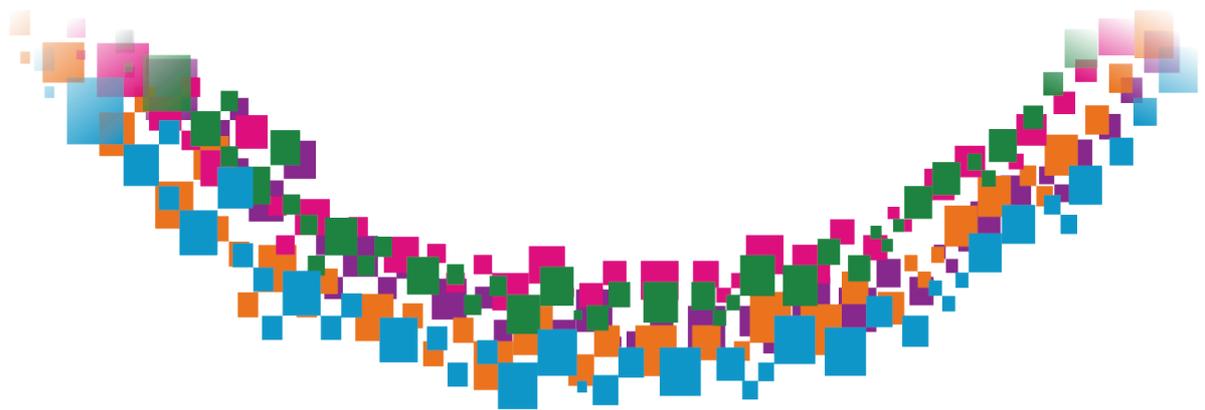




PIER 2020

V I R T U A L
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Virtual Conference Rules & Etiquette



Stay muted during presentations unless asking a question or taking part in a workshop



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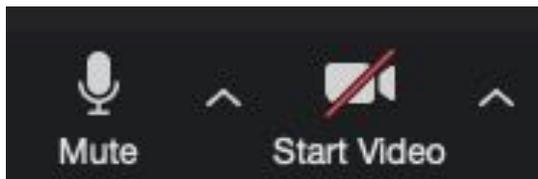
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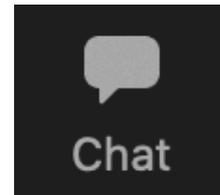


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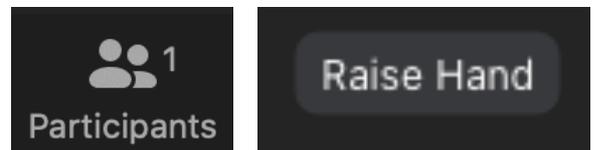
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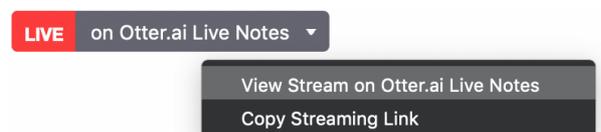


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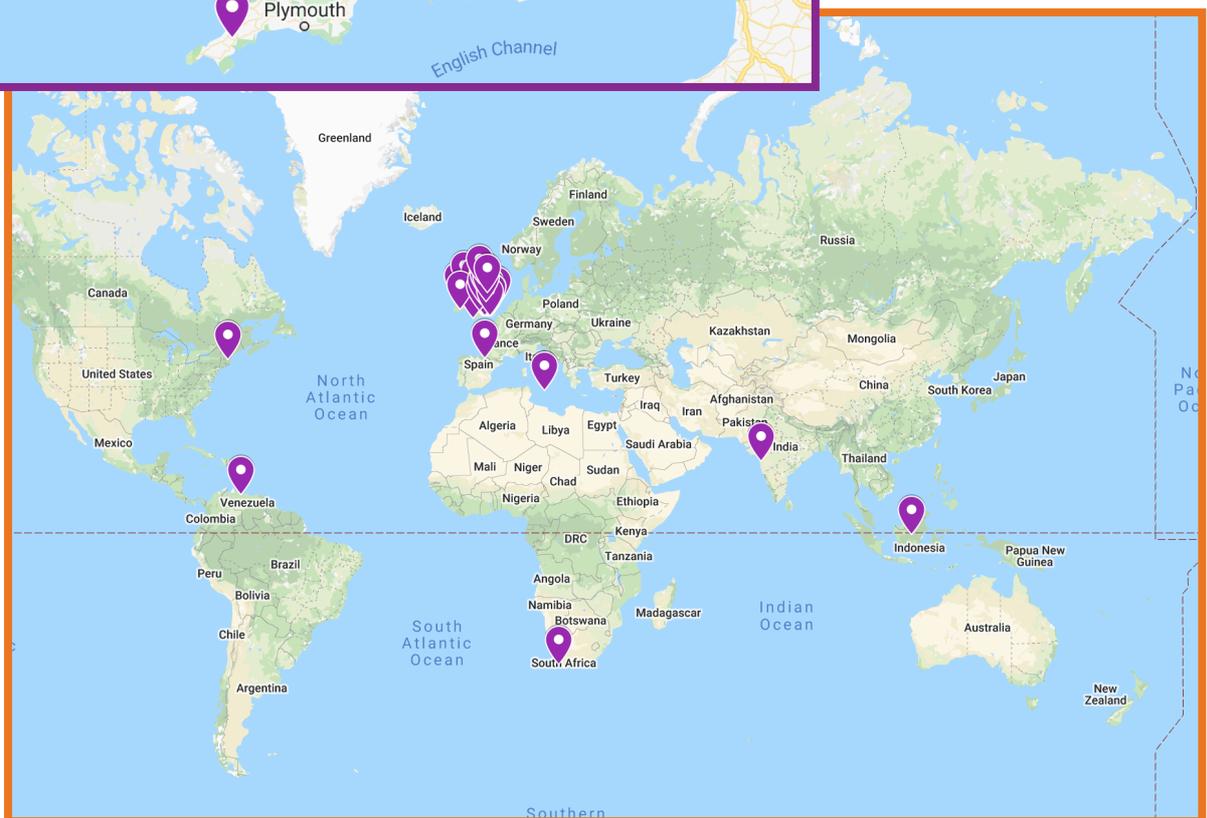
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Our 420+ attendees have joined PIER2020 from all over the UK and beyond. Can you see your marker...

