able to make valuable contributions to undergraduate medical education by sharing their knowledge and experiences. This paper will present methodological insights, thematic findings, and educational materials (for undergraduate medical students and service development) created from the project.

Conclusions Parents, children and staff in hospices are willing to participate in action research. This project provided the student researcher with transferable qualitative research skills. Further work is required to fully explore and understand opportunities for collaboration between children's hospices and medical schools.

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HOW CAN CHILDREN USING HOSPICE SERVICES CONTRIBUTE TO UNDERGRADUATE MEDICAL EDUCATION? AN ACTION RESEARCH PROJECT

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Background Patients with life-limiting illnesses should have opportunities to contribute to medical education so that professional learning is relevant to their needs and priorities. The potential contribution of children and parents using hospice services to medical education has not been fully explored.

Aims

1. To explore perceptions of a 'good doctor' amongst children/parents using hospice services
2. To collaborate with children/parents and staff to develop materials for educating medical students about living with life-limiting illnesses
3. To assess feasibility of student-led action research projects in a children's hospice

Methods An INSPIRE Award from the Academy of Medical Sciences funded an undergraduate medical student to undertake this work with clinical and academic supervision. Prospective ethical approval was received. Children (n=7), parents (n=5), and staff (n=6) volunteers were recruited from a hospice to participate in audio-recorded semi-structured focus groups, individual interviews or activity workshops. Participants discussed what newly qualified doctors needed to know about caring for children with life-limiting conditions and what makes a 'good doctor'. Data were transcribed for qualitative thematic analysis. Findings were refined by participant feedback.

Results Key themes among participants included the importance of treating children as individuals, communicating honestly and sensitively, ensuring two-way dialogue between clinicians and families and actively listening to all involved in children's care. Staff, parents and children in the hospice were willing and