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-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 (HCPs) 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.