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.

**References**

1. [Abstracts](#)