

experts significantly agreed with the elements of debriefing included in OSAD (content validity) and found its instructions clear and intuitive (feasibility). Inter-rater reliability was demonstrated with intra-class correlations of 0.60–0.70 for 6 of the 8 dimensions of the tool. The internal consistency of OSAD (Cronbach alpha) was 0.79. OSAD also demonstrated concurrent validity in the form of high correlations with trainees' assessment of debriefings (Pearson $r = 0.71$, $p < 0.01$).

Conclusion The OSAD tool provides a structured approach to debriefing for paediatricians, which is evidence-based, reliable and valid and relevant to users. OSAD can be used to improve the quality of debriefing after paediatric simulation or after managing a seriously ill child in clinical practise.

G09 DO PARENTS AGREE WITH EXAMINERS WHEN RATING STUDENT COMPETENCE IN EXAMS?

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S Feyereislova, D Nathan. *Paediatrics, Nottingham Children's Hospital, Nottingham, UK*

Aims To compare examiner and parental ratings of students undertaking a summative clinical assessment of history-taking and examination skills in a ward based setting.

Methods Parents of patients participating in the 4th year medical students' ward based assessments were asked for feedback and an evaluation of student performance through validated questionnaire. Students completed a paediatric history and head to toe examination of a child admitted to an acute medical ward within a defined time. The clinical case was presented to examiners (experienced clinicians – paediatric consultants and/or senior Trainees). Examiners ratings were based on student competence in presentation of medical history and examination findings, with observed examination technique and their communication skills during a predetermined clinical role play situation. The latter grading mirrored an RCPCH scoring system.

Parental ratings were based on the Interpersonal Skills Rating Scale which encompassed their impression of the student's interaction with them and their child. The data was collected in the 2011–2012 academic year. We then correlated aggregated parental scores with examiner rating of the same student.

Results In total, 129 parent evaluations were obtained for 129 students. One hundred and nine parental feedback forms were fully completed and correlated with examiners' scores of matching students. The correlation coefficient for the total scores given by parents and examiners was -0.04 , with intercept at score 22 and the slope of -0.02 . The average score given by parents is 22 (range 16–24). The average score given by examiners is 18 (range 7–24).

Conclusion In general, parental rating does not correlate with clinical examiner rating. Parental ratings of students demonstrate less variation compared to examiner rating scores. Notably, low scoring students were not necessarily considered by parents as underperforming, suggesting students' good communication and interpersonal skills irrespective of technical knowledge.

G10 INSPIRING THE FUTURE OF PAEDIATRICS: A REPORT ON THE PROVISION OF PAEDIATRIC LEARNING EXPERIENCES FOR UK MEDICAL STUDENTS

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S Fosker, R Ives, H Millar, BN Ertansel. *Faculty of Medicine, Brighton & Sussex Medical School, Brighton, UK*

Aims To create an event to enhance paediatric knowledge and enthusiasm in the medical student population and establish a forum

for students and internationally renowned speakers to share ideas and experiences.

Methods A two day conference was organised by a student paediatric society to welcome over 200 students from all UK medical schools and the local widening access scheme. The conference programme included workshops and lectures by Paediatricians from around the UK. Topics included general paediatric medicine and surgery, in addition to the subspecialties; neonatology, child protection, emergency medicine and child development. Overall, the event provided an opportunity for delegates to experience additional practical and theoretical tuition in paediatrics which is not widely available within most medical schools' curriculum. Additional opportunities were available to present research to visiting lecturers and host academic faculty.

Results 215 delegates attended the conference, 60% returned feedback forms. Delegates were asked to rank out of five (one being the lowest and five the highest) their experiences of: lectures, workshops, overall conference organisation, relevance and enjoyment. 40 poster titles (18.6%) were submitted and presented during the event. Written feedback commended the patient involvement in sessions and the subspecialist topics covered.

Abstract G10 Table 1

Feedback categories	Mean Score (1–5)
Lectures	4.45
Workshops	4.32
Overall relevance	4.51
Overall enjoyment	4.63

Conclusion The content of the lectures and workshops were well received and the overall enjoyment of the event was ranked highly. Sessions in subspecialist topics and those which included patients were particularly acclaimed. This could be secondary to limited exposure to such opportunities at medical school, which suggests that in the future the event programme should further focus on incorporating these sessions. Additionally, it was identified that students endeavour to be involved in academic paediatric research early in their educational career. Analysing the feedback provided evidence that students desire more exposure to paediatrics within their medical training. This emphasises the need for such an event to continue on an annual basis in order to further raise the profile of paediatrics and provide learning opportunities in addition to medical school curriculum.

G11 PROCEDURAL OPPORTUNITIES FOR PAEDIATRIC TRAINEES

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¹K Wallace, ²D Cochran. ¹Neonatal Department, Wishaw General Hospital, Wishaw, UK; ²Neonatal Department, Southern General Hospital, Glasgow, UK

Aim Trainees in paediatrics are required to become competent at a number of practical procedures but often express concern at lack of opportunities. We aimed to survey the number of practical procedures undertaken in 3 months, in two level 3 neonatal units in Scotland, and how these opportunities are distributed amongst trainees.

