

practice; and renewing holistic perspective. Perceived institutional impacts occurred through mentors' professional development influencing both their approach to patient care and supporting colleagues.

Conclusions Being a palliative care mentor in a low-income country provides unique opportunities for personal and professional development benefiting individual clinicians and potentially, UK institutions. Identified benefits outweigh negative impacts. Acceptability of and opportunities for international mentoring and volunteering should be expanded.

P-35 WILL I EVER BE ME AGAIN? THE SUPPORTIVE CARE NEEDS OF PATIENTS ATTENDING A CANCER OF UNKNOWN PRIMARY OUTPATIENT CLINIC

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Background Cancer of unknown primary (CUP) is associated with clinical uncertainty, limited treatment options and a short prognosis. Guidelines recognise that patients need the input of dedicated multidisciplinary teams. Yet there is little evidence about their care needs to guide service configuration.

Aim To identify the supportive care needs of patients attending a CUP outpatient clinic as part of service evaluation.

Methods Between January and July 2016 patients attending clinic were offered an Integrated Palliative Care Outcome Scale (IPOS) as a holistic needs assessment. Patients stated their worse problems in free text and scored concerns on a 0–4 scale of increasing severity.

Results Of 57 patients 37 (65%) completed an IPOS. Tissue confirmation of malignancy occurred in 34 (92%) patients. A primary was identified in 14 (38%), and 20 (54%) retained a CUP diagnosis despite histology. Overall 13 (35%) were for best supportive care, ten of whom kept a CUP diagnosis. Chemotherapy was given to 16 (43%) patients. It was delivered to treat CUP in ten patients and six received chemotherapy after identification of a primary. Problems with the highest mean scores were: family anxiety (2.7), patient anxiety (1.9), weakness (1.8), not being at peace and poor mobility (1.7). Family anxiety and patient anxiety were present most of the time to always for 24 (73%) and 13 (39%) patients respectively. Weakness was severe to over-whelming for 12 (38%) patients. Thirty patients described their worse problems. Weakness/fatigue was identified by 12 (40%), concern about the future by 11 (36%), pain by 10 (33%) and distress by 7 (23%).

Discussion CUP services need to be configured to address family and patient anxiety and the weakness/fatigue associated with metastatic cancer. This cohort represents patients who are fit enough to undergo outpatient workup and biopsy. It may not reflect the needs of frailer patients who are not candidates for systemic cancer therapy.

P-36 A PERSONAL NARRATIVE OF HOW A JUNIOR DOCTOR IN THE POST OF EDUCATION FELLOW APPROACHED THE DESIGN AND IMPLEMENTATION OF A MULTIDISCIPLINARY END-OF-LIFE CARE PILOT TRAINING PROGRAMME AT A LONDON HOSPITAL FOUNDATION TRUST

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Background Junior doctors often have limited opportunities to develop the professional skills required to manage educational projects. As a junior doctor, I describe how in the role of education fellow, I approached the design and implementation of a multidisciplinary end-of-life care pilot training programme for non-specialist palliative care healthcare professionals (HCP) at a London hospital foundation trust.

Methods During this post, I designed, implemented and coordinated a pilot programme consisting of seven half day training sessions. Preparation including a literature search, liaising with educators for advice and arranging meetings with healthcare leads within the Trust helped lay the foundations of the programme. I also elected to undertake a PGCert in Medical Education in order to further develop my understanding of pedagogical theory. Working with a steering group, key challenges were identified and strategies devised, which led to the team-based simulation course design. Following the pilots, important considerations have been sustainability and continued development.

Results A total of 57 participants consisting of 15 consultants, 11 registrars, 14 therapists and 17 nurses attended the course from a range of medical and surgical specialties. Preliminary feedback has been positive and further sessions will run in 2017.

This task posed an entirely new set of challenges to me and resulted in improved problem-solving and management skills which contributed to the success of the pilot.

Conclusions Key priorities for pilot training programmes include participant recruitment and achieving expected learning outcomes. Having been successful in these domains future challenges for this programme will be ensuring sustainability and continued improvement.

Posts such as this, pose different challenges to those seen in junior doctors' traditional clinical roles. Project planning and associated tasks provide valuable experiences that aid in the development of other essential skills required at more senior level. These initiatives also provide unique opportunities that could influence the direction of many future careers.

P-37 GENERAL PRACTITIONER PERCEPTIONS OF CURRENT SERVICES FOR HEART FAILURE PATIENTS: A QUALITATIVE STUDY

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