Optimising Paediatric Training: A Needs Assessment Survey Of Trainees To Inform Curriculum Development

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DOI: 10.33178/SMJ.2026.35

Abstract

Background: High-quality postgraduate education is essential for developing competent and confident clinicians. Needs assessments in Paediatrics and other specialties have shown that trainees value curricula that combine protected teaching time, simulation-based learning, and alignment with national training standards. Consultant leadership and institutional support are cited as key predictors of trainee satisfaction and attendance. This study aimed to assess trainee perspectives within a regional Paediatric Centre, identify barriers and enablers to effective teaching, and generate recommendations to optimise the local curriculum in line with RCPI standards.

Material/Methods: A structured REDCap questionnaire was distributed to Paediatric trainees. The survey explored: Teaching delivery and structure, barriers to attendance, preferred learning modalities and curriculum priorities. A mixed-methods approach was used, with quantitative analysis and thematic qualitative analysis.

Results: 17/24 NCHDs responded to the survey. The majority of NCHDs attend 50-75% of teaching sessions. Teaching experience in the centre is rated as average-good by majority. Trainees felt that teaching prepared them well for on-call, but less so for exams. Scheduling preference for teaching sessions was for 30-45 minute sessions primarily in protected morning or early afternoon times, 3 times per week. Respondents suggest protected teaching time to ensure NCHDs can attend sessions. Responses include requests for consultants to wrap up clinics or ward rounds to free up trainee time to attend. Clinical duties with the "team" is the main barrier to attendance. Moreover, respondents feel that teaching should be compulsory and prioritised formally. Consultant involvement in encouraging attendance and delivering teaching is emphasised. Consultant presence at teaching is highly valuable to trainees and contributes to higher quality sessions. Regarding teaching sessions, morbidity and mortality meetings, case-based discussions, and hands-on clinical experience including simulations were selected as particularly positive sessions.
Respondents favour a predefined, theme-based curriculum aligned with RCPI standards. There is strong support for enhancing teaching on ethical dilemmas and professionalism. In terms of feedback, there is emphasis on structured, ongoing feedback that supports continuous improvement, combining both formal and informal mechanisms. Lastly, respondents propose regular meetings and use of digital tools to facilitate feedback collection and sharing. Many respondents acknowledged existing strengths, such as daily teaching opportunities and the general quality of education. Suggestions to improve include better advance scheduling, consultant engagement, and structured curriculum planning.

Conclusion: Protected teaching time and consultant engagement are crucial; allowing trainees to be freed from clinic/ward rounds on time to get lunch and attend teaching will increase attendance rates. Consultant presence at teaching is highly valued and increases the quality of the discussion; sessions delivered by consultants are rated most highly. Curriculum structure should be theme based and factor in seasonal variations. Ethics, professionalism, and communication training needs should be included. Ongoing structured feedback is an area for improvement. Use of digital technologies may increase engagement, polls/quizzes/WhatsApp for short teaching moments.