

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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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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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

comprehensive programme of simulation-based training has already been developed for Level I paediatric trainees in the region. A survey was conducted to explore the training needs of senior paediatric trainees (ST6–8) in the region.

Methods A web-based questionnaire was sent to all Level III trainees in the region (N = 129) to determine their experience of simulation-based training. Trainees also assessed their confidence level on a 1 to 4 scale in managing some clinical situations.

Subsequently, we explored results of the survey in a focus group with Level III trainees.

Results Thirty-nine responses were received. Most trainees (82%) had not attended an immersive simulation course previously. While the majority (85%) of trainees have received some training in handling difficult communication, their reported confidence in managing difficult communication was low: withdrawal of care in a preterm neonate, discussion of DNAR decision in a child, and leading debriefing with team after a failed resuscitation (Figure 1). Managing conflict at work was highlighted as a deficiency in training as 41% of trainees had received no formal training at all.

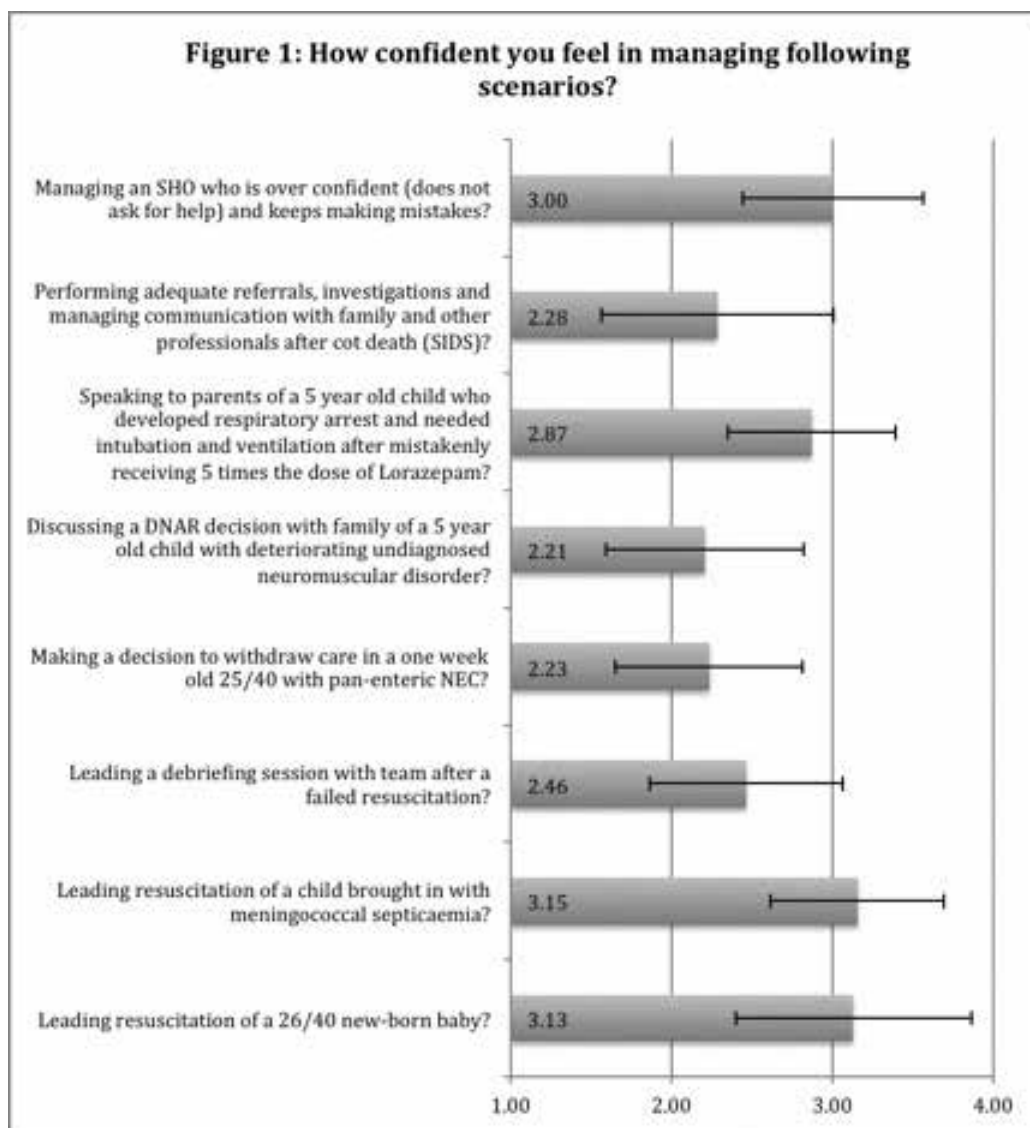
Other areas, which were highlighted as training need by trainees in the focus group, were human factors training, training in interview skills and difficult communication scenarios like handling complaints and conflict at work.

Discussion Trainees feel more confident in scenarios involving management of acute conditions than difficult communication, but even in these overall confidence levels are low. It is concerning that trainees do not feel prepared for the role of a new consultant. There is growing evidence that patient care and safety can be improved by regular simulation-based training programmes¹.

We intend to fulfil this training requirement by providing a curriculum-referenced course incorporating human factors and care of the acutely unwell children.

REFERENCE

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Abstract G14(P) Figure 1