THE OPEN UNIVERSITY

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Introduction Education and training are a core feature of palliative and end of life care policy and practice, both for professionals and the general public. The Open University (OU) has a commitment to providing free educational resources drawing on its expertise in online and distant learning via OpenLearn. Open Thanatology at the OU curate a collection of free death-related materials on this platform to enable education about palliative care, death, dying and grief.

Methods On the OpenLearn platform, we create and provide free open educational resources informed by learning design based on Open University research and curriculum. These include brief articles, animations, videos, interactives, and short courses. The latter are developed from our university-level modules on death, dying and bereavement. We also create content based on collaboration with organisations and public engagement work. The items are provided under creative common licences.

Results As a platform, OpenLearn has over 16 million visits annually. The introductory course on death, dying and bereavement had over 16,000 unique visits in 2021–2022 with over 4,000 completing the course; 20% of visitors click to learn more about studying the topic at university level (click-through rate). Animations and interactives received between 300–1000 visitors during that year, with click-through rates between 13–20%. Three core interactives have attracted over 10,000 learners since their release (between 2018–2021). The Open Thanatology Hub received over 200 unique visits in less than a year with a 23% click-through rate. Several short videos have won film awards.

Conclusion It is possible to create free educational resources about death that can reach wide audiences and that can be reused beyond the OU. Such resources can be vital for professional and public education now and in the future. Typical website data metrics currently does not provide longitudinal information about how this learning impacts thoughts and behaviours.

Link to the Open Thanatology Hub: <https://www.open.edu/openlearn/health-sports-psychology/open-thanatology-hub>

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PALLIATIVE CARE EDUCATION IN A PANDEMIC

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Background The COVID-19 pandemic and increased home deaths has highlighted the need for rapid, scaleable and cost-effective education on palliative and end of life care for health and social care staff in community settings.

Methods During COVID the Cardiff University MSc in Palliative Medicine team rapidly developed and delivered webinars on end-of-life care aimed at staff managing patients dying at home or in nursing and residential care from COVID, frailty and other conditions. They were delivered through the Zoom digital platform and made interactive by the Q&A facility, chat function and polls. Sessions were free to attendees as part of Cardiff University's 'Civic Mission.' All sessions were recorded and uploaded to a Cardiff University YouTube channel without time restrictions. A second series of webinars with expanded content was funded by Cardiff and Vale University Health Board and delivered by local clinicians. Electronic