Objectives To evaluate the parental and clinician's level of satisfaction in telephone consultation that has taken place during the lockdown period.

Methods Telephone survey was conducted on all out-patient telephone consultation in our Paediatric Department from 14th April to 29th May 2020. The Telephone survey was anonymous. It was conducted by 2 clinicians retrospectively between June and July 2020. The Telephone Survey consisted of 14 questions, which are mixtures of ratings on a 5-point Likert Scale, Yes/No questions and open suggestions. Simultaneously, an anonymous online survey was sent to our clinicians conducting the consultations to evaluate their level of satisfaction.

Results 144 Patients met our inclusion criteria and their parents were contacted by phone. We eventually contacted 100 patients. Over half (71%- 97%) declared that they 'Strongly agree' or 'Agree' regarding 'Consultation experience', 'Communication and Information', 'Technical Quality', 'Efficiency, 'Convenience' and 'Prescription system'. 27 clinicians responded to the on-line survey. The clinician level of satisfaction had been mixed. Although most our clinicians were willing continue with telephone consultation, over half of our clinicians (60%) had disagreed that the clinical assessment via telephone consultation had been adequate.

Conclusions This pilot study provided evidence of satisfaction with telephone consultation in a Paediatric Department of a large UK Teaching Hospital. Additionally, other comments and suggestions from parents and clinicians were a valuable source of feedback that should be considered in future service development.

Paediatric Educators' Special Interest Group

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REMOTE 360 VIRTUAL SIMULATION- CAN YOU 'DO SIM' COMPLETELY ONLINE?

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Background Simulation is resource heavy in terms of time, space, equipment, and faculty, with limitations on the number of people you can deliver each session to. During the COVID-19 pandemic, social distancing makes face to face simulation more challenging.

After working with a local healthcare VR team through a return to training project¹, we explored benefits and acceptability of remotely debriefing 360° videos of simulated paediatric emergencies. Remote debrief has been used successfully in the past to train teams² and faculty³. However, its use in the context of 360 content is still novel. The theory being that because the participant is an 'active observer' this would bring a more immersive experience.

Objectives We were keen to assess whether this novel method of experiencing simulation teaching was engaging, immersive and safe.

Methods Using 360° content filmed at Royal Devon and Exeter hospitals, we ran a remote virtual simulation session over MS Teams video conferencing platform in local and regional paediatric teaching sessions.

After a quick but vital pre-brief we asked the learners to watch a pre-filmed scenario (www.youtube.com/watch?v=1SqvH6TA_Kw).

We guided them to interact with the video, directing their view in the 360° media to whatever interested them. This was followed by a debrief using a modified 'standard' simulation debrief structure.

We collected feedback on its acceptability and similarity to face to face simulation.

Results Between April 2020- March 2020. 9 Sessions around 130 learners, 60 gave feedback. Sessions were embedded in local, regional (South west) and international (Wales) teaching.

Group sizes ranged from 6 to 40 learners. Levels ranged from medical students, foundation doctors, trainees and Paediatric consultants. Sessions were accessed on phones or computers at work or home.

Feedback was globally positive 100% 'would do it again'.

Qualitative feedback was rich and promising:

- 'more life-like than expected'
- 'safer than real sim as I didn't feel judged'
- '360 element meant you had a different perspective'.

Interestingly for some sessions we had more senior grade learners than our usual simulation sessions – this directed debriefs towards the non-technical learning which was discussed more than the medical learning.

The debrief often led to learners sharing stories of clinical encounters and it did not seem to matter that they did not actively participate in the simulation.

Additional positives include:

- Easy accessibility for anyone to view 360 video (no need beyond normal consumer technology).
- No need for additional faculty or manikins.
- Relatively quick and engaging to run remotely.
- Larger groups can be engage (and fit in a room) than standard simulation.

After presenting this work in 2020, other hospitals have taken our pre-made scenarios and have used them for their own virtual sessions.

Conclusions We recommend remote 360 sim with debrief as a fantastic adjunct to standard simulation. The modality is low cost, well received and a safe method of providing people with an experience of emergency scenarios. This is enhanced though a supportive debrief.

The experiences have helped establish some 'best practices' for this evolving modality, which we are keen to share.

British Association of General Paediatrics

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UMBILICAL GRANULOMAS: A PINCH OF SALT DRIES IT UP

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Background An umbilical granuloma is an overgrowth of tissue that usually occurs when the umbilical stump has fallen off. It occurs commonly in the neonatal period usually after Day 15 of life. Parents usually describe a fleshy mass and persistent cumbersome discharge from the umbilical area. The potential risk of omphalitis and necrotizing fasciitis means that it is important umbilical granulomas are identified and treated