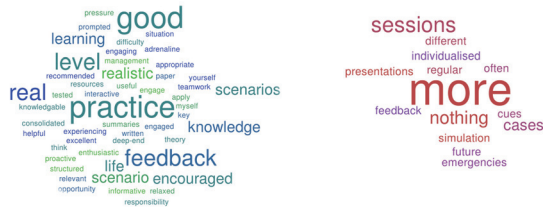


Written Feedback on Simulation Course – Word Cloud Summaries

“I liked the following things about the sessions:”

“The session might be improved by:”



**Abstract 1080 Figure 2** Written Feedback on simulation course – word cloud summaries

Overwhelmingly, their suggestions for improvement was to have more, regular simulation sessions exploring different paediatric scenarios.

**Conclusion** Our results reflect a significant self-reported positive impact of paediatric emergency simulation education on medical students.

We aim to further develop these sessions for medical students, to help improve their preparedness in recognising and managing acutely unwell children and young people.

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**THE PAEDIATRIC TOOLKIT: CREATING INSTRUCTIONAL CLINICAL SKILL VIDEOS DURING COVID-19**

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**Aims** Paediatrics as a specialty requires the interprofessional team to maintain competence and confidence in a variety of clinical skills and procedures. The COVID-19 pandemic has resulted in reduced accessibility to teaching courses and also observation of clinical skills and procedures. Previous studies have suggested that the quality of content of freely available online clinical skills videos are variable.<sup>1</sup> Authors found a lack of a trustworthy source for instructional videos for paediatric clinical skills and procedures. The project aimed to create an accessible online series of videos to enable the paediatric interprofessional team to revise important clinical skills during the COVID-19 pandemic.

**Methods** A list of essential paediatrics clinical skills was collated, through discussion with paediatric medical and nursing staff, in line with the RCPCH curriculum. Using freely available video editing software and mobile smart phones, instructional videos were recorded and edited. The videos were then peer-reviewed by paediatric consultants and senior nurses in order to ensure accuracy of information.

The videos were then uploaded onto the Health Board’s medical education website, using Vimeo as a platform, unto a webpage entitled ‘The Paediatric Toolkit’. The toolkit was freely accessible outwith the local intranet and using Vimeo as a host ensured the videos were of high quality and were easily watched on a smartphone.

**Results** This project has resulted in the projection of fourteen instructional videos of between 2 minutes and 13 minutes in length which are freely available online for use by the paediatric interprofessional team. (figure 1, figure 2.) The project has demonstrated that a high-quality revision resource can be created using smartphones/iPads to record and produce instructional videos.

It is anticipated that paediatric staff will use the resource as a revision aid for ‘just-in-time’<sup>2</sup> revision of clinical skills/procedures they may have not undertaken for a period of time. Additionally, new trainees, staff and students are directed to the resource as an introduction to paediatric clinical skills prior to exposure in clinical practice. The project has been praised by nurses and doctors at varying stages of experience. Formal evaluation of the Paediatric Toolkit is currently ongoing via an online survey.

Unanswered questions include the frequency to which the resource is currently being accessed and if the resource has improved competence or confidence in paediatric clinical skills.

Challenges experienced with this project included the time-consuming nature of video editing and the frequency with which videos may need updated in line with most recent clinical guidelines.



**Abstract 1103 Figure 1** Paediatric Toolkit Video



**Abstract 1103 Figure 2** Paediatric Toolkit Video

**Conclusion** This online resource has provided a method for consolidation of clinical skills away from the clinical environment. Theory cannot replace real life experience however there may be an important role for just-in-time revision aids in every day paediatric practice.

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### MENTORSHIP FOR MEDICAL STUDENTS IN PAEDIATRICS: IS IT BENEFICIAL?

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**Aims** Junior doctor mentors are allocated to all fourth year medical students undertaking their Child Health placement at one tertiary Children's Hospital. The scheme aims to complement formal teaching and clinical supervision during their placement. Student engagement in the mentor scheme is encouraged, but not mandatory. The relationship between student and mentor is encouraged to be student-directed to promote focus on individual student's needs.

