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1177 MENTORSHIP FOR MEDICAL STUDENTS IN PAEDIATRICS: IS IT BENEFICIAL?

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Aims Junior doctor mentors are allocated to all fourth year medical students undertaking their Child Health placement at one tertiary Children's Hospital. The scheme aims to complement formal teaching and clinical supervision during their placement. Student engagement in the mentor scheme is encouraged, but not mandatory. The relationship between student and mentor is encouraged to be student-directed to promote focus on individual student's needs.

This study aims to assess student and mentor perceptions of the current programme, addressing the following questions:

- *Do students feel that a mentor is useful during clinical placement?*
- *What are students' perceived obstacles to engagement in this programme?*
- *Do junior doctors feel they benefit from the experience of mentoring?*

Methods Two consecutive blocks of students were surveyed using anonymous questionnaires following completion of their Child Health placement during the 2021/22 academic year. Junior doctors who volunteered as mentors over the same periods were also surveyed.

Feedback was encouraged from all students and allocated mentors, regardless of engagement with the programme.

Results Responses were received from 24 medical students; 50% reported that they engaged with their mentor during their Child Health placement. The majority of these students met their mentor at least two-three times over the course of their six week clinical placement. Two students met with their mentor over six times during the block.

92% of students who met with their mentor rated this relationship as either 'somewhat beneficial' or 'beneficial'. Students commented that it is a 'great system' and 'the scheme was very useful'. One student requested the scheme be implemented across other placements.

Student-reported benefits of the mentor scheme included:

1. *Additional clinical teaching*
2. *Increased confidence*
3. *Assistance with completion of supervised learning events for their portfolio*
4. *Access to out of hours experiences and shadowing*
5. *Careers advice*

Students who did not meet with their mentor described two key reasons for this: perceived lack of time during placement and a lack of clarity regarding the mentor role.

The majority of mentors who met with their allocated students felt that participating in the scheme was beneficial. Mentor-reported benefits included development of leadership, teaching and feedback skills, and a sense of personal satisfaction. Conversely, mentors whose students did not engage with the scheme reported no benefit to themselves, with one reporting this experience was 'deflating'.

Conclusion Medical students report that engagement with an allocated junior doctor mentor during their Child Health placement is beneficial to them. Junior doctor mentors also find their role to be largely positive, however lack of engagement from the students can have undesired negative impact.

A key obstacle to engagement in the scheme was a lack of clarity regarding the mentor role; this may suggest the concept of mentorship is unfamiliar to medical students. Despite this, positive feedback regarding the concept of the scheme and the self-reported benefits suggest that mentorship is valuable to medical students on clinical placement. We plan to further develop this scheme by increasing student awareness of the mentor role and providing additional support and training to the junior doctor mentors.

1215 CLINICAL PLACEMENTS IN PAEDIATRICS – WHAT MAKES A GREAT LEARNING EXPERIENCE?

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Aims Positive undergraduate experiences of paediatrics are key to student learning, to building a future workforce with confidence in child health and in future recruitment to our specialty.

At our large medical school, we have approximately 300 students each year for paediatrics clinical attachments.

In preparation for the medical licensing examination and to accommodate increasing student numbers we are reviewing the structure of our placements and teaching.

With limited undergraduate time in paediatrics we know that every day spent in clinical placements is precious. We wanted to understand what aspects of the paediatrics placement students value the most and to understand their perceived barriers to learning. We were keen to therefore explore our students' experiences of their time in paediatrics and to give students a central voice in changes to how our placements are structured.

Methods We invited two subsequent cohorts of students to take part in focus groups. We used a structured set of 4 open questions (table 1) with the allowance for prompting if there was limited feedback. The focus groups were facilitated by clinicians who were not involved in the student's assessment or examinations. These sessions were recorded and transcribed and then analysed for emerging themes. The focus groups were analysed using a framework analysis approach with themes triangulated by three independent researchers.

Primary Question

Additional prompt questions What makes a really good attachment

1. What things do you look forward to?
2. What inspires you
3. What was your best day during your paediatric attachment?

What are the barriers to a good attachment

1. What impedes your attachment

From your experience of different attachments, what do you think works well that can be incorporated to the Paediatrics

Anything you else you'd like to share?

Results There were 18 participants in the two focus groups alongside some additional written feedback. The students presented an overall positive viewpoint on the placement although they did identify several barriers to learning as well as offering powerful suggestions for improvement.

Key Themes

What makes a great placement?

