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.

How has your bronchoscopy training been affected by Covid - 19?

Abstract P175 Figure 1

How do you measure the progress of your bronchoscopy training?

Abstract P175 Figure 2

How do you think bronchoscopy training could be improved? Please tick all that apply.

Abstract P175 Figure 3

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.

P176

THE RESTRUCTURING AND DEVELOPMENT OF A RESPIRATORY IN-REACH CONSULTATION SERVICE STAFFED BY ADVANCED CLINICAL PRACTITIONERS

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Introduction The restructuring of Respiratory Services in response to COVID-19 led to the speciality moving to one campus, resulting in the loss of on-site respiratory services at the other campus. Consequentially there was a disparity in support provided to patients and medical staff, with inconsistent inpatient review depending on physician availability. To develop the highest quality service with equity of input a robust referral process with inpatient review led by respiratory ACPs and supported by Consultant physicians was developed.

Methods/Approach Advanced clinical practitioners provided a consistent inpatient referral service during three days per week; accepting, reviewing, discussing, and then managing referrals made via allied specialities to respiratory medicine, a role traditionally carried out by Registrars and Consultants To ensure autonomy of the role, it was essential the advice given by the ACP was safe and appropriate. Data was collected to evaluate the efficacy of the advice provided by the ACP. An additional survey was undertaken to gain evidence of national practice in this field which suggested the ACP team is at the forefront of developing innovative practice.

Results In 8 months the ACP team reviewed 419 patients; admissions were prevented advice regarding specialist treatment was provided, and timely transfer into the specialty was facilitated, including arranging follow up by community services or in consultant sub-speciality clinics. Twelve 'additional days' were covered to allow specialist registrars to attend training, improving MDT collaboration and consistency if care for patients.

Conclusion The introduction of an ACP-led referral service reduced the time from referral to patient review, freed up Consultant hours for other duties, and facilitated appropriate onward management of patients. Following the successful implementation of this ACP-led service the aim will now be to provide 5-day cover and collect more robust outcome measures to demonstrate improvement in patient outcomes.

P177

ARE WARD ROUNDS A SOURCE OF LEARNING? TRAINEES PERCEPTION OF LEARNING KNOWLEDGE, SKILLS OR ATTITUDE DURING WARD ROUNDS IN A LARGE TERTIARY CARE HOSPITAL

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Introduction Ward rounds (WRs) have been integral to the process of teaching and learning. WRs can also provide healthcare professionals with unique training opportunities at

Abstract P177 Table 1 Trainee's perceptions of learning knowledge, skills, or attitudes during ward rounds

Learning opportunities	Strongly agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly disagree N (%)
Basic sciences	13 (7.8)	46 (27.7)	41 (24.7)	40 (24.1)	26 (15.7)
History taking	37 (22.3)	77 (46.4)	27 (16.3)	16 (9.6)	9 (5.4)
Physical examination	31 (18.7)	72 (43.4)	28 (16.9)	22 (13.3)	13 (7.8)
Diagnostic investigation	49 (29.5)	89 (53.6)	17 (10.2)	5 (3)	6 (3.6)
Patient management	52 (31.3)	81 (48.8)	22 (13.3)	7 (4.2)	4 (2.4)
Documentation	27 (16.3)	67 (40.4)	47 (28.3)	20 (12)	5 (3)
Time management	22 (13.3)	64 (38.6)	48 (28.9)	22 (13.3)	10 (6)
Communication skills	45 (27.1)	78 (47)	26 (15.7)	10 (6)	7 (4.2)

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 (79%), caseload (77%), emphasis to get work done (66%) and a busy ward environment (57%).

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

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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.

P179 A YEAR IN COVID – LOOKING AT THE MENTAL AND PHYSICAL HEALTH OF RESPIRATORY HIGH CARE UNIT (RHCU) STAFF THROUGHOUT THE COVID-19 PANDEMIC

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Our Respiratory High Care Unit (RHCU) was established in April 2020 in response to the COVID-19 pandemic, providing level-two care for COVID-19 patients. In one year, RHCU experienced a 54% mortality rate in patients who received Aerosol Generating Procedure.

There is concern among health-care workers of how the pandemic has affected mental health. Risk of suicide among female health professionals is 24% higher than female national average. 58% of doctors reported a detriment to their mental health since the start of the pandemic.¹

We analysed impact on staffs' mental health after working on RHCU. Using a survey structured around Patient Health Questionnaire-9, staff retrospectively rated their mental health in April 2020, and commented on mental health in March 2021.

65 questionnaires were distributed. 53 (82%) completed. 17% were doctors, 36% nurses, others include physiotherapists, pharmacists, administrative staff and cleaners. 62% worked on RHCU for ≥8 months.

There was an increase in staff reporting a poor/fairly poor Mental Health Rating (MHR) (13% in 2020, 30% in 2021).