particularly high at the start of the Covid-19 pandemic. Due to the popularity of the scheme, it was later expanded to include the maternity department. Nominations were received via email to a centralised address. On a monthly basis, certificates were sent out to nominees and themes of excellence were shared with the wider team.

Objectives To evaluate staff opinions of the LFE scheme, in particular the impact on morale, working relationships, team-working and patient safety. To also explore staff opinions on the functionality of the scheme and their experience of submitting and receiving nominations.

Methods A survey was distributed to all participants in the scheme 4 months after the project was initiated. An additional poll was performed at 10 months, and all members of the paediatric and maternity teams were invited to participate. Data was also collected on the number and theme of nominations, as well as staff members nominated/nominating.

Results 44 nominations were submitted within the first 4 months. There was a 73.0% response rate to the survey following this period (n=36), of which 72.0% fully completed the survey (n=26). The majority of nominations (57%) were from Paediatric Registrars in the first four months, but there was a spread across the wider MDT. All respondents reported that the LFE initiative had some impact on improving morale in the workplace, improved their motivation in the workplace and had been effective in improving teamwork. 96.2% felt LFE was effective in breaking down boundaries between staff and 88.5% felt it had an impact on improving patient safety. The qualitative responses received highlight the positive feelings experienced by participants and the impact on individual wellbeing – not only experienced by those who were nominated, but also the nominators.

Momentum built in the 10 months since the scheme was introduced, with the numbers of nominations growing from a mean of 6 per month initially to a peak of 25 per month (overall total of 146 nominations.) The spread of nominees over time was more inclusive of the wider MDT. A follow up survey was performed at 10 months and 40 responses were received. 100% of respondents felt that LFE was a beneficial initiative, and 100% felt that LFE had a positive impact on their work environment.

Conclusions The LFE scheme implemented during the Covid-19 pandemic in our paediatric department has contributed to improvement in staff morale, motivation and teamworking. The increase in nominations is evidence of development of a positive culture in which recognition of colleagues' contribution to the team is becoming part of the ethos of the department. Encouragement has never been more crucial than during the current global pandemic. We aim to expand this initiative by using digital innovation to make the process more efficient, and across different sites, so that learning points can be shared amongst the wider Trust.

Paediatric Educators' Special Interest Group

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LOW-FIDELITY SIMULATION FOR NEONATAL LIFE SUPPORT TRAINING TO MEMBERS OF THE OBSTETRIC TEAM

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Background Simulation teaching is a popular method of training clinical staff in the management of neonatal emergencies. It is an engaging and interactive way of improving clinical skills and confidence in following the neonatal life support (NLS) algorithm. Obstetric team members are often the first to attend neonatal resuscitations therefore it is important that they are trained to manage common neonatal emergencies.

Objectives The objective of this study is to evaluate the effectiveness of low-fidelity simulation to teach neonatal life support to members of the obstetric team.

Methods Four low-fidelity neonatal simulation sessions each lasting 40 minutes were run in February and March 2021. 21 candidates participated including 15 midwives, 2 doctors and 4 maternity support workers. All candidates worked within the maternity services, 20 in hospital and 1 in the community.

The simulation was carried out by an NLS trained neonatal doctor. Each session began with a 10-minute explanation of setting up the resuscitaire and an interactive scenario-based demonstration following the NLS algorithm. This was followed by 30-minutes of low-fidelity simulation in which each candidate was observed and supported to run through a realistic scenario using a low-fidelity neonatal mannequin. All the candidates completed post-course feedback evaluating the effectiveness of the training and their confidence in their clinical skills.

Results All candidates demonstrated to the trainer both the ability to follow the NLS algorithm in the low-fidelity simulation environment and to deliver effective inflation and ventilation breaths on a mannequin. In the feedback, candidates were asked to rate their answers to statements on a scale of 1 (strongly disagree) to 5 (strongly agree). Following the simulation, 100% of candidates strongly agreed (5/5) that the topics covered were relevant. 90% scored 5/5 for feeling more confident in following the NLS algorithm and 10% scored 4/5. 86% rated 5/5 for feeling more confident in setting up the resuscitaire and 14% scored 4/5. Candidates were asked to rate the following statements, 'I feel more confident in neonatal airway management and delivery of inflation and ventilation breaths' and 'I feel more confident in when and how to deliver CPR'. For both statements 95% rated 5/5 and 5% rated 4/5. 16 of 21 candidates answered the question 'Simulated scenario teaching is a valuable way of learning NLS' as this was not asked to the first group. Of those who answered this question 94% rated 5/5 and 6% rated 4/5.

Conclusions Low-fidelity simulation teaching is a valuable and effective way of training members of the obstetric team in NLS. All candidates agreed that they were more confident in both following the NLS algorithm and the practical skills required for NLS following the simulation training. The main limitations of this study are, firstly, that it assesses the self-efficacy of the skills learnt immediately after the training rather than providing an objective measure of performance and, secondly, it doesn't assess the long-term retention of the skills learnt. Additionally, to fully evaluate the impact of low-fidelity NLS simulation training on patient care, further studies using immediate and long-term clinical outcome measures are required.