COULD VIDEO CALLING BE USED FOR EDUCATIONAL SUPERVISION MEETINGS? A SURVEY OF PAEDIATRIC TRAINEES AND TRAINERS WITHIN A SINGLE DEANERY

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Aim Surveying paediatric trainees’ and trainers’ opinions on potential use of video calling (VC) for educational supervision meetings.

Method Online survey of paediatric trainees and trainers in one region.

Results 33 trainees and 55 trainers responded. The majority had some experience of VC however 21.2% of trainees and 29.1% of trainers had never used VC in any context. Applications that respondents had used included WhatsApp, Facetime and Skype. Further quantitative results are shown in Table 1. Free text identified 5 themes including comments related to privacy and confidentiality, IT infrastructure and cyber security, value of face to face meetings, potential benefits of VC and use of phone calls rather than video calls.

Abstract G188(P) Table 1

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Trainee Responses (%)</th>
<th>Trainer Responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel the concept of using VC may be useful for supervision meetings?</td>
<td>Yes 54.5</td>
<td>Yes 54.5</td>
</tr>
<tr>
<td></td>
<td>No 18.2</td>
<td>No 7.3</td>
</tr>
<tr>
<td></td>
<td>Maybe 27.3</td>
<td>Maybe 38.2</td>
</tr>
<tr>
<td>If given the choice to use VC for educational supervision meetings, will you accept it?</td>
<td>Yes 36.4</td>
<td>Yes 45.5</td>
</tr>
<tr>
<td></td>
<td>No 15.1</td>
<td>No 12.7</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>48.5</td>
<td>41.8</td>
</tr>
<tr>
<td>Should face to face follow up meetings occur if the need is identified in the VC meeting?</td>
<td>Yes 100</td>
<td>Yes 100</td>
</tr>
<tr>
<td>Should VC meetings be allowed in non working time?</td>
<td>Yes 78.8</td>
<td>Yes 56.4</td>
</tr>
<tr>
<td>Do you think VC will improve training by avoiding unnecessary time wasted in travel?</td>
<td>Yes 81.3</td>
<td>Yes 79.6</td>
</tr>
<tr>
<td>Do you see any issues related to confidentiality in using VC for meetings?</td>
<td>Yes 30.3</td>
<td>Yes 50.9</td>
</tr>
</tbody>
</table>

Conclusion In this current era respondents had mixed views concerning use of VC and felt it can be an optional additional tool. Respondents raised concerns that VC may lose the value of face to face meetings in developing rapport, providing feedback and pastoral care. Concerns about practical implementation such as IT infrastructure and cyber security will need to be addressed. Next step will be to pilot and test VC for educational supervision meetings.

G189(P) QUIZ TIME! A PAEDIATRIC LEARNING PROJECT

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Background A commitment to postgraduate learning is an essential part of a career in paediatrics. Classically, this involves minimal peer interaction and a focus on home study. Creative education methods are well recognised in schools and universities, but postgraduate medical education remains largely traditional and self-directed.

Here we present the results of a series of paediatric quizzes for doctors of all levels. ‘Gamification’ (the application of elements of game playing to other activities e.g. learning) is a proven method of incentivisation and is used across multiple industries to create engagement and motivation, as well as fostering teamwork and a sense of working together towards a common goal.

Aims

- To demonstrate that an educational quiz creates a positive, enjoyable learning environment
- To demonstrate value for quiz participants in terms of learning outcomes
- To produce a scalable learning activity framework that can be recreated across departments and sites

Methods and Results Quiz participants were interviewed and took a questionnaire pre and post activity. Reasons for participating were cited as learning (75%), supporting colleagues (100%) and having fun (87.5%). Opinions about learning and learning styles were sought prior to the activity, with the most striking findings being that 62.5% of the participants found learning to be lonely, 50% said it felt like a chore, and 75% found it difficult to find the motivation to learn. 75% preferred to learn with others and 75% preferred to learn in a group setting, and 100% felt that games and quizzes helped their learning.

Following the activity 87.5% reported feeling positive about this way of learning, 87.5% said it did not feel like a chore, and 62.5% said it made them feel more motivated to learn. 75% reported feeling less lonely whilst learning and 100% would attend again. 100% had fun, and 100% reported learning something new.

Following the success of this first arm of the pan London paediatric quiz project, we plan to extend the invitation to other Trusts. We are hopeful that this will instil both a sense of friendly competition, augment individual study, and develop a sense of community across London paediatric hospitals.

Ped TALKS: PAEDIATRICIANS EDUCATING AND DEVELOPING TOGETHER

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Aims Working within a tertiary hospital with multiple paediatric teams can make it difficult for paediatric trainees to attend teaching sessions during the day. The GMC has emphasised the importance of institutions’ duty to foster an environment of learning. We therefore set out to create an innovative teaching programme that would bring these teams together in an informal educational setting with the opportunity to meet other members of the MDT.

