

Aim

RMSC was created to meet a learning gap that had become apparent when the global pandemic resulted in restricted access to postgraduate training. At this time, the presentation of children to healthcare services had also declined. Staff felt de-skilled and lacked confidence when faced with an unwell child.

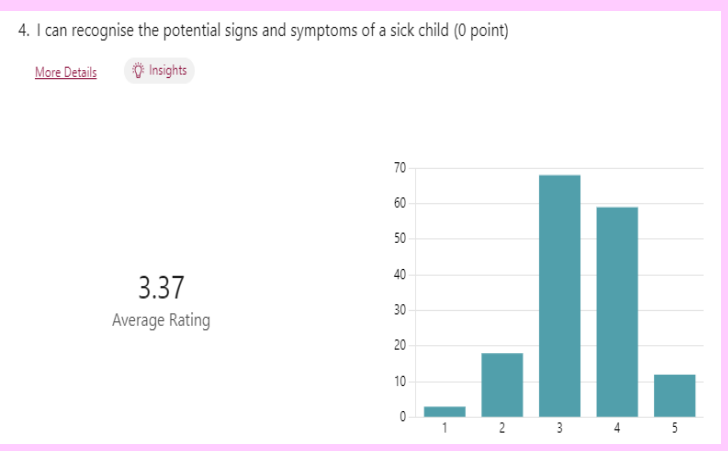


Figure 1: Average rating of participants before course for recognising a potentially sick child

RMSC provides an opportunity for clinicians across different departments and different professions to revise and refresh how to use a systematic A-E approach to assess a child and practice some initial interventions, supporting and enhancing knowledge and confidence.



Figure 2: Role of participants who attended

A mixed learning method is used to teach techniques for assessing and managing an unwell child, whilst encouraging group discussion to share their experiences and consider what common conditions children present with. The day is concluded with immersive simulation, supported with an inter-professional faculty to debrief.

Outcomes

The main finding from feedback is an increase in confidence in a number of areas. For example, there was a 35% increase in participants saying they could recognise a potentially unwell child (Figure 1 and Figure 4).

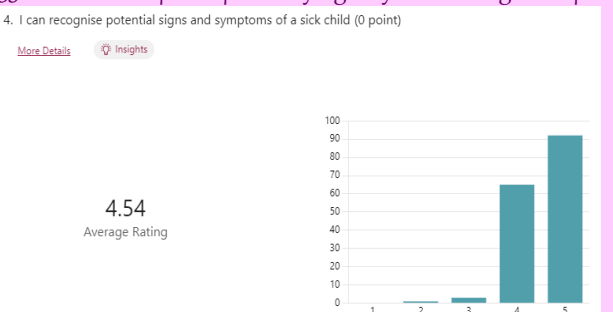


Figure 4: Average rating of participants after course for recognising a potentially sick child

Participants also recognised the reality of working as part of a multidisciplinary team, with over half of them reporting that the simulated scenarios were 'particularly useful'.

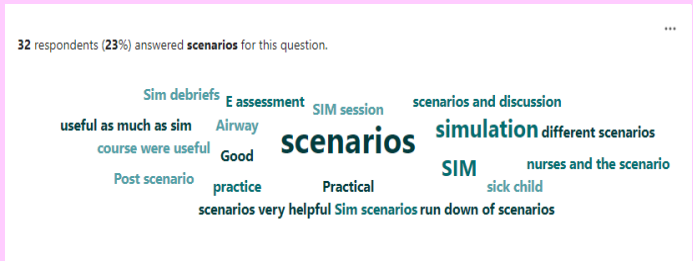


Figure 5: 'Is there anything which was particularly useful?' feedback question

Participants report an increase in confidence and ability, as they take the opportunity to consolidate the learning from workshops and group discussion into immersive simulated scenarios, which allows them to practice assessment and management, whilst working as part of an inter-professional team. As a result, participants have reported an increase in confidence and ability and in both technical and non-technical skills.

Methods

A mixed learning method is used to deliver the one-day course, including;



- ✓ Tutorials on A-E assessment
- ✓ Workshops to practice management
- ✓ Group discussions to share experience and consider common paediatric conditions
- ✓ High fidelity immersive simulation supported with debrief



Figure 3: Workshop and simulations

Outcomes continued

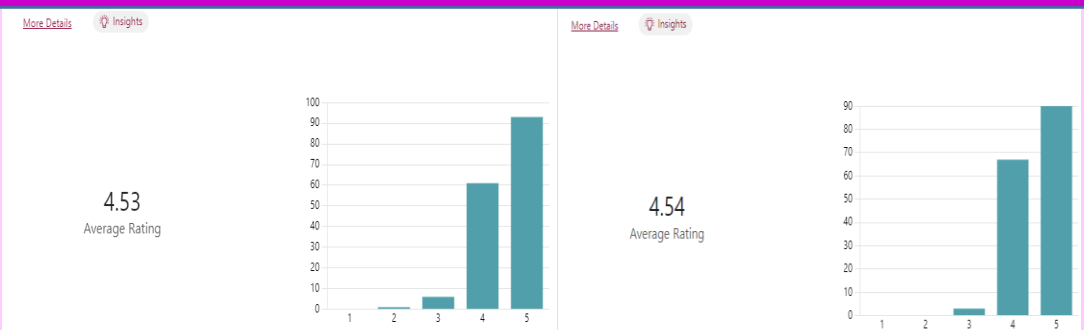


Figure 6: Results of technical and non-technical skills

Group discussion opens up a shared understanding into the roles and responsibilities of different staff in different areas. Relationships created in the morning sessions support the peer debrief, where triumphs and challenges are discussed and participants offer insight to the scenarios.

Another answer to the question of elements that were found to be particularly useful, were reports of the benefit of interdisciplinary working, and across different departments.

- 'having staff from different teams and departments'
- 'mixed professions learners and teachers'
- 'appreciate different perspectives in acute scenarios'
- 'working as a multidisciplinary team'

Conclusion

As per the candidate derived take home messages and feedback, there is a demand for this course, particularly amongst junior medical staff and emergency department nursing staff. Many participants who apply for the course do so from peer recommendation.



RMSC is now being offered to primary care and has good uptake so far, with reports from participants that there is anxiety around seeing children due to current pressures of increased SAS times and limited resources.

RMSC has been modified for undergraduate learners, and is currently being delivered to some students in Glasgow university and Edinburgh university during their paediatric block in Lanarkshire.