G206(P) UNDERGRADUATE PERCEPTIONS OF PAEDIATRIC SIMULATION

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Aims To evaluate a newly developed undergraduate paediatric simulation curriculum, specifically identifying student-perceived benefits and challenges of the learning experience. Few studies to date have explored student perceptions.

Methods Since September 2018, after an initial pilot study, penultimate year medical students have taken part in a novel paediatric simulation programme as part of their curriculum. The timetable consists of four sessions each focusing on a single paediatric emergency. Feedback questionnaires were completed after each session. The pilot study showed a significant increase in confidence about managing future paediatric emergencies. This study focused on evaluation of attitudes towards learning from simulation at undergraduate level.

Results 70 responses were collected and thematically analysed to interpret barriers and enablers to learning. The full hierarchical coding tree will be given at presentation.

'What did you find useful' themes related to gaining new or revising existing theoretical knowledge (by far the commonest theme) and learning new practical skills. Non-clinical themes also arose, including adopting a systematic approach, developing communication skills and improving teamwork.

'What did you find challenging' themes echoed this, with learning new technical skills being the most common. Similarly, paucity of existing knowledge and difficulty acquiring a new skill were also common themes. Challenges relating to non-clinical skills were less frequently described but included keeping calm, decision making and prioritisation. Development of communication skills and teamwork strategies were only perceived as a challenge for a minority of students.

Conclusion Research has shown that post-graduate simulation-based learning is weighted towards non-clinical themes. Our thematic analysis suggests that at undergraduate level perceptions are different; although non-clinical themes emerge, clinical themes are much more prevalent.

Faculty were surprised by and reflected upon these findings, exploring why this might be. We hypothesise that paucity of prior clinical knowledge can be a barrier to learning effectively in this environment at this educational level.

Responding to our learners' needs we plan to introduce a knowledge-based session prior to the programme, with associated supportive learning resources, and a session introducing the wider learning opportunities within simulation, with the aim of mitigating barriers to non-clinical learning.

G207(P) SIMULATION IN COMMUNITY PAEDIATRICS FOR 5TH YEAR MEDICAL STUDENTS: CAN IT WORK?

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Objectives To assess whether simulation is an effective method for teaching community paediatric topics to 5th year medical students.

Background The community paediatrics programme for 5th year medical students at UCL consists of:

Teaching Method	Challenges	Feedback
Previous:		
Practicing developmental assessment on typically developing children	Regular recruitment of sufficient numbers and ages of children	Excellent
Facilitated student case presentations	Not equitable Completion of 12 CBD's post-session	Variable; Less desirable nearer to exam time
Cerebral palsy teaching at Bobath centre	Not equitable Teaching discontinued due to centre moving	Very good
Community clinics	Influenced by patient attendance and patient's progress on care pathway	Variable learning experience
Current:		
Interactive case-based learning	Covered limited number of core-curriculum topics	Good
Introductory lectures	Poor student attendance	Unknown

The challenges above and changes to the new 2019–2020 MBBS programme, has resulted in significantly less time allocated for formal community paediatric teaching and more frequent sessions expected to be delivered (every 3 weeks, previously every 6 weeks) which requires more teaching staff, with already limited capacity.

Methods We developed a simulation programme consisting of 3 scenarios, covering 6 core curriculum topics using low-fidelity and low cost simulation equipment, aiming to provide :

- An equitable, standardised and sustainable teaching programme
- Focused curriculum mapping covering core topics in community paediatrics
- Prioritising the learners' needs
- Regular exposure to experiential learning opportunities

Assessment Medical student and teacher feedback was obtained to drive improvements (e.g. pre-reading material and workbook with dedicated time to complete prior to the session) and to describe learner experience.

To date, 23 students have participated and feedback has been overwhelmingly positive especially relating to small group facilitation (10/23; 43%), practical (7/23; 30%) and interactive (5/23; 22%) style.

Students also benefited from enhancing their generic and transferable skills (e.g. focused history taking, structured general examination, SBAR handover).

Conclusion Simulation can be an effective, equitable and cost-effective way to deliver community paediatric teaching to 5th year medical students. To ensure sustainability, sufficient numbers of facilitators for each session is required.

G208(P) A NEW REGIONAL LEVEL 3 TEACHING PROGRAMME: REVIEWING SUCCESS ONE YEAR ON

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Introduction The RCPCH Trainee Charter sets standards for postgraduate medical education, based on GMC guidance.