Where is everyone from?



Welcome

The PIER Conference Team welcome you to the PIER Virtual Conference 2020. We will discuss the ground rules for a virtual conference and explain how the day will run, followed by an update on activities from the PIER Network in 2020

0900 - 0930

We've All Got a Part to Play

Damian Roland is a paediatric emergency consultant from Leicester and chair of PERUKI. Together with Alasdair Munro, he will explore the contributions we can all make to advancing our knowledge and understanding of the best treatments for children and why it is vitally important that we continue to support this. Child Health professionals from around the region will also share the 'papers from the last 5 years that have changed my practice'

0930 - 1100

Coffee Break

Over to You

There is some incredible work happening in every corner of our region, with projects big and small from all members of the paediatric MDT. Come and hear the best submitted abstracts in our oral presentations and some highlights from the virtual poster presentations.

1130 - 1300

Lunch Break

Something for Everyone

ECG 101

Dr Andy Ho (Consultant Paediatric Cardiologist) demystifies the paediatric ECG and shows us how to make use of this simple investigation in a general paediatric setting.

Continence Questions

Enuresis is a very common problem in children. Amelia Denny (Urology Nurse Specialist) gives us some simple but highly effective tips to help your patients and introduces the regional referral pathways for enuresis.

1400 - 1500

Liberating Structures

Dr Kate Pryde and Caroline Anderson will use liberating structures tools to host an exciting and interactive workshop giving you new tools to try right away. Liberating Structures foster lively participation in groups of any size, making it possible to truly engage everyone.

It's a Kind of Magic

Join Silly Scott, Southampton's award winning children's entertainer, in a workshop that will teach you some simple magic tricks with everyday objects on the wards to help make your patient's time in hospital just a little bit more fun.

Tea Break

How the Experts do it

Everyone loves a guideline, but sometimes there are just too many new ones to learn. Come and hear from Dr Alice Lording, Dr Kate Graham-Evans and Dr Chrissie Jones about some of the new guidelines that are available in Neurology, Neonatology and Infectious Diseases to make your everyday practice that little bit easier.

1530 - 1615

Blood, Sweat & Wheelchairs

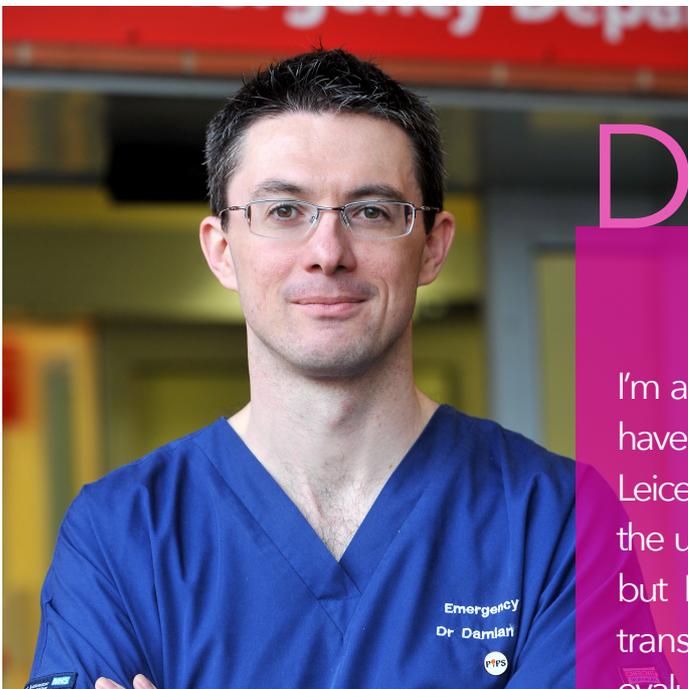
Sometimes life can throw some unexpected curveballs (you may remember the time we encountered a small indoor rain shower at a fancy hotel...), but some events are truly life-changing. We are very lucky to welcome Aaron Phipps, GB Paralympic Wheelchair Rugby star to close the conference with his story, and how he has used his motivation and determination to go on to do some incredible things.

1615 - 1700

It's All Over

Closing comments from the PIER Conference Team and awarding of prizes for the Best Oral Presentation and Best Poster Presentation

1615 - 1630



Damian Roland

I'm a Paediatric Emergency Medicine Clinician Scientist; I have clinical and academic duties in my roles at both Leicester Hospitals and University. My primary interest is in the use of scoring systems in acute and emergency care but I also have long standing interests in knowledge translation through social media and educational evaluation. Before our two children arrived I was a keen scuba diver but now try to keep fit on an irregular basis through running. I suspect I stand alone in the Paediatric community in having failed my driving test 6 times. It was a learning experience that allows me to tolerate the academic rat race more easily I think!

We've All Got a
Part to Play...

0930 - 1100

Aaron Phipps

Aaron is a highly accomplished international sportsman. He works across the UK with young people to help them achieve their goals and is a Sky Sports, Living for Sport, Athlete Mentor.

His keynote will share with you his story of how he found the courage to become the person he didn't know he had the strength to be.

