Abstract G195 Table 1 'LEAD-A-Team'

L	State you are the Leader
E	Stand at End of bed
A	Allocate roles
D	Describe mental model
-A-	Use the Algorithm
TEAM	Ask Team for feedback

Abstract G195 Table 2 Observer/Self reflection M-CALM Score (maximum 72) and teammonitor scores

Scenario (25 minutes)	Role	Faculty Feedback Score Mean 54 SD 4.63	Self Reflection Score Mean 54 SD 6.66	Faculty-Self Score	TeamMonitor Scores (r_s 0.69)
1	Consultant 1	47	50	-3	80.4%
2	ANP 1	61	44	+17	84.9%
3	Consultant 2	60	51	+9	80.5%
4	Consultant 3	49	52	-3	84.4%
5	Consultant 4	52	57	-5	80.2%
6	ST2	56	51	+5	88.5%
7	ANP 2	53	66	-13	91.0%
8	Consultant 2	56	62	-6	91.6%

of 72. TeamMonitor scores (Stocker et al.) were recorded by team members.

Results In 63% of scenarios, participants gave themselves a higher m-CALM score than the observer. Observer scores did not correlate with seniority. TeamMonitor scores were averaged and converted to percentages. There was an increase of 11% from first to last scenario and a linear relationship between TeamMonitor scores and simulation course time in minutes (Spearman correlation 0.69). We acknowledge that scenario 8 was the participant's second simulation (table 2).

Conclusions These results demonstrate differences between self-perceived and observed leadership. There does not appear to be a strong relationship between seniority and perceived leadership. The team's perception of performance improves as the course progresses suggesting the LIME course was impactful.

G196 THE FEAR OF LOSING A CHILD!

¹K Skehin, ¹S Molloy, ²A McGrath, ¹A Thompson, ^{1,3}T Bourke, ¹C Flannigan. ¹Paediatrics, Royal Belfast Hospital for Sick Children. Belfast, UK; ²Northern Ireland Ambulance Service, Belfast, UK; ³School of Medicine, Dentistry and Biochemical Sciences, Queen's University, Belfast, UK

10.1136/archdischild-2020-rcpch.166

Background Paramedics in Northern Ireland are expected to treat unwell children; perform life-saving interventions, in challenging surroundings with limited resources. Surprisingly, Northern Irish paramedic baseline paediatric education is minimal, and reliant on the 'Joint Colleges Ambulance Liaison Committee Clinical Guidelines' and personal experience to provide a solid foundation of knowledge. Furthermore, the

Northern Ireland Ambulance Service (NIAS) does not offer subsidised study leave. Approached by a paramedic crew, provoked by a number of tough, emotive paediatric call-outs, we conceived, designed and facilitated a collaborative, bespoke paramedic paediatric study day.

Aims

- To improve paramedic confidence in the management of unwell children.
- To provide an insight into hospital-based management of paediatric emergencies aimed to complement paramedic knowledge.
- To create a multidisciplinary forum for paramedics and paediatricians to network, improve relations and educate via a shared learning environment.

Methods

- Designed as a regional study day for NIAS members.
- Recruitment of paediatric intensivists, emergency consultants and senior paediatric trainees to facilitate lectures on emergencies; recognition, interventions and outcomes. Rotating skills stations focused on airway, cardiovascular management and an informative question and answering session.
- A simulated 'cot death' scenario to amalgamate learning objectives. A paramedic led pre-recorded out of hospital neonatal arrest call, streamed and continued in hospital with the emergency team receiving the patient. An actress played the role of the parent for authenticity.
- Responses evaluated via feedback forms.

Results This complimentary course was fully subscribed within five hours of advertisement. Fifty-five paramedics attended, 35 provided feedback; 100% felt more comfortable dealing with the unwell child after the course. Greater than 90% rated the skills station and lectures as extremely useful; simulation, validated by the actress was highlighted as 'innovative' and 'enlightening'. Further feedback read 'extremely beneficial day', 'thoroughly enjoyed and learned so much' and 'please, more of these events'. Suggested improvements included a bigger venue and more time.

Conclusion The course will run annually to facilitate regular paramedic training and enhance pre and in-hospital working relationships. The collaborative paramedic paediatric study day is a fabulous opportunity for all to progress in a shared learning environment, mutually respectful of the reality and fear of losing a child!

G198(P) STUDENTS' PERCEPTIONS OF PAEDIATRICS AND THE IMPACT OF A CAREERS WORKSHOP

CE Roberts, D Vick, JL Oakley. Children's Hospital for Wales, University Hospital of Wales, Cardiff, UK

10.1136/archdischild-2020-rcpch.167

Aims Applications to specialty training are falling and retention of trainees is increasingly challenging. Clinical placements influence students' perceptions of a specialty and may impact on career choices. We evaluated medical students' views of Paediatrics before and after their placement and explored the effect of a focused Careers Workshop.

Methods A survey was distributed to medical students before (n=93) and after (n=74) their Child Heath block (*Standard Group*). Subsequently, a smaller group of students were invited

to a Careers Workshop during their placement and surveyed before (n=20) and after (n=13) (*Intervention Group*). The workshop covered the 'highs' and 'lows' of working in Paediatrics as well as general careers advice, and a separate survey was completed to evaluate this (n=18).

