

P-4 SURPRISED BY JOY

Lilian Simmonds, Melinda Scott. *Hospice at Home West Cumbria, Workington, UK*

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Background Poetry is one way in which patients and palliative care professionals may seek meaning from and make sense of serious illness and loss towards the end of life (Davies, 2018). Reading and writing poetry can help those who care for dying patients to become more reflective, creative and compassionate practitioners (Coulehan & Clary, 2005).

Aim To enable patients, carers, bereaved loved ones, staff and volunteers to discover the healing and transformative power of words and to tap into their own creativity.

Method We are working with a local charitable trust that seeks to reimagine the life and work of a well-known poet, whose aim was to help people, think, see and feel. Everyone associated with our organisation has the opportunity to attend a poetry workshop, where a collaborative poem is produced on the theme of place. Nurses are encouraged to incorporate poetry into reflective practice and have written poems on dementia at end of life and on spirituality in nursing. During a health and well-being workshop we produced collaborative poems on resilience. As an organisation we put together a poem for Dying Matters Week.

Results Our poems are displayed on posters, on social media and on our website and have had an impact both near and far.

'This truly is an amazing poem and hits a powerful mark. Thank you.'

'My wife lost her father two years ago. What you wish for in the poem is what she wished for her father but it wasn't to be. We now realise we should prepare as your poem says and that helps us to wake up to the preciousness of what we have now.'

Conclusion This is an ongoing project, and feedback has been positive and is encouraging people to talk about difficult subjects in a way that is creative and non-threatening.

P-5 THE OMEGA COURSE-TACKLING THE DEATH TABOO

¹Isabel Hiskett, ¹Ieuan Davies, ^{2,3}Chantal Meystre. ¹Warwick Medical School, Coventry, UK; ²University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK; ³The Omega Course, Kenilworth, UK

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Background Taboo shrouds death, preventing people from having important conversations about end of life wishes and advance care planning. The recent Royal College of Physicians' report, *'Talking about dying'* highlights that this taboo, and the fear that accompanies it, extends even to doctors. Public health approaches to end of life care aim to tackle the taboo and enable communities to support, and care for each other through death and bereavement. This can only be accomplished if people are able and willing to have these important conversations. Doctors find death discussions difficult, can the public be educated to have them?

The Omega Course (Ω) aims to empower its participants to discuss death and dying through health education and role-play. This study assessed its effectiveness.

Methods An anonymised, mixed methods questionnaire was distributed to 62 Ω participants. The 24 responses (38.7%)

were analysed using thematic analysis and inferential statistics.

Results Thematic analysis identified two main barriers to discussing death and dying: fear of upsetting others; and difficulty broaching the subject. Ω helped to alleviate participants' fears: *'helped me [...] stand alongside friends and relatives going through traumatic times'*; and improved their confidence in initiating discussion *'It gave me the words to say to people when I needed to say something'*.

Before and after scores assessing three areas (how comfortable participants felt discussing death and dying; how often they discussed death and dying; how afraid they felt about death), were analysed using paired t-tests. There was significant improvement across all areas ($p < 0.01$).

Conclusion Ω is successful in enabling participants to discuss death and dying, an important step towards taboo reduction with positive implications for end of life planning.

P-6 WHAT DO LAY PEOPLE FIND HARD ABOUT TALKING TO THE DYING, AND IS COMMUNICATION TRAINING ACCEPTABLE?

Colin Briffa, Chantal Meystre. *The Omega Course, Kenilworth, UK*

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Background The Royal College of Physicians' *'Talking about dying'* report (2018), demonstrated that doctors find end of life conversations difficult. Terminally ill people spend only 10% of their time with doctors and other clinicians in the final 12 months. The other 90% is spent with family, friends and neighbours. There has been no report of the difficulties lay people have talking about death and dying, and no communication training offered to the public. The Omega Course offers a safe space for discussion about death and dying during 14 hours of public health education, including six hours of communication training by role play. Participants also explore death experiences, their bucket list, advance care planning and bereavement.

Aims and method To investigate the lay experience of talking about death and dying, using thematic analysis, and test the acceptability of communication training by role play in this setting. Facilitators collected challenging scenarios, taught and modelled communication skills and after boundary setting volunteers were invited to role play the scenarios with suggestions and opening lines from the observing group. Positive feedback and learning points then given (Maguire).

Results Eight themes map onto professional themes (in capitals): CULTURE: Crossing cultural chasms; Starting the conversation; CONFIDENCE: Confidence in my competence; Taking responsibility; How will others respond to my bad news? PRACTICALITIES: Resilience for the hearers of bad news; Dealing with distress on the Phone; CONFRONTING OWN MORTALITY: Bereavement issues. Participants rated this the most valuable part of the course.

Conclusion The similarity between professional communication challenges and those of the 'helpful friend'; and the acceptability of communication skills training in a lay setting means The Omega Course contributes to Ambition 6: 'People are ready, willing and confident to have conversations about living and dying well, and to support each other in emotional and practical ways' (National Palliative and End of Life Care Partnership, 2015).