Comments included 'Open and honest colleagues. Happy to call friends now'

'Brilliant group! Supportive, non-judgemental, definitely exceeded expectations. Without this group I would definitely have done much worse. Reduced my workload and made me practice. Great group-thank you!'

'A very supportive group who share their knowledge willingly and able to give honest constructive feedback. Will be extremely useful to have this support even after finishing START'

'Brilliant support, lovely to meet others at the same grade. Would have loved groups like this for other assessments/difficult times of my career. Maybe throughout my career! Thank you so much! '

**Conclusion** This is a unique multi-deanery collaboration between senior Paediatric trainees in the UK who continue to support each other.

**Acknowledgements** 1. All trainees who filled in the survey to support this write up.

**Declarations** No conflict of interest.

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Some negative feedback was that concerns were raised regarding having to leave clinical opportunities to provide the teaching.

**Conclusion** Students enjoyed having the opportunity to teach their peers and shared many positive thoughts regarding this. They valued gaining the teaching experience but also that they were able to attend teaching pitched at their training level. Peer to peer virtual teaching gave students an opportunity to experience virtual teaching and understand the difficulties that can be experienced from the point of view of the teacher. In particular they picked up on the difficulties with engagement frequently noted in literature relating to virtual teaching. Peer to peer teaching did not have a huge impact on the students willingness to interact in sessions.

In future the session will be moved to a more suitable time for students based on their requests.

Areas to improve in future:

Explore why some students do not find session worthwhile?

Could we encourage students to show us new innovative virtual teaching techniques?

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| 591 | NOW IT'S YOUR TURN – AN OPPORTUNITY FOR MEDICAL STUDENTS TO TEACH EACH OTHER! |

Chloe Norman, Idan Bokobza, Yasmin Baki, Camilla Sen. *UCLH*

**Aims**

**Objectives** Engaging medical students in the virtual world can be challenging.

With an aim to improve engagement we asked them to teach each other.

**Our aims** • Give medical students the opportunity to practise their presentation skills by delivering a short, virtual teaching session to their peers.

• Assess whether peer-to-peer medical student teaching is effective at increasing student engagement and is enjoyable.

**Methods** Students were asked to prepare a 10 minute presentation based on a clinical topic chosen from a list.

Several were presented in a 1 hour session which was supervised by a Clinical Teaching Fellow.

The Clinical Teaching Fellow was able to oversee and support with questions.

The students then received a 'supervised learning event' with personalised feedback and were asked to subsequently complete an online questionnaire.

**Results** There were 14 out of 15 responses to the questionnaire. 86% of responders found the sessions worthwhile – 'I found the presentation sessions to be incredibly engaging and helpful and helpful in consolidating core knowledge about core conditions.'[1]

43% of the students found it easier to interact with peer based teaching sessions while 43% found it equal to other forms of teaching.

**Key themes with associated quotes** • Learning a topic in depth: 'Good opportunity to learn a topic in detail to teach others'.[1]

• Lectures tailored to medical student level: 'exam focused with high yield content'.[1]

• Opportunity to develop presentation skills: 'Good presenting experience under a non -pressurised environment.'[1]

• Difficulties engaging a virtual audience: 'It is hard to encourage interaction – can empathise with our teachers.!'[1]

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| 618 | EDUCATIONAL DEVELOPMENT OF PAEDIATRIC CLINICIANS WORKING IN THE NHS 111 PAEDIATRIC CLINICAL ASSESSMENT SERVICE (PCAS) TO OPTIMISE THE QUALITY OF PAEDIATRIC CONSULTATIONS |

[1]Philippa Stilwell, [2]Agnieszka Wojciechowska, [3]Joanne Turner, [3]Sam Thornton, [3]Tracy Wickham, [1]Kate Oloughlin, [3]David Supple, [4]Simon Kenny, [5]Richard Owen, [5]Raziya Mitchell, [6]Gareth Stuttard, [7]Ian Maconochie. [1]*Evelina London Children's Hospital*; [2]*NHS England and NHS Improvement*; [3]*Integrated Care 24*; [4]*Alder Hey Children's Hospital NHS Foundation Trust, University of Liverpool*; [5]*NHS England and NHS Improvement*; [6]*Wake Green Practice, Birmingham*; [7]*Imperial College Healthcare NHS Trust*

**Aims** A Paediatric Clinical Assessment Service (PCAS) in NHS 111 was established in 2021, hosted by Integrated Care 24 (IC24). The objectives were to:

• Recruit paediatric clinicians (doctors and Advanced Nurse Practitioners (ANPs)) to manage clinical calls for under 16 year olds within the PCAS;

• Design and evaluate an induction and training programme to support PCAS clinicians and optimise the quality of paediatric calls taken within this service.

**Methods** In 2021, a recruitment advertisement via the RCPCH described the opportunity for paediatric clinicians to join the PCAS, with an expression of interest form hosted on an RCPCH webpage. Following completion of on-boarding (human resources checks, contractual arrangements and IT set-up), paediatric clinicians were inducted into the PCAS. An ongoing virtual educational support programme was designed, with feedback collected from clinicians (via MS Forms survey) four months following its establishment.

