Methods The previous e-ELCA lead worked with a team to map e-ELCA against the Association for Palliative Medicine (APM) medical school curriculum, identifying 64 relevant sessions. Further work from a team at Liverpool Medical School identified sessions that covered areas of the APM curriculum that were not covered by their local medical school curriculum. This previous work was combined to generate a provisional medical student learning path. This was presented at the APM undergraduate education special interest forum (APMUESIF). Feedback was gained on the choice of sessions but also the size and structure of the learning path. This feedback and the provisional learning path were used alongside the General Medical Council's (GMC's) Outcomes for Graduates document and the APM curriculum to produce a final learning path.

Results A compact medical student learning path comprising 5 core, 5 additional and 5 case study sessions has been developed.

Conclusions An e-ELCA medical student learning path has been developed following guidance from a number of sources. This will allow e-ELCA to be used more readily for undergraduate medical education.

24 EXPANDING THE PROVISION OF PALLIATIVE MEDICINE EDUCATION ON THE GRADUATE ENTRY MEDICINE COURSE AT SWANSEA UNIVERSITY

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Background The provision of Palliative Medicine education within UK Medical Schools is a subject of ongoing discussion, with wide variation in how much teaching is delivered. With 36% of hospital patients having palliative care needs, all newly qualified doctors require these core skills. At Swansea University, this teaching has previously been scattered throughout the curriculum with little co-ordination. We were given the opportunity to develop a new combined Pain and Palliative Medicine learning week for second year students, aiming to design a structured and balanced week to complement clinical teaching.

Methods Our working group included a third year medical student, who helped to focus our teaching techniques on what would be appropriate for her peers – mature and engaged adult learners with well-developed learning skills. We surveyed previous students to attain their thoughts on existing and future learning opportunities; with responses influential in the development of the week. A similar survey was sent to those who attended the week, to ensure their learning needs were met.

Results There was a 51% absolute increase in those who felt they had sufficient teaching on Palliative Medicine after this week; with a 26% increase in those who felt confident or reasonably confident in their knowledge of Palliative Medicine, and 14% in their communication skills in Palliative Medicine. We will compare with APM data on medical education and consider next steps, including our current work, in using this year's feedback to shape next year's teaching.

Conclusions This exciting opportunity to expand the Palliative Medicine teaching at Swansea University is a further step towards building a workforce better equipped to deliver

general palliative care, as well as nurturing and inspiring the next generation of experts. We will present learning from how the week was developed and thinking on how to evolve for the future.

25 INTEGRATING HOSPICE AND END OF LIFE CARE INTO THE UNDERGRADUATE MEDICAL CURRICULUM: EVALUATION OF A NEW UNDERGRADUATE EDUCATIONAL PLACEMENT IN NORTH STAFFORDSHIRE

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Background Although palliative care teaching for undergraduate students in the UK is increasing, there remains considerable variation between medical schools. It is unclear how much opportunity there is for experiential learning from patient contact (Walker, S *et al.* 2016). End of life care is integrated throughout Keele Medical School's spiral curriculum, but it has previously not been possible for all students to experience or even visit a hospice. A half-day placement at Douglas Macmillan Hospice, Stoke-on-Trent, during the third year elderly care attachment was piloted. Viability and student satisfaction were evaluated.

Method All third year medical students at Keele University attended a half-day placement at Douglas Macmillan Hospice in groups of up to six students. This included hospice orientation, observation of a nurse-doctor handover and syringe driver administration, and a patient interview in pairs followed by a de-brief. Students completed a feedback questionnaire including numerical rating scales and free text responses. Medical staff involved in organising the placement assessed the resource implications for the hospice in providing it.

Results 89 students attended. 81% completed a feedback questionnaire. 78% had never visited a hospice before. Numerical ratings for all aspects of the placement were high indicating that students valued the experience. The most frequent suggestion for improvement was a longer placement.

Conclusions The placement was highly valued by students but challenging to deliver due to the time needed from staff and the large number of students. The positive student feedback enabled funding to be secured to support the hospice to continue to provide the placement. Additionally, this academic year a palliative care seminar within the same elderly care attachment will explore end of life care in dementia. Further evaluation is needed to establish the effectiveness of the placement in influencing students' learning and behaviour in end of life care.

26 REDESIGNING THE REGIONAL TEACHING PROGRAM FOR PALLIATIVE MEDICINE

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Background Traditionally the trainees in the North West and Mersey deaneries have run separate teaching programs. After NW and Mersey deaneries merged the decision was