This study aims to assess student and mentor perceptions of the current programme, addressing the following questions:

- Do students feel that a mentor is useful during clinical placement?
- What are students' perceived obstacles to engagement in this programme?
- Do junior doctors feel they benefit from the experience of mentoring?

**Methods** Two consecutive blocks of students were surveyed using anonymous questionnaires following completion of their Child Health placement during the 2021/22 academic year. Junior doctors who volunteered as mentors over the same periods were also surveyed.

Feedback was encouraged from all students and allocated mentors, regardless of engagement with the programme.

**Results** Responses were received from 24 medical students; 50% reported that they engaged with their mentor during their Child Health placement. The majority of these students met their mentor at least two-three times over the course of their six week clinical placement. Two students met with their mentor over six times during the block.

92% of students who met with their mentor rated this relationship as either 'somewhat beneficial' or 'beneficial'. Students commented that it is a 'great system' and 'the scheme was very useful'. One student requested the scheme be implemented across other placements.

Student-reported benefits of the mentor scheme included:

1. Additional clinical teaching
2. Increased confidence
3. Assistance with completion of supervised learning events for their portfolio
4. Access to out of hours experiences and shadowing
5. Careers advice

Students who did not meet with their mentor described two key reasons for this: perceived lack of time during placement and a lack of clarity regarding the mentor role.

The majority of mentors who met with their allocated students felt that participating in the scheme was beneficial. Mentor-reported benefits included development of leadership, teaching and feedback skills, and a sense of personal satisfaction. Conversely, mentors whose students did not engage with

the scheme reported no benefit to themselves, with one reporting this experience was 'deflating'.

**Conclusion** Medical students report that engagement with an allocated junior doctor mentor during their Child Health placement is beneficial to them. Junior doctor mentors also find their role to be largely positive, however lack of engagement from the students can have undesired negative impact.

A key obstacle to engagement in the scheme was a lack of clarity regarding the mentor role; this may suggest the concept of mentorship is unfamiliar to medical students. Despite this, positive feedback regarding the concept of the scheme and the self-reported benefits suggest that mentorship is valuable to medical students on clinical placement. We plan to further develop this scheme by increasing student awareness of the mentor role and providing additional support and training to the junior doctor mentors.

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### CLINICAL PLACEMENTS IN PAEDIATRICS – WHAT MAKES A GREAT LEARNING EXPERIENCE?

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10.1136/archdischild-2022-rcpch.647

**Aims** Positive undergraduate experiences of paediatrics are key to student learning, to building a future workforce with confidence in child health and in future recruitment to our specialty.

At our large medical school, we have approximately 300 students each year for paediatrics clinical attachments.

In preparation for the medical licensing examination and to accommodate increasing student numbers we are reviewing the structure of our placements and teaching.

With limited undergraduate time in paediatrics we know that every day spent in clinical placements is precious. We wanted to understand what aspects of the paediatrics placement students value the most and to understand their perceived barriers to learning. We were keen to therefore explore our students' experiences of their time in paediatrics and to give students a central voice in changes to how our placements are structured.

**Methods** We invited two subsequent cohorts of students to take part in focus groups. We used a structured set of 4 open questions (table 1) with the allowance for prompting if there was limited feedback. The focus groups were facilitated by clinicians who were not involved in the student's assessment or examinations. These sessions were recorded and transcribed and then analysed for emerging themes. The focus groups were analysed using a framework analysis approach with themes triangulated by three independent researchers.

#### Primary Question

**Additional prompt questions** What makes a really good attachment

1. What things do you look forward to?
2. What inspires you
3. What was your best day during your paediatric attachment?

What are the barriers to a good attachment

1. What impedes your attachment

From your experience of different attachments, what do you think works well that can be incorporated to the Paediatrics