should guide our learning, are caused by errors in human factors.

**Objectives** Our objective is to research the impact simulation debriefs led by experts in human factors has on learning and understanding compared to debriefs led by clinicians with little or no human factors training. This is a rare opportunity to undertake a study working alongside pilots and we hope to use the results to facilitate ongoing human factors training for simulation facilitators.

**Methods** We ran a series of Multi-disciplinary simulations throughout the paediatric department, using various settings to avoid bias. We introduced the simulation, including the role of the pilots, to ensure all participants were aware of learning outcomes and expectations. We ran the simulation, allowing all participants to work in their current role. Following this, there was a clinical debrief before the participants were split into two groups for human factors debriefs. One group led by pilots and one group by a clinician with little human factors training. We then asked both groups to fill in a questionnaire, focusing on their understanding of human factors and the impact they feel the simulation will have on their future training.

**Results** Our project involved 6 simulations with 62 multi-disciplinary participants. Our project showed that both groups had an increased understanding of the importance and impact of Human Factors. Both groups showed an increase in participants strongly agreeing that they have a good understanding of human factors, although a larger increase was seen amongst the pilot group - 48%. All participants rated feedback in Human Factors as ‘Good’ or ‘Very Good’. 97% of the pilot group felt debriefs by pilots had improved their knowledge and impacted their training. 1 participant felt that having debriefs by pilots had not impacted their learning greater than debriefs by clinicians, but he went on to state he had a poor understanding of human factors. 98% of participants who answered felt pilots debriefs had a greater impact in learning compared to previous clinician led debriefs. Free comments were positive, including ‘great impact on patient safety’, ‘would encourage more sessions with pilots’ and ‘increased confidence and understanding’.

**Conclusions** In conclusion, this project showed that having debriefs lead by human factor experts had a great impact on understanding of human factors compared to standard clinician debrief. It also suggested that pilot debriefs has an impact on knowledge and patient safety. This data has been used to formulate a pilot lead human factors training course and will run participant in 6 months to see if this simulation impact future resuscitations.

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**Quality Improvement and Patient Safety**

**475 IMPROVING RESEARCH OPPORTUNITIES FOR PAEDIATRIC TRAINEES**

1Ciara Regan, 2Lucy Crossman, 3Jessica Burgess-Shannon. 1St Marys Hospital; 2Chelsea and Westminster hospital

**Background** Evidence based medicine and research build the foundation for gold standard practice. As clinicians we are uniquely placed to understand the needs of our patients and can therefore provide an invaluable perspective for developing research that drives advances in healthcare. However, a recent national survey shows only 45% of paediatric consultants participate in research (RCPCH, 2015). With this in mind, we designed a survey for paediatric trainees working in a Neonatal Unit, to assess what their experience and perceived barriers were to research activity.

Our survey demonstrated 62% of respondents (n=13) did not feel confident that they had the research skills expected for their stage of training. However, 77% were interested in gaining further research experience. Our survey highlighted several barriers to participation, including time constraints, rotas, gaps and a lack of apparent opportunities. This highlighted a need for initiatives to support trainees in pursuing research opportunities, so that we develop a workforce with robust research skills.

**Objectives** To implement effective and reproducible strategies for improving access to research for paediatric trainees.

**Methods** Multiple events were held over a 6-month period including weekly Journal Clubs, a ‘Research Opportunities Event’ which provided research-orientated teaching and explored options for developing research skills, and an ‘Interactive Research Workshop’ for practical training on trial recruitment and consent. A research newsletter was developed to communicate opportunities and engage staff with studies running within the department.

Trainees completed a survey before and after events to evaluate their efficacy.

**Results** 100% of respondents (n=12) attended Journal Club, 67% attended the ‘Research Opportunities Event’ and 75% attended the ‘Interactive Workshop’. Feedback was very positive, and all trainees felt that attendance had been helpful for developing their research skills. The benefits from participation in each of the events were identified as follows:

- **Benefits from weekly Journal Club participation:**
  - 84% had improved critical appraisal skills
  - 100% reported increased knowledge of research methodologies
  - 100% had exposure to new developments in neonatology

- **Benefits from attending the Research Opportunities Event:**
  - 100% had better understanding of academic training opportunities
  - 88% agreed they had exposure to new research opportunities
  - 100% had a better understanding of the RCPCH research curriculum

- **Benefits from attending the Interactive workshop:**
  - 100% had increased confidence in gaining consent for clinical trials
  - 100% had improved knowledge of clinician’s roles and responsibilities when taking consent for clinical trials

After attending the research events, 100% of trainees felt ‘confident’ or ‘somewhat confident’ that they had the research skills expected for their stage of training, in contrast to 38% prior to attendance.

