eight leadership domains ($t_{23} < -2.01$, $P < 0.06$ for the seven domains). This increased competence continued after transition to ST4 indicating a sustained improvement in leadership abilities. Trainees attended all 3 days where possible, allowing them to build rapport with other attendees, creating a safe environment to share and discuss concerns, and to gain peer support and reassurance from group problem-solving sessions (Table 1 and Figure 1).

Conclusions Our Transition to Leadership course was well-received by trainees and resulted in significant and sustained improvements in competence across a number of leadership and management domains, demonstrating its potential for longitudinal impact on trainees' performance. We now aim to produce a nationally available comprehensive teaching package and offer faculty training nationally, to make the course accessible to more trainees and expand its educational impact.

G180 EVALUATION OF A NOVEL MENTORSHIP PROGRAMME FOR MEDICAL STUDENTS IN PAEDIATRICS

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Background and aims Medical school is a stressful time for many students, who report higher rates of anxiety and depression than the general population. Mentorship can provide increased support to medical students, and improve their academic performance and overall well-being.

We developed and evaluated a novel mentorship programme for third year medical students undertaking an integrated BSc in paediatrics and child health.

Methods The integrated BSc is the first paediatrics-specific BSc in the UK. Mentors were paediatric trainees selected by competitive application; mentors received training prior to starting and ongoing support over the year. Each mentor was matched to one or two mentees and met with them at least two times. Participants were e-mailed an anonymised questionnaire at the end of the programme; responses were analysed thematically.

Results Sixteen medical students and 11 paediatric trainees (mentors) participated in the programme. Eighty six percent of mentees would recommend the programme to other students with 43% reporting that it was 'very helpful' and 43% 'a bit helpful.' Thematic analysis of free text responses identified four major benefits: personal support, feedback on assessments, guidance on paediatrics as a career, and advice on life issues outside medicine.

100% of the mentors would recommend the programme to their colleagues. 88% thought it had 'definitely been helpful' for their future career in paediatrics. They identified four main benefits: Skills and experience in mentorship, practice providing support to junior colleagues "very helpful for future roles such as becoming an educational or clinical supervisor", a greater understanding of the undergraduate experience, and approaching paediatrics through fresh eyes. Mentors found it enjoyable and rewarding: "It gave me a lot of satisfaction." Challenges included finding the time to meet students and "worrying that the students did find it useful."

Conclusions Our novel mentorship programme utilised current paediatric trainees to enthuse and mentor potential future paediatricians. There were bilateral benefits to both mentors and mentees. We anticipated that students would gain from the

experience, but it was also highly valuable to the paediatric trainees who developed transferable skills in mentorship and supervision, both essential but difficult to achieve competencies in the paediatric training curriculum.

G181(P) REFLECTIONS ON SAFEGUARDING TRAINING: WHAT NEW SKILLS DO PAEDIATRIC TRAINEES VALUE?

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Aims Providing effective safeguarding training to paediatric trainees is vital. The RCPCH approved 'Child Protection Recognition and Response Course' utilises pre-course and face-to-face components with role play communication scenarios, and assessment by senior paediatricians. We aimed to investigate common themes in learning which were beneficial in skill acquisition.

Methods 82 paediatric trainees participating in the 'Child Protection Recognition and Response Course' were given anonymous pre-course questionnaires and an on-line questionnaire six weeks afterwards. Four questions were posed utilising Likert scales, with an additional post-course free text question (Table 1, responses, Table 2, confidence scores and Table 3, most common themes).

Conclusions Trainees had lowest perceived confidence scores in communicating safeguarding concerns with caregivers, and in relevant referral and legal processes. These were the two areas with the greatest improvement in mean confidence score after the course, although there was clear improvement in all domains. Additionally this was mirrored in the most frequent themes of valued learning: useful approaches when speaking to

Abstract G181(P) Table 1 Responses

Grade	Pre-course respondents	Post-course respondents
ST1	17 (23%)	4 (14%)
ST2	28 (37%)	8 (29%)
ST3	12 (16%)	2 (7%)
ST4	13 (17.5%)	11 (39%)
Other	5 (6.5%)	3 (11%)
Total	75/82 (91%)	28/82 (34%)

Abstract G181(P) Table 2 Confidence scores

Question	Mean pre-course score (1–5)	Mean post-course score (1–5)	Change in score
How confident do you feel about being able to identify the physical signs of child abuse?	3.4	4.1	0.7
How confident do you feel about being able to identify the non-physical signs of child abuse?	2.8	3.8	1.0
How confident do you feel when talking to a parent about child safeguarding concerns you have about their child?	2.6	3.8	1.2
How would you rate your knowledge about social services and legal processes relevant to child safeguarding situations?	2.6	4.0	1.4

Abstract G181(P) Table 3 Most common themes

Theme of learning	Number of respondents
Useful approaches when discussing safeguarding concerns with parents	20
Referral and legal processes in safeguarding	16
Consideration of family risk factors	11
Understanding of multi-disciplinary working	9
Improved knowledge of symptoms and signs of child abuse	7

parents about safeguarding concerns and understanding referral and legal processes.

