

Paediatric education

G116 SO YOU THINK YOU CAN WRITE LETTERS?

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Aim: To design and evaluate a Training Package for health professionals, which would improve written communication skills.

Method: A need was identified by clinicians to improve communication between primary and secondary care. A multidisciplinary steering group consisting of acute and community based medical and nursing staff developed an interactive training package, designed as a small group workshop. Participants completed an evaluation questionnaire at the opening and completion of the session, and six weeks later.

Evaluation of four three hour sessions, first with GP trainees, and subsequently with a mixed group of health professionals was undertaken. Various techniques were employed; including videotaped discussions, film clips and written scenarios to aid the participants in acquiring observational and recording skills; followed by critiquing a selection of letters from which the participants drew key points to use in constructing their own letters.

Results: The course evaluation form completed by 38 of 42 participants gave a rating of good to excellent for the session overall. Thirty participants attending the sessions completed all three questionnaires; these were used to assess change in attitude to written communication and its key components. Responses indicated that 19 participants thought that there was a significant improvement in their organisation of information, and that they were now focusing on the needs of the recipients of their letters.

Conclusions: This pilot study has shown that this training package can be an effective method of improving health professionals attitude towards written communication skills, along with their awareness of the essential elements required for this to be optimal. We now plan to expand the package to include more non-medical documentation as requested by several participants and widen our evaluation of the package to include assessment of participants written communication abilities before and after the course.

G117 NEWBORN RESUSCITATION TRAINING—WHICH MANNEQUIN?

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Newborn Life Support (NLS) courses use mannequins for demonstration and practise of skills required for newborn resuscitation.

Aim: To compare commercially available mannequins for physical characteristics, closeness to life and feedback during psychomotor procedures, and to pilot a modification to a mannequin's airway that meets the perceived shortfall in features.

Method: Four testers reached a consensus opinion about predetermined features of each of four mannequins, based on the objectives of newborn resuscitation training, as proposed by the Resuscitation Council¹. A simple modification of the Laerdal ALS mannequin allowing elective occlusion of the airway was piloted.

Results: None of the commercially available mannequins had ideal physical characteristics. Laerdal Resuscibaby mannequins were considered to provide the best feedback during mask ventilation, but did not permit airway instrumentation. The Laerdal ALS mannequin was felt to most realistically simulate an infant (as opposed to newborn) airway, with the added advantage of allowing instrumentation, but did not occlude whatever the position of the head. Use of the airway modification allowed increased instructor control during scenarios and testing stations used on NLS courses, and improved the sense of realism for candidates.

Conclusion: No training simulator is currently available which meets all the requirements of the ideal newborn mannequin. Modification of the airway of a commercially available mannequin to allow instructor control of airway patency affords an improved role in newborn resuscitation training.

1. Resuscitation at Birth: the Newborn Life Support Provider Course Manual. Richmond S, ed. Resuscitation Council (UK), 2001

G118 DEVELOPING INTERPROFESSIONAL EDUCATION IN CHILD HEALTH: A COMPARISON OF CLASSROOM AND CLINICAL PRACTICE ENVIRONMENTS

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The importance of effective teamwork has been emphasised in a number of recent national documents. For professionals to work together effectively in teams their education and training must prepare them for the interprofessional approach. Although this has developed significantly in the classroom environment in recent years, there has been less emphasis on clinical placement. Paediatrics and Child Health is a natural clinical area for interprofessional education (IPE) as team working is well established with recognition of the vital contributions of different professionals to the care of the child in the family context.

This pilot IPE programme involved 136 QUB undergraduate students in paediatrics (MS) and children's nursing (NS) during 2000–01. It was delivered by both University and Health Service staff (medicine and nursing) and evaluated by teachers and students. Qualitative and quantitative techniques were employed to determine the most effective teaching and learning strategies, and to identify barriers to success. Classroom-based (CB) shared learning (lectures, problem-based learning (PBL), case discussion) was compared with shared learning during clinical placement (CP)—tutorials, ward rounds, teamwork. In the classroom setting both students and teachers identified PBL as most successful. However, students concluded that much of the formal teaching content for MS was of limited value for NS, although both groups valued sessions taken by nurse lecturers with content related to paediatric nursing practice (e.g. the effects of hospitalisation on the child and family, the dying child).

CP learning was preferred overall and a significant majority of both groups of students considered that IPE should take place during CP after introduction in the classroom. Involving students in a shared case study leading to an assessed presentation was an effective focus for shared learning during CP as were shared ward rounds. Lessons learned are transferable to other areas of practice for the individuals involved. However, results also indicate that if CP is to become a focus for future IPE development there are significant implications for both University and Health Service staff whose commitment is essential. The results of this study will assist in the next phase of introduction of shared learning in this specialist area.

