

clinical skills e.g. airway adjuncts and managing emergencies as a team in the hospice. The session also highlighted other aspects of emergency care that would benefit from review, such as practical access to guidelines and emergency drug use. **Conclusions** High fidelity point of care simulation is a useful tool in palliative care MDT teaching in the hospice. It benefits those attending on a personal level and provides insight and safe 'real-time' practice for possible emergencies and can lead to positive changes to these systems.

### 32 OPIOID CALCULATIONS VIA BISCUITS

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**Background** Specialist Palliative Care practitioners tend to have a familiarity with the mental gymnastics to calculate equipotent doses of analgesia and ensuring safe calculations is critical to medicines safety. All healthcare colleagues who manage medications should be aware of the relative strengths of strong opioids but achieving this with a wide range of learning styles can be a challenge. A hands on education module with a more visual component was developed to address aspects of the VARK learning styles for both district nurses and specialist colleagues.

**Methods** To develop practical and memorable education in opioid relative strengths a 'biscuit equivalence unit of 5 mg oral morphine' was used. Commonly used opioids were identified and given to attendees in pairs to calculate how many 'biscuit equivalent units' the medication total daily dose represented. Actual wrapped biscuits were utilised (and eaten during the session) to show the relative strengths of common opioids ie morphine orally and via CSCI, fentanyl and buprenorphine patches and oxycodone.

**Results** The educational session has to-date been run 2 out of a planned 3 sessions with requests to provide at additional locations. All attendees have provided positive feedback and reflected that it was a novel way of understanding relative strengths of opioids. It provided the opportunity to rediscuss opioid strengths and the visual pile of biscuits, in particular for fentanyl patches, provided a very memorable point of reference.

**Conclusion** Understanding opioid doses and relative strengths of medications is a central aspect of safe medication management. Ways of making this more memorable for practitioners will improve their familiarity and safety in using these medications and supporting patients and families in their safe use. We often say that a cup of tea and a biscuit go a long way in conversation, their use in education may be just as effective.

### 33 THE KNOWLEDGE, CONCERNS AND ATTITUDES OF PALLIATIVE HEALTH CARE PRACTITIONERS IN TREATING PATIENTS WITH SUBSTANCE USE DISORDER

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**Background** In the UK, we are seeing an increase in the number of older drug users including those accessing drug

treatment services. Because harm reduction interventions have resulted in more older drug users dying of non-drug related causes, studies suggest that they are likely to have a higher morbidity than the general population. Serving the palliative needs of those with substance use disorder (SUD) is often difficult due to the complexities of symptoms, their social circumstances and health care practitioner (HCP) understanding. A rapid evidence assessment in 2019 revealed limited inquiry into the experiences and attitudes of service providers.

**Aim** To evaluate the knowledge, concerns and attitudes of palliative HCP's (doctors, nurses and healthcare assistants) working in a range of clinical environments in treating patients with SUD in the Mid-Essex region.

**Methods** A mixed methods approach was carried out using an online survey tool. Quantitative evaluation of knowledge was measured using a 10-item true/false questionnaire. Confidence in managing patients with SUD was investigated using a Likert scale. Concerns relating to management were collated with a qualitative approach and interpreted by emergent coding analysis.

**Results** 40 health care practitioners (HCPs) working in the community, hospice inpatient unit or hospital completed the survey. 82% had experience in managing patients with SUD. Knowledge about medicine management and pain control was varied across the three roles. Although the majority felt confident in assessing pain in SUD, over 70% lacked confidence in managing opioid substitution therapies. Confidence in planning discharge was also low. Frequently expressed concerns included tolerance to analgesia, unpredictable behaviour and safe drug storage.

**Conclusions** Despite the increasing palliative needs in SUD, there appear to be gaps in knowledge and low confidence towards management amongst HCP's. More support through education and policy is required at a local level.

### 34 THE EDUCATION AND PRACTICE OF SELF-CARE IN PALLIATIVE MEDICINE TRAINEES, A QUALITATIVE STUDY

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**Context** The emotional burden of regularly confronting suffering when caring for dying patients can affect the well-being of palliative care clinicians. Experienced clinicians recommend self-care strategies as a way of sustaining this work. There is increasing evidence for the effective use of self-care strategies in other caring professions who face similar challenges. Little is known about how doctors-in-training learn such skills. The aim of this study was to explore how trainees in palliative medicine learn and practice self-care strategies.

**Methods** Eight palliative trainees in one region in England participated in a qualitative study using semi-structured interviews. An inductive thematic approach was used to analyse the data.

