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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10.1136/spcare-2020-PCC.57

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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10.1136/spcare-2020-PCC.57

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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10.1136/spcare-2020-PCC.58

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