Conclusions The data from this study suggests that most parents and patients found that telemedicine was more efficient and convenient and would be happy to have remote consultations in future. However, many expressed a preference for video over phone calls and a few did not want remote clinics again. Therefore, whilst online clinics are indeed viable after COVID-19, the option of face to face and remote could be offered to patients. Face to face may be more appropriate for patients with skin stigmata of diseases, especially where video has poor resolution, and in those patients experiencing a clinical deterioration. Furthermore, additional quality checks should be in place for telephone consultations such as ensuring that the patient (not only the carer) is present. Finally, the results of this study were promising yet this data may not be applicable for other paediatric specialities, and further research should be pursued.

Paediatric Educators' Special Interest Group

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TELEPHONE CONSULTATION SIMULATIONS: MAKING THE MOST OF VIRTUAL TEACHING DURING COVID-19

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Background Medical educators have had to rapidly modify their teaching methods during the COVID-19 pandemic in light of social distancing and a move towards virtual working. Reflecting on our students' feedback during this time, we noted continued praise for clinical simulation opportunities, even with social distancing modifications, but less enthusiasm for virtual teaching sessions, which risk being more didactic in nature. Students also report more limited opportunities to clerk paediatric patients due to fewer paediatric admissions during the pandemic.

Concurrent to this change in education style, our own clinical practice has become increasingly virtual, with the vast majority of our clinics being telephone or video-based. Today's doctors have adapted to virtual clinics with minimal preparation or training.

Keen to make our online teaching more interactive, we sought to provide tomorrow's doctors with structured training in leading virtual consultations.

Objectives To deliver simulated telephone consultation training to medical students with the aims of:

1. Improving student confidence in leading virtual consultations.
2. Reinforcing paediatric history-taking skills.
3. Stimulating discussion about common paediatric clinical presentations.

Methods Medical students undertaking their paediatric placement in our department attend simulated telephone consultation sessions. Using a video-conferencing platform, one student takes a history from a simulated parent of a paediatric patient, whose camera is off to better simulate a telephone consultation. Observing students use an Active Attendance in Telephone Clinic proforma to encourage them to reflect on both the communication skills and the clinical problem. A subsequent discussion between the students and facilitators enables

reflection on the strengths and challenges of the consultation and the patient's clinical presentation.

To gather data on the effectiveness of these simulations, students complete pre- and post-simulation questionnaires. Feedback from each simulation informs the development of subsequent sessions.

Results Our experience of this educational method has been very positive. Prior to their first telephone simulation session, students have had minimal experience of virtual simulation and, whilst students recognise the relevance of virtual consultation training, they report lack of confidence in leading virtual consultations. Feedback following simulation has highlighted an improvement in students' confidence both in paediatric history-taking and in leading virtual consultations. Students have requested further telephone simulations and have highlighted the strength of not trying to simulate a traditional clinic environment but instead embracing the opportunity to learn virtual communication skills.

As educators, we have enjoyed providing a more interactive form of virtual teaching. We continue to refine these sessions, building on our experience of previous simulations. Modifications have included: clearer structuring of sessions, tighter time management and increasing the nuance of each clinical scenario to pose interesting clinical challenges for our students.

Conclusions Simulated telephone consultations are a simple way of improving student participation in small group online teaching sessions, affording opportunities for students to hone their history-taking skills under senior clinician supervision, stimulating scenario-based clinical discussions and helping prepare the next generation of doctors to work in an increasingly virtual world.

British Society for Rheumatology

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THE CHANGING EPIDEMIOLOGY OF KAWASAKI DISEASE IN EASTERN INDIA

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Background Kawasaki disease(KD) is an emerging disease in India. Though there is an overall agreement that the disease is on the rise but there is no nation wide data. Publications from Northern India show an overall increase in disease incidence. Our institute in Kolkata is a tertiary care Paediatric hospital in eastern India with dedicated Paediatric Rheumatology services. In this study we have attempted to analyze data of KD patients from the Paediatric Rheumatology Unit of our hospital from April 2009 to August 2020.

Objectives Medical records of children admitted with KD during the study period was evaluated for annual incidence, complete and incomplete KD, incidence of coronary artery abnormalities and Intravenous immunoglobulin (IVIG) resistance.

Methods Period of study: April 2009 to August 2020

Type of study: Retrospective case series.