Conclusions Significant events can negatively impact on trainees' wellbeing; affecting them both personally and professionally. This can have long term implications on trainees' mental health, as well as workforce retention. It is therefore essential we ask 'are you ok?' If delivered appropriately, the debrief process can provide us with this opportunity ensuring the well-being of our trainees.

Paediatric Educators' Special Interest Group

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TRADITIONAL PAEDIATRIC BEDSIDE TEACHING – DON'T THROW THE BABY OUT WITH THE BATHWATER

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Background The benefits of bedside teaching are well documented.¹ In the 1960's it was estimated that 75% of clinical teaching was delivered in this way.² Recently the prevalence of bedside teaching has dramatically declined, estimated at around 17%.³

The University of Bristol MB ChB Medicine course was recently redesigned incorporating newer teaching modalities e.g. case-based learning, with the first intake in 2017. Timetabled bedside teaching sessions were introduced to the paediatric course as part of this redesign; with the first clinical paediatric placement in 2020.

Objectives The objective of this study was to evaluate student opinion about traditional bedside teaching methods and to establish if this teaching modality is still perceived by students as effective and beneficial to their learning.

Methods University of Bristol medical students in paediatrics at Bristol Royal Hospital for Children provided feedback on bedside teaching sessions using an anonymised online questionnaire after teaching sessions. Each session involved one doctor teaching two students with each student examining a patient followed by both peer and teacher feedback for the students. Feedback from end of placement interviews was also included.

Results 160 completed questionnaires were collected from 45 students over 4 months. 99% of responses documented increased confidence in the topic covered; 87% strongly agreeing. Importantly, no student reported feeling less confident after the teaching. 19% of responses mentioned feedback e.g. 'it was useful to have individualised feedback' and 'really helpful constructive feedback'. Interviews documented 'this is the first teaching we have had like this' and 'best part of the course'.

Conclusions We identified that students highly rate traditional bedside teaching, out of keeping with its recent decline. We have documented a positive student experience during the COVID19 pandemic, despite significant challenges, further highlighting the importance of bedside teaching. Compared to other modalities bedside teaching requires more doctors and more time. However, enthusiastic student feedback demonstrated added value.

Medical students highly value paediatric bedside teaching. The re-design of courses provides opportunities to include improved newer teaching modalities and also to include

improved traditional modalities such as bedside teaching. It is essential that we preserve and promote bedside teaching as a key element of undergraduate medical education.

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Quality Improvement and Patient Safety

1135

ADDRESSING STRESS IN THE PAEDIATRIC WORKPLACE THROUGH FOCUS GROUPS

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Background Stress in the workplace is an increasingly visible phenomenon affecting physicians across specialties. Paediatrics has seen markedly elevated burnout together with falling application rates and rising trainee dropout rates. This mix is disastrous for morale and staffing which, in turn, perpetuates the problem. The advent of the COVID-19 pandemic with resultant redeployment of paediatric staff to adult departments has served only to exacerbate pre-existing workplace stress.

Existing structures such as Balint Groups or Schwartz Rounds have a place within departments, exploring cases or emotional response to working within the clinical environment. We aimed to provide a space to allow paediatric doctors to freely explore their workplace experiences, clinical and emotional, in a safe, confidential environment with peers facilitated by a clinical psychologist.

Objectives To provide a safe and confidential environment for paediatric clinicians of all grades to explore their workplace experiences in the company of their peers and with the guidance of a clinical psychologist as facilitator.

To use these sessions identify stressors in the workplace and explore coping mechanisms.

Methods Invitations to attend small focus groups of no more than 9 people were sent to clinicians of all grades working in general paediatrics, neonates, paediatric hepatology and paediatric emergency medicine at our hospital. These groups were given protected time and were facilitated by a clinical psychologist.

Each group was subdivided into groups of 3 doctors. Every person was asked to share stories of times they felt stressed at work and to separate their thoughts according to these questions:

What is your experience of stress and burnout at work?

- How did it leave you feeling at the time or on reflection?
- What did you do to attempt to cope with how you were feeling at the time?
- What would be needed to support you: organisational factors, personal factors, increased support?
- Tell us about what you have found helpful and what would be needed in an ideal world?