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| Title: Is Contemplation of Personal Mortality Helpful for Confidence in End of Life Discussions? |
| Abstract:BACKGROUNDThe Royal College of Physicians ‘Talking About Dying’ report 2018 demonstrated that trained medical professionals find initiating End of Life conversations difficult due to culture, confidence and practicalities. Clinicians and patients find confronting their own mortality challenging and the inaccuracy of prognosis compounds the reluctance to address end of life discussions. The Omega Course was designed for the pre-morbid lay population to increase death literacy, then teach skills required for a compassionate community, including communication skills by role play. We trialed an abbreviated Omega**Pro** one day course to assess if the same curriculum, starting with contemplation of one’s own mortality and end of life care planning, was beneficial to senior clinicians with communication and advance care planning.METHODSThe 14 hour Omega Course was condensed into 6 hours for professionals, as some of the material would be familiar. The focus on universal and personal mortality, end of life wishes and communication role plays was purposely retained. Pre and post-course questionnaires, using quantitative and qualitative questions were performed (n=24).RESULTSStatistically highly significant paired t-test results (p<0.001) demonstrated increased confidence at the end of the day in:* Thinking about my own death
* Listening to patient concerns
* Responding to patient concerns

Best part* + Role play scenarios 11
	+ All of it 9
	+ Relaxed discussion and sharing 3
	+ Exploring own death in order to understand patients 3

Most challenging part* + Thinking about own death 9
	+ Role play 7

Comment for course marketing* + Do it! 18
	+ Educational 6
	+ Makes you think 6

CONCLUSIONClinical training is depersonalised for professionalism and psychological coping but this can obstruct communication with dying patients. The challenge of contemplating personal mortality pre communication training was appreciated and effective but if death is more personally acknowledged debriefing in supervision will be important. |