- *Feeling that you are a part of the team*
- *Feeling useful/having tasks to do such as patient notes*
- *Feeling welcomed*
- *Variety of clinical experience*

Barriers to learning and positive experiences

- *Large numbers of students present*
- *When clinicians are not expecting you/not prepared*
- *No clear structure to the day*

Verbatim student quotes will be included in the presentation

Conclusion Positive experiences on clinical placements enhance learning and are also powerful motivators for students to consider a future career in paediatrics. As we update our curriculum and the structure of clinical exposure, alongside post-covid blended learning – we will need to adapt out placements. Improved understanding of the student identified features that make positive placements will help us to maximise learning opportunities and positive experiences. We also aim to cascade this learning to colleagues to achieve an improved community of learning throughout our medical school.

1222 THE USE OF OUTPATIENT CLINIC SIMULATION TO FACILITATE UNDERGRADUATE LEARNING DURING THE PANDEMIC

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Aims During the pandemic, in-person outpatient clinics were limited resulting in restricted undergraduate learning opportunities in the outpatient environment. In response to this, we developed a series of simulation clinic videos (SIM) aiming to ensure continuity for outpatient undergraduate learning.

Methods We developed three simulated videos with staff acting as simulated patient, family member and clinician in common outpatient consultations (reflux, headache and asthma). A simulated referral letter was devised to set the scene. Students were also informed of learning objectives for the novel educational initiative. The videos were edited to include regular pauses for problem solving and immediate feedback on students' performance in simulated scenarios. In later versions, we also incorporated role play opportunities within the simulated setting for further experiential learning.

Results Feedback were collated from ten students following the pilot SIM session using the 5 point Likert Scale. Results indicated majority of students agreed that the SIM was informative (rating: 4.2/5) and enjoyable (rating: 4.3/5). Further written feedbacks from students have highlighted the benefits of 'problem-based solving' and opportunities for receiving immediate feedback which promotes their development of clinical reasoning and communication skills. Students have also suggested the inclusion of 'role play' sessions to facilitate practice of clinical skills. This was included and subsequent student survey from 5 students have identified that in addition to skills practice, 'role play' promotes students' understanding of the differing values and perceptions which influences the doctor-patient- family relationship. In response, they learnt the importance of agenda setting, signposting and being vigilant to body language to facilitate an effective outpatient consultation. Students commented that the debrief session with guided reflection following SIM enabled bridging of the gap between experiencing the simulation event and making sense of the learning objectives.

Conclusion Despite the pandemic restrictions, our interactive SIM sessions were an effective resolution to ensure continuity of undergraduates' outpatient learning. Furthermore, the experiential aspects of SIM with feedback and guided reflection address known outpatient educational barriers which include the lack of opportunities for student participation in clinical consults and real-time feedback due to need for prioritising patient care in a time-limited setting.

Future developments have been planned for the SIM which involves incorporation of the scenarios into a virtual reality simulator for improved fidelity and better experiential learning. It would be useful to expand outpatient SIM consultations across further specialities outside paediatrics to see whether this would be met with the same level of success.

1286 A NATIONAL SURVEY QUANTIFYING THE TEACHING IN PAEDIATRICS OFFERED TO FOUNDATION DOCTORS

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Aims Most trainee doctors will care for children regularly during their careers; some during Paediatric specialist training, others in settings such as Emergency Medicine or General Practice. Consequently, paediatric teaching ought to be part of the broad-based teaching delivered to Foundation doctors to prepare them for later specialisation. This study sought to quantify the teaching in paediatrics that is offered to Foundation Year 1 (FY1) and Foundation Year 2 (FY2) doctors in the UK.

Methods A cross-sectional survey of FY1/FY2 doctors was conducted at the end of the 2020-2021 academic year. The survey was distributed through regional mailing lists, and via social networks. The Mann-Whitney U test was used for statistical analysis of independent samples, for non-normally distributed data. Ethical approval was granted via Imperial College London Education Ethics Review Process (EERP 2021-082).

Results 205 Foundation doctors completed the survey: 49.8% (n=102) FY1 doctors, and 50.2% (n=103) FY2 doctors, representing 16 of the 18 Foundation deaneries in the UK. 24.4% (n=50) had completed a paediatric post in the past 12 months.

The participants reported attending a median of 1 hour (interquartile range (IQR) 0-2) of Core Foundation teaching on paediatric topics over the past 12 months, a median of 0 hours (IQR 0-5) non-Core teaching, and a median of 0 hours (IQR 0-1) of optional learning e.g. conferences. Overall, they attended a median of 2 hours (interquartile range (IQR) 0-10) of paediatric teaching of all types in the past 12 months. 15% reported not receiving teaching in child safeguarding during FY1/FY2 even though this is mandatory for ARCPs. The median number of total hours attended by those who were