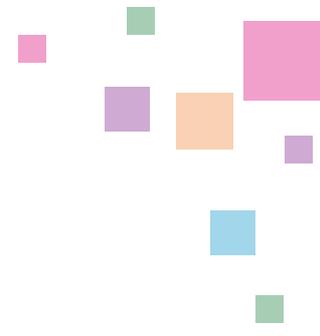
He has just made it onto the prestigious Shaw Trust 'Power of 100' list as one of top 100 most influential people in the UK with a disability.

Aaron will share his top observations which enabled him to see beyond his physical limitations. Discover how he functions at sports elite level, against the best on the globe. Learn to achieve what you want with transferable strategies for professional and everyday life.



Blood, Sweat &
Wheelchairs

1615 - 1700



Alice Lording



Alice is a paediatric neurologist at Southampton Children's Hospital, having trained in the Sheffield and Wessex regions. Alice has a special interest in children with complex tone problems and treatment with intrathecal baclofen. Alice has previously been involved in developing guidelines for the management of status epilepticus and is keen on standardising the management of these children throughout the region.

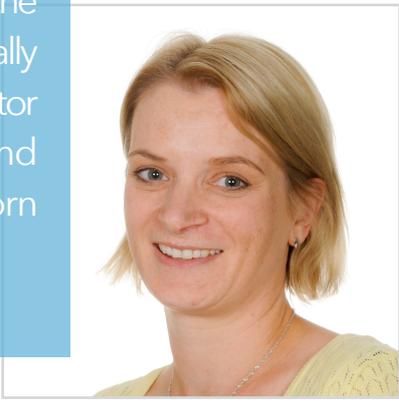
Chrissie Jones

Chrissie is an Associate Professor in Paediatric infectious Diseases. She trained in London, obtaining her PhD from Imperial College London following a study of HIV and TB in Cape Town South Africa. Her interests are congenital infections and her research involves interventions to prevent infections in infants. She is the education lead for the British Paediatric Allergy, Immunology and Infection Group (BPAIIG) and Chair of the Committee for Education for the European Society of Paediatric Infectious Diseases (ESPID).

How the Experts do it 1530 - 1615

Kate Graham-Evans

Kate is a Neonatal Intensive Care Consultant in Queen Alexandra Hospital, Portsmouth with particular interests in neonatal simulation, eLearning and reducing avoidable admission of full term babies to neonatal units. Kate is the neonatal lead for babies born with antenatally detected renal problems and is course director for Newborn Life Support courses and Advanced resuscitation of the Newborn instructor courses.



Andy Ho

I am a consultant paediatric cardiologist at Southampton Children's Hospital with a special interest in adult and paediatric congenital intervention.

I have no secrets. All is open to the world.

ECG 101

Liberating Structures

Kate Pryde & Caroline Anderson

Kate is a Consultant General Paediatrician at UHS, the Trust's clinical lead for Improvement and one of the founding members of PIER. She is passionate about continuously improving the quality of care we give to our patients.

Caroline is a paediatric nephrology dietician and researcher with a special interest in energy expenditure, nutritional intake, body composition and health related quality of life



Something For Everyone

1400 - 1500



Amelia Denny

I am a Paediatric Urology Nurse Specialist at Southampton Children's Hospital. A huge part of my role includes managing daytime wetting in non neuropathic patients and as a team we are very motivated by this challenge, which makes for interesting reactions when asked what I do at a dinner party! My personal hope is to see an integrated community continence service across the whole of Hampshire and to see the all blacks play England in New Zealand once I do retire.

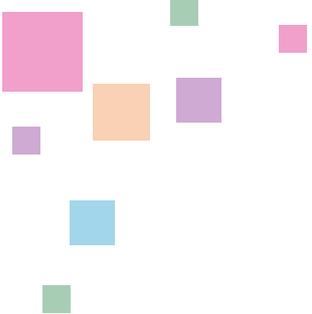
Continence Questions



Scott Thatcher

Scott Thatcher, aka Silly Scott, is one of the UK's busiest and best family entertainers, he has won multiple awards for his unique blend of magical family entertainment and regularly performs across the world recently returning from a sold out performance in LA, California. Scott performs close up magic for adults and children and is looking forward to sharing some of his secrets with us at PIER2020.

It's a Kind of Magic



Rachel Atherton Stoke Mandeville

Use of a novel risk calculator to reduce screening for early onset sepsis: is it safe?

Timothy Mason Exeter & North Devon

Virtual Sim - Remote 360° Simulation and Debrief

Shamma Mukit Milton Keynes

PaEdiatric outPatient referrals; a quality imProvement pRoject - PEPPER

Over to You - Oral Abstract Presentations 1130 - 1300

Genevieve Southgate Southampton

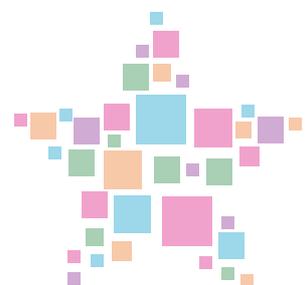
Impact of the COVID-19 Pandemic on Paediatric Training in the UK - A National Survey

Alex Armitage Southampton

Virtual Clinics: A Thumbs-Up from Patients and Clinicians

James Charlesworth Oxford

Improving the Quality of Outpatient Headache Consultations in General Paediatrics



Sponsor Presentations

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Human Milk Oligosaccharides (HMOs) and how they shape immunity



The role of specific IgE testing in patients with food allergy



Going Beyond Symptom Resolution, the Role of Symbiotics in Cow's Milk Allergy Management