G119 STAFF RESPONSES TO AN APPRECIATIVE INQUIRY INTERVIEW—A PRELIMINARY REPORT

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An important and neglected aspect of Quality of Care exists in the nature of professionals interactions with patients (PIP). Appreciative Inquiry (AI) is a management method focusing on personal development. We began a programme of AI interviews with staff of the in-patient ward of a national paediatric liver service in order to promote reflective practice to improve PIP. The qualitative data presented are a preliminary analysis of themes as "quotable quotes" provided by the respondents, who were 12 nurses, grade D-G and 1 dietitian. The interview, performed by AB, took 1 hour. Dialogue ranged freely round 4 questions: Tell me a story about: 1. When you experienced care at its best, 2. When parents experienced care at its best, 3. When you initiated care at its best, 4. What or who inspired you to become a nurse. Stories were developed with questions to recognise associated emotions like "How did you feel when that happened?" Data were collected by revisiting the themes of the dialogue in the order presented. Respondents were asked their feelings on completion.

Results: The commonest themes (number of 13 who mentioned) were 1. Empathy, knowing what it feels like, closeness to parents (11), 2. Job well/efficiently done, pride (11), 3. Confidence in skill/expertise (10), 4. Feedback/appreciation (9), 5. Fun, enjoyment, (8), 6. Teamwork (7), 7. Commitment (7), 8. Feeling respected/valued (6), 9. Trust/being trusted (6), 10. Being in control of events (5). Sentiments recorded on completion were "OK", "Good", "Positive" (2), "Helpful and productive", "It was useful", "I needed it so much", "Productive – it makes you think why you are doing what you are doing", "I feel very reflective", "Confident", "Interested". One made no comment while 1 felt "mystified". Some respondents had difficulty replying to question 3.

Conclusion: The respondents share a fairly clear consensus about the nature of quality of care and their potential contribution to achieving it. They are strongly motivated by fundamental beliefs towards it. AI could be a powerful means to initiate reflective practice, affirm competencies and recognise personal and organisational strengths.

G120 INTERNET-MEDIATED EDUCATION IN NEONATAL MEDICINE

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Aims: To develop, deliver and evaluate a distance learning programme for junior doctors throughout Europe using a combination of web-based material and CD-ROM.

Methods: The project team comprising members from the UK, Denmark, Germany and Greece developed and piloted 4 similarly structured specialist training modules based upon the European syllabus. A web-based electronic library complemented course material provided on CD-ROM. Each module was delivered over a 4 week period using an online communications package mediated by an online tutor. An external evaluator, using a questionnaire and online reflections forum, evaluated the programme.

Results: 25 trainees from the member countries were allocated to 4 multinational tutor groups. 7 trainees were unable to complete the course. Trainees unanimously enjoyed the course and expressed a wish to participate in similar courses in the future. The opportunity to exchange ideas and discuss best practice amongst an online community was particularly valued. Trainees improved their knowledge and demonstrated their ability to apply it in clinical scenarios and small group projects. However, trainees found it difficult to complete all the learning objectives within the time available.

Conclusions: The course appeared to have met its stated aim. It remains to be determined how such a course can be integrated into postgraduate European medical training.

G121 USER-FRIENDLY METHOD FOR EXPLAINING ANATOMY OF BRAIN INJURY TO CHILDREN AND THEIR FAMILIES (AND EVEN THEIR DOCTORS!)

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Explaining patterns of neurodisability with respect to neuroanatomy of brain injury to the injured child and their family is a difficult clinical task, failure in this can compound difficulties encountered in rehabilitation

Aims: To evaluate two novel educational systems for regional functional neuroanatomy when used to provide explanations to children, their families and professionals.

Methods: A 3-D model of the brain and a brain anatomy cap with a brain surface graphic were created. Each device had fixed anatomical landmarks of Velcro to which function labels could be attached for training and testing purposes. These models were evaluated in multi-professional team discussion, during clinical consultations and during an RCPCH medical educational workshop, involving GPs and paediatricians who worked in groups to attach function labels to the landmarks. Feedback from the groups was obtained through a structured and free text questionnaire

Results: The systems were found to have face validity, be acceptable to the multi-professional team and be usable in the clinic setting with children and their families. Using both systems in the workshop we were able to score groups' knowledge of regional functional neuroanatomy. Feedback established that both systems were easy to understand, simple to use, appropriately pitched for families and better than other methods the participants had used previously. Free text statements revealed that the 3D model was practical, allowed identification of midline structures and reflected standard anatomical models used in undergraduate training. The brain anatomy cap was considered fun, appealing to children, interactive, and easily related to child's own surface anatomy.

Conclusion: We conclude that the 3D Model and the brain anatomy cap together, create a useful and much needed system for explanation of regional functional neuroanatomy. Results of further evaluation of these tools in other settings are planned and will be presented.