conducted every decade since, in 1994, 2000, 2013, and now 2021. This paper presents 2021 survey data, providing an overview of current national practice and historical comparison over the last forty years.

Method An anonymised web-based 46-item questionnaire was sent to the PEOLC Teaching Lead(s) at 35 UK medical schools. Results were compared between all previous surveys.

Results Responses received from 32 schools. Time allocated to PEOLC teaching continues to increase, with mean hours (1983, 1994, 2000, 2013 and 2021) being 6-h, 13-h, 20-h, 36-h, and 39-h respectively. There is greater focus on clinical experience than before (in 1983 hospice visits were usually optional and rarely offered), with medical students spending more time in relevant clinical environments. However, in 38% of schools students are allocated less than one week (average 2 days) in total to attend clinical areas relating to PEOLC. The number of PEOLC teaching topics addressed in each survey has increased (respectively 8, 15, 19, 21, and 29 topics) and are reported to be covered in greater detail. Assessment of PEOLC teaching has evolved from informal student feedback to the use of formal examination (respectively 0%, 22%, 58%, 83%, and 91%).

Conclusion PEOLC has grown to become a mandated subject with its own widening curriculum. The quantity and quality of medical school PEOLC teaching has increased over the last forty years, with students spending more time meeting patients with palliative care needs. There is however great variability in what is provided, and recent literature on the preparedness of new doctors suggests that there is still considerable room for improvement.

42 PALLIATIVE AND END OF LIFE CARE TEACHING DURING THE COVID-19 PANDEMIC – WHAT CAN WE LEARN?

Thomas Weetman, James Brimicombe, Jane Gibbins, Paul Paes, Steven Walker, Stephen Barclay. *University of Cambridge, Royal Cornwall Hospitals NHS Trust, Newcastle University, St Giles Medical London and Berlin*

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Background The COVID-19 pandemic caused far-reaching disruption and medical education had to rapidly adapt to overcome the many challenges. Palliative and end of life care (PEOLC) is a core competency for all UK graduating medical students, and may involve emotionally confronting topics requiring great care during teaching sessions, which is potentially difficult in a virtual environment. The ability of medical schools to foster experiential PEOLC learning may also have been impacted. However, the pandemic may have been a catalyst for some positive changes in PEOLC teaching too. Questions relating to the pandemic were included as part of a larger national survey of PEOLC teaching.

Method An anonymised web-based 46-item questionnaire was sent to the PEOLC Teaching Lead(s) at 35 UK medical schools. 12 items related to adaptations to teaching during the COVID-19 pandemic.

Results Responses received from 31 schools. Previously popular teaching methods, such as lectures and seminars/small group discussions, were newly introduced in an online format in 94% and 87% of medical schools respectively. Utilisation of e-learning increased from 59% to 84%. Other newly introduced teaching methods included: telemedicine, podcasts, augmented reality, virtual reality, and virtual ward rounds. Use of experience in clinical areas as a teaching method decreased from 100% to 68% of medical schools. In 30% of schools, assessments were no longer in-person. 40% of participants declared that they had developed novel teaching methods or resources during the pandemic, mostly relating to technology enhanced learning or simulation. Many participants shared the opinion that the increased use of online resources and pre-recorded sessions will persist after the pandemic.

Conclusion The COVID-19 pandemic necessitated PEOLC teaching to rapidly transition online and the use of novel approaches to facilitate clinical experience, however a number of medical schools intend to continue utilising skills and resources developed during this time.

43 FOUNDATION TRAINEE DELIVERY OF PALLIATIVE CARE: A QUALITY IMPROVEMENT PROJECT AIMING AT ANALYSING AND IMPROVING CONFIDENCE IN FOUNDATION DOCTORS VIA MEDICAL EDUCATION

Yasmin Parkin, Stephanie Killick, Andrew Tan. *Hampshire Hospitals Foundation Trust (Royal Hampshire County Hospital)*

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Background The aim was to determine confidence levels of Foundation Year 1 and 2 trainees in managing palliative care patients, intervene to provide further support in highlighted areas and measure the impact of this support. Literature reviews demonstrate junior doctors from a range of specialties feeling 'unprepared and unsupported in providing palliative care'.[1]

Methods Confidence levels were measured using a questionnaire prior to intervention at the beginning of the foundation year completed by 37 foundation trainees across various specialties. A teaching intervention was created from these results, of which 31 foundation trainees attended, and the same questionnaire completed for comparison.

Results The 'Before Intervention' questionnaire showed that a high proportion of trainees were 'uncertain' or 'very uncertain' in a range of palliative skills. 45% ranked this regarding who to ask for palliative care advice, 29% for how to have end of life conversations with NOK/family, 19% for advance care planning conversations, 35% for rationalizing medications and 61% for syringe driver commencement.

After the teaching intervention, only 4% of foundation doctors said they felt uncertain seeking palliative care advice. There was a large increase in confidence for talking to patients and relatives about dying. The proportion who felt 'confident' increased by 49%, and those who felt 'uncertain-very uncertain' decreased by 25%. Advance care planning conversations were deemed more achievable – those in the uncertain category decreased by 15.5%. Uncertainty about syringe driver commencing decreased to 12%.

Conclusions Medical education has an important role in palliative care and has demonstrated to have a positive impact on the foundation doctor's confidence in delivering care. The aim will be to re-measure confidence levels after a period of clinical practice to determine long term impact of teaching, identify further areas to support the foundation doctors and employing appropriate education methods for the the wider multidisciplinary team.

REFERENCE

1. https://spcare.bmj.com/content/early/2022/08/19/bmjspcare-2019-001954