that they did not need support at the time. 35 (88%) of Paediatric trainees had not received any formal training on how to deal with many of these situations. All respondents agreed that further training on dealing with these issues was as important as their clinical training in paediatrics.

Conclusion Whilst many paediatric trainees felt well supported when dealing these events, many were not. It was evident that the School had to provide more robust, uniform support to all trainees. Since the survey dedicated monthly management seminars have been established, a mentoring scheme has been launched and specific legal training days have been offered. Consultants willing to offer such support have been signposted to trainees.

G100 FEEDBACK IN PAEDIATRICS: IDENTIFYING ATTITUDES, PERCEPTIONS AND BARRIERS TO HIGH QUALITY EDUCATIONAL FEEDBACK WITHIN REGIONAL PAEDIATRIC TRAINING

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Paediatrics as a speciality has previously been a red outlier for the feedback category within the annual GMC training survey. This suggests that trainees at least, feel that feedback within their training is insufficient.

We wished to assess perceptions of feedback and identify both real and perceived barriers to successful feedback by sampling current trainees and supervisors within the Severn Deanery on their experiences.

The topic was introduced at a workshop during the Severn Deanery Paediatric Conference in 2016. Copies of the trainee questionnaire were distributed and subsequently an online version was sent via deanery email and the Severn Paediatrics Facebook group. Trainers were surveyed via an online form disseminated via email. We had a response rate of 65% for the trainee survey and 40% for the trainers' survey.

72% of trainees reported feeling that they did not receive enough feedback, with several recurring themes identified, including lack of time, workload and staff shortages. This was also reflected in the trainers' survey but additionally the perception of feedback was cited as an issue, with trainees not always able to recognise 'feedback' in more informal situations, leading to a mismatch between the amount trainers felt was given versus the amount trainees acknowledged.

83% of trainees wanted feedback integrated into daily practice, however only 34% of trainers felt that daily feedback was necessary. There was concern over trainee resilience and the ability to give constructive feedback to trainees; 'It does seem 'unfair' when they are busting a gut to keep the show on the road to give them any kind of negative feedback', however a recurring theme from trainees was to reduce the perceived stress of feedback by increasing its regularity; 'I think this should be normalised, i.e. recognising that there are always things we could do better, it's not a criticism'.

The barriers we identified to regular feedback are well recognised within current medical training. However, our responses suggest a cultural issue within paediatrics regarding the perceived resilience of paediatric trainees. Our next step is to challenge the culture of feedback locally to improve clinical training within our region.

G101 JUNIOR DOCTOR LED TRAINING TO IMPROVE THE QUALITY OF QUALITY IMPROVEMENT

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Aims All junior doctors are expected to undertake quality improvement (QI). However formal coaching in QI methods, their theoretical underpinning and application, is sporadic. This combination of mandatory QI with a lack of training can result in projects lacking theoretical underpinning and correct use of established methodology that fail to measurably or sustainably improve care, further demoralising trainees. We hypothesised that improving trainees' QI capability would increase their use of formal QI methods and subsequently improve the quality of QI at our institution. A six-week training programme was delivered to junior doctors by a junior doctor. We aimed to increase junior doctors' confidence using and applying the model for improvement.

Methods Training was aimed at junior doctors at an inner-city District General Hospital but open to multi-disciplinary staff. Teaching mirrored the Cincinnati Children's Qi algorithm, underpinned by Deming's theory of profound knowledge. This covered the QI process using the Model for Improvement. Sessions were didactic, interactive and practical, using real-life examples and repetition. Training was evaluated using the Kirkpatrick model with: knowledge assessments, evaluation forms and follow-up surveys. Sessions were adapted according to feedback. On completion, participants received certificates for their portfolios, the option of further coaching, and access to a QI toolkit.

Results Training was attended by 83 multidisciplinary staff: largely junior doctors, pharmacists and paediatric nurses. Knowledge, mapped to session aims, demonstrably increased. Average knowledge scores increased from 48% to 72.5% in week 1: and from 27% to 62% in week 6. On completion, 81% felt confident using the Model for Improvement; 95% felt confident completing a QI project. We received positive feedback about training being junior doctor-led and about the training programme. After training: 95% felt they saw quality and safety issues differently, 95% felt they had acquired new knowledge or skills and 100% said they felt empowered to improve.

Conclusion Junior doctors appreciated and benefitted from formal QI training. Since training, there are several on-going QI projects at our institution using the Model for Improvement. We hope build on this success by integrating QI training into junior doctors' curriculum at our hospital to further improve QI capability within this cohort of future leaders.

G102 TOO MANY TWEETS, DON'T LIKE TO LIKE OR JUST LOST THE THREAD? THE HUB – A SINGLE PLATFORM FOR TRAINEE COMMUNICATION

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Aims Communication is key in healthcare, with poor communication linked to patient dissatisfaction and complaints. We believe that effective communication is equally important for

medical trainee satisfaction. With junior doctor morale at an all-time low, we set out to improve the quality of communication in our region, as well as to enhance trainee education and collaboration.

Methods We surveyed trainees on their use and opinions of current regional communication channels – a School of Paediatrics website, emails, and a trainee-led Facebook group. Survey results were used to guide the development of a new networking platform, The Hub.

Results The existing School of Paediatrics website was infrequently used; 94% of trainees accessed it a few times a year or less, mostly to obtain forms and policies. While the trainee-led Facebook group was more frequently viewed, active participation was uncommon. Over 80% of trainees agreed that a region-wide networking platform would be valuable. The most requested features were sub-specialty interest groups, regional information including training opportunities, and a calendar of work and social events.

Several online platforms were assessed for hosting The Hub; the open-source Trello was chosen for its free availability, ease-of-use, and clearly defined privacy and information policies. We created a central School of Paediatrics Hub, as well as boards for different training levels and committees, and several sub-specialty interest groups.

While trainees are the core Hub members, representatives from the School of Paediatrics and other colleagues also contribute. Content is user-generated and published live, allowing for dynamic collaboration, discussion and resource sharing. In the first four months, over 90% of trainees in the region joined; members created 222 new 'cards', and shared 445 comments and 221 attachments. The Hub is updated and extended based on feedback and demand.

Conclusion The Hub consolidates several disparate communication channels, and should enable more effective peer-to-peer networking and collaboration. The flexible platform continues to evolve based on members' needs, and could be expanded to other regions and specialties. We aim to conduct further surveys of Hub members to assess the impact on communication and to guide future improvements.

G103 THAT'S WHAT CHUMS ARE FOR – BENEFITS OF A MEDICAL STUDENT PAEDIATRIC VOLUNTEERING SERVICE

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Aims Medical students from the University of Manchester interested in a paediatric career started a society called CHUMS (Children's Hospital University of Manchester Students). The primary aim was to improve patient and parent/carer experience by providing play sessions at Royal Manchester Children's Hospital (RMCH). A secondary aim was to assess the impact sessions had on patient mood and pain scores.

Methods CHUMS is run by a student committee and is a recognised University society. It is overseen by two RMCH paediatric consultants and is supported by the Trust's 'Transform Together' team. Student volunteers are recruited through an application process and undergo play therapy training.

Volunteers attend 4 of the 7 wards and PED. Questionnaires are collected from the children to assess their mood (range: very unhappy to very happy) and pain scores (range: 0: no pain to 9: worst pain) before and after the session. Parent/carer questionnaires are collected to assess quality and appropriateness of sessions. Wilcoxon signed-rank tests were performed to compare scores.

Results CHUMS has provided weekly, 2 hour, evening play sessions during the academic year since 2013. A total of 111 parent/carer, 80 0–12 year old and 33 12–16 year old questionnaires were collected. Primary Aim

CHUMS is very popular with the children, especially the long term patients. 92% of parents/carers strongly agree their child enjoys time with the volunteers; 96% wish volunteers could spend more time with their child. Secondary Aim significant improvement is seen in pain and mood scores in both age groups; most notable are pain scores in 0–12 year olds with mean score improving from 2.39 before to 1.56 after the session ($p=0.002$).

Conclusion CHUMS has received tremendous feedback from all involved and has won the PiccaLilly award from the NHS 'Academy of Fabulousness'. It has demonstrated effectiveness in its primary and secondary aims. Its success has inspired a similar initiative, known as Hospital Buddies, on the stroke ward at Manchester Royal Infirmary.

G104(P) SIMULATION IN COMMUNITY PAEDIATRIC TRAINING – A NEW DIMENSION

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Introduction Simulation in medical education aims to recreate a real-life scenario to teach clinicians about dealing with clinical situations before they encounter them in their actual practice. Although simulation has been extensively used in acute paediatrics, its use in community paediatrics is still suboptimal. We believe that community paediatric simulation will create a better rapport between doctors and families, minimise complaints and increase the confidence of doctors dealing with difficult cases. Our aim was to assess the viewpoint of paediatric trainees on the application of simulation teaching in community paediatrics.

Methods We performed a cross-sectional study to look at the perception of level 2(ST4-ST5) and level 3 (ST6-ST8) on the use of simulation teaching in community paediatrics. We collected the responses from trainees using the online survey tool on SurveyMonkey. The figures were analysed on Microsoft Excel, and the qualitative data was collated on Microsoft Word.

Results 27 paediatric trainees responded to our survey, of whom 24 (89%) had used simulation previously. None had used simulation as part of community teaching. The others stated that they had come across simulation as part of their neonatal and acute paediatric training. 83% of trainees stated that the concept of simulation in community paediatrics had never been introduced to them.

18 trainees (67%) expressed their wish to have simulation teaching as part of their community training and stated that it would be beneficial in a number of areas such as breaking