G182(P) SURVEY TO INVESTIGATE NEONATAL KNOWLEDGE AND EXPERIENCE AMONGST NEWLY QUALIFIED GENERAL PRACTITIONERS

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Aim To investigate level of neonatal knowledge and experience amongst newly qualified General Practitioners (GPs) who completed the vocational training scheme (VTS).

Method An online survey distributed via email to GPs who qualified from two GP Deaneries since 2009. The survey consisted of 24 questions, mainly multiple choice and self-rating scales, and was completed between May and June 2014.

Results There were 38 respondents. Of these, 58% had completed a paediatric placement during their VTS. Placement length varied from 3 months (1 responder), 4 months (11 responders) to 6 months (10 responders). Forty-five percent (17/38) gained neonatal experience, comprising of neonatal life support courses, neonatal ward rounds, attending high risk deliveries and completing baby checks.

Eighty percent of responders were less than 2 years post VTS qualification, with a median age of 31–35 years. Despite completing their VTS and 60% receiving formal teaching on newborn examination, 25% of responders did not feel confident in completing a 6–8 week newborn examination. In 50% of practices where our study population are currently based a dedicated health professional undertakes the baby checks.

The GPs portrayed good knowledge of common neonatal problems such as gastro-oesophageal reflux disease, and on self-rating, the majority were confident of their ability to diagnose mongolian blue spots, port wine stain and a significant heart murmur. However, over 35% displayed definite uncertainty in diagnosing naevus flammeus and erythema toxicum. Only 12% felt confident in recognising cow's milk protein intolerance and 56% were unaware of when to diagnose prolonged jaundice.

The main information source used by the newly qualified GPs was GP notebook, with 72% identifying this source and less than 30% consulting formal guidelines.

Conclusion A significant number of GPs qualify from the VTS without completing a paediatric placement and even fewer are gaining neonatal experience. Post-qualification, there continues to be limited exposure to infants as dedicated health professionals complete their routine care. It is essential to recognise this lack of exposure and make appropriate changes to GP training to provide basic, structured neonatal experience, thereby ensuring confidence in neonatal assessment and management amongst front-line medical practitioners.

G183(P) LEARNING TOGETHER STUDY DAYS: CROSS SPECIALTY EDUCATION TO IMPROVE CHILDREN AND YOUNG PEOPLE'S HEALTH

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Aims The UK is lagging behind the majority of Europe in children and young people's health outcomes.¹ One possible hypothesis for this is the lack of integration between primary, secondary and tertiary care. The World Health Organisation supports effective inter-professional education as it enables effective and collaborative practice.² There is published evidence that inter-professional learning can lead to better patient care and safety, reduced mortality rates and better use of specialist health resources.^{3–5}

Methods Following focus group work and a pilot study day, the authors created three study days: Child and Adolescent Mental Health, Public Health and Adolescent Sexual Health. These are areas where good care crosses traditional medical specialties and health care professions. Royal College curricula were analysed to define learning outcomes. The study days were advertised to paediatric, GP and relevant specialty trainees as well as other children's and young people's health professionals. Each day featured a mix of lecture and small group case based learning.

Results The three days were attended by 163 trainees (85 paediatric, 52 GP, 26 other). We received pre and post course online feedback from 85 (53%) and 104 (64%) trainees respectively. Across the three days the proportion of delegates who strongly agreed with the statement 'My learning is enhanced when I learn with health care professionals from different specialties' increased from 40.7 to 60.2% (Tables 1 and 2).

Abstract G183(P) Table 1 Proportion self-assessing their confidence as very confident/confident

	Pre course	Post course
Sexual Health	44%	91%
Mental Health	18%	80%
Public Health	32%	77%

Abstract G183(P) Table 2 Proportion self-assessing their knowledge as very good/good

	Pre course	Post course
Sexual Health	44%	91%
Mental Health	35%	77%
Public Health	32%	80%

Conclusions This series demonstrates that it is both desirable and feasible to offer cross specialty inter-professional education in Children and Young People's health and that it not only increases confidence and knowledge in the individual subject areas but also improves the delegates' own perceptions of learning in the wider cross specialty team.

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