Clinical skills assessments (Table 1) showed that 95% passed immediately after the course, with 72% passing both at their first attempt. On re-evaluation, 74% passed, 47% at their first attempt (Chi-squared p < 0.01).

### Abstract G117 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Clinical skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post-course (n = 91)</td>
</tr>
<tr>
<td>Passed first attempt</td>
<td>65 (72%)</td>
</tr>
<tr>
<td>Passed second attempt</td>
<td>22 (24%)</td>
</tr>
<tr>
<td>Failed</td>
<td>4 (4%)</td>
</tr>
</tbody>
</table>

### Conclusion

On evaluation immediately after the full ET+ course, there was a marked improvement in knowledge and most passed the clinical skills. The medical students coped well with the full course. On re-evaluation 3–9 months later they retained their knowledge but clinical skills declined, showing refresher courses are required to maintain clinical skills.

### Abstract G118

**Essential ETAT: Feasibility of Short Duration Paediatric Resuscitation Training in a Resource-Limited Setting**

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**Aims**

ETAT and ETAT+ training courses provide comprehensive training in paediatric emergency care over 3.5–5 days and have been shown to improve outcome in resource-limited settings. However, the logistics, cost and impact on local service delivery of a five-day course may limit training opportunities in some settings. In this context, we aimed to determine whether a shorter, more focused course – ‘Essential ETAT’ – would be feasible.

**Methods**

Two resuscitation training courses were designed, of one or 2.5 days duration. Both courses were adapted from WHO ETAT and ETAT+ training materials and included practical and lecture-based sessions on triage, cardiopulmonary resuscitation and recognition and management of key paediatric emergencies. Practical sessions in airway management, bag-valve-mask ventilation and intra-osseous needle insertion were included. There were no hospital-based sessions and newborn emergencies were not included. A short manual summarising ETAT guidelines was provided. Participants were nurses and doctors working in primary or secondary care settings in Gambia. Impact on participant knowledge was assessed by pre- and post-course multiple-choice test. Participants’ evaluation of the course was assessed by structured questionnaire.

**Results**

Nineteen and 22 participants completed the 2.5 and 1 day courses respectively. Participants on both courses showed a significant improvement in post-course test scores using a paired t-test; 2.5 day course mean scores- pre12.42, post 15.63 (p < 0.001); 1 day course mean scores- pre 14.52, post 16.86 (p < 0.001). There was no significant difference in mean post-course scores (p = 0.08) or in mean increase in score post-course (3.21 compared to 2.54, p = 0.4) between participants from the 2.5 day and 1 day courses respectively. Participant feedback from both courses was positive.

**Conclusions**

The comprehensive training offered by ETAT/ETAT+ is of proven benefit. However, in settings where providing such courses is logistically difficult, focused training of shorter duration may offer a pragmatic and potentially cost-effective alternative.