Method Opportunities occurring for 7 procedures were documented during a 3 month period in 2 separate units, an antenatal referral centre for cardiac and surgical anomalies and a large district general hospital. Procedures recorded were intubation, umbilical arterial and venous lines (UAC, UVC), peripheral arterial lines, long lines, chest drains and lumbar punctures. Data was collected on the number of opportunities, training status of practitioner and clinical characteristics of the baby.

Abstract G11 Table 1

Procedure	Number of occasions Unit 1	Number of opportunities For junior trainees Unit 1	Number of occasions Unit 2
Intubation	50	10	49
UAC	24	3	14
UVC	36	5	25
Peripheral Arterial Line	18	0	1
Chest Drain	3	0	0
Lumbar Puncture	22	7	25
Long line	15	2	13

Results During a 3 month period, intubation was the most common procedure performed in both units. Chest drains, peripheral arterial lines and long lines were less frequently performed. In the district general unit 45% of procedures were undertaken by nurse practitioners with 48% procedures performed by trainees. In the referral unit, which had junior trainees (year 1 and 2 of specialist training), only 16% of procedures were attempted by these doctors.

Conclusion This study provides quantitative information on training opportunities for paediatric trainees in level 3 units. We suggest that there are ample training opportunities for intubations occurring in both units. However, only a small percentage were performed by junior trainees. Further training opportunities may be required for junior trainees to gain competency. Long line and peripheral arterial line insertions took place frequently only in the cardiac and surgical referral unit.

G12(P) IN THE STARTING BLOCKS: ARE TRAINEES READY FOR THE ST7 ASSESSMENT?

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A Brightwell, S Minson. *London School of Paediatrics, London Deanery, London, UK*

Aims START is a new compulsory assessment for final year trainees introduced by the RCPCH in 2012. The purpose of START is to provide targeted developmental feedback: a process which is critically dependent on engagement and understanding from trainees

We assessed trainee understanding of the purpose and requirements of START and their beliefs regarding how the results would be used.

Methods We asked trainees who had been chosen to represent their Trusts at a Deanery level to complete a survey in August 2012. 17 trainees completed the survey from 14 different trusts. Trainees were from all training levels (1–3).

Results There was mixed understanding of the purpose of START. Beliefs include; to identify training needs, that it is a CCT requirement and to ensure competency for the consultant role.

Less than half of trainees were clear who is required to take START. Nearly all understood that the assessment is formative rather than summative

There was wide variation in trainees' beliefs about the cost of the assessment. All except two trainees believed it to be cheaper than the actual cost and three trainees thought that it was free to take the assessment.

The majority of trainees understood that they will receive written feedback. A significant proportion believed that they would be issued a pass/fail grade and that they could be required to retake the examination.

Nearly half of trainees believed that their START score would be recorded on their CCT paperwork.

Conclusions We have demonstrated mixed understanding of the purpose of START. Trainees are overall poorly informed about the process of START and showed mixed understanding of how the results will be used.

To maximise trainee benefit from START and to ensure ongoing success of the assessment we need to urgently address these gaps in knowledge and understanding.

G13(P) ARE EDUCATIONAL SUPERVISORS READY FOR START?

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S Minson, A Brightwell. *London School of Paediatrics, London Deanery, London, UK*

Aims START is a new compulsory assessment for final year trainees introduced by the RCPCH in 2012. The purpose of START is to provide targeted developmental feedback, a process which is critically dependent on engagement and understanding from trainees and educational supervisors. We aimed to assess educational supervisors' understanding of START, which has not been previously evaluated.

Methods An online survey was sent to all college tutors within our Deanery who were asked to distribute the survey to Educational Supervisors in their trust. 51 educational supervisors responded to the survey. The survey was open from 21st September 2012 – 3rd October 2012

Results Less than a fifth (10) correctly described that START is a structured assessment to give trainees and educational supervisors feedback to focus their learning. Nearly half (21) felt that it was a check of competence prior to the award of CCT.

Two-thirds of respondents (30) correctly identified that all run through trainees who entered ST6 on or after August 2011 are required to sit the assessment.

Two thirds (29/51) were aware that START is a formative rather than summative assessment.

There is a high level of awareness (46/51) that trainees and educational supervisors will receive written feedback from START rather than a pass/fail grade.

There were mixed views around the implications of the START feedback for certificate of completion of training (CCT). 47% believed that START results could delay CCT, or that trainees would be expected to declare their START scores on their application for consultant posts.

When asked, 'How do you anticipate using START feedback with your trainees?'. 17/51 respondents were clear that they would use the feedback to help trainees identify strengths and areas for development. However 17/51 indicated that they did not know how they would use the feedback.

Conclusion Our results show significant gaps in knowledge around who needs to take START, the implications of the results for progression through training and the role of educational supervisors in the feedback process. Educational supervisors require further training and resources if the START assessment is to achieve its full potential as a developmental tool for senior paediatric trainees.

G14(P) WHAT DO SENIOR PAEDIATRIC TRAINEES WANT FROM SIMULATION IN YORKSHIRE? TRAINING NEEDS ASSESSMENT SURVEY

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¹A Ahmed, ¹H Moore, ¹M Purva, ²S Clark. ¹Hull Institute of Learning and Simulation, Hull, UK; ²School of Paediatrics, Yorkshire & the Humber Deanery, UK

Introduction Our School of Paediatrics was among the first to embrace Simulation to deliver parts of the RCPCH curriculum. A