**Conclusions** Our findings suggest a disconnect between trainees’ interest in research and their previous exposure to opportunities that allow them to develop this interest through their training. Research orientated teaching and interactive...
workshops were well received and improved confidence levels amongst paediatric trainees. The sessions were easy to implement and could viably run on a routine basis, to enhance understanding and participation in research, which is essential for maintaining an environment fostering research and innovation.

Paediatric Educators’ Special Interest Group

SCAFFOLDING SUPERVISION AT A TERTIARY CHILDREN’S HOSPITAL: CAN INTRODUCTION OF A TOOLKIT STREAMLINE CLINICAL SUPERVISION MEETINGS?

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Background Supervision, both clinical and educational, has been identified as an area for improvement locally, by Health Education England, and in the General Medical Council National Training Survey. This was explored in 2018 through a survey completed by paediatric trainees and supervisors at our regional tertiary paediatric hospital, identifying factors relating to poor supervision, including poor preparation for meetings and limited time. When further exploring preparedness for becoming a supervisor in senior trainees, we identified that most senior trainees feel additional training is required prior to taking on supervisor responsibilities. We have subsequently designed a toolkit to make elements of supervision more streamlined.

Objectives To identify if a toolkit can streamline clinical supervision meetings by suggesting discussion points aligned with standard outcomes.

Methods We designed a toolkit to streamline elements of supervision meetings derived from local and national documentation on supervision.

Paediatric trainees were divided to tier 1 (ST1-3) or tier 2 (ST4-8), and allocated to receiving the toolkit or not, along with their clinical supervisors.

Surveys were completed before and after the induction clinical supervision meeting and collected anonymously.

Results Initial survey:

- 43 paediatric trainees were identified; 13 at ST1–3 level and 30 at ST4–8 level
- 25 responses were received from trainees (toolkit, n=11; no toolkit, n=11; not disclosed, n=3) and 20 responses were received from supervisors (toolkit, n=12; no toolkit, n=7; not disclosed, n=1)
- Trainees expect to discuss post-specific details (learning opportunities, expectations of the trainee), review their existing experience and portfolio, and career progression
- Trainees report moderate confidence in their knowledge of a topic that would otherwise not have been covered, such as career planning
- 3 consultants identified that the toolkit enabled discussion of topics that otherwise may not have been covered, such as rota issues and career planning:
  - ‘Gave useful baseline structure; enabled me to focus on aspects of trainee’s development I hadn’t previously considered’

Conclusions Our toolkit for streamlining supervision meetings was well-received, useful and encouraged discussion of topics that may otherwise not have been covered.

Barriers to effective supervision may be structural, such as navigation of ePortfolios and physical space for meetings. Further qualitative research is needed to explore improving the process of supervision locally, particularly with increasing acceptance of virtual meetings.

We aim to expand this pilot to be evaluated regionally.

RCPCH Trainees Committee

QI PROJECT: IMPROVING LESS THAN FULL TIME TRAINEE (LTFT) ROTA DEVELOPMENT AND APPROVAL IN HILLINGDON HOSPITAL’S PAEDIATRIC DEPARTMENT

1Elizabeth Homer, 2Rebecca Gaunt, 2Tristan Bate, 2Heba Saleh. 1Hillingdon; 2Hillingdon Hospital

Background LTFT trainees often find starting new rotations stressful due to conflicts associated with their rotas.

In May 2019, 37% of Paediatric junior doctors at Hillingdon Hospital were working LTFT. Only 20% of these trainees felt supported with their rotas. Many of our LTFT trainees were unsure how to calculate their hours, which frequently resulted in proposed rotas being sent back and forth to medical staffing, delaying their approval. The survey found only 50% of LTFT trainees were confident or very confident when calculating their hours and only 60% were confident or very confident when calculating leave.

Objectives

1. To clarify and simplify the process of developing and confirming LTFT rotas.
2. To improve rota support for LTFT trainees.

Methods We surveyed all LTFT junior doctors in the Paediatric Department and presented the results at a departmental meeting. We identified areas of difficulty and met with the medical staffing and payroll teams, the Consultants responsible

- However, 6/20 had never attended training
- Supervisors highlighted issues with resource, such as lack of appropriate meeting space, and the capability of local networks to access Kaizen

Follow-up survey:

- 4 trainees and 8 consultants in the toolkit group responded; all used it.
- 2 trainees identified that the toolkit allowed discussion of a topic that would otherwise not have been covered, such as career planning
  - ‘It was helpful - however my current supervisor is very organised anyway! Would have been even more useful if you had a supervisor not aware of portfolio requirements.’
- 3 consultants identified that the toolkit enabled discussion of topics that otherwise may not have been covered, such as rota issues and career planning:
  - ‘Gave useful baseline structure; enabled me to focus on aspects of trainee’s development I hadn’t previously considered’