Methods Scottish respiratory trainees were emailed an online questionnaire in February 2021 to gather qualitative and quantitative data on their bronchoscopy training. The ten questions were designed to assess how many procedures trainees have done during the pandemic, how training has been affected, and how training could be improved.

Results 38 respiratory trainees responded from all deaneries in Scotland. Of these, 95% said their training was affected by the pandemic. In addition, 92% did not feel there was a clear curriculum for bronchoscopy training. Only 4 people (11%) had done more than 50 bronchoscopies since the start of the pandemic and 23 people (61%) had done less than 20. The main reasons cited for this were reduced number of lists, reduced number of patients per list and other clinical commitments (figure 1).

Most participants used informal feedback to measure their progress (79%); the JRCPTB logbook was used the least (37%) (figure 2). Every participant thought bronchoscopy training could be improved. Attending more lists, simulation training and improved methods of assessment were the most frequently selected options for improving training (figure 3).

Conclusions Our data has indicated a need for change in bronchoscopy training. In particular we found trainees were dissatisfied with the curriculum and methods of assessment.

From our literature search, UK bronchoscopy training lacks a clear and robust structure compared to other countries. This data will be used to support a proposal for a bronchoscopy simulation training programme.
the bedside. The aim of this study was to assess trainees’ perception of the educational value of WRs.

Methods All trainee doctors in specialties that perform WRs (e.g. medicine, surgery) at a large tertiary care teaching hospital between October and December 2019 were invited to complete a self-administered questionnaire.

Results Total of 162 trainees participated (response rate 66%). Table 1 shows the sample’s perceptions of learning knowledge, skills, or attitudes during WRs. The majority (52%) reported that WRs are educationally very useful. Trainees generally agreed that WRs were a good opportunity to learn approaches to history taking (68%), physical examination (62%), diagnostics investigations (83%) and patient management (80%). The greatest barriers to learning on WRs were; lack of time (83%), caseload (77%), emphasis to get work done (66%) and patient management (80%). The greatest obstacles to this practice.

Conclusions Majority of the trainee doctors perceived ward rounds as great opportunity for all domains of learning in diagnostics, patient management, history and physical examination while lack of time, caseload and busy environment identified as obstacles to this practice.

P178 EVALUATING MEDICAL STUDENTS’ TELEPHONE CLERKINGS IN THE RESPIRATORY PLACEMENT

Introduction and Objectives The impact of the COVID-19 pandemic on undergraduate medical education has seen a reduced provision of learning opportunities, including face-to-face outpatient interaction. To facilitate active learning in the clinic component of the respiratory rotation, long-term patients known to the department consented to being contacted by medical students via telephone. Students elicited a telephone history, which they were able to subsequently present to their consultant supervisor for discussion and feedback. We aimed to evaluate this medium of student-patient interaction from both perspectives using survey-based responses.

Methods Two separate surveys were distributed between April and June 2021. All students who had participated in telephone history taking sessions were invited to complete an online survey. Patients were offered the choice to complete their survey via telephone, online, or on paper, with all choosing to respond via telephone call. The questionnaires employed a combination of discrete scales (e.g. the 5 point Likert scale) and free text responses.

Results 14/19 (74%) responses from patients and 15/24 (63%) responses from students were collected. A majority (89%) of patients agreed that speaking to medical students was convenient for them, and most (71%) would be inclined to engage in telephone conversations with students in the future. 100% of student responses agreed that conducting a telephone consultation helped improve their history taking ability, and the vast majority (93%) agreed that the opportunity to present and discuss their history-taking was a valuable part of the learning experience. Free text responses elucidated the subtleties of what patients and students felt to be the mutual benefits of engaging in telephone consultations.

Conclusions The scheme provided a successful opportunity for students to practise their history taking and to adapt to the unique challenges of telephone consulting. Patients reported that talking to medical students was a positive and rewarding experience. It is possible that patients and students who found their participation in the scheme to be a more negative experience were less likely to take part in feedback. These findings contain lessons for developing undergraduate education in the increasingly digitised future using telephone consultations with expert patients.