

## Education

### G140 PAEDIATRIC TRAINEES: EXPERIENCE OF WORKPLACE-BASED ASSESSMENTS

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**Aims:** In line with Postgraduate Medical Education and Training Board (PMETB) requirements specialty registrars of all grades have been required to complete more formalised assessments of their competencies. Workplace-based assessments are familiar to those who have recently undertaken foundation grade training but are new to older paediatric trainees. This study aimed to examine trainees' use and familiarity with these assessments.

**Methods:** An online survey was distributed to all trainees registered on ePortfolio on two separate occasions commencing on the 3 November 2008. The survey was also sent to specialist registrars via the Trainees' Committee of the RCPCH. Four types of assessment were surveyed: Direct Observation of Procedural Skills (DOPS), mini-Clinical Encounter Exercise (mini-CEX), case-based discussion (Cbd) and electronic Sheffield Peer Review Assessment Tool (eSPRAT).

**Results:** To date, 585 StRs (grades ST1–ST5) and 221 SpRs have completed the survey. SpRs completed 231 of 524 (44.1%) of DOPS assessments and 117 of 521 (22.5%) of CbdDs compared with consultants completing only 89 of 524 (17%) of DOPS but 300 of 521 CbdDs (57.6%). The table shows responses to trainees' views on their educational supervisor's familiarity with the assessments (a score of 1–10, with 10 corresponding to extremely competent). The range of respondents who replied that they had had no training in how the assessment tools were used to assess other trainees was 24.8–29.93% across the four types of assessment.

**Conclusions:** The results of all responses to the survey will be presented, including regional variations. A more focused investigation into trainees use and understanding of workplace-based assessments is now required.

### G141 FORMAL PAEDIATRIC LIFE SUPPORT TRAINING OF MEDICAL STUDENTS IMPROVES KNOWLEDGE AND ATTITUDES: A MULTICENTRE COHORT STUDY

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**Aims:** Paediatric life support (PLS) is a vital skill for those working with children. It is widely taught in some form during medical training but there is no nationally agreed standard on what training should be offered and there is a paucity of evidence to support any particular approach. This contrasts with postgraduate training courses that are highly structured and set minimum standards for faculty, equipment and teaching. We sought to determine whether formal PLS training impacted upon knowledge and attitudes in medical students.

**Methods:** Since 2004 we have been offering formal PLS training via the advanced life support group (ALSG) model to all medical

students undertaking their child health training at Derbyshire Children's Hospital. Students are randomly assigned to training centres, with just less than 50% of students undertaking their training in Derby. We designed an electronic questionnaire assessing knowledge (five true/false MCQs) and attitudes (four-point Likert scale rating confidence for nine clinical situations) to paediatric resuscitation. We sent this to students following their attachment (1–18 months). Students who had non-PLS basic life support training and assessment (Nottingham students) acted as a comparator group. Intergroup differences were sought using the Mann–Whitney U test. The local research ethics committee approved the study.

**Results:** There were a total of 107 responses, 81 from Derby students and 26 from Nottingham students. Students who had received PLS training were significantly more confident in dealing with paediatric emergencies (mean overall improvement 4.0 (95% CI 1.9 to 6.1)  $p = 0.0002$ ) and more likely to give correct factual responses to questions relating to PLS (4.0/5 (IQR 3–5) compared with 3.6/5 (IQR 3–4) in the control group  $p = 0.0269$ ). These benefits persisted up to 18 months following the course. There were no differences seen in reported exam marks between student groups (69.6% in Derby respondents compared with 72.4% in Nottingham respondents  $p = 0.152$ ).

**Discussion:** Formal PLS training is more effective than standard basic life support training. It increases knowledge and confidence in dealing with paediatric emergencies. These differences cannot be accounted for baseline differences in student performance as other reported examination scores were similar between the two groups. These data support the wider provision of PLS training to undergraduate medical students using the ALSG model.

### G142 CAN COMMUNICATION SKILLS TRAINING IMPROVE PAEDIATRICIANS' INTERACTIONS WITH CHILDREN IN A DISTRICT GENERAL HOSPITAL SETTING?

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**Aims:** This study was conducted to examine the effect of a communications skills study on paediatrician's interaction with children. The effect was measured using a validated parental questionnaire (Sheffpat)

**Methods:** This is a single blinded randomised controlled trial. Seven paediatricians seeing patients in a district general outpatient clinic were randomised either to an intervention (communications skills course) or control group. Parents of children seen in clinics who fulfilled eligibility criteria were asked to fill in questionnaires regarding their consultations with paediatricians. Questionnaire scores were collected at baseline over a 6-week period with repeated data collection following the communication skills course over a further 6-week period.