To be confirmed



To be confirmed



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Submitted Abstracts



Abstracts

Title	Author
Improving access to Education during the COVID-19 pandemic: Development of a virtual; cross-speciality, multi-professional education programme within a regional Children's Hospital	Tamali Hodgkinson
Secondary pseudohypoaldosteronism: lessons learned from a baby presenting with severe salt losing crisis	Rachel Varughese
An Audit to Improve Carer Knowledge and Confidence around Administering Emergency IM Hydrocortisone Injections	Rachel Varughese
Quality Improvement Project for the Management of Children with Asthma	Elizabeth Little
Education across the ages	Francesca Wright
"Lights, Camera...Primary Paediatrics!!!"	Dave Owen
Growth, Obesity, and Dietary Fibre Intake in Paediatric CKD	Matthew Harmer
Well-being and Care Review - The Benefit of Routine and Continued Well-being Support for New Nursing Staff from Education Facilitators	Emma Page
Families Report Desire for Continuation of Virtual Epilepsy Clinics: Patient experience from secondary care paediatric epilepsy services at University Hospital Southampton during the first phase of COVID-19 Pandemic	Michael Cardenas
Staff Wellbeing in the Paediatric Intensive Care during the COVID-19 Pandemic	Christopher Beaves
Use of a novel risk calculator to reduce screening for early-onset sepsis: is it safe?	Rachel Atherton
Early Birds and Night Owls -Enhancing paediatric learning at MKUH with pre-handover teaching sessions and cake (not worms)	Angela Radford
Survey of the use of Paediatric Intensive Care Patient Diaries in the UK & ROI	Fiona Lynch
The 'hot baby'; a review of practice in a Children's Emergency Department	Rachel King
Pandover: Using a smartphone app based patient list to improve handover	Olivier Falconer
What has shielding done for Asthma?	Hasitha Saraje Gajaweera
Assessment and management of asthma exacerbations in the paediatric emergency department (ED) - a quality improvement project (QIP) using single centre results from the National Asthma and COPD Audit Programme (NACAP), John Radcliffe, Oxford	Miranda Rogers
Virtual Sim - Remote 360o Simulation and Debrief	Timothy Mason
Paediatric Simulation Training in the times of COVID - Chances not to be missed	Karim Noordally
PaEdiatric outPatient referrals; a quality imProvEment pRoject - PEPPER (preliminary report)	Shamma Mukit
Increased access and use of language line in everyday care by clinicians could improve patient care and clinician and patient and carer hospital experience.	Ester Quinn
How Teams improved our Team: Transition to Adult Services for Children with Complex Neurodisability	Sinead Doyle
Development of a national virtual teaching platform to improve paediatric neurodisability sub-speciality training	Annabel Burton
You've Been Framed! - A feel good Paediatric staff video	Matthew Rajan
Developing and evaluating a novel research study day across multiple schools of paediatrics through distance learning: a pilot	Eva Wooding
Neonatal Simulation Fortnight: Using simulation to improve paediatric neonatal resuscitation skills	Rajal Patel
Impact of the COVID19 Pandemic on Paediatric Training in the UK - A National Survey	Genevieve Southgate
Virtual Clinics: Thumbs up from patients and clinicians	Alex Armitage
Haematuria in Children - A Regional Guideline	John Tolliday
A review of 499 Newborn and Infant Physical Examination (NIPE) referrals at Queen Alexandra Hospital, Portsmouth	John Tolliday
Paediatric Virtual Learning in COVID19: Reflections from a District General Hospital	Olatkunbo Sanwo
Adapting and evolving youth work throughout the COVID19 Pandemic	Sarah Shameti
Introduction of a "Junior Doctor buddy" system to improve medical student experience within a tertiary children's hospital	Tamali Hodgkinson
Improving the quality of outpatient headache consultations in general paediatrics	James Charlesworth

Improving access to Education during the COVID-19 pandemic: Development of a virtual; cross-speciality, multi-professional education programme within a regional Children's Hospital

Presenting Author

Tamali Hodgkinson University Hospital Southampton

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Other Authors and Affiliations

Dr Faye Hawkins. Consultant Paediatrician. University Hospital Southampton

Abstract

Objectives:

In the height of the COVID-19 epidemic in the UK many healthcare professionals were working from home and rules around social distancing meant that face to face educational meetings were no longer possible. The aim of this project was to develop a virtual education programme which enabled all healthcare professionals within Southampton Children's Hospital to access cross-speciality education meetings, making these learning opportunities more accessible than they had ever been.

Method:

Using Microsoft Teams, we developed a Child Health Education Programme team, creating channels within this for each speciality within the Children's hospital. Education leads for each speciality were asked if they were willing to run their educational meetings through this, allowing access to the wider, multi-professional team. A Google calendar was then linked to the team, allowing members to view all of the available educational meetings. Once established, a qualitative evaluation form was circulated to gain feedback on the programme.

Results:

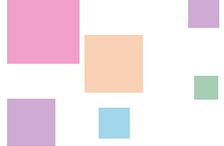
The Child Health Education Programme has 364 active users with an average of 54 people active within the team each day (See figure 1). Members are multi-professional, including doctors of all grades, specialist nurses, pharmacists, nurses, health care assistants (HCAs) and occupational therapists (OTs). There are 14 educational meetings available to join each week, either run directly through the team or via direct link from the team. Feedback has been overwhelmingly positive- 92% of those who have completed the evaluation form have accessed teaching that they would not have done previously and all would like the programme to continue post COVID-19.

Conclusion:

The COVID-19 pandemic has, and continues to be, hugely challenging for health care professionals. However, some of these challenges have enabled positive change. The development of the virtual child health education programme has made educational meetings more accessible and should be continued.