**Results** 105 paediatric clinicians (101 doctors and 4 ANPs) expressed an interest through the RCPCH call out, of whom 91 progressed to on-boarding. 27 paediatric clinicians were inducted (virtually) and have worked at least one shift within the PCAS. The clinician survey was responded to by 21 paediatricians (13 ST4-8 trainees or clinical fellows, 7 active Consultants and 1 retired Consultant; response rate 78%). All respondents found the induction 'very useful' (n = 10, 48%) or 'useful' (n = 11, 52%) Reverse shadowing (in the live environment) and video examples of calls were reported by

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respondents as ideas that could have further improved the induction experience.

5 paediatricians (24%) reported enjoying the PCAS work 'somewhat' with the remaining 16 (76%) enjoying it 'very much'. 20 (95%) reported feeling 'very well supported' during work and 21 (100%) reported that the PCAS adds value to NHS 111 services. In particular, 5 case types were highlighted by respondents as those in which they felt they could best add value to the service; the unwell infant, fever, rashes, respiratory illness and head injury.

8 of 9 (89%) who had attended the educational (clinical forum) meetings reported finding them 'useful' or 'very useful'. 5 of 9 (55%) noted that they would be happy for non-paediatric clinicians to also join the foru9 respondents were interested in supervising trainees within the PCAS, and 4 in being supervised (i.e. to gain further feedback about their communication, remote assessment skills, decision making and use of the directory of services).

All clinicians working in the PCAS have had their consultations audited against the Royal College of General Practice (RCGP) toolkit, with the average audit outcome score = 98.5%.

**Conclusion** Most paediatric clinicians like working within the NHS111 PCAS and think it adds value to NHS111 CAS services. The clinical forums are a useful means to enable professional peer learning and reflection on clinical case encounters. Future work will establish PCAS supervision sessions, to facilitate immediate feedback and completion of (e-portfolio) workplace based assessments for trainees, using the recently published paediatric NHS 111 consultation framework, learning outcomes, key capabilities and illustrations that have been mapped against the RCPCH Progress curriculum domains.

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| 629 | ENHANCING PAEDIATRIC UNDERGRADUATE TEACHING THROUGH SIMULATION – REFLECTIONS AND INSIGHTS |

Sapphire Tan, Laurel Schofield, G Natasha, Sarah Prentice, Syed Ather Ahmed, Fatima Kagalwala. *Department of Paediatrics, Lister Hospital, Stevenage*

**Aims** Opportunities for medical students to be involved in managing acutely unwell paediatric patients are limited owing to their relatively short undergraduate paediatric placements, as well as the infrequent nature of such events. Simulation-based education (SBE) plays an increasingly important role in paediatric medical education, as it provides more opportunities for students to gain experience, confidence and competence in managing such scenarios in a safe environment.

We aimed to evaluate and enhance paediatric undergraduate teaching through SBE on various acute paediatric scenarios delivered at a single district general hospital.

**Methods** We conducted low-fidelity SBE sessions on various realistic acute paediatric scenarios for Year 5 medical students from University College London on their paediatric placement at Lister Hospital (Stevenage). This included a debrief period at the end of the scenario to provide students with individualised feedback and enable them to consolidate their learning.

Pre- and post-session feedback were collated from students to evaluate the effectiveness of the teaching and highlight any areas for improvement.

**Results** We conducted 3 SBE sessions between September 2019 and February 2020. Pre- and post- session feedback were obtained from 10 students.

Pre-session feedback identified several intended learning objective themes (figure 1). The most common learning objective theme was to gain more experience in managing acute emergencies. Another popular theme was developing non-technical skills including: team-working, leadership skills, communication with the multidisciplinary team and parents, and situational awareness. Other objectives that were mentioned include understanding the similarities/differences between paediatric and adult care and being more familiar with paediatric equipment.

**Post-session feedback was very positive** 100% (10/10) of students felt that the simulation and debrief provided a valuable learning experience, and that they would recommend this simulation to others. Qualitative feedback identified several actual learning outcomes which were analysed and mapped to the themes of their intended learning objectives (table 1). Overall, students reported that the acute management of paediatric emergencies and developing interpersonal skills were well covered in the session. Interestingly, a particularly popular sub-theme within development of non-technical skills was communicating with parents – 40% (4/10) of students mentioned this in their actual learning outcomes, even though it was only mentioned by 10% (1/10) of students in the intended learning objectives. There was no mention of learning about the similarities/differences between paediatric and adult care and about using paediatric equipment, identifying possible room for

| Theme | Examples of intended learning objectives in the pre-session feedback | No of students (n = 10) | Examples of actual learning points in the post-session feedback | No of students (n = 10) |
|---|---|---|---|---|
| Acute management of emergencies | *"How to lead an emergency scenario"*; *"Become more confident doing DR ABCDE".* | 6 | *"Reminded of DR ABCDE protocol; good to practice"*; *"More fluent in assessment"* | 5 |
| Developing interpersonal skills | *"How to approach stressful situations"*; *"Allocating roles + delegating tasks"*; *"Gain confidence in working as a team"*; *"How to communicate effectively with parents".* | 5 | *"Talking and involving parents during assessment"*; *"Learning to function as a team – their importance of allocated roles was clear".* | 6 |
| Comparing paediatric and adult care | *"Understanding similarities and differences between child and adult care"*; *"To understand how paeds emergencies differ from adults".* | 2 | - | 0 |
| Using paediatric equipment | *"Better understanding of paediatric equipment"*; *"Become more familiar with equipment".* | 2 | - | 0 |

**Abstract 629 Figure 1**