whole organisation (such as fire safety and communication). Need to identify learning needs first.

Conclusion Despite practical challenges, initial high staff anxiety and limited previous experience and evidence, hospice staff find realistic immersive simulation-based learning positive for learning and practice, improving safety and leadership.

**P-268** JUST LIKE THE REAL THING? USING SIMULATION AS A RESOURCE FOR ENHANCING LEARNING

Juliet Bennett, Ruth Bacon, Tilly Stevens. St Wilfrid’s Hospice, Eastbourne, UK

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**Background** Increasing complexity in all healthcare settings requires a range of creative educational strategies for multi-disciplinary (MDT) learning. A SWOT analysis of, and feedback from existing clinical skills training delivery at our hospice, revealed a consensus to trial ward-based simulation training as an adjunct. Several studies have highlighted benefits of simulated learning environments in improving critical thinking, team communication and confidence, as well as technical skills, in a safe and non-threatening environment (Shepherd, McCunnis, Brown, et al. Nurs Stand. 2010; 24(35): 42–48; Koukourikos, Tsaloglidou, Kourkouta, et al. Acta Inform Med. 2021;29(1):15–20). We are evaluating the impact of a new simulation facility as a quality initiative to enhance access to and efficacy of training delivery.

**Aims** To establish a simulation room as an accessible resource for experiential learning. To maximise the attainment of clinical skills competencies, enhance MDT confidence in problem-solving for complex cases and improve collaboration using simulation.


**Results** Work in progress.

**Conclusions** We anticipate that our findings will provide insights into how we might use simulation to enhance learning opportunities and the development of a range of technical and non-technical skills. We will make recommendations for future study, in particular we then need to examine the transferability of the simulation experience into ‘real life’ clinical situations and the benefit to patients.