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

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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 17–24).

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.

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

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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 school’s 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 (1 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.

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.

PROCEDURAL OPPORTUNITIES FOR PAEDIATRIC TRAINEES

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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 5 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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of occasions Unit 1</th>
<th>Number of opportunities for junior trainees Unit 1</th>
<th>Number of occasions Unit 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intubation</td>
<td>50</td>
<td>10</td>
<td>49</td>
</tr>
<tr>
<td>UAC</td>
<td>24</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>UVC</td>
<td>36</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Peripheral Arterial Line</td>
<td>18</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lumbar Puncture</td>
<td>22</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Long line</td>
<td>15</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>

Results During a 3 month period, intubation was the most common procedure performed in both units. Chest drains, peripheral arterial line insertions 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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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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Introduction Our School of Paediatrics was among the first to embrace Simulation to deliver parts of the RCPCH curriculum. A

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.