



Abstract G20(P) Figure 1

**Conclusion** The lack of understanding about MA is evident among Paediatricians and GPs, many linking the licencing directly with safety. There is a scope for education, promoting efficiency and safety of prescribing in hospitals and community.

#### G21(P) WARD ROUND BASED MINI CEX FOR PAEDIATRICS TRAINEES: RESULTS OF A WEB BASED QUESTIONNAIRE SURVEY

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**Aims** MiniCEX is a structured, formative, workplace based assessment tool and is an integral and mandatory part of the paediatric training portfolio in the UK. Traditionally ward rounds are consultant led, with the role of trainees being limited to history presentation and documentation. In our unit, instead of leading at the morning ward round, consultants stand back for one or more patients and observe trainees take the lead conducting the examination and communication independently, giving them immediate feedback, both verbal and in the form of an online miniCEX. We conducted this survey to get a wider trainee perspective on the applicability and feasibility of introducing this model to other units.

**Methods** A questionnaire survey was designed online and approval sought from the Head of School of Paediatrics of the Deanery. The survey was then sent out electronically via E-mail to all paediatric trainees (levels ST1 to ST3) in the Deanery. The results were collated and analysed online using a designated purpose built website on the internet.

**Results** The survey was sent to a total of 61 trainees of different grades, of whom 33 completed it, with a response rate of 54%. Among all trainees who responded to the survey, 81.8% felt a formative assessment more accurately reflected their skills and competencies, and 93.8% of them felt that this was a practical way of doing a miniCEX assessment. An overwhelming 94.4% of all paediatric trainees across the Deanery were in favour of formally introducing this model in their unit.

**Conclusion** The results clearly illustrate trainee enthusiasm for this model and identifies a need for change in which formative assessments are conducted. This model also provides a mechanism wherein the mandatory miniCEX examinations can be undertaken by junior trainees with their consultants on a regular basis without the need to identify a designated time for both trainees and consultants. The authors recommend a pilot project for ward round based miniCEX to be designed and introduced across all Units in this Deanery. It is envisaged that after its successful regional implementation, this programme can then be formally rolled out across the United Kingdom.

#### G22(P) SURVEY OF REGIONAL PAEDIATRIC HANDOVER PRACTISES – ARE WE FOLLOWING THE GUIDELINES?

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**Background** With changing work patterns effective handovers are essential for patient safety and continuity of care. Handovers should be structured and follow good practise guidelines. Handovers should provide opportunities for educational activities, to initiate or complete work place based assessments (WPBA) and improve communication. The aim of this study was to review the practise in hospitals across the deanery.

**Methods** A 15-point online questionnaire was sent by email to all the trainees and tutors. The survey ran from June – September 2012.

**Results** 215 responses were received from 17 trusts (17/17 hospitals, 100%), 38% were from Consultants and 55% from trainees (58 ST1–3 and 63 ST4–8). Feedback covered all areas of paediatrics: 55% were from general paediatrics, 31% from neonatal intensive care and 10% from sub specialities and paediatric intensive care. 96% of respondents were involved in two or more handovers during their working day. 85% of the handovers were led by consultants or registrars. All the handovers had registrars present, 95% had junior trainees, 89% consultants and 35% had members from nursing