Results Paediatrics was a popular 'Top 3' careers option, second only to General Practice. Students reported that formal careers advice and clinical contact are both important for career planning. Positive perceptions of Paediatrics included working with children, clinical variety and being rewarding. Negative perceptions focused on emotional challenges, poor work-life balance and managing parents. After placement, the Intervention group were more likely to comment on the positive aspects of a 'clinically varied' and 'rewarding' workload.

Following the Careers Workshop, 72% of students felt 'well informed' about careers in medicine generally and 94% regarding careers in Paediatrics. The workshop helped to address pre-conceptions regarding competition ratios and work-life balance.

In both groups, students were more likely to consider Paediatric training following their placement, with interest increasing from 69% to 76% (Standard group) and 70% to 77% (Intervention group).

Conclusion Our data demonstrates that clinical placements influence students' perceptions of a specialty. Although the Careers Workshop improved knowledge of careers in Paediatrics, there was no measurable difference between groups in the overall number of students considering the specialty. Nevertheless, trainees and consultants should be aware of the importance of clinical placements in shaping students' understanding and perceptions of a specialty. Careers advice should be integrated throughout the medical school curriculum and could run alongside clinical placements rather than as a separate entity.

G199(P) AN INNOVATIVE APPROACH TO INTER-PROFESSIONAL PAEDIATRIC SIMULATION TRAINING: A FACILITATED 'HOPES AND CONCERNS' CONVERSATION TO ENHANCE PSYCHOLOGICAL SAFETY

A Kilonback, B Desai. *Paediatric Simulation, Epsom General Hospital, Epsom, UK*

10.1136/archdischild-2020-rcpch.168

Background Providing a safe and positive environment for learners within simulation is crucial, this need is often amplified with an inter-professional learner group on a mandatory course.

Aims Create a safe space to allow open and honest discourse to promote effective inter-professional learning through simulation.

Methods Staff from nursing and medical backgrounds were allocated time to attend the training day by their rota coordinators. Each training day commenced with a facilitated 'hopes and concerns' session. The participants wrote down their hopes and concerns regarding the simulation training day. These were collated by the facilitator who identified common themes and developed them through discussion with the group to promote psychological safety and formulate tailored learning objectives and ground rules.

Participants completed pre and post course questionnaires and a focus group of faculty and learners was used to evaluate the effect.

Results The course was run on 16 separate days and was delivered to 137 learners representing a range of healthcare

professionals including healthcare assistants, nurses, physician's associates and a variety of doctors from FY2 to consultants.

All participants reported an improvement in their technical and non-technical skills and there were spontaneous recommendations from the participants that more paediatric training should be multi-professional.

Allowing time to reflect on hopes and concerns and write them down enabled the facilitator to draw out comments from both the extroverts and introverts in the group. Common themes with regard to hopes included developing technical and non-technical skills. Common themes with regard to concerns were feeling stressed, nervous, embarrassed, being judged and intimidated. These themes were shared across professions and levels of seniority.

Faculty members remarked that the new introduction 'improved engagement and participation in the debrief'. Learners commented that the introduction 'levelled the playing field' and in the debrief they felt 'safe to discuss their own feelings, previous experiences and mistakes'. Some additional comments from the post-course questionnaire included 'great team support', 'empowering day', 'extremely non-judgmental' and 'made to feel comfortable'.

Conclusions Inter-professional simulation training with a hopes and concerns facilitated discussion improves learners engagement with simulation training leading to development of confidence and skills.

G200(P) PROJECT POSITIVITY

¹MS Mooncey, ²C Bestwick, ^{2,3}JP Dilworth, ²R Heath, ⁴S Laurent, ³A Pervez, ²J Sabale, ¹E Bond. ¹*Paediatrics and Child Health, The Royal Free Hospital, London, UK;* ²*Medical School, UCL, London, UK;* ³*Medical Education, The Royal Free Hospital, London, UK;* ⁴*Paediatrics and Child Health, Barnet Hospital, London, UK*

10.1136/archdischild-2020-rcpch.169

'Positivity breeds positivity'. However. Medical students report feeling 'shunned' or 'ignored whilst on clinical placement. Morale for members of staff across the NHS is low. Why are we always so quick to talk about when things go badly, but we very rarely discuss and celebrate things going well?

Aims

- To improve medical student integration as part of the clinical team
- To increase the focus on positivity within the workplace, for all members of the MDT

Methods We created 'InteGreat' - a project focused on improving integration of medical students into the clinical team, (through the use of prompt cards and induction sessions). This was launched at our lunchtime event entitled 'Positivity in Paediatrics', which all members of the MDT were welcomed to. This was a platform for the introduction of new positive initiatives, and a celebration of the existing positive work in the department.

In combination with a 'Team Lunch' (and lots of baked goods!) a fantastically positive environment was created. A wellbeing questionnaire was distributed at the start and end of the session, to assess value and enjoyment of the session.

Results The session was extremely well received. 72% of people 'Strongly agreed' that the session was useful and 100% of participants 'Strongly agreed' that the session was enjoyable. The session received particularly glowing feedback from the