

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

usual setting (hospital or community) to another (the hospice) to learn.

Methods Qualitative semi-structured interviews were conducted with ten purposively recruited healthcare professionals who were visiting Meadow House Hospice for experiential learning. Data analysis involved a framework approach to recognise themes confirming the visitors as educational tourists. Interview data was then used to generate themes to inform an educational programme.

Results Four student nurses, 2 medical students, a district nurse, a GP trainee, a hospital specialist breast nurse and an advanced medical practitioner visiting the hospice showed characteristics common to educational tourists: travelling to learn, a desire to learn, wishing to experience something different, wishing to experience something in context and a preference for experiential learning. Visitors considered their experience to be beneficial to their future practice and three main themes about how to improve the hospice educational programme were established; personalising learning; continuing to see and experience authentic hospice activities; and the presence of a facilitator guide.

Conclusion This study confirms that educational tourism occurs in the hospice, substantiating the application of educational tourism models. Using the pre-visit, visit, post-visit educational tourism model, improvements could include: pre-visit personalisation and planning of the learning experience by clarifying objectives, giving information and establishing visitor preferences about educational activities; post-visit debriefing/reflection and outcome measurement while maintaining the current authentic learning experience with a facilitator guide. Using an educational tourism model may offer an opportunity to improve learning experiences in the hospice within the educational resources already available.

38 MEETING THE EDUCATIONAL OBJECTIVES OF HEALTHCARE PROFESSIONAL VISITORS TO MEADOW HOUSE HOSPICE

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10.1136/spcare-2020-PCC.59

Introduction Meadow House Hospice provides experiential learning to healthcare professionals who request it. A review was undertaken to understand learners' objectives and whether these could be met in a short visit.

Methods Visitors were invited to fill in a questionnaire pre and post visit to identify educational objectives. This information was used to conduct a retrospective thematic analysis.

Results From April 2017 to April 2019, the hospice hosted 60 visitors (32 nurses in training, 11 doctors in training, 9 nurses, 4 doctors and 3 allied health professionals) and 206 educational objectives were documented.

Thematic analysis characterised objectives into four main themes. These were:

- visitors wanting to be more knowledgeable about the service (43%) in particular roles and service provision (21%), referral processes (19%) and the hospice service in relation to their own role (3%)
- visitors wanting to gain specialist knowledge and skills (31%) about assessment and management (22%), medication used in end of life care patients (6%) and communication skills (3%)

- visitors wanting to be more knowledgeable about palliative care/specialist palliative care/end of life care (18%)
- visitors wanting to experience the specialist palliative care service from a patient or professional perspective by attending multidisciplinary and referral meetings (8%).

When asked how these objectives were achieved during their visit, all visitors cited one, a combination or all of the following activities: shadowing a community nurse or ward doctor; observing multidisciplinary teams and referral meetings where real time patient discussions occurred; and by interacting with hospice professionals.

Conclusion Visitors do not just seek highly specialised knowledge but want to become more knowledgeable about hospices and how they work from their own perspective. Identifying and understanding learning objectives helps meet learning needs of a wide range of healthcare professionals within a short visit to the hospice.

39 'SHEDDING LIGHT ON THE SHADOWS': AN EVALUATION OF THE EXPERIENCE OF SHADOWING THE HOSPITAL PALLIATIVE CARE TEAM

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Background The hospital palliative care team (HPCT) regularly welcomes healthcare professionals (HCP) to spend time 'shadowing them' - observing the team in practice and receiving informal 1 to 1 teaching. There is little data available on the benefits of this type of experience. We aimed to evaluate the benefits through analysis of the visiting HCP feedback forms.

Aim To understand the learning experience and benefits of a shadowing placement with the HPCT.

Methods Evaluation forms were collected over a 2 year period. The content was grouped and analysed using a basic thematic analysis.

Results There were 52 completed evaluation forms. These 52 individuals spent a total of 93 days shadowing the team, the average length of shadow experience was 1.8 days. The HCP were predominantly nursing or medical students (24 and 8 respectively). The remainder were a broad multi professional spread: occupational therapy, cancer nurses, discharge coordinator, H@H nurses etc. Of the 52 HCP, 50 described themselves as 'very satisfied' with the placement and 51 found it 'very useful'. Analysis of free text revealed 3 major and 4 minor themes. Major themes were Understanding general principles of palliative care (PC), Understanding the role of the HPCT, and Inspiring professional growth. Minor themes included PC drugs/prescribing, Observing good communication, Providing learning resources, and Multidisciplinary team working.

Conclusion The participants overwhelmingly described the experience as useful, with expected benefits in terms of developing general PC knowledge and understanding the role of the HPCT. Unexpected, was the theme of Inspiring professional development, with many HCP commenting that they felt inspired to study more, to think about a career in palliative medicine or just more inspired about their own role in healthcare. This suggests that the benefits of this type of placement extend beyond the individual, to the wider healthcare team and employing organisation.