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Paediatric Educators' Special Interest Group

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TRAINEE LED MEDICAL STUDENT TEACHING: SEVEN YEARS ON, WHAT HAVE WE LEARNT AND WHAT LIES AHEAD?

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Background Medical student education has witnessed seismic shifts over recent years, with changes to medical curricula and increased use of information technology. The declaration of a global pandemic in early 2020 has fundamentally changed the way in which medical students access their education and the impact of this will be felt for years to come. 'Paeds in a Day' is a voluntary movement led by senior Paediatric doctors from the East Midlands. Over the past seven years, we have led an annual face-to-face lecture series, covering the core contents of the paediatric syllabus for students at the University of Nottingham. This year, in response to social distancing restrictions, we hosted our lecture series online, allowing medical students across the UK and internationally to benefit from the course.

Objectives Our aim is to describe the trends in student feedback received over the last seven years and outline how we will adapt our course to meet future students' needs.

Methods A mixed-methods approach was used to analyse electronic feedback forms from April 2015 to February 2021. Trends in Likert-scale questions were quantified and for the qualitative data, a thematic analysis was undertaken to highlight key positives and identify areas for future development.

Results Between 2015–2021, we have conducted six lecture series, teaching 1281 medical students (range 53–653) and delivering between 10–13 lectures on each occasion. To date, all students consistently 'agreed' or 'strongly agreed' that the course was helpful for their paediatric revision. A handout has been regarded as a valuable addition, with 88 to 100% of students finding it useful, and a high proportion of the positive feedback analysed was related to this (5.9–15.6%). The interactive 'fill in the gaps' approach to the workbook received fewer positive comments in 2021 compared to 2015 (8% vs. 21%), with more calls for continuous prose and a document that is easier to edit on a computer. Pace, timings and organisation of the course seem to have improved, with more positive comments over time, however increased numbers of students requested for the series to be split over two days (3.4% in 2015 vs. 24.5% in 2021). Five percent of the critical feedback in 2021 was related to requests for access to the recordings, for those studying from home.

Conclusions Since 2015, we have consistently delivered a valuable paediatric revision course for medical students. By adapting our course in 2021, we created an online, open-access platform for a UK and international audience. We have learnt when the course is delivered online, it is harder to cover similar amounts of material in one day, likely related to students struggling with increased screen-time. Handouts

continue to be important adjuncts to learning, although more are accessing these electronically. To meet their future needs, we should consider sharing recordings of our presentations, producing a handout that is easier to edit on a computer and splitting the course over two days.

Quality Improvement and Patient Safety

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THE INTRODUCTION OF VIRTUAL BRIEFING AND DEBRIEFING IN A GLOBAL PANDEMIC

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Background Medicine is a high risk and safety critical field. Our general paediatrics department has inpatient numbers which fluctuate on average from 50–100 or more. Patients are not allocated a particular ward but according to availability, so there is a large geographical spread across many wards. The team comprises of approximately 30 people consisting of FY1–ST8 doctors, ANPs and consultants. Each day different members of the team may be allocated to different wards depending on rotas. The consultant for each week however is consistent.

There are minimal changes to the structure of the day however there are daily changes to patient complexities, continuity of staff and patient location within the hospital. Over a period of four years boards have been introduced to facilitate briefing/debriefing at the beginning and end of the working day. These were designed initially from feedback from the team; they have consequently been adapted and redesigned following PDSA cycles.

Briefing and debriefing had been a well-established part of the team before the global pandemic in March 2020 which universally changed the way the team approached the working day, for example working in smaller sub teams to facilitate social distancing. Due to the substantial amount of change within the team we recognised that the daily briefing and debriefing was not functioning effectively. As a project group we developed and reintroduced new ways of briefing/debriefing that incorporated the government advice surrounding social distancing

Objectives To re-introduce daily briefing/debriefing virtually having previously been embedded within the department in a face to face format pre Covid-19, to improve situational awareness including staff experience and patient safety using the five levels of care.

Methods SCOPE-Recognition of a lack of brief/debrief because of unforeseen changes in the 'normal' working day due to covid-19

SHAPE- a questionnaire was designed to obtain feedback from the stakeholders to evaluate their input regarding the briefing/debriefing (pre covid-19). Using feedback collated, our focus was to improve situational awareness and learning opportunities for brief and develop the opportunity for the team to debrief.

SHIFT- Developing new tools using virtual systems to enable brief/debrief to occur in a timely and safe way. Education and training was provided for members of the team. Engagement from the whole team was essential for briefing and debriefing to be sustainable.