

improve patient care and outcomes. As a result of this meeting it was clear that there was a lack of understanding of what Mountbatten and indeed hospices can offer and how they can support paramedics in their role. It was agreed that Mountbatten would facilitate awareness training sessions for SCAS employees.

Aims The aim of the sessions has been to give a potted history of the hospice sector, provide a clear picture of Mountbatten's strategy and communicate how Mountbatten can support paramedics in the roles through Mountbatten's 24/7 Coordination Centre and rapid response service. It is hoped this will assist paramedics when out in the community to know they can call Mountbatten in order to make the right decisions for the patient they have been called to.

Method It was felt that it was imperative that paramedics attend sessions at the hospice to help break down some of the perceptions of what a hospice is and also provide an opportunity to meet with the teams at the hospice. Training sessions have been held with each team of paramedics, each team consists of 20–25 members.

Results To date over 100 paramedics have attended the session and the feedback has been incredible. All groups so far have stated that end of life was the one area they had the least confidence in and we know Mountbatten has now given great assurance.

Conclusion The sessions started six months ago, with six teams attending the training so far, with another scheduled. Mountbatten will also be holding the same sessions for the Isle of Wight Ambulance Service during May and June.

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COLLABORATIVE WORKING TO SUPPORT THE DEVELOPMENT OF SIMULATION TRAINING IN PALLIATIVE CARE

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Background/aims Simulation training has become widely recognised as a tool for educating health care staff in a variety of contexts (General Medical Council. Promoting excellence: standards for medical education and training. [Internet], 2015; Nursing & Midwifery Council. Realising professionalism. Standards for education and training Part 1. [Internet], 2018), but use in palliative care settings is limited (Renton, Quinton, Mayer. *BMJ Support Palliat Care*. 2017; 7(1):88–93). A quality improvement project undertaken at a children's hospice last year demonstrated the potential value of simulation training in this field and interest was expressed in upscaling the programme. This project is to develop an e-learning train-the-trainer programme for educators in palliative care settings.

Method A special interest group formed of UK-based paediatric palliative care educators identified that educators needed support and advice about how to plan and deliver high fidelity simulation training. University funding was obtained to produce an e-learning package for palliative care educators to support the provision of high-quality simulation training. Supported by a UK university's e-development team, this project is a collaboration between a lead lecturer in simulation, a children's hospice education team, and a specialist palliative care doctor. The package is a 'getting started' guide to simulation for palliative care.

Results The e-learning package will be advertised to palliative care team educators in the UK and available to buy on a cost per user basis. The anticipated result is that an increased number of simulation training courses will be developed and implemented in various settings where palliative care is provided. Success will be measured via a questionnaire sent to those who completed the package regarding the perceived usefulness of the package and its impact on training development.

Conclusion High fidelity simulation training has been employed sparingly in palliative care settings, but recent work has generated interest. An e-learning package is being produced to equip palliative care educators to facilitate high quality simulation training.

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BENEFITS AND CHALLENGES OF IMPLEMENTING A HOSPICE SIMULATION-BASED EDUCATION PROGRAMME

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Background Despite growing numbers of children with life-limiting conditions (Fraser, Gibson-Smith, Jarvis, et al. *Palliat Med*. 2021; 35(9): 1641–1651), increased complexity of care and acknowledgement of the need for a competent and capable workforce, challenges in the teaching of paediatric palliative care (PPC) education remains (Malcolm, McGirr. *Nurs Educ Today*. 2020; 89:104417). Simulation learning was introduced to involve a children's hospice care team in authentic immersive learning situations. Simulation is widely used in education (Berragan. *Nurs Educ Today*. 2011; 31: 660–663), but is limited in paediatric palliative care (Wells, Montgomery, Hiersche. *BMJ Support Palliat Care*. 2022;12: e497–e500).

Methods Simulations were designed following a Learning Needs Analysis to meet individual and organisational needs. Topics have included sepsis and acute deterioration, care after death, advance care planning communication, seizures, delivering symptom management in community settings and emergency tracheostomy management. Simulations were prepared with key learning outcomes identified, candidate and facilitator information briefs and set-ups required. Simulation sessions include a 10-minute pre-brief, 15 minutes simulated scenario and 30 minutes debrief with refreshments. Each session is delivered by 2 facilitators for 4 staff members. Quantitative and qualitative feedback was gathered using a 5-point Likert scale and free text questions. Facilitators have reflected on the process.

Results Challenges. Few staff within the hospice had formal training in, or previous experience of, delivering simulation teaching debrief sessions. Participants' anxiety pre and during simulation and anxiety from doctors who were called by participants during scenarios. Little evidence of paediatric palliative care simulations so innovation needed. Low-fidelity equipment in hospice due to cost of high-fidelity equipment. Balancing acute clinical care learning needs with palliative care learning needs.

Benefits. Empowering staff. Well received by staff. Developing clinical skills and leadership. Improved safety. Identifies ongoing training needs. Extended into non-clinical training for