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.
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

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. 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 pyramid, 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 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

Aims 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

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?’

References

1. www.rcpch.ac.uk/start

Abstract G188(P) Figure 2

Aiding Transition from ST3 – ST4 in Paediatric Trainees. The Results of a Survey of Both Trainees and Trainers

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

Abstract G188(P) Figure 1  Medical student responses to the question ‘You kindly participated in the START assessment. What did you think of the experience?’

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1. Keene, C. Fertleman, J. Moreiras. 1Department of Paediatric Hepatology, Kings College Hospital, London, UK; 2Department of Paediatrics, Whittington Health, London, UK
2. www.rcpch.ac.uk/start

Abstract G188(P) Figure 1  Medical student responses to the question ‘You kindly participated in the START assessment. What did you think of the experience?’