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G184(P) THE “CASE EXCHANGE” – INTEGRATING PATIENTS AS EDUCATORS AS PART OF A NEW REGIONAL PAEDIATRIC TEACHING PROGRAMME

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Aims We developed a regional teaching programme for Paediatric trainees, with the main aims of integrating patients as educators, providing RCPCH curriculum-matched teaching through case-based learning and promoting the sharing of good practice.

Methods The region boasts a wealth of expertise in both general and specialist Paediatric care. The training programme relies on the acquisition of knowledge and experience as trainees rotate through various posts in the region.

Verbal feedback highlighted difficulties for the trainee, in gaining exposure to all specialist areas and the absence of regional curriculum-matched teaching for Level 1 trainees. There is a growing focus on the patient experience in undergraduate curricula, but we observed less focus in postgraduate education.

We developed a monthly regional teaching programme, which launched in 2014. These were 2-hour evening sessions held at a central location. Sessions included the unique feature of a patient/parent talk, SHO and SpR delivered case presentations and keynote Consultant talks. To ensure sustainability and exposure to all sub-specialist services, each “C-EX” was organised by a different Trust, with the aid of an electronic session planning “C-EX package”.

Results A series of seven sessions were carried out with all Trusts enthusiastically hosting a “Case Exchange” session. There were approximately 25 attendees per session ranging from medical student to consultant level.

Feedback questionnaire data was sampled from one session. A semantic differential scale was used to evaluate usefulness and presentation quality (1=very poor, 5=excellent). 23 of 27 attendees completed a questionnaire. For usefulness, the percentage of responders scoring “excellent” for the patient/parent talk, consultant talk and trainee case presentations were 95%, 90% and 78% respectively. For presentation quality, this was 86%, 83% and 48% respectively. Attendees commented: “it was “refreshing to hear the patient experience” and that “the patient session has changed my future practice”. Demonstrating its success, the “Case Exchange” is being implemented in other regions.

Conclusion The “Case Exchange” highlights the value of involving patients/parents in learning events, thus we recommend its formal integration into postgraduate teaching. Offering patients a platform to share their views, we empower them to shape our training and reinforce the mantra of patient-centred care.

G185(P) INNOVATIVE E-LEARNING: A UK INITIATIVE TO ADVANCE UNDERGRADUATE PAEDIATRIC MEDICAL EDUCATION

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Aim In the USA, on-line interactive clinical cases are increasingly being used to support and deliver the undergraduate paediatric curriculum. The use of e-learning in undergraduate paediatrics in the UK is limited by a lack of case complexity and instantaneous feedback to learners. We aimed to develop and evaluate an interactive and accessible paediatric case scenario for undergraduates.

Methods Clinical students at a UK medical school were surveyed using a Google Docs questionnaire. Their feedback was used to develop an innovative powerpoint-based e-learning format. Our two simulated cases, on neonatal jaundice and neonatal sepsis, aimed to replicate real-life clinical practice. By presenting learners with several different clinical scenarios simultaneously we hoped to further their competency in clinical decision making, patient prioritisation, prescribing skills and emergency care. Hyperlinks were utilised to allow for instantaneous feedback, enable easy access to external resources (e.g. NICE) and simulate consequences for learners’ decisions. Upon completion students were asked to fill out a second feedback survey. Numerical data was analysed in Stata 12.1 using the Wilcoxon signed rank test, and free-text responses evaluated thematically.

Results 59 students responded to the initial survey. 85% stated that they used case studies primarily to consolidate knowledge and effectively test understanding. 83% wanted instant and easy access to more case studies. Learners expressed frustration that current online cases focussed on barn door presentations that did not identify gaps in their knowledge. There was concern that current cases were unrealistic and lacked integration of problem solving skills. Learners were also dissatisfied at the time lag between answering white space questions and receiving feedback.

Students’ self-rated knowledge increased from 2.51/4 (95% CI 2.27–2.76) to 3.6/4 (95% CI 3.41–3.79), after completing the case study; $p < 0.0001$. Students valued having to ‘prioritise multiple patients’ and ‘make decisions about the child’s care’. They praised ‘the ability to interact with the powerpoint’, and the provision of concise, relevant and instantaneous feedback.

Conclusion We have designed a novel, effective and inexpensive case study format that supports learning in paediatrics. Our e-learning method mirrors the complexities and challenges of real-life clinical practice and enables development of clinical decision making.

G186(P) MULTI-SOURCE FEEDBACK – DOES IT REALLY ENCOURAGE CHANGE? A QUALITATIVE STUDY EXPLORING PAEDIATRIC TRAINEES’ PERCEPTIONS OF MULTISOURCE FEEDBACK

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Aims This project aimed to look at how multi-source feedback (MSF) is currently being used within Paediatric medicine. We hoped to explore the trainees’ perception of current feedback, and discuss how to maximise the formative potential of MSF for future years.

