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>Chest Drain</td>
<td>3</td>
<td>0</td>
<td>0</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 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.

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.

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

doi:10.1136/archdischild-2013-304107.025

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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 formative 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 runs 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 score 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.

G13(P) ARE EDUCATIONAL SUPERVISORS READY FOR START?

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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
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 programmes.

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

REFERENCE