Common concerns raised by users of this tool are that it is complex, lengthy, and opens the doctor to disruptive and unwanted feedback. This can be stressful and lead to maladaptive behaviours such as the deliberate selection of assessors to avoid negative feedback, which might reduce the validity of the tool. Despite longstanding concerns, there is little more than anecdotal evidence as to the ways in which the ePaedMSF tool is used by paediatricians in practice. A better understanding of these processes and the factors that might influence them could facilitate revisions to the tool to enable effective feedback in a way that is more acceptable to paediatricians.

Objectives The aim of this study is to explore in what ways paediatricians within the context of the UK Paediatric Training Programme seek, interact with, make sense of, and respond to Multi-Source Feedback.

Methods All UK paediatric trainees and educational supervisors were invited by the Royal College of Paediatric and Child Health to apply to take part in semi-structured interviews about the ways in which they use MSF. A purposive sample of applicants was selected to achieve a range of experience and geographical representation. Interviews were conducted using online video-calling software, recorded, and transcribed. Data were analysed using Interpretive Phenomenological Analysis and interpretation was informed by sociocultural theories of learning.

Results 14 paediatric trainees and four educational supervisors were interviewed. Five distinct themes emerged: The selection of assessors, self-assessment and numeric scoring, factors influencing the perceived effectiveness of feedback, the ways in which paediatricians process that feedback, and the impact that feedback can have on clinician wellbeing.

Analysis of transcripts revealed a tension between the concept of MSF as a summative assessment of training which utilises numerical scores and anonymous assessors to identify trainees in difficulty, and MSF as a method to gather effective and acceptable formative feedback to identify and action change. Paediatricians use a number of mechanisms outside of the structures of training in order to aid in accepting and processing feedback, including seeking the advice and opinions of friends and peers.

Conclusions Paediatricians in the UK interact with MSF in a variety of ways which are driven by a need to balance personal wellbeing with professional development, and to satisfy the requirements of the training programme. Interventions to change the ePaedMSF would benefit from explicitly identifying the purpose of the tool to aid in decision making about how best to balance these competing interests. Changes to MSF will require a multifaceted approach, focusing on the user, the tool, and the context in which they interact in order effect the desired outcomes.

Quality Improvement and Patient Safety

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A THEMATIC ANALYSIS OF THE EXPERIENCES OF PARENTS AND CARERS OF CHILDREN IN HOSPITAL

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10.1136/archdischild-2021-rcpch.312

Background Illness exerts a great deal of psychological distress and seriously disrupts the patient's and their family's life. The

often live in a state of constant worry about the patient's condition and are forced to trust medical professionals to provide them with appropriate care. This may be considered to be an even greater effect when the patient is a child, and we wanted to see what could be done to help to alleviate this for parents and carers of inpatients on a Paediatric Ward.

Objectives To ascertain from parents and carers of inpatients on a Paediatric ward what they considered to be the aspects which they would find most helpful in alleviating their worries and stresses whilst their child is in hospital.

Methods We conducted semi-structured interviews to explore the experiences of parents at the bedside of their child in hospital.

As is expected from partaking in any research project as a medical student, we did face challenges, but also found that we had the luxury of time which was a strength that we used to spend with the parents in a private and comfortable manner. This allowed for a safe space for them to share opinions that were representative of their experiences, and ensured that families had the option to stay close to their child.

We recruited participants by opportunity sampling from various Paediatric wards.

Results We saw that most parents valued having someone to talk to and only a few seemed reluctant to share their opinions. Accessibility and transport to the hospital proved difficult for many parents and carers. Having supportive staff members caring for their child was greatly appreciated. We also found that families faced financial challenges with carers having to take time off work to stay with their child.

Conclusions The time it takes to effectively conduct and transcribe semi-structured interviews was a potential challenge of this research method, yet we agreed that this was imperative to maximise reliability and repeatability of our results by allowing us to translate more of the data. As a result, a greater understanding of the experiences of parents and carers was ultimately gained, and the insightful data which we gathered has the potential to guide future patient and family care.

The implementation of our plans for improving these aspects has necessarily been put on hold during the Covid pandemic, but our plans include information leaflets on the wards and questionnaires for both children and adults to complete.

Quality Improvement and Patient Safety

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'COOK AND COUNT', VIRTUAL COOKING CLASSES AND CARBOHYDRATE COUNTING FOR YOUNG PEOPLE, IN THESE TIMES OF COVID19, WHERE FACE TO FACE MEET UPS ARE NOT POSSIBLE

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Background In the past we have done face to face group diabetes education, but this was not possible in times of COVID19. Previously we had talked about teaching carbohydrate counting, around cooking, but not having access to a teaching kitchen. This got us thinking.

Objectives • Improve carbohydrate counting knowledge, expertise and confidence.

- To be fun as well as educational.
- Give young people the skills to be able to carbohydrate count independently in school, home and when out with