Aims We believe simulation to be one of the greatest untapped resources in medical education. This is not to say that simulation is an unusual feature in teaching sessions, but from our experience it often runs during busy shifts, when staff cannot attend. Participants often feel uncomfortable engaging with the process, leading to an unintended reduction in confidence. An astronaut does not enter a rocket without countless hours of simulation, nor does a sportsperson take a penalty in a final without countless hours of dedicated practice. Yet, a Paediatric SHO will get called to their first preterm delivery, albeit with senior support, without ever having practised a scenario like that. We aimed to address that very issue with an after-hours SIM Club in the tertiary centre for Neonates in Northern Ireland (NI).

Methods We created a portfolio of simulation scenarios based on real cases within the Neonatal Intensive Care Unit (NICU) to increase fidelity and maximise learning. We targeted ST2 trainees whose next job would be working as a ST3 registrar in a District General Hospital (DGH), to ease this transition in responsibility. Sessions were run after normal working hours to maximise engagement with the scenarios. Simulations could often run for between 30-60 minutes. This was to mirror reality and took SHOs through initial resuscitation, stabilisation, transfer to NICU, initial management plan and a subsequent deterioration to troubleshoot. The simulation portfolio is clearly written to make it transferrable to DGHs looking to run these scenarios in their own departments.

Results We collected qualitative data using questionnaires both before and after running these sessions. 62.5% had previously had positive or very positive experience of simulation. 50% neither agreed nor disagreed that previous simulation teaching had made them feel more confident. Following the programme 83% found it easier to engage after normal working hours, with 100% finding the training environment more engaging and relaxing than previous. Most importantly, 100% of trainees felt more confident managing neonatal emergencies and recommended this programme to other trainees.

Conclusion We embarked on this process to address the issues that trainees find when trying to engage with simulation teaching. Through feedback we knew that we achieved this goal, with the main theme being a request for further sessions. Our focus on making a clear simulation portfolio means we now have a product which can be easily deployed in different settings, in order to enhance neonatal education throughout NI. Simulation training, when used appropriately, can give trainees the opportunity to train together to build more effective teams, allow us to perform optimally during high pressure situations and achieve the best outcome for our patients. By building scenarios around real cases from the NICU, we were able to enhance debriefing of stressful and upsetting situations and give juniors the chance to practice being in a leadership role, helping to reduce the anxiety associated with stepping up to being a registrar.

Aims Due to public health measures, such as social distancing, reductions of patient admissions and resulting lack of teaching opportunities, medical students’ time spent on, and intensity of, paediatric placements was severely impacted. A mentorship program at Sheffield Children’s Hospital (SCH) was developed in response to restrictions to paediatric medical student placements during the first and second wave of the COVID-19 pandemic.

Even in the absence of a pandemic, medical students report high levels of apprehension and anxiety around paediatric patient interactions, therefore, the need to supplement student learning, and to offer teaching opportunities, was paramount. The mentorship program was developed, following a needs assessment of medical students on placement, and delivered by volunteer junior doctors. In its pilot version, 28 took part and returned feedback. The feedback was implemented into a revised mentorship program, and delivered to a further two cohorts.

Aims 1. Evaluate the acceptability of the revised mentorship program for medical students on paediatric placement.
2. Evaluate the efficacy of the revised mentorship program for medical students on paediatric placement.
3. Assess feasibility to deliver the mentorship program long-term, without the acute Covid-19 context.

Methods Between September and November 2021, 24 medical students were on placement at SCH. All students received an email with an allocated mentor, which they were told to contact. The mentorship program follows a clear pro-forma, with the student and mentor meeting a number of times to complete the tasks in the pro-forma [range of meetings 1-4, depending on availability]. The scheme was also meant to run in January 2022, with 15 students on placement at SCH, however, there were only four volunteer junior doctors, which meant the scheme was unable to run.

At the end of the mentorship program, participants (mentors, mentees) completed an online questionnaire to collect feedback, assess acceptability, ascertain efficacy and feasibility of the mentorship program.

Results Out of the 24 students, only nine (38%) returned questionnaires at the end of their placement, and only five mentors completed feedback questionnaires.

The program was found to have good acceptability, with 78% of students strongly agreeing that it has been beneficial to have a junior doctor as a mentor.

The feedback regarding efficacy was mixed, with some students indicating their felt confident in some areas but not others (especially neonatal medicine).

Feasibility of delivering this scheme project is dependent on voluntary participation of mentors.

Conclusion Due to medical students’ apprehension regarding paediatric student placements, and lack of exposure due to Covid-19, this ongoing mentorship seeks to support medical students during this time. Results indicate good acceptability and moderate efficacy. However, the feasibility of the program is dependent on voluntary participation from paediatric trainees. Ongoing high levels of burnout, staffing pressures and lack of organizational structures encouraging mentor-mentee