

G15(P) PAEDIATRICIANS' COMPETENCE AND ATTITUDES TOWARDS THEIR DIAGNOSTIC RADIOLOGY SKILLS

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Aims Many clinicians find themselves self-interpreting the radiological images of their patients, especially in the acute management setting whilst on-call. The aim of this study was to assess the competence and attitudes of paediatric clinicians towards their diagnostic radiology skills.

Methods We conducted a nine item self-administered questionnaire on 48 trainees and paediatricians. The domains of this questionnaire included previous formal training in diagnostic radiology at different stages of training, indication for self-taught radiology and satisfaction in current knowledge towards interpreting different types of radiology imaging. We also asked if there was an x-ray meeting in their department and whether there was a need for formal training in diagnostic radiology. Descriptive data were obtained.

Results 39.6% (n = 19) of our respondents were consultants and 41.7% (n = 20) were registrars or associate specialists, all of which had a formal x-ray meeting in their current department. There was a significant difference between the number of respondents who attended a formal course in radiology interpretation, and those who were self-taught (18.8% vs. 87.5% p < 0.001). However, nearly all respondents (95.8%, n = 46) felt there was a need for formal diagnostic radiology teaching, to be arranged either formally (58.7%) or locally (41.3%).

Conclusion The wide variation in methods, yet high prevalence of self-taught diagnostic radiology highlights a need for formal training, reinforced by the fact that nearly all respondents' feel formal teaching is necessary.

G16(P) SUPPORTING TRAINEES RETURNING FROM MATERNITY LEAVE – ESTABLISHING A RETURN TO CLINICAL TRAINING COURSE

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Background Time out of clinical practise is common in postgraduate paediatric training. Our Deanery can expect around 60 paediatric trainees to be on maternity leave at any time; the majority of whom choose to take the full year available to them.

There is limited evidence to describe how and when doctors' competence is lost during a period of absence from work, although a key factor appears to be how well the skills and knowledge were learned and practised before the career break. There is wide variability internationally and across speciality in the degree of support offered to doctors returning from a career break, and those schemes that do exist focus on doctors who have been absent from work for over two years.

Aim We developed, delivered and evaluated a one day return to clinical practise course for doctors in paediatric training.

Methods We invited all paediatric trainees who were on maternity leave to attend a free one-day return to clinical training course.

We developed a course to include recent updates in Paediatrics, low-fidelity simulation and discussion regarding anxieties around returning to work and strategies to maximise learning and training opportunities.

The course was facilitated by senior trainees who had recently returned to training from maternity leave as well as senior paediatricians who have successfully combined career and family life.

Results The course was attended by 22 trainees all of whom completed an evaluation.

The aspects of the course that trainees found most useful were networking, hot topics in paediatrics and simulation training. Many trainees felt that attending the course had helped them create an ongoing informal support network that would last beyond the single day of the course.

Conclusion Increasing numbers of junior doctors are taking time out of their training for maternity leave. No targeted educational support currently exists for this group.

We have demonstrated that a return to clinical practise course specifically targeting trainees on maternity leave was popular with participants all of whom stated that they had improved confidence and enthusiasm for returning to work.

G17(P) AN OSCE IN SOMALILAND: MEDICAL ASSESSMENT IN A RESOURCE POOR COUNTRY (RPC)

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Aims To improve medical outcomes in a RPC by using improved assessments to drive up standards in learning.

Background Basic health indicators in Somaliland are among the worst in the world with high rates of maternal, newborn and child mortality and morbidity and poor immunisation coverage. There is a shortage of qualified healthcare professionals. This is exacerbated by Somaliland not being recognised internationally and therefore excluded from government aid. Hargeisa and Amoud Universities have established Faculties of Medicine with the aim of producing future doctors in Somaliland to address these healthcare issues.

Methods Five UK external examiners (including one paediatrician) travelled to Somaliland to work with the local faculty in implementing OSCE's to replace traditional clinical exams. Each examiner worked with local faculty in his own specialty in designing the exam and acted as lead examiner in his own subject but also as a station examiner in other subjects.

Outcomes Barriers to implementing the OSCE's were encountered. Somaliland has few experienced doctors many having fled the civil war. At Amoud University the most senior paediatrician had been qualified for 3 years. Very junior doctors had to be used as examiners and surrogates threatening the validity of the exam. Transport problems meant it was difficult to use out-patients as examination subjects and in-patients were generally too unwell. Local faculty varied in their understanding of the principals of an OSCE some marking generically while others followed the mark scheme rigorously but without considering overall performance. Having to repeat each OSCE three times led to potential and actual breaches in security.

Nonetheless an 8 station paediatric OSCE was delivered (2 clinical exam, 2 history, 2 counselling, and 2 unmanned data interpretation and management). The clinical exam and counselling stations demonstrated a good level of discrimination. Of 32 candidates in Hargeisa 2 failed and 2 were borderline. Individual candidate's performance across the 5 OSCE's showed a high degree of concordance suggesting that the results were valid and reliable. Feedback from candidates was overwhelmingly positive.

Conclusions OSCE's are deliverable in RPC's. Ethical and professional behaviour needs reinforcing. Validating medical students' achievements will encourage further input from key stakeholders.

G18(P) DEVELOPING STRONG LOCAL FACULTIES TO IMPROVE TEACHING FOR THE MRCPCH AND ENHANCE PAEDIATRIC TRAINING

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