

Abstracts

We successfully condensed ETAT/ETAT+ training to two courses of shorter duration. 'Essential ETAT' was well received by participants, and a significant improvement in post-course test scores was achieved. Further evaluation at 6 months post course is required to indicate whether knowledge is retained and changes clinical practise.

G119 RECALL (RAPID EVALUATION OF CARDIO-RESPIRATORY ARRESTS WITH LESSONS FOR LEARNING): DEVELOPING A TOOL TO LEARN FROM PAEDIATRIC ARRESTS

doi:10.1136/archdischild-2013-304107.131

¹J Runnacles, ²S Chapman, ²P Lachman. ¹Department of Paediatrics, Kingston Hospital NHS Trust, Kingston-upon-Thames, UK; ²Quality, Safety and Transformation Team, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

Aim Our Trust, a tertiary centre, aims to eliminate predictable cardio-respiratory arrests (CRA) outside of intensive care by the end of 2013. Although CRA in hospitalised children is rare, the majority are preventable (Tibballs et al 2005). Local incident reports highlighted areas of concern such as poor documentation and incomplete monitoring. Review processes are lengthy and focus on errors rather than areas for improvement. The aim was to develop a new approach to rapidly review all CRA's and share lessons with the relevant teams.

Method Experienced clinicians, safety experts and risk managers used a Plan-Do-Study-Act (PDSA) approach to develop RECALL:

PDSA cycles:

detailed study of recent CRA's by team to identify key areas to structure review tool

tested key areas for completeness, ease of use and relevance key areas refined and tested again

categories identified for review: Assessment, Escalation, Clinical reviews, Interventions

tested proforma of questions to guide quick but systematic analysis of medical/nursing notes

Using care-bundle approach, five 'must do's' identified for each category

A traffic-light approach was applied to each category to communicate findings: Green (no areas for improvement), Amber (areas for improvement identified but unlikely to have prevented CRA) or Red (areas for improvement identified which may have prevented CRA). The RECALL tool was then tested prospectively over 8 weeks.

Results RECALL is now used to review all CRA at weekly meetings, each case taking 30minutes. Lessons for learning are disseminated weekly to the medical director, safety team and local safety leads (discussed at monthly board meetings). Changes are implemented locally with trustwide learning incorporated into improvement goals. The project has moved towards local team review with dissemination trustwide. Early results are promising with a reduced number of CRA (fig 1) and increased staff engagement.

Conclusion RECALL has facilitated a culture of learning so clinical teams understand how to improve recognition/escalation of seriously ill children. Common themes include completeness of observations and timeliness of interventions. A simple rapid assessment tool can provide timely and useful data that can be used to drive improvement.

G120 KNOWLEDGE AND ATTITUDES; ESSENTIAL INGREDIENTS FOR DEVELOPING CO PRODUCED TAILORED INTERVENTIONS FOR ASTHMA MANAGEMENT (MIA) IN SOUTH ASIAN AND WHITE BRITISH CHILDREN

doi:10.1136/archdischild-2013-304107.132

²D Bird, ³N Hudson, ³L Culley, ⁴E Angell, ¹M Lakhanpaul. ¹General and Adolescent Paediatrics Unit, UCL Institute of Child Health, London, UK; ²Dept of Medical and Social Care Education, University of Leicester, Leicester, UK; ³School of Applied Social Sciences, De Montfort University, Leicester, UK; ⁴Department of Health Sciences, University of Leicester, Leicester, UK

Childhood asthma is a chronic illness affecting quality of life and leading to higher mortality in the UK than other countries. In the UK, prescription rates for relievers and preventers are lower for South Asian (SA) children. SA children are more likely to suffer uncontrolled symptoms and to be admitted to hospital with acute exacerbations compared to White British (WB) children. The MIA study aimed to

	1	2	3	4	5
1. Approach	Confrontational, judgmental approach	Attempts to establish rapport with the learner(s) but is either over-critical or too informal in manner	Establishes and maintains rapport throughout; uses a non-threatening but honest approach to create a psychologically safe environment		
2. Establishes learning environment	Unclear expectations of the learner(s); inadequate learning environment	Explains purpose of the debriefing or learning session but does not clarify learner(s) expectations	Explains purpose of debrief; clarifies objectives and learner expectations from the beginning		
3. Engagement of Learners	Purely didactic; facilitator doing all of the talking with no learner engagement; does not involve passive learner(s)	Learner(s) participates in the discussion but through closed questions; facilitator does not actively invite input from more passive learner(s)	Encourages participation of learner(s) through open-ended questions; invites learner(s) to actively contribute to discussion		
4. Reaction	No acknowledgment of learner(s)' reactions, or emotional impact of the experience	Asks the learner(s) about their feelings but does not fully explore their reaction to the experience	Fully explores learner(s)' reaction to the experience, appropriately managing any learner(s) who is confused or unhappy		
5. Descriptive Reflection	No opportunity for self-reflection; learner(s) not asked to describe what actually happened in the scenario	Some description of events by facilitator, but with little self-reflection by learner(s)	Encourages learner(s) to self-reflect upon experience using a step by step approach		
6. Analysis	Reasons and consequences of actions are not explored with the learner(s)	Some exploration of reasons and consequences of actions by facilitator but not learner(s)	Helps learner(s) to explore reasons and consequences of actions, identifying specific examples; relates it back to previous experience to offer explanations		
7. Diagnosis	No feedback on clinical or teamwork skills; does not identify performance gaps or provide positive reinforcement	Feedback provided only on clinical (technical) skills; focuses on errors only; does not target behaviours that can be changed.	Provides feedback on clinical (technical) and teamwork skills; identifies positive behaviours in addition to performance gaps, targets changeable behaviours		
8. Application	No opportunity for learner(s) to identify strategies for future improvement or to consolidate key learning points	Some discussion of learning points and strategies for improvement but lack of application of this knowledge to future practice	Reinforces key learning points identified by learner(s) and highlights how strategies for improvement could be applied to future clinical practice		

Abstract G119 Figure 1 Objective Structured Assessment of Debriefing (OSAD) in Paediatrics



G119 RECALL (Rapid Evaluation of Cardio-Respiratory Arrests with Lessons For Learning): Developing a Tool to Learn from Paediatric Arrests

J Runnacles, S Chapman and P Lachman

Arch Dis Child 2013 98: A56

doi: 10.1136/archdischild-2013-304107.131

Updated information and services can be found at:
http://adc.bmj.com/content/98/Suppl_1/A56.1

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections

Articles on similar topics can be found in the following collections

[Adult intensive care](#) (144)

Notes

To request permissions go to:
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:
<http://group.bmj.com/subscribe/>