**Results** Five closely linked themes are described detailing the perspectives of the trainees. Self-care was recognised as being integral to their identity as a palliative medicine clinician, even though it was not openly discussed. Trainees were keen

for self-care to be recognised as an accepted part of providing holistic patient care in a sustainable manner. Strategies needed to be integrated into the working day to be most useful and were mostly learnt through personal experience. Explicit training or guidance from seniors on self-care strategies was rare but non-hierarchical relationships with peers enabled and motivated shared learning. Training in communication skills and Psychosocial care were also identified as important in improving their sense of work-related competency and hence well-being.

**Conclusions** Denying the deeply emotional nature of this work does not equip trainees with the skills they need to thrive in this field. Supporting and guiding trainees in developing their self-care skills is an occupational responsibility and will benefit patient care in many ways. Collaborative peer learning shows promise for developing self-care strategies.

### 35 PALLIATIVE MEDICINE TRAINEES' VIEWS ON CLINICAL SUPERVISION: A SURVEY

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**Background** Clinical supervision (CS) encompasses managerial, educational, evaluative and supportive roles. CS as a supportive, semi-structured conversation in a safe environment with the aim of improving relationship-based patient focused care is integral in psychiatry but is utilised much less in other specialties. CS provides a way of exploring complex decision-making and promotes a culture of curiosity and reflection. CS has been recognised as a key factor in improving patient safety and quality of care. The purpose of this survey was to ascertain the views of Palliative Medicine (PM) trainees in one region towards access to CS.

**Methods** A survey was conducted of the PM trainees in one health education region exploring their views on CS. Trainee representatives from other regions were approached to explore access to CS in other training programmes.

**Results** Only 6 out of 15 trainees (40%) had access to CS in their current training post. Of these 6, the majority had one-to-one supervision with an internal or external facilitator. All trainees (100%) agreed that PM trainees should have access to funded CS on a regular basis. Most common benefits of CS were thought to be reducing burnout and compassion fatigue and improving self-awareness and insight. 7 trainee representatives from the 13 other health education regions in the United Kingdom responded to requests for information on CS available to trainees in their region (response rate 54%). Of these 7, only 2 regions offered all trainees access to funded CS; these were both organised as group supervision for trainees by a trained professional between 2–4 times a year.

**Conclusion** Palliative medicine trainees would like to access CS as part of their professional role but only a minority are currently able to access this. There is considerable variation in provision of access to CS for trainees across the different training regions.

### 36 DEVELOPING PALLIATIVE MEDICINE AND ONCOLOGY FOCUSED SIMULATION TRAINING FOR 4TH YEAR MEDICAL STUDENTS AT LOROS HOSPICE

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**Background** Simulation training is embedded in postgraduate medical training and there is literature to validate its use in undergraduate education supporting student exposure to end of life scenarios.

Fourth Year University of Leicester students receive communication skills training during their cancer care block focused on challenging conversations; this has always evaluated extremely well.

The opening of new facilities at LOROS offered an opportunity to pilot clinical simulation sessions. An initial pilot assessed the appetite of medical students for more practical based simulation scenarios.

**Method** Two medical students surveyed their year group revealing limited simulation exposure and an appetite for this form of teaching. Two pilot sessions involving 13 students were then evaluated; these simulations included assessment of pain, agitation and breathlessness, opioid prescribing, sharing imaging results and withdrawing treatment in the context of a palliative or oncology patient. Such sessions are now embedded in the undergraduate cancer care course; on-going evaluation will inform further development.

**Results** The pilot evaluated positively with 100% students rating the session as useful and reflective of situations they expected to face as an FY1. Feedback is being collected for all sessions this academic year including free text responses and a 5 point scale rating.

From the first 29 students; 100% found the simulation both challenging and useful. 93% felt it was relevant to FY1, and the de-brief constructive. Opinion regarding the ideal length of scenario and level of difficulty varied.

**Conclusions** Initial results suggest that although challenging, the simulation session have improved confidence in common oncology/palliative care scenarios adding value to their communication skills session. A second arm of the project involves students in further development of simulation scenarios. Developing an offer of simulation to a wider health care professional audience is also planned.

### 37 IMPROVING THE LEARNING EXPERIENCE OF VISITING HEALTHCARE PROFESSIONALS TO A HOSPICE USING EDUCATIONAL TOURISM

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**Introduction** There is an increase in demand from local community and hospital healthcare professionals to attend Meadow House Hospice in Ealing for experiential learning visits. These visits comply with the broad definition of educational tourism as they incorporate travelling away from one's