Figure 1





Secondary pseudohypoaldosteronism: lessons learned from a baby presenting with severe salt losing crisis

Presenting Author

Rachel Varughese Oxford University Hospitals NHS Foundation Trust

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Abstract

Objectives and background:

Congenital adrenal hyperplasia is the most common cause of the triad of hyponatremia, hyperkalemia and metabolic acidosis. Amongst trainees, there tends to be great awareness of congenital adrenal hyperplasia and its potential for hyponatremic crisis, but less knowledge about pseudohypoaldosteronism. Presented here is a case of pseudohypoaldosteronism secondary to obstructive uropathy.

Methods:

A 6-week-old male infant was referred for paediatric assessment by the GP for reduced feeding. Features in the perinatal history were unremarkable. He was born at term, by spontaneous vaginal delivery and no antenatal risk factors for sepsis. Parents were nonconsanguineous with no significant family history. Weight gain had been static for the last two weeks.

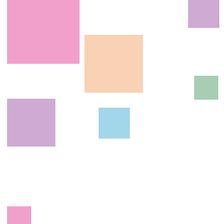
On initial assessment he was lethargic but responsive, with prolonged capillary refill time and a sunken fontanelle. Initial observations revealed tachycardia of 175, hypotension with a mean of 32 and tachypnoea of 70. Investigations showed severe hyponatremia of 115 and hyperkalemia of 8.5 in the presence of profound metabolic acidosis. Since there was no significant neurological compromise, and chronic pathology was suspected, 0.9% normal saline was initiated rather than 3%. IV calcium gluconate for cardiac protection and salbutamol were administered for hyperkalemia. Hydrocortisone was administered for suspected adrenal insufficiency with a presumptive diagnosis of congenital adrenal hyperplasia.

Results:

CAH was excluded with normal 17-hydroxyprogesterone levels and raised serum cortisol. Urinalysis showed numerous pus cells. Culture was positive for *Klebsiella pneumoniae*. Renal ultrasound showed bilateral hydronephrosis and evidence of posterior urethral valves.

Conclusions:

Although CAH is the most common cause of hyponatremia, hyperkalemia, and metabolic acidosis in infancy, pseudohypoaldosteronism (PHA) is an important differential. PHA can be primary or secondary. In this case, PHA was secondary due to obstructive uropathy and urinary tract infection, where renal damage causes tubular resistance to aldosterone.



An Audit to Improve Carer Knowledge and Confidence around Administering Emergency IM Hydrocortisone Injections

Presenting Author

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Other Authors and Affiliations

Jennifer Gilbert, Elena Sotiriou, Tafadzwa Makaya

Abstract

Objectives and background:

Children with adrenal insufficiency are required to follow 'steroid sick day rules' in illness or stress. These involve administering extra steroids, such as intramuscular hydrocortisone. Failure to do so, may precipitate a potentially fatal adrenal crisis. An audit comparing published standards to local patient education on steroid sick day rules was commenced in 2015, prompted by two local mortality cases related to adrenal insufficiency. The aim was to evaluate the impact of the teaching intervention on carer knowledge and confidence around IM HC injections.

Methods:

Questionnaires were distributed to families for baseline data collection. Interventions included age-banded refresher teaching sessions for families, run by staff, with patient/carers peer support opportunities.

Questionnaires were then redistributed four years later (2019). Questionnaires involved binary responses for factual questions, five-point Likert scale for opinion-based questions, and a free-text box for further comments.

Results:

Response rate was 94% (49/52) in the first audit cycle (C1), where questionnaires were distributed after clinic appointments. Response rate was 36% (39/109) in the second audit cycle (C2), with mail distribution, perhaps reflecting this change.

With particular focus on the IM HC injection, in C1, 53% (n=26) received written information on IM HC injections, increasing to 69% (n=26) in C2. Respondents recalled demonstration on IM HC administration in 90% (n=44) in C1 and 92% (n=35) in C2. Similarly, 61% (n=30) were confident in C1 about when to give IM HC injection, increasing to 72% (n=28) in C2. In C1 46% (n=22) were confident with how to give IM HC, increasing to 63% (n=24) in C2.

Conclusion:

Following introduction of the refresher teaching sessions there is a significant increase in confidence and knowledge on administration of the potentially lifesaving IM HC injection. This reflects the positive impact of a patient centred quality improvement initiative.



Quality Improvement Project for the Management of Children with Asthma

Presenting Author

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Other Authors and Affiliations

Mairi Buchan - Foundation Doctor at the Royal Berkshire Hospital

Akmal Hussain - Consultant Paediatrician at the Royal Berkshire Hospital

Abstract

Introduction:

Despite improvement in medications, asthma remains responsible for childhood deaths. In 2016, there were 13 deaths in children <14 years. Preventable factors were identified in 90% of cases. These factors were addressed in British Thoracic Society (BTS) guidelines, which detail an Asthma Bundle (see appendix) consisting of 5 main statements. In the paediatric department at the Royal Berkshire Hospital, no patient received all 5 of the BTS guidelines.

Aim:

To improve asthma management and consequently reduce mortality in otherwise healthy children.

Methods:

An asthma checklist (based on the BTS guidelines) was created and in June 2020, was introduced to ward staff. It was requested they complete it for each asthma patient during their admission. Evidence of BTS guideline use was assessed for in a sample of 20 patients' notes in the June-September 2020 period. Inclusion criteria required the patient to be treated for an acute asthma exacerbation, aged 2-16 years and required admission for ≥ 4 hours.

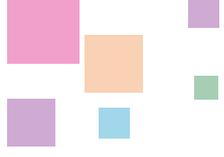
For comparison, adherence to the BTS guidelines was determined for 40 asthma admissions in the June-September 2019 period – when such a checklist was not in use.