Methods This was a qualitative study, using questionnaires and semi-structured interviews. The population studied was ST4–6 Paediatric trainees in a single deanery. After questionnaire analysis a range of trainees were selected using purposeful sampling for more in-depth semi structured interviews. Thematic analysis was used for the analysis of interview transcripts and questionnaire responses.

Results Trainees valued some aspects of MSF, namely 1) the positive feedback it provides to trainees, 2) the opportunity for senior feedback and verbal discussion with supervisors. However all trainees felt that the full potential of MSF was not being fully realised, with concerns about 1) lack of meaningful feedback, 2) insufficient support to use feedback given, and 3) self-selection.

Conclusions The potential learning and development from MSF is not being optimised whilst it is in its current format. Trainees recognise the potential value of MSF, but at present the feedback is predominantly positive, and negative feedback received rarely translates into behavioural change. The need to end self-selection was repeatedly mentioned as crucial to encouraging the receipt of meaningful feedback, and the system needs to change to enable opportunities for giving and receiving meaningful feedback.

G187(P) AIMING FOR THE APEX – REAL-TIME ASSESSMENT OF TEACHING USING MEDICAL STUDENTS IN A COMPULSORY, MULTI-STATION POSTGRADUATE ASSESSMENT TO ASSESS THE “DOES” AT THE TOP OF MILLER’S PYRAMID

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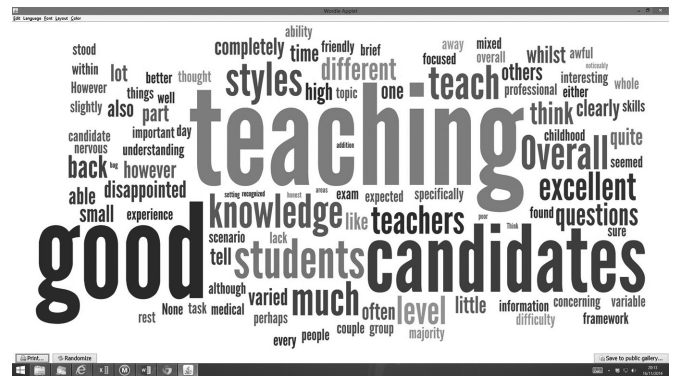
Aims The Royal College of Paediatrics and Child Health’s (RCPCH) START assessment (Specialist Trainee Assessment of Readiness for Tenure) is a multi-station, scenario-based, formative assessment of consultant readiness.¹ It is undertaken in the penultimate year of paediatric training and has been held 5 times since 2012. It consists of 12 scenarios (stations) mapping to the General Medical Council’s Good Medical Practice domains. One of the areas assessed is teaching. We report an innovative scenario used in this assessment.

Methods To assess trainees at the top of Miller’s pyramid² the authors developed a novel station for the START assessment. The trainees were asked to prepare a micro-teach in the 4 min preparation time before the station which they then delivered during the 8 min station to two medical students who were in the first week of their paediatric attachment. Medical students were recruited from University College London Medical School. Topics related to general paediatrics. An assessor observed the

teaching delivered by the trainee in the station. Feedback for this scenario and the whole assessment, benchmarked against described standards, is released some weeks later to the trainees’ e-portfolio.

Results Thirty one medical students role-played across 3 sittings. Thirty (97%) responded to a survey about their experience. The majority of students found the experience useful and enjoyable (Figure 1). Only 1 (3%) student said they would not role-play for this assessment again. All replied they would, or may, recommend it to other medical students. Twenty five (83%) wanted to be a paediatrician, 14 (37%) had already decided before this role-play. Only 1 (3%) medical student felt they should not have some part in feeding back to the trainees.

Conclusion Using medical students for a live teaching within a high-stakes, multi-station assessment is novel. It reaches the top of Miller’s pyramid and maps to real life. The medical students who were taught found it worthwhile. For many of them it confirmed their desire to be a paediatrician (Figure 2).



Abstract G187(P) Figure 2

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G188(P) AIDING TRANSITION FROM ST3 – ST4 IN PAEDIATRIC TRAINEES. THE RESULTS OF A SURVEY OF BOTH TRAINEES AND TRAINERS

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Aim To assess how well prepared ST3 paediatric trainees felt they were prior to becoming middle grades. What steps had they taken to aid this and what measures had they felt could be

Useful and enjoyable	1	2	3	4	5	Total and utter waste of my time
Rating:	37%	53%	10%	0	0	

Abstract G187(P) Figure 1 Medical student responses to the question ‘You kindly participated in the START assessment. What did you think of the experience?’