**Results:** The study findings show a statistically significant positive impact of a communications skills course on paediatricians' interactions with children. There was a mean increase in aggregated questionnaire scores (0.218,  $p = 0.02$ , 95% CI 0.079, 0.356) and mean increase in scores for the summary question (0.96,  $p = 0.038$ , 95% CI 0.08, 1.85) for the intervention group. Consultants in the intervention group benefited the most from the course.

**Conclusions:** This study provides much required evidence that a short communications skills course can improve a paediatrician's interactions with families and children in the outpatient clinic. It is unique in the use of a parental assessment tool and provides further evidence that parental assessment tools can be used as a more feasible and less costly means of assessing communication skills.

#### Abstract G140

Assessment	No	Mean score	CI (95%)
DOPS	644	6.8	6.5 to 7.0
Mini-CEX	646	6.8	6.5 to 7.0
eSPRAT	644	7.1	6.9 to 7.3
Cbd	643	6.9	6.6 to 7.1

Cbd, case-based discussion; DOPS, Direct Observation of Procedural Skills; eSPRAT, electronic Sheffield Peer Review Assessment Tool; mini-CEX, mini-Clinical Encounter Exercise.

**G143 MISSING OUT! A STUDY OF CHILDREN EXCLUDED FROM PRIMARY SCHOOL**A Bhala. *Northampton General Hospital, Northampton, UK*

**Aims:** In the UK, school exclusion and its sequelae are recognised as an increasing problem. This project seeks to identify the educational and health needs of children who are excluded from primary school. Health includes physical, emotional and mental well-being.

**Subjects:** Children included for further analysis were permanently excluded or excluded for more than three occasions or excluded for more than 14 days in an academic year.

**Design:** A retrospective baseline data analysis was carried out along with case review for the period of September 2004–July 2005. Data provided by the local authority for fixed term, lunchtime and permanent exclusions from primary school was analysed, along with their community paediatric medical notes.

**Results:** There were 33 children who fulfilled the selection criteria. 28 (85%) children were identified to have special educational needs. 18 (55%) children had contact with community paediatric services and 21 children (64%) with child, adolescent and family services. 16 children (49%) presented with emotional and behavioural difficulties. Information on underlying social needs was difficult to extract from notes so was not included in this data analysis.

**Conclusions:** Excluded primary school children have significant underlying educational and health needs. Prevention, early identification and multidisciplinary interventions may prove fruitful in reducing exclusion from school.

**G144 CHILD PROTECTION AWARENESS WEEK: AN EFFECTIVE METHOD OF RAISING STAFF KNOWLEDGE AND AWARENESS IN A HEALTHCARE SETTING**H Brewer, R Tomlinson, C Mitchell. *Royal Devon and Exeter Hospital, Exeter, Devon, UK*

**Aim:** To assess the impact and effectiveness, of a Child Protection Awareness Week, in a hospital, on raising the knowledge and awareness of child protection roles and responsibilities.

**Method:** We organised a Child Protection Awareness Week aimed at all staff working in a large district general hospital. The campaign consisted of display stands, posters, information leaflets and cards, an article in the Trust newsletter, and daily updates on the Trust intranet. To confirm their training update, staff had the option to complete, sign and return a self-certification of knowledge. Three months later we attached a survey and reply envelope to every payslip. Replies were anonymous.

**Results:** 1568 (28%) staff returned the self-certification. Of 5663 surveys distributed 1736 (30%) were returned. 60% of respondents were aware of the week and 35% had returned the self-certification. Staff who reported awareness of the week were statistically more likely (all  $p < 0.0001$ ) to feel safeguarding children was part of their role (84% vs 73%), have knowledge of signs of abuse (86% vs 70%), and knowledge of child protection procedures (91% vs 68%). These staff were also statistically more likely ( $p < 0.0001$ ) to have signed and returned the self-certification. The most identified components of the week were the article in the newsletter and the items on the intranet. The number of “hits” on child protection intranet pages was >1000 over the awareness week, compared with 50 the previous week.

**Conclusions:** This is the first study known to us assessing Trust-wide knowledge in child protection and the impact of an awareness week as a method of education. We have identified the effectiveness, and the effective components of a campaign, and suggest that a yearly awareness week is a valuable component of a child protection education programme.