Results:

The 2019 historical data showed that on average, 1.73 of the 5 BTS guidelines were satisfied per patient. In the 2020 data where a use of a checklist was mandated, preliminary results have shown this average to be increased. As the checklist becomes routine in asthma patient care, it is anticipated, the majority of patients will be managed as per the BTS guidelines.

Conclusions:

Use of a checklist document aided significantly in the implementation of the BTS guidelines. With most childhood asthma deaths being preventable, proper adherence to official guidance can be expected to improve patient mortality. Therefore, use of the simple and relatively quick-to-use checklist continues, with scope for creation of similar documents for other medical conditions.



Education across the ages

Presenting Author

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Other Authors and Affiliations

Sara Davis
East of England Neonatal ODN

Abstract

'Education across the ages'

Author One

Mrs Francesca Wright RN DipHE BSc PGDip
Lead Practice Development Nurse, East of England Paediatric Critical Care ODN

Author Two

Mrs Sara Davis RN DipHE BA MRes
Lead Practice Development Nurse, East of England Neonatal ODN

Objectives and Background

Education provision across the network is a key function of the Operational Delivery Network (ODN), historically through face to face study days. Both neonatal and paediatric critical care (PCC) networks appointed their first full time educators just prior to COVID19. With a rapidly evolving pandemic situation, diverse learning needs and a ban on face to face teaching the educators came together to meet the challenge. Our objectives were to provide rapid access to education to maintain professional and clinical development and build relationships. The initial focus was on cross discipline education as nurses from both backgrounds were called on to support other areas during the height of the pandemic.

Methods

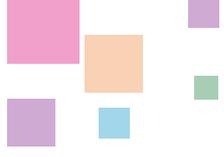
Following team brainstorming and informal network focus discussions the team utilised several options;

- Bitesize self-directed presentations
- Bedside resources
- Narrated teaching packages
- Sourcing an LMS to store resources and host virtual study days
- Journal club

Data analysis is pending; however, informal feedback has demonstrated a positive response to the project.

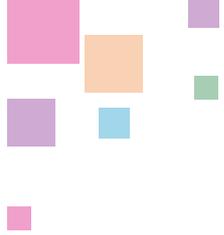
Results:

Education is now routinely being delivered online, as hosted study days or bespoke sessions to trusts. The PCC course has been redesigned for online delivery with local support for skills, reducing the burden of travel for candidates, creating time efficient learning, reduces overheads and the risk of COVID transmission. Unanticipated outcomes include increased productivity by the ODN and less environmental impact through remote working.



Conclusions:

Collaboration between the neonatal and PCC networks has allowed for sharing of resources, distribution of workload and increased purchasing power when negotiating for an LMS. Cross discipline education supports flexibility in the regional workforce and within the ODN education team. Moving together to online learning has promoted greater flexibility, creativity and equity of access across the region, ultimately improving patient care. Future opportunities include the expansion of cross discipline learning and delivery of formal education



“Lights, Camera...Primary Paediatrics!!!”

Presenting Author

Dave Owen Advanced Nurse Practitioner, The Bay Medical Practice, Isle of Wight

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Other Authors and Affiliations

none

Abstract

Objectives & Background:

In March 2020 the author (with a Children’s Community Nursing background) joined an innovative interdisciplinary “Urgent Assessment Team” (UAT) located within a primary care setting on the Isle of Wight. During April-June, the UK experienced its height of the Covid-19 pandemic thus far and face-to-face consultations were rapidly restricted. The aim of this study is to explore the use of video technology to aid paediatric remote consultation during this period.

Methods:

A retrospective self-audit using readily available data with two case studies exemplifying best practice. An additional survey was completed by UAT colleagues (GP’s/Paramedics/Advanced Nurse Practitioners) to gain clinical consensus on practice.

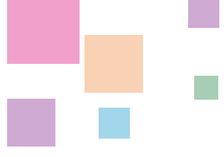
Results:

“Thanks for your support, this week...I was really worried about having to describe the rash over the telephone, but when I knew you could see what I could see [via video], I felt fine going up there [to hospital] as I knew it was the right thing to do.” (Mother A).

The author carried out 18 paediatric video consultations with an average age of 47 months. 2 urgent secondary care review referrals were made with 0 unplanned ward admissions. 83% of colleague respondents had used video consultation for paediatric cases; 72% strongly agreed that it aided their clinical consultation and 50% strongly agreed that it enhanced the patient/families experience.

Conclusion:

That video consultation provided an effective alternative to safely identify paediatric cases requiring onward referral from a primary care setting, particularly when face-to-face consultations are finite. Furthermore, video technology enhanced the patient/family experience during the Covid-19 pandemic. This study is limited to the experiences of one practice over a short period; however, as the primary healthcare landscape evolves there will be plentiful opportunity to provide more robust data on this topic.



Growth, Obesity, and Dietary Fibre Intake in Paediatric CKD

Presenting Author

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Other Authors and Affiliations

Stephen Wootton (NIHR Southampton Biomedical Research Centre–Nutrition);
Rodney Gilbert (Southampton Children's Hospital);
Caroline Anderson (Southampton Children's Hospital).

Abstract

Objectives and Background:

There is limited data regarding the nutritional status of children and young people with chronic kidney disease (CKD), especially in pre-dialysis CKD. Herein are presented growth, anthropometric and dietary fibre intake data from a cohort with a spectrum of CKD stages.

Methods:

46 pre-dialysis CKD (mean estimated glomerular filtration rate, eGFR = 57ml/min/1.73m²), with a mean age of 10.5 years were measured (height, weight, mid-upper arm circumference, waist-circumference). Comparisons made between different definitions of poor growth (height and height velocity), and obesity (Body-mass Index [BMI], waist circumference-for-height ratio, waist circumference) using Cohen's-Kappa coefficient. A 24-hour dietary recall was used to estimate dietary fibre intake, and compared to recommended intakes.

