

Airway, Breathing, Confidence!

A survey of West Midlands Doctors' Confidence in Management of Paediatric Emergencies.

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Introduction/Background

In the West Midlands, paediatric patients may present to either a Paediatric Emergency Department (ED) at a tertiary hospital or a mixed (adult and paediatric) ED at a District General Hospital. We wanted to assess how confident different groups of doctors felt in managing paediatric patients in the ED and what could be done to improve confidence.

Method

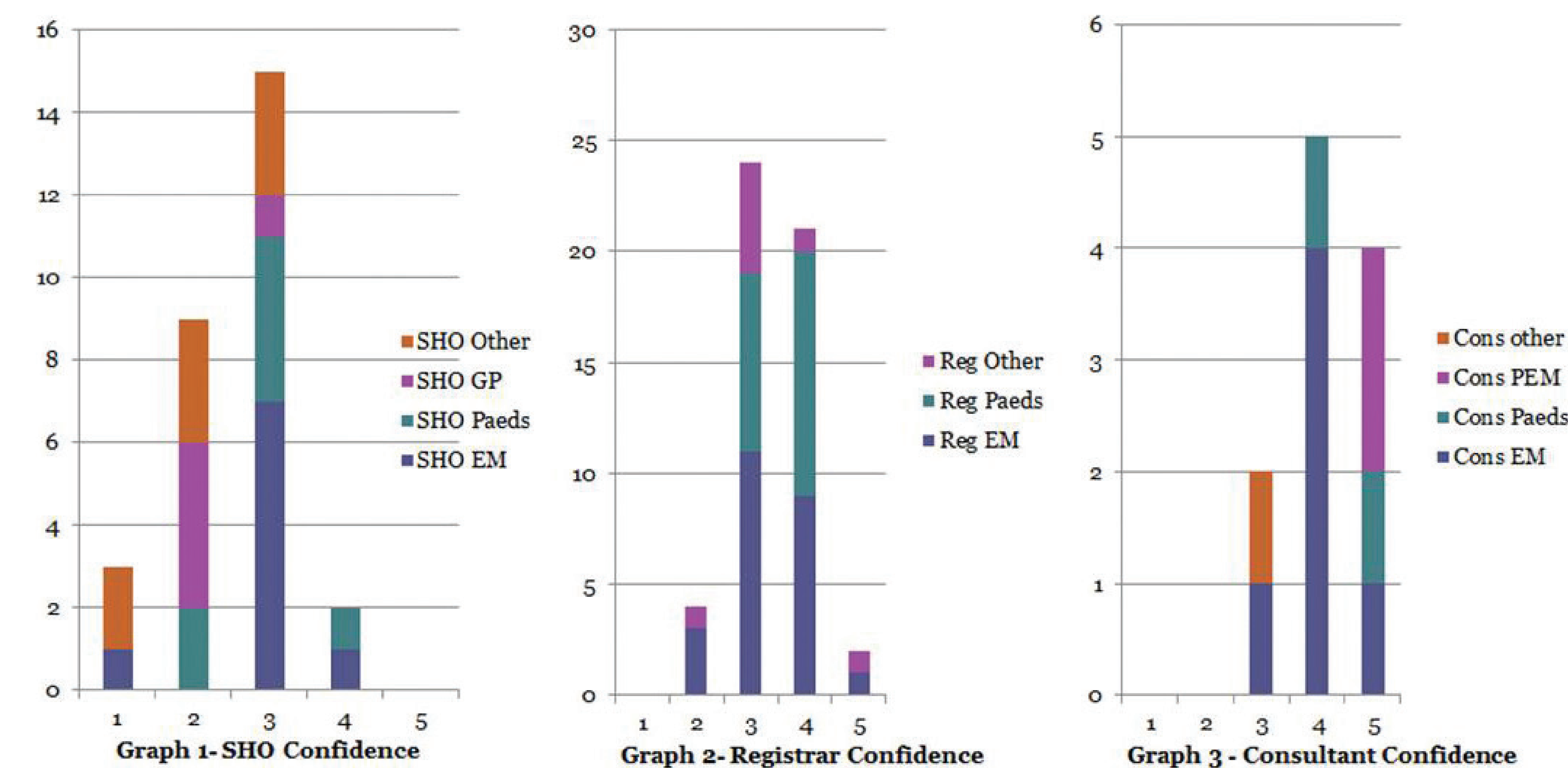
Questions were distributed to doctors across West Midlands as an online survey via closed social media groups, email and a trust's intranet link between the period 21/01/2020 and 03/03/2020.

Results

94 doctors were surveyed from Emergency (43%), Paediatrics (38%) and Paediatric Emergency (19%) departments. The grades were SHO (33%), Registrar (55%) and Consultant (12%).

The majority of Consultants (54%) and Registrars (53%) were very confident 4/5 in managing

Confidence in Management of Paediatric Emergencies:
1 (not at all confident) to 5 (extremely confident)



Paediatric patients. However, most SHOs were somewhat confident 3/5 (51%)

Only Consultants (55%) were very confident 4/5 in managing Paediatric Emergencies, whilst the majority of Registrars (43%) and SHOs (51%) were somewhat confident 3/5. The confidence of each grade has been further broken down into subspecialties in Graphs 1-3.

Many thought that joint simulation sessions (79%), Joint departmental teaching (67%) and Tutorial Videos on the intranet (33%) enhanced confidence levels. Teaching topics suggested were advanced paediatric life support, pain management, procedural sedation, advanced care plans and sudden unexpected death In childhood. Also mentioned were human factors, team building

exercises, identifying roles in a resuscitation scenario as well how 'how to safely discharge a paediatric patient'.

Most (72%) working in a mixed ED thought that supported assigned shifts in Paediatric Emergency would improve knowledge and confidence.

40% of those working in a mixed ED thought that the team work between Paediatrics and Emergency was somewhat good-3/5. Whilst some were happy that the paediatric team attended alerts and reviewed patient in ED there were concerns from both departments about poor communication, feedback and support.

Initiatives already existent that made management go well were Paediatric Emergency Consultant coverage in mixed ED, PLS training, dedicated paediatric resuscitation area and equipment, team debriefing and joint meetings.

Conclusion

Confidence levels of doctors managing paediatric patients in ED can improve with good team work, joint teaching sessions and supported allocated time for paediatric emergencies. A pilot joint half day simulation sessions done at a West Midlands' hospital showed average confidence levels increased by 0.5/5 after this single session.