**G145 IT'S GOOD TO TALK: A 6-YEAR ANALYSIS OF THE SPECIALIST REGISTRAR TRAINING COURSE IN PAEDIATRIC COMMUNICATION SKILLS**<sup>1</sup>K Lewis, <sup>1</sup>M James-Ellison, <sup>2</sup>A Maddocks. <sup>1</sup>Morrison Hospital, Swansea, UK; <sup>2</sup>National Public Health Service for Wales, UK

**Introduction:** Communication skills are key to establishing a trusting doctor–patient–parent relationship, have positive effects on patient care and can reduce patient dissatisfaction and litigation. Communication skills can be enhanced with training and retained. We describe the evaluation of a communication skills course developed on behalf of the RCPCH (Wales).

**Background:** We ascertained the needs of Specialist Registrars (SpRs) (years 4 and 5) and shaped the course using a questionnaire, informal talks and pilot session. The 2-day interactive course addresses challenging areas in paediatric communication. It includes lectures, role-play, small group work and videoed simulated patient encounters using teenage actors. It covers written skills, breaking bad news, communicating with children and self, peer and “patient” feedback of video sessions.

**Methods:** Each course was evaluated (2002–07). SpRs completed a rating questionnaire 1 (waste of time) to 5 (very good), free text comments and visual rating scale. In September 2008 a survey was forwarded to 40 participants from the six courses, which assessed the course once again and how it has affected their practice.

**Results:** Feedback from six courses and 38 SpRs (79% response rate) were analysed. Overall, the course scored highly—85% of scores rated 4 or above. When individual topics/sessions were scored the response rate was between 26 and 38 replies (54–79%); the majority scored 4 or above. The video session with teenage actors was rated highest. Most SpRs felt that each session should be kept for future courses and comments regarding the course were positive.

Those that replied to the follow-up survey (30% response rate) had found the course enjoyable, useful and had learnt from it. All were using skills learnt in their current practice and would recommend it to middle grade paediatricians.

**Conclusions:** The Paediatric Communication Skills Course was well received by middle grades. Feedback was positive and the content was appropriate. Training in a variety of communication methods was highly rated.

**G146 MEDICAL STUDENT PERCEPTION OF CLINICAL PAEDIATRIC TEACHING IN A TERTIARY AND DISTRICT GENERAL HOSPITALS IN NORTHERN IRELAND AND RELATIONSHIP TO EXAMINATION PERFORMANCE**<sup>1</sup>D O'Donoghue, <sup>2</sup>M Stewart, <sup>2</sup>M Shields, <sup>2</sup>D Carson. <sup>1</sup>Royal Belfast Hospital for Sick Children, Belfast, UK; <sup>2</sup>Department of Child Health, Queen's University, Belfast, UK

**Background:** Medical students in Northern Ireland receive 6 weeks' clinical paediatric teaching in either a tertiary paediatric hospital or in one of seven district general hospitals (DGHs). Students receive a case-based study guide at the start of the attachment and are given a list of recommended textbooks.

**Aims:** To compare perceptions of the clinical exposure and standard of clinical paediatric teaching in a tertiary teaching hospital (Royal Belfast Hospital for Sick Children (RBHSC)) with that in DGHs. Secondly, to determine any relationship between perception of teaching and subsequent exam performance.

**Methods:** Medical students completing their clinical paediatric rotation were given questionnaires to complete on clinical exposure as well as enjoyment and value of teaching. These were made up of Likert scales and were returned at the end of the clinical postings. Questionnaires were collected over a 1-year period (February 2005–January 2006). Data on final paediatric examination performance were matched to student questionnaires.

**Results:** 168 questionnaires were distributed and 104 (62%) returned. 75 (72%) students were based in DGHs for their paediatric clinical attachment. Quantitative analysis of Likert scale data showed that significantly more teaching was discharged by senior house officers ( $p < 0.01$ ) and teachers were felt to be more enthusiastic ( $p = 0.04$ ) in DGHs than in the tertiary hospital. However, more patients were “clerked-in” ( $p = 0.03$ ) and more of the allocated study guide ( $p < 0.01$ ) was formally covered in the tertiary hospital. There were no statistical differences in rates of feedback or numbers of practical procedures performed. Perceived

educational value correlated positively with enjoyment of teaching for both groups of students (DGHs  $r = 0.5$ ,  $p < 0.01$ , RBHSC  $r = 0.4$ ,  $p = 0.03$ ). When data sets are combined there is a modest positive correlation between final paediatric exam performance and both enjoyment of teaching and percentage of the student textbook(s) completed (in both cases  $r = 0.3$ ,  $p < 0.01$ ).

**Conclusions:** Teaching is discharged by more junior, enthusiastic doctors in DGHs but more of the course is formally completed in the tertiary hospital. Enjoyment of teaching is important for both perceived educational value and actual educational achievement.