

## BACKGROUND

- A recent GMC Survey established >80% trainees across all specialties had disrupted training opportunities following the COVID-19 pandemic<sup>1</sup>
- For Level 1 paediatric trainees within East of England, their tertiary neonatal placements serve to prepare them for their upcoming role as registrars in district general hospitals
- We compared the experiences of Level 1 and 2 trainees across the three tertiary neonatal hospitals in East of England to assess the impact of the COVID-19 pandemic on training.

## METHOD

- Trainees placed at the three tertiary neonatal units in East of England (Cambridge University Hospital (CUH), Luton & Dunstable (L&D) and Norfolk and Norwich University Hospital (NNUH)) were all emailed an anonymous online survey
- Qualitative responses were collected over a nine week period using a four point Likert Scale. Data was collated using Excel
- Themes of the Survey are summarised in Figure 1.

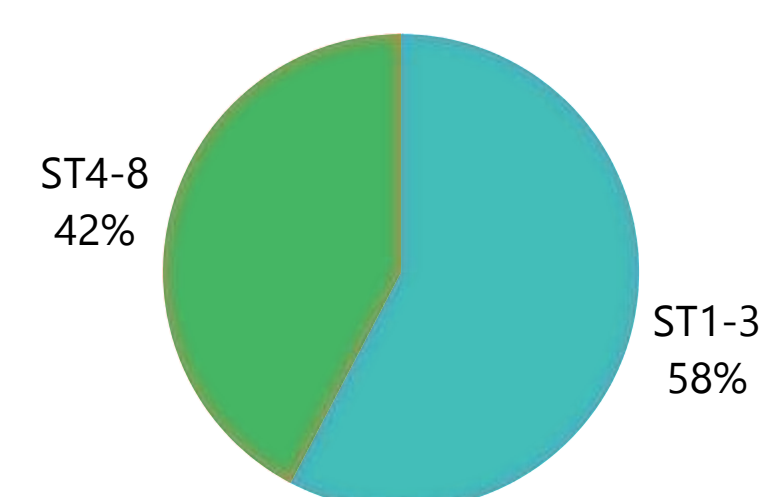
Figure 1: Themes of Survey



## POPULATION ANALYSED

- A total of 26 trainees responded to the survey, with the split between Level 1 and 2 trainees illustrated in Figure 2.