Results:

Poor growth was prevalent in the cohort (26%), as was obesity (13%). Those with low height centiles were different from those with poor height velocity. There was poor concordance between different definitions of obesity (Cohen's Kappa = 0.111 to 0.484), with central obesity more prevalent than BMI-defined obesity (41% versus 13%). There was no difference in BMI depending upon CKD stage (One-way ANOVA F(5)=0.275, p=0.924). No children consumed recommended amounts of dietary fibre (mean intake = 35% of recommendation).

Conclusions:

The identification of different children with poor growth and obesity depending upon the measure used suggests that usually undertaken measurements (height, weight, and calculated BMI) may be inadequate to appropriately characterise growth, obesity and result risk. Dietary fibre intake is suboptimal in this population.

Additional anthropometric measurement should be used to characterise risk more fully - such as central obesity. Dietary assessment and counselling should be targeted to increased dietary fibre intake to recommended levels in those with CKD.



Well-being and Care Review - The Benefit of Routine and Continued Well-being Support for New Nursing Staff from Education Facilitators

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Abstract

A project was set up, to support the transition for all new nursing staff joining the work force on E1. It was established in response to a period of poor staff retention, where limited initial support was identified as a significant contributing factor in exit interviews.

The 'well-being and care review' involves an optional, informal fortnightly meeting with an education facilitator during the individuals first year on E1. This continued through the COVID-19 pandemic, despite clinical redeployment of the education facilitators. The meeting evaluates their well-being and reflection of their clinical practice during the preceding fortnight. Minutes are documented for revalidation and continuing professional development purposes and these remain confidential unless action is required due to professional or safeguarding concerns.

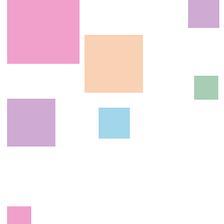
Preceding the project, a focus group identified behaviour, attitudes and processes that could influence its success. The project, structured to reflect this data, has been running for 10-months. Project appraisals, undertaken at quarterly intervals, comprised individual open surveys.

Project appraisals were unanimously positive with similar themes including; the opportunity to meet with a non-judgemental confidant, develop a professional relationship with an experienced colleague providing positive feedback and constructive criticism, and accelerated learning through specific, measurable, achievable, realistic and timely objectives.

At the 6-month project appraisal, individuals indicated they required advancement of their clinical skills and theoretical knowledge as opposed to general wellbeing checks.

Since providing opportunities for new nursing staff to express concerns and make suggestions to improve service delivery and staff experience we have seen improved staff retention on E1.

Given the positive impact, we would recommend that similar projects be considered throughout Southampton Children's Hospital.



Families Report Desire for Continuation of Virtual Epilepsy Clinics: Patient experience from secondary care paediatric epilepsy services at University Hospital Southampton during the first phase of COVID-19 Pandemic

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Abstract

Objectives and Background: The 2020 COVID-19 global pandemic required immediate adjustments in service delivery. For the paediatric secondary care epilepsy service at University Hospital Southampton all outpatients were switched to virtual from face-to-face. Initially this was via phone, then included video calls. This review focuses on the families' experience of these non-face-to-face clinics.

Methods: Families of children seen virtually between 1st March and June 30th 2020 were contacted retrospectively via telephone for feedback on their experience. The questionnaire enquired into satisfaction, advantages/disadvantages over face to face and opinions on continuation of virtual appointments. Time and money savings, along with the environmental benefits, were estimated.

Results: 24/45 families responded. 21 had telephone clinics and 3 video (video commenced mid-June). Five of those using phone clinics would have preferred video consultation. No one experienced technical difficulties. 25% (6/24) thought a face to face appointment might have been better but were satisfied with the consultation. All would be happy to have virtual consultations again. Advantages over face to face clinics included time savings and being less stressful for the child/young person. On average parents reported saving 136 minutes of time (range 30-180) and £18.90 (range £0-60) with virtual consultation compared to face-to-face. 20.47 miles of driving were prevented on average per patient (range 2.4-43.2).

Conclusions: This evaluation offers overwhelming user support for the opportunity to permanently adjust the patient pathway within epilepsy services. All families would be happy to use again and many cited they would prefer this on an on-going basis, either exclusively or combined with face-to-face. Benefits included savings in time, money and positive environmental impact.

On-going review will be required to ensure that clinical outcomes aren't affected negatively by any change and that the virtual model offers adequate opportunity for privacy and consultation with the young person alone.



Staff Wellbeing in the Paediatric Intensive Care during the COVID-19 Pandemic

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Abstract

Objectives and Background

Prior to the covid-19 pandemic, it was recognised within PICU that staff wellbeing often lacked priority within the forum of needs for the unit. However, the importance of promoting wellbeing for the PICU team has never been as important during the midst of lockdown and a global pandemic. This presentation will provide an overview of the initiatives that were introduced to support the wellbeing of the PICU team during covid-19 and beyond.

Methods

The staff wellbeing initiative involved a team of volunteer 'wellbeing advocates' that received support to provide day to day pastoral backing to the PICU multidisciplinary team. In addition to this, a number of social, educational, and support activities were introduced for the staff, facilitated through Zoom and Teams; including staff tea breaks, quizzes, family scavenger hunts, baking, facilitated wellbeing sessions with psychology and an informal team of wellbeing advocates that could be contacted on and off shift to help members of the team escalate their concerns and worries. Resources to assist in helping staff to relax and offload from work were provided.

