Method Connected with two local partner organisations. Recruited six existing volunteers and co-produced a three-hour training course entitled 'Challenging Conversations'. Our volunteers delivered a train the trainer course to staff and volunteers from our partner organisations who then delivered the training to their own volunteers. Evaluation was run alongside this project.

Results A comprehensive training resource has been produced for our partner organisations. Ten staff members and eight volunteers from our partner organisations were trained in how to successfully deliver the course. 94% of the delegates said they felt confident in delivering the course to others. 62 partner organisation volunteers are in the process of being trained. Our aspiration is that around 200 of our partner service users will be enabled to influence the care they receive at the end of life.

Conclusions This is a sustainable way for St Christopher's to extend its reach into the community to deliver an appropriate education intervention for those giving time in other organisations.

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P-10 TESTING REAL TALK: AN ADAPTABLE EVIDENCE-BASED COMMUNICATION SKILLS INTERVENTION IN END OF LIFE TALK

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Background Gaps in practice knowledge exist in initiating and navigating through difficult conversations; these new resources provide impactful, evidenced based learning opportunities in developing competence/confidence in engaging patients in end of life talk. Analysis of filmed data of patient consultations at a UK hospice provides the materials for 'Real Talk'; a novel and flexible education intervention containing real-life video clips. Communication skills training is more likely to be effective in changing behaviours when it is experiential and interactive, being relevant to trainees' practice.

Aim Real Talk interventions were tested out to determine ongoing development of communication skills training for the health and social care workforce.

Methods Experienced palliative care doctors attended a three-day facilitated residential workshop in which they explored the Real Talk. Discussions linked to the evidence of communication strategies, reflective diaries and action planning provided opportunity for linking learning to their clinical and educator roles.

Results 29 experienced palliative care doctors attended the workshop who completed a pre/post questionnaire (adapted from a validated tool) and reflective diaries. Delegates identified the most effective aspects of learning as: experiential small group work relating to Real Talk video clips, critiquing underpinning evidence of how clinicians navigate conversations in end of life care and the opportunity to reflect on learning and application to practice in a safe and stimulating environment.

Conclusions Engagement and results of the workshop have provided a foundation on which to build flexible communication skills training beyond the hospice setting, in engaging patients in end of life talk. Providing interactive experiential learning, embedded in the evidence base underpinning Real Talk, is crucial for health and social care professionals to develop skills in communicating with patients facing the end of life. The launch of the online Real Talk resources is now recommending that this adaptable approach be skilfully facilitated in safe environments for enhancing skilled practice in end of life care.

P-11 SUPPORTING OLDER PEOPLE IN PALLIATIVE CARE WITH ORAL HISTORY

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The UK population is living longer. By 2030 one in five people will be aged 65 or over, with the 85+ age group the fastest growing (Office for National Statistics, 2018). A larger older population means more people developing conditions in later life appropriate for palliative care. However, there is limited understanding of this older group's end-of-life care needs, which include psychosocial issues of loss of meaning, wellbeing and dignity (Stow, Spiers, Matthews, Hanratty *et al.*, 2019). Oral history is a biographical approach that captures personal experience, it complements and enhances palliative care by offering opportunities to audio record memories and have them permanently archived. Oral history is an opportunity to reinforce identity, acknowledge achievement, reflect on challenges and enhance self-esteem.

The first UK oral history project in palliative care began in 2007 in the Sheffield Macmillan Unit for Palliative Care, followed by six further projects in England and Northern Ireland. Team members are staff and volunteers who are trained and supported in oral history methods and ethical practice. This presentation will reflect on experience from these projects, discuss best practice in the context of adding value to care, consider the patient's expert role regarding their own interests and draw on research in partnership with Macmillan Cancer Support.

Key findings are that oral histories recorded with an empathetic, non-judgemental listener, with no time limit or medical agenda, enables expression of earlier life identities that can be cathartic, validating and dignified. Bereaved family and friends highlight that an important aspect of oral history is receiving a voice recording as a lasting memory.

The oral history process can be as beneficial and important as the oral history outcome. Oral history projects can add an additional positive dimension to the care of older people in palliative care through in-depth and meaningful interaction between project teams, participants and family.