Methods In September 2018, the paediatric team devised a plan to make paediatric themes accessible to the wider MDT. This was achieved through quarterly teaching sessions
G191 PAEDIATRIC FREE OPEN ACCESS MEDICAL EDUCATION (FOAM) – BEHAVIOURS, TRENDS AND IMPLICATIONS

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Introduction/Aims Free Open Access Meducation (FOAM) is a movement built around freely available (mostly online) medical education resources. Over the past decade its popularity has increased exponentially, to begin with primarily in critical care and emergency medicine, but more recently in paediatrics. However, little is known about FOAM users or their behaviours. This study aimed to investigate the user behaviours of one of the most popular paediatric FOAM websites.

Methods Using Google analytics for the website we explored user demographics and their patterns of behaviour. Descriptive statistics were used to identify early trends and highlight areas of potential future research.

Results 5,583 sessions were logged over four months in 2018/19. Users came from 146 countries, although the site is primarily written and promoted in the UK. 68.9% of users were female; most were 25–34 years; 57.3% used a mobile device, the remainder using desktop and tablet devices. Those using mobile devices spent less time using the website and were less likely to access the website via the homepage, instead landing on an article directed by an internet search. Fewer sessions were logged during the weekends than on weekdays.

Discussion FOAM is a rapidly developing form of medical education, demonstrated by large user numbers accessing this site which is just 2 years old. The site is being used by many beyond its intended readership and primarily being accessed from search engines. The behaviours of users suggest potential motivating factors for use, such as the need for timely, succinct information.

Google Analytics has the ability to provide rich and meaningful data. To date, the understanding of FOAM as a learning aid has not kept pace with its increasing popularity, we hope that this study encourages others to share their readily available data and contribute to our understanding.

Conclusions Google analytics can powerfully explore FOAM usage. Site curators should develop materials suitable for mobile or desktop usage, mindful also that their readership may well not be healthcare professionals. Given its popularity, further evaluation of user motivations and the effectiveness of FOAM should be prioritised.

G192 SIMPROVISATION: A MODEL FOR STUDENT-LED SIMULATION

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Introduction Simulation is well established in medical education, with scenarios designed by faculty to elicit specific learning outcomes. We describe and evaluate a learner-led style of simulation-based education that puts learners in control of the day.

Simprovisation harnesses the principles of socially-constructed learning and andragogy, encouraging learners to address their own learning requirements.

Participants are divided into two groups. They are asked to consider their learning needs and provided with resources and faculty support to write two simulation scenarios. Faculty remain available to guide scenario writing and offer ‘micro-teaches’ on required topics. The groups then swap and participate in the scenarios written for them by the opposite group. Each scenario is followed by a structured debrief, providing opportunities for participants to share their learning from scenarios.

Methods We delivered Simprovisation to 62 participants ranging from 4th year medical students to junior doctors. We conducted pre- and post-course questionnaire surveys and invited participants to focus groups to discuss their experiences.

Results Our feedback questionnaire shows 100% of 58 respondents found Simprovisation useful, and 95% were able to meet at least 2 out of 3 self-determined learning outcomes.

Two focus groups conducted by KB were held in June 2018. Students were invited to focus groups at the study day, and later emailed reminder invitations. Semi-structured questions were used to explore the value and challenges of writing simulation scenarios, the simulation itself, and students’ experience of the debrief, having written simulation scenarios. Thematic analysis transcriptions showed participants valued group-based work and setting their own learning objectives. They found writing simulation scenarios to be challenging, but a valuable source of learning, and reported being more engaged compared to previous simulation study days.

Incorporating the Pecha Kucha™ style of presentation utilizing ‘short sharp bursts’ of up to date paediatric teaching involving an evening of 6–7-minute presentations, occasionally with one longer presentation (10–20 minutes) on a wide range of topics. The sessions run for 90 minutes after afternoon handover to ensure optimal attendance.

Results Since the start of the programme 6 sessions have taken place and were well attended. Following each session, we obtained feedback via SurveyMonkey to allow us to refine and improve the evenings. Initially feedback showed that 79% rated it ‘highly enjoyable’ and 71% stated it was ‘highly educational’ but didn’t like the longer presentation. As we continued to respond to feedback the ratings improved with 92% rating it ‘excellent’ but suggested that 8% still found the ‘pace too fast’. General comments suggested further MDT involvement and with increased incorporation of this feedback has remained excellent.

Conclusions The evenings have been well received amongst attendees. Comments so far shows the Pecha Kucha™ style of presentation fosters a sociable atmosphere and positive learning environment. Constant feedback loops have allowed continual improvement with emphasis on ways to encourage not only MDT attendance but also MDT participation and presentation. Members of MDT and paediatric trainees all enjoyed the teaching and particularly commented on its ‘informal and enjoyable atmosphere’. There is a wide scope for improving the format and content with a long list of healthcare professionals keen to take up the challenge of delivering a PED Talk.

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