Figure 2: Comparison of Responses Level 1 and 2 Trainees

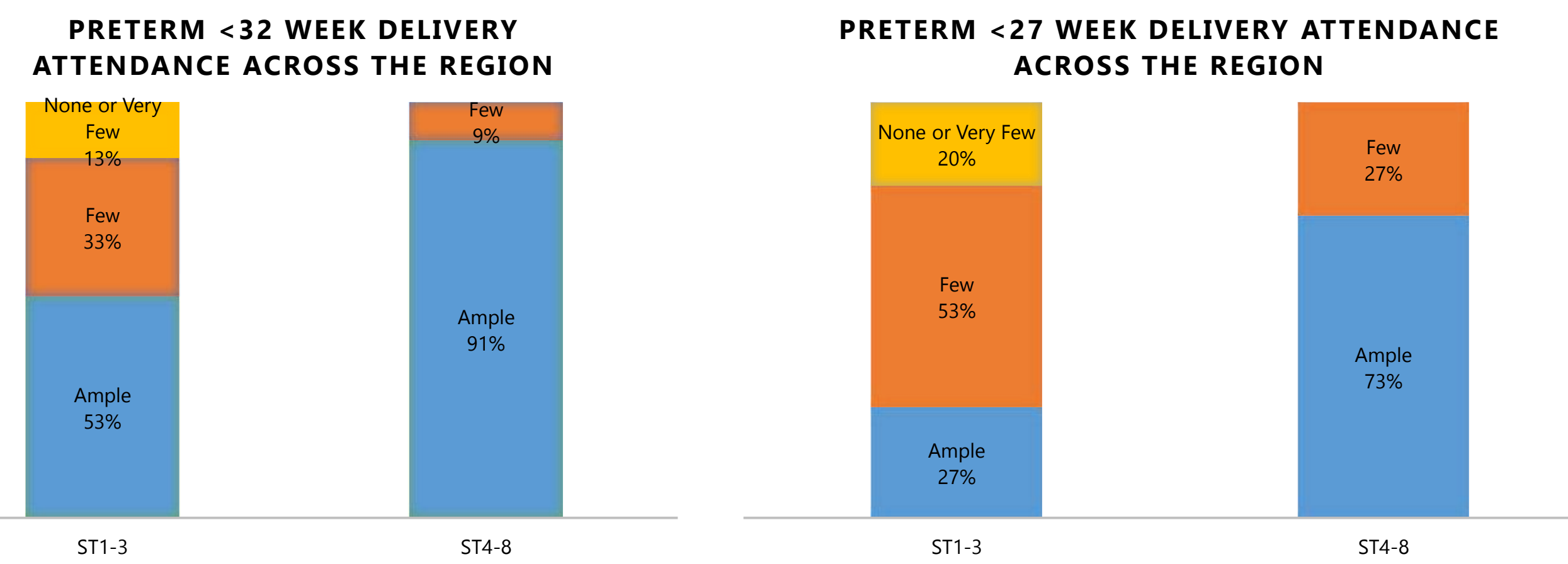


- The number of responses per tertiary centre varied, with 58% responses coming from CUH, 34% responses from L&D and 8% from NNUH.

## RESULTS

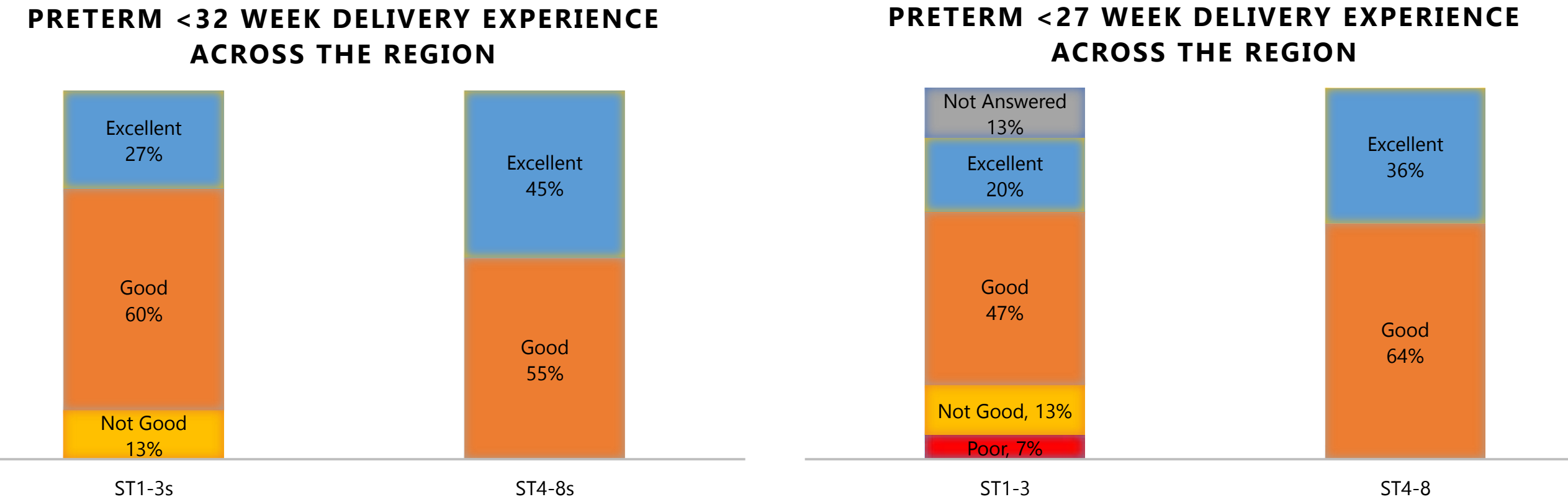
- Comparison of attendance at preterm deliveries (both <32 weeks and <27 weeks) for Level 1 and 2 trainees is shown in Figure 3. On the whole there were fewer opportunities for Level 1 trainees to attend <27 weeker deliveries.

Figure 3: Comparison of Attendance at Preterm Deliveries



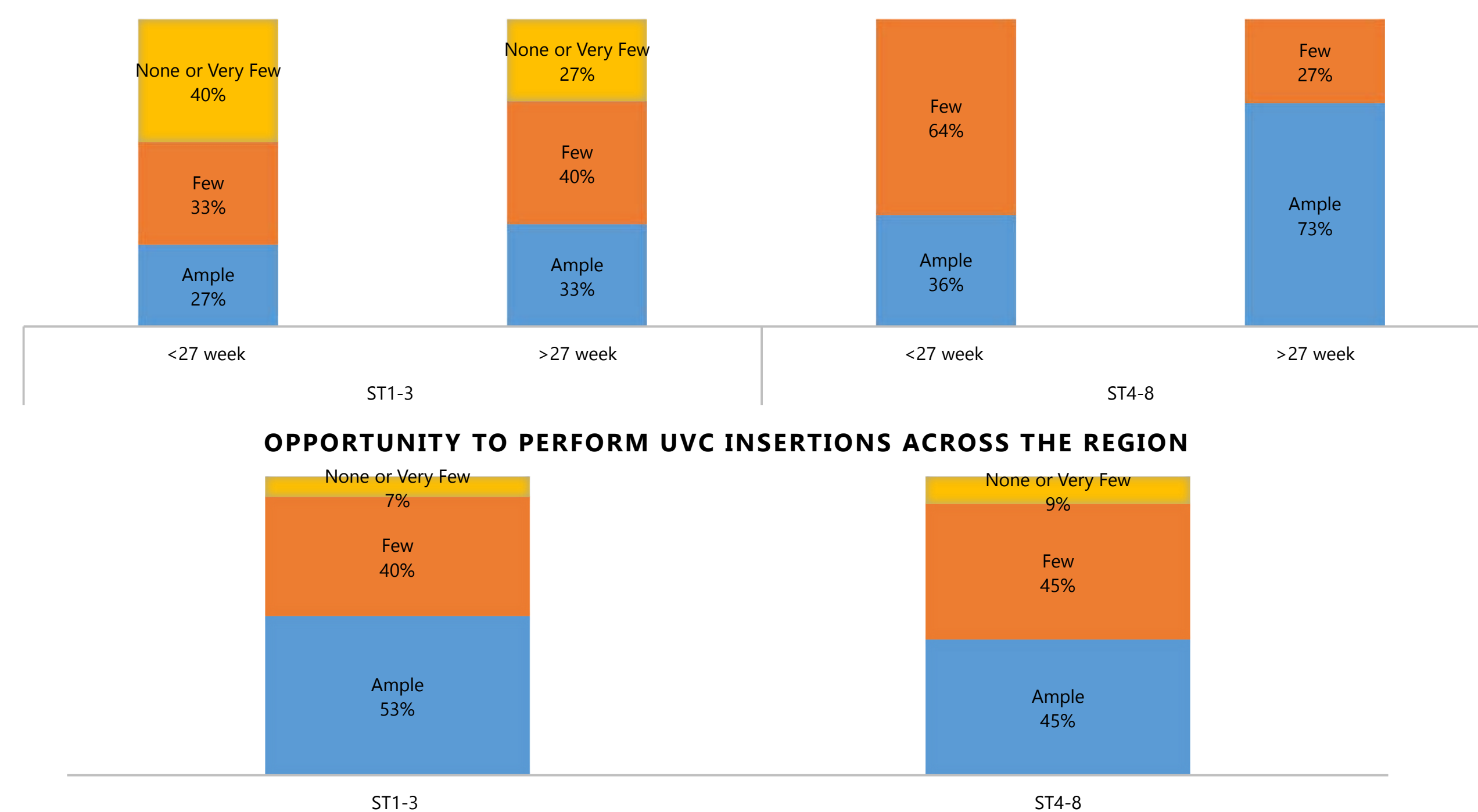
- Figure 4 illustrates how trainees rated their experience at these preterm deliveries. Level 1 trainees not only had fewer opportunities to attend <27 weeker deliveries but their experiences were much more variable.

Figure 4: Comparison of Experiences at Preterm Deliveries



- Opportunities to perform mandatory procedures such as intubations and UVC insertions were also investigated. (see Figure 5).

Figure 5: Opportunities for Mandatory DOPS

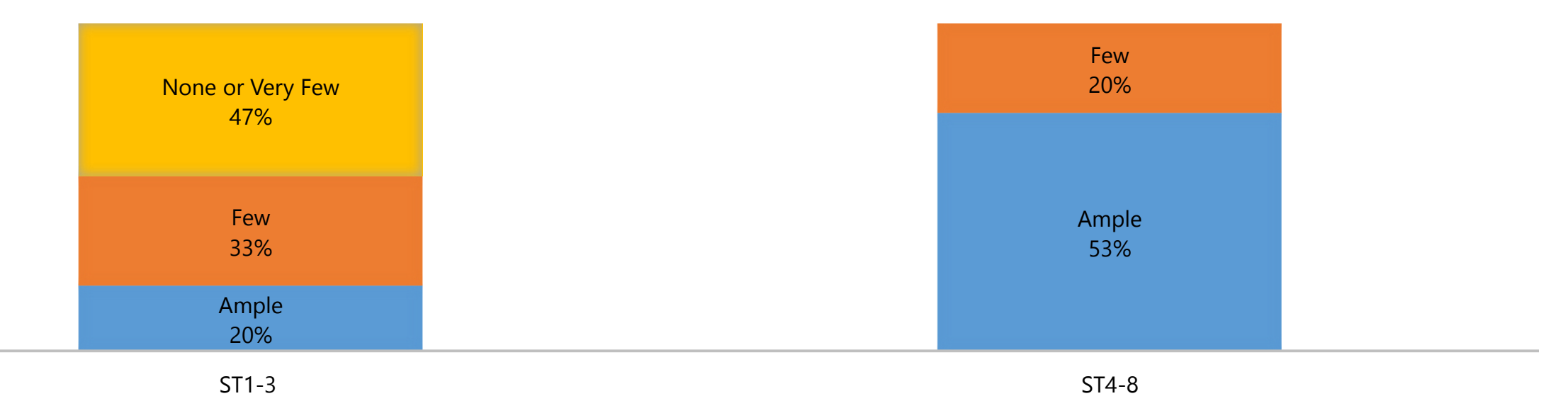


- 67% of junior trainees had none-few opportunities to intubate >27 week gestation babies. This number increased to 73% for babies under this gestation. Saying this, level 2 trainees reported a similar lack of opportunity to intubate babies <27 weeks.

## RESULTS CONTINUED

- For UVC insertions there was an equal distribution of opportunities for both level 1 and 2 trainees. A little over 50% of level 1 trainees reported ample opportunities to perform this DOP.
- Communicating with expectant parents and counselling are equally important skills to develop<sup>2</sup>. The final part of this survey assessed opportunities for level 1 trainees to do this in a supervised fashion (see Fig. 6)

Figure 6: Preterm Counselling Opportunities



- This shows that level 1 trainees had fewer opportunities to offer preterm counselling.

Figure 7: Difficulties of Communication

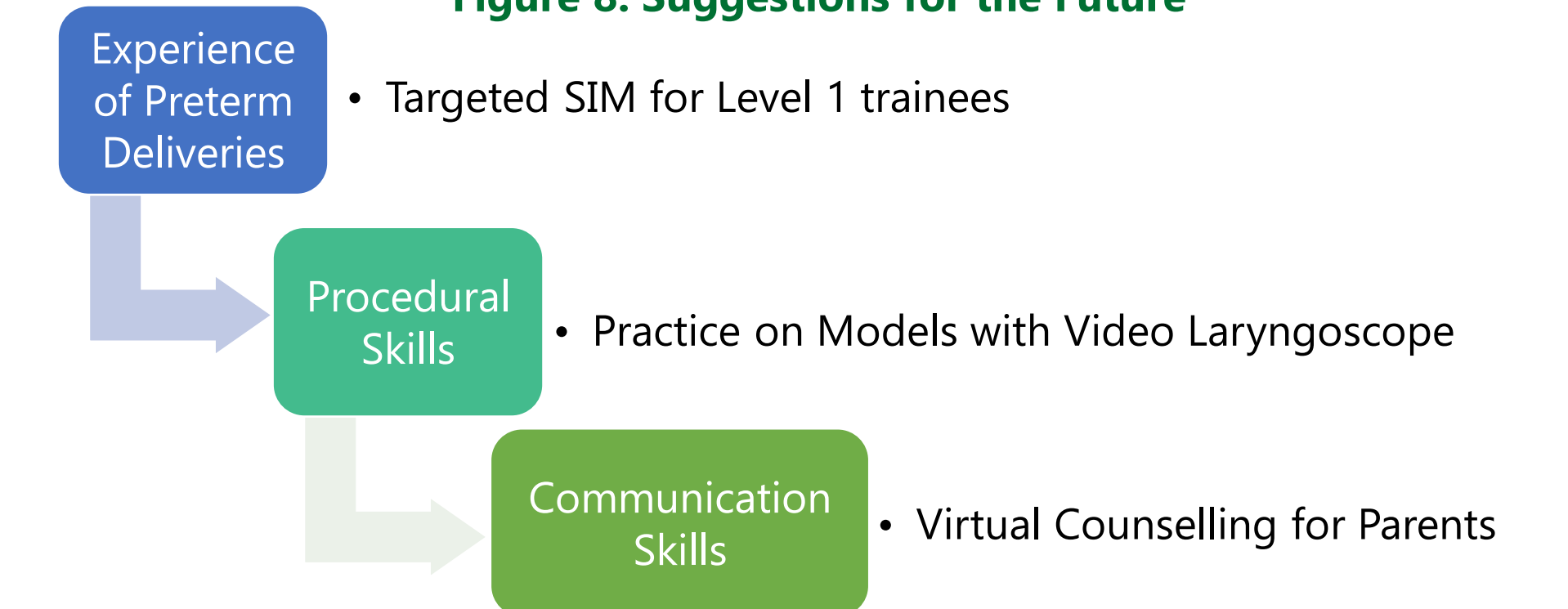
*Limits Empathy*  
**Difficult Communication**  
*Lack of Facial Expressions*  
*Parents don't understand*  
*More Confusion for parents and staff*

- Not only were there fewer chances to counsel parents, but communicating with the mask added another layer of complexity (see Fig. 7).

## CONCLUSION

- The COVID-19 Pandemic has had a negative impact on training, disproportionately affecting level 1 trainees evidenced by our survey
- Tertiary Neonatal Centres should actively seek alternate methods to ensure training needs are met. Suggestions are detailed in Figure 8.

Figure 8: Suggestions for the Future



## REFERENCES

1. Gmc-uk.org. 2021. [online] Available at: <https://www.gmc-uk.org/-/media/documents/nts-results-2020-summary-report.pdf-84390984.pdf> [Accessed 28 January 2021].
2. Zupancic, J. A. F. et al. (2002) 'Characterising doctor-parent communication in counselling for impending preterm delivery', *Archives of Disease in Childhood: Fetal and Neonatal Edition*. doi: 10.1136/fn.87.2.f113.