Anything 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 our 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.

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**Abstracts**

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

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10.1136/archdischild-2022-rpch.648

**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 approach. SIM sessions were an effective resolution to ensure continuity for 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 consultations 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 specialties outside paediatrics to see whether this would be met with the same level of success.

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**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...