G389(P) ENHANCING COMMUNICATION AND TRAINING OPPORTUNITIES IN PAEDIATRICS

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Aims Historically, communication about regional training and educational opportunities relied on emails from the school administrator, programmes or assessments teams. This resulted in not all being aware of information. Therefore, in 2018, the Head of School (HoS) and trainees' committee (TC) devised innovative approaches.

Methods The TC and HoS had meetings to discuss methods of improving communication and standardising trainees' expectations, particularly regarding the Annual Review of Competency Progression (ARCP). We created and implemented an 'ARCP checklist' for trainees and trainers of expected eportfolio entries, which was aligned with RCPCH requirements in 2018–19.

We planned and implemented a regional trainees' website and investigated various communication methods to enhance trainee engagement and minimise time spent searching for information.

In August 2019, we distributed a snapshot survey via social media (Whatsapp groups and Facebook) and at protected teaching days using online platform Survey Monkey to assess trainees' experience and gain feedback.

Results The regional trainees' website has clearly laid out information updated weekly by the TC. This includes educational and research opportunities, courses, teaching resources and how to apply for academic and less than full time training, plus return to work programmes.

All regional paediatricians receive a monthly newsletter produced by the HoS with essential information including training updates, educational courses and opportunities, supervisor training and trainee-led research. We created a Twitter account to further disseminate information.

Feedback The survey had 41 responses (14% of trainees) with at least one response from each training year. Most (17) responses were from ST4-5. Of the 37 (90%) who had used the website, 35 (94%) found it 'quite' or 'extremely useful'. The ARCP checklist was frequently mentioned as one of the most useful changes implemented. 38 (93%) read the newsletter and the majority (86%) found it 'quite' or 'extremely useful'. Fewer (54%) trainees were aware of the Twitter account. 30/38 trainees (79%) reported the changes had improved trainee experience compared to before these resources were available.

Conclusion By embracing technology and close liaison between TC and school board, our regional communication and trainee experience has been significantly enhanced. We recommend this to all paediatricians.

G390(P) A PEER LED REFLECTIVE DEBRIEFING PILOT PROJECT

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Aim To evaluate the experience paediatric trainees had of debriefing sessions following resuscitations and to improve

access and experience of debriefing sessions by the implementation of peer led reflective debriefing sessions for paediatric staff.

Method An online questionnaire was circulated to all paediatric trainees in Wales showing poor availability of debriefing sessions. A pilot reflective debriefing project was implemented using the Medical Trauma Resilience Management (MedTRiM) model. The MedTRiM model is adapted from the TRiM model used in the Royal Marines. It is a proactive, peer delivered and evidence based human resource management initiative for supporting individuals following exposure to potentially traumatic events and including a psychological scoring system for attendees. Ground rules and onward referral mechanisms were identified. Monthly hour long sessions were arranged over a 6 month period. A MedTRiM training course was organised to ensure sustainability and recruit faculty. Cases were referred by consultant of the week and staff invited via email.

Results Our survey of Paediatric trainees in Wales from January 2015, enquiring about experience of debriefing following paediatrics resuscitations, showed that 82% had been involved with child deaths. Only 17% had been invited to a debrief >75% of the time and no debriefing had been offered 52% of the time. 57% said they would have benefited for psychological well being.

During the pilot project, four new clinical cases and one case follow up meeting were planned over the six month period. 34 people were invited with a total of 15 staff attending, across departments and disciplines. No one scored above the threshold for referral. Feedback included the benefits of meeting other team members after the event, having the time set aside to share the emotional impact and becoming aware that their feelings were 'normal' reactions.

Conclusion Following on from the pilot, improvements noted include: having a more robust case reporting system; improved documentation of contact details of those present at the resuscitation; ad hoc meetings rather than regular monthly meetings due to the time lag; and protected time being prioritised for these sessions. Further training courses and establishing a peer support group are planned.

G391(P) POSITIVE EVENT REPORTING AND LEARNING FROM EXCELLENCE

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Aims Favourable Event Report Forms (FERFs) are used to allow staff to report events where things went well (in comparison to adverse events). Recently, a FERF team was established to try and extend the impact and learning from FERFs using Appreciative Inquiry (AI). This is an approach using a process to engage people in focussing on strengths and positive experiences in order to build on these in a collaborative and creative way to create system change.

Methods Each month a FERF of the month is awarded. In order to take on the AI approach, the nominator and receiver for the FERF of the month were engaged in an appreciative inquiry conversation with a member of the FERF team. This followed the Definition, Discovery, Dream, Design and Destiny structure to draw out more details about the event and why

it was so great and see if any further learning could be extracted for wider dissemination.

Results The FERF that was used involved a PICC line nurse who was on a bank shift, helping a doctor achieve IV access in a very tricky patient. The AI process allowed further depth to be gained in understanding the impact on staff of being valued for ones skills and being able to teach them to others as well as benefitting the patient. It also led to the idea that a difficult IV access (DIVA) pathway could be incredibly useful to guide staff on where to get help in patients who have challenging IV access. This pathway is now in development.

Conclusion The AI conversation around the FERF led to a much greater depth of understanding of the key positive issues and strengths of the event. Additionally, it provided a suggestion of an improvement pathway that will be developed that could have a positive impact on any child with DIVA. The wider impact of this positive event is far greater than that achieved purely by the FERF alone. Other departments could use this approach in the same way to further investigate FERFs.

G392(P) MANAGEMENT OF ACUTE WHEEZE- WHAT DO PAEDIATRIC TRAINEES DO?

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Aims Current guidelines of acute management of wheeze in children are open to interpretation (Keeley:2018). Individual clinician preference and many 'local guidelines' influence the initial management by the frontline paediatric trainees. We hypothesised that there is greater variation in practice with acute preschool wheeze than the school age children with acute asthma.

Methods Online survey of paediatric trainees in a large Deanary using three clinical scenarios of children of different ages presenting with acute wheeze. Trainees were asked to select the most appropriate management plan of giving inhalers, nebulisers or 'back to back therapy'. Following reassessment trainees were then asked for the next line of treatment

Results 87 responses from ST1-ST8 trainees between March and July 2019. 85% were managing at least one child with wheeze every day. 80% of respondents had a minimum of 3 years of paediatric experience. In a pre-school child with wheeze and saturations of 94%, 78% of trainees gave 10 puffs of salbutamol as initial treatment. 34% would give 2 further bronchodilators 'back to back' after initial improvement.

In both cases of older children with asthma, half of trainees gave a nebuliser an initial therapy despite the oxygen saturations >92% at presentation. 20% of respondents understand the term 'back to back' to mean an interval of between 15 and 30 minutes.

97% of trainees give written wheeze information to families with 87.5% opting for 3 day salbutamol weaning plan at discharge.

Conclusions Contrary to our hypothesis, the survey demonstrates that there is more consistency in the initial management of preschool wheeze compared to older children with asthma. This may reflect the service pressures to decide about admitting or discharging the child rather than an uncertainty about clinical situation.

In older children where clinical assessment is more predictable, surprisingly, half of the trainees administered nebulised bronchodilators despite normal oxygen saturations. Older children may have had inhalers for a period of time (not acknowledged in current BTS guidelines) prompting trainees to take a different approach.

Discharging children with a Salbutamol weaning plan is unique to the UK practice (Levy:2018) which needs to be addressed by prospective studies.

G393(P) MANAGING THE WINTER-PRESSURE REGISTRAR ROTA: OUR EXPERIENCE

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Introduction Our DGH secured funding for a winter-pressure (WP) registrar locum shift to cover CAU for 8-hours overnight from October 2018 to March 2019. Managing the WP-rota was taken up by a paediatric registrar (overseen by a consultant) as a management and leadership QI project. We aimed to evaluate trends in how locum shifts are booked and to see if a mobile messaging application (WhatsApp) administered by a trainee could lead to improved uptake of locum bookings.

Methods

- Utilising our network of current and previous trainees a WhatsApp 'WP group' was created to advertise and book WP-shifts (alongside medical staffing advertising via their e-mailing lists).
- Shifts were also open to level-1 trainees with full MRCPC membership.
- We managed at standardised NHS-P rate.
- There were flexible start times: 10pm, 11pm or midnight.
- The paediatric registrar administrator was the direct clinical contact and liaised with medical staffing to organise bookings.

Results

- 96% (N=174) of WP-shifts were booked.
- 91% (N=160) of WP-shifts were booked via direct communication with the registrar administrator through WhatsApp.
- 9% (N=14) of WP-shifts were booked as a result of medical staffing emailing advertisements alone.
- 57% (N=99) of WP-shifts were booked with more than 4 weeks' notice.
- 19 doctors booked shifts. 100% of doctors booked more than one shift.
- Informal feedback from registrars was collected; both local trainees and locums felt the WP-rota made the department feel safer and had improved staff morale.

Take Home Messages

- Anecdotally locums liked the flexibility and convenience of choosing their start time.
- Good communication with a personal touch is key. Using a mobile chat application is an efficient way to advertise shifts, answer queries and confirm bookings.
- The locums valued the ease of communication with a clinical contact who would liaise and book shifts with medical staffing on their behalf. Locum doctors and local trainees appreciated a clinical person who could relate to them overseeing the WP-rota.