Results

The feedback regarding the staff wellbeing advocates and wellbeing initiatives have been favourable. Psychology input to support the team of wellbeing advocates has been essential as well as providing support for the wider team. The effects of the wellbeing initiatives are currently under review to ascertain their effect on staff wellbeing, morale and teamwork during this period.

Conclusion

Supporting staff wellbeing is an under recognised area within our PICU and the support needs of all the staff have varied, both within covid-19 times and thereafter. It is essential that staff psychological and wellbeing needs are met in order that they continue to be effective and reduce the risk of burnout and to create a safe and supportive environment for the benefit of the whole team.

Use of a novel risk calculator to reduce screening for early-onset sepsis: is it safe?

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Other Authors and Affiliations Dr Gopa Sarkar, Stoke Mandeville Hospital

Abstract

Objectives and background

In February 2017, the Perinatal Research Unit at the Kaiser Permanente integrated health system in the United States developed a novel early-onset sepsis (EOS) risk prediction model and online risk calculator. This 'KP calculator' has been consistently demonstrated to dramatically reduce the number of neonates screened for EOS; however, conflicting data exist regarding the potential for missed cases. Following adoption of the KP calculator by our network level 3 centre, we sought to perform a local validation in our level 2 centre.

Methods

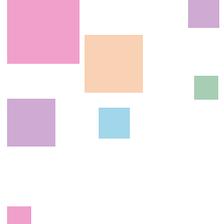
We performed a retrospective projection study to assess the impact of using the KP calculator versus the current practice of using NICE CG149. First, we examined electronic records of 97 neonates born from January-April 2019 to determine the percentage reduction in screens. Second, we examined the records of 13 neonates born from June 2014-present with blood culture-positive EOS to determine the time delay in initiating blood cultures and antibiotics associated with use of the KP calculator. Analysis was performed using Microsoft Excel.

Results

Use of the KP calculator in place of CG149 was associated with a 73% reduction in antibiotic use and a 51% reduction in blood cultures. Over the period January 2010-present, there were 28 cases of EOS, of which 21% were screened empirically without clinical illness. Based on 13 complete records, there was a mean delay of 1.1 hours in blood cultures when KP calculator was used (range 0-4 hours), and a mean delay of 12.8 hours in antibiotic administration (range 0-53 hours).

Conclusions

We would provisionally recommend local introduction of the KP calculator, with additional measures to improve safety in a UK setting, such as those suggested by the Wales Neonatal and Maternity Network. We are currently performing a prospective assessment in order to provide additional evidence and identify any local issues with introduction.



Early Birds and Night Owls -Enhancing paediatric learning at MKUH with pre-handover teaching sessions and cake (not worms).

Presenting Author

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Abstract

Objectives and background:

MKUH offers a varied paediatric teaching programme, but attendance can be difficult during working hours. I therefore wanted to explore the demand for a regular early-morning teaching session, pre-handover, when attendance would be mostly undisturbed, and where day and night teams could attend. During the COVID-19 lockdown period we have seen a number of challenging and unusual cases presenting in paediatrics, and these sessions have provided a valuable learning environment in which to discuss our experiences.

Methods:

The 'Early Bird Case Presentations' (EBCP) started as a four week pilot, 45 minutes before morning handover. Volunteer junior doctors present a case, and discussion is then supported by experts from within paediatrics and other specialties, both in person or via Microsoft Teams. Attendance is voluntary, and breakfast is provided, including home baked cakes.

I actively recruit volunteer presenters and publicize the sessions widely via posters and social media. EBCP now has a dedicated WhatsApp group for coordination. Presenters receive certificates for CPD. A survey was conducted after the pilot to gauge interest in continuation of the sessions.

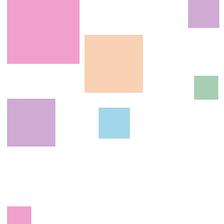
Results:

Participation by both junior doctors and consultants has been significant throughout, exceeding 30 participants for some sessions. 20 doctors responded to the survey, and all had attended at least 2 sessions, with over half attending all sessions. The overall satisfaction score was 4.7/5. Breakfast was considered a draw by most, with 25% saying it was essential. There has been a steady stream of presenters volunteering.

Conclusions:

Significant enthusiasm exists amongst MKUH paediatricians for an undisturbed teaching session outside normal working hours, and the pre-handover slot in the morning seems to work well. The provision of breakfast, though not essential, helps to boost camaraderie and team morale. The normalisation of Microsoft teams as a meeting tool has allowed colleagues to attend remotely, boosting participation and enabling us to invite a wide range of specialists, enhancing quality of discussions.

The Early Bird sessions are continuing at MKUH and have become a regular and enjoyable feature of our learning and development landscape. Sponsorship of breakfasts remains a work in progress.



Survey of the use of Paediatric Intensive Care Patient Diaries in the UK & ROI

Presenting Author

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Abstract

Objectives and background:

The use of patient diaries in the adult intensive care (AICU) setting is well understood. However there is a dearth of literature pertaining to the understanding of patient diaries in the PICU. The aim of this study was to explore the incidence, use and scope of patient diaries in PICUs in the United Kingdom (UK) and the Republic of Ireland (ROI).

Methods:

An electronic survey was sent to nursing & medical leads in 30 PICUs. The questionnaire consisted of 20 questions that asked about: demographics of the PICUs, prevalence of patient diary use, nature of use and barriers to usage.

Results:

All PICUs (n = 30) responded, and 43% (n = 13) offered diaries. For those units that did not supply diaries, the reasons given were concerns around the legal and professional implication of using diaries. Parental/carer consent to use a diary was obtained informally (79%, n = 11), and once there was agreement to provide a diary to parents, diaries were usually started immediately (72%, n = 12). Parents were the main contributors to the diaries (94%, n = 17), and the diaries were populated with photographs (