

33 **DYING TO KNOW: A PILOT TO DELIVER PERSONAL DEVELOPMENT CURRICULUM ON DEATH AND BEREAVEMENT IN A SECONDARY SCHOOL IN GATESHEAD**

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Introduction The aim of the Dying to Know project was to improve young people's engagement with key issues surrounding death, dying and bereavement in order to better equip them to deal with life experiences. The Specialist Palliative Care Team (SPCT) at Gateshead Health NHS Foundation Trust collaborated with Emmanuel College in Gateshead to develop a personal development curriculum on the subject.

Methods Over a 6-month period in 2022, teachers and palliative care professionals delivered lectures and tutorials for 190 young people aged 14–16. Students and teachers were surveyed before and after the programme using free text responses and Likert scales.

Results The post-intervention survey was completed by 189 of the 190 pupils at the end of 2022. Of the 114 free text comments, 49% were positive, including the sessions being informative (43%) recognising the importance of talking about dying (12%) and increasing levels of comfort (4%). 31% of students disliked the title, 10% criticised the emotional response it caused, 10% were not interested in the programme and 5% did not like the lecture format. All teachers thought the programme should be continued.

Conclusions We successfully developed and delivered a teaching programme on death and dying to secondary school pupils. Based on feedback from students and teachers, we plan to revise some content and the name, then expand to other schools. Changing the lectures to video format will improve reproducibility and have less impact on SPCT time. Showing them to 3 different year groups will facilitate development and reinforce learning over time, supported by a drop in 'any questions' session by the SPCT during the same week. The schools will nominate a staff member to lead on this project and be a point of contact for a SPCT link nurse for each secondary school in the borough.

34 **ADVANCED CARE PLANNING DOCUMENTATION IN A BUSY LONDON ACUTE MEDICAL UNIT: COMPARISON OF 2 RETROSPECTIVE AUDITS**

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Background/Introduction An annual audit occurs at University College London Hospital (UCLH) revolving around the documentation of DNACPR, Treatment Escalation Plans (TEP) and mental capacity throughout the trust by the Transforming End of Life Care team. A deep dive into the potential barriers to improved documentation of these topics was carried out in the Acute medical unit (AMU) as this ward has a high turnover of patients and encounters patients early in their hospital journey.

Methods An audit of AMU was carried out assessing the rationale behind CPR status not being signed.

22 patients were sampled from AMU on 28/04/2021. Following data collection, three lectures were presented to AMU staff covering:

- Advanced Care planning
- Mental Capacity Assessment
- Recognising Dying and Last days of Life

A questionnaire was circulated to AMU doctors to assess ideas and confidence regarding CPR/DNAR and TEP. A post intervention reaudit was carried out on data from 50 patients sampled from AMU on 23/11/2021. P-values and 95% confidence intervals (CI) were calculated for observed differences pre and post intervention.

Results Pre intervention, 59.1% did not have a signed CPR decision at that point of admission. Post intervention 64% did not have a signed CPR decision. P-value of the observed difference was >0.05 and the CI covered the null hypothesis of 0. This suggests the change was due to chance.

Pre intervention 53.8% of the unsigned patients warranted further discussion. Post intervention 9% of the unsigned patients warranted further discussion. P-value of the observed difference was <0.001 and the CI did not cover the null hypothesis. This suggests the change is not due to chance.

Conclusions Education around the importance of advanced care planning and recognition of the dying patient may improve documentation of CPR decisions and TEP. Targeting 'front door' teams may improve patients' long term desired outcomes.

35 **LONDON AMBULANCE SERVICE AND PALLIATIVE PARTNERS – INCREASING CONFIDENCE TO CARE FOR DYING PATIENTS AT HOME**

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Background The ECHO methodology is an international initiative aiming to cultivate communities of practice, with reciprocal knowledge and confidence transfer between a specialist hub and stakeholder teams. This project was established to enhance the confidence of London Ambulance Service clinicians who are increasingly required to attend dying patients, and manage them at home. The 'stakeholders' were all grades of ambulance clinicians. The hub consisted of a palliative physician and nurse, a care home matron, a GP, plus two end of life leaders from London Ambulance Service (LAS) and an administrative partner (MyHealth Hillingdon).

Method The curriculum was collaboratively agreed with LAS. Topics included understanding the palliative approach, ethical decision-making, symptom control for those patients who want to stay at home, emergencies at the end of life, communication challenges and family dynamics. Structure included brief didactic learning, real-time polls and case presentations by ambulance clinicians.

Results Engagement has been huge with over 200 ambulance clinicians engaging with the first three ECHO sessions. Initial themes from the contemporaneous realist evaluation using Slido demonstrate key changes in attitude, knowledge gaps, confidence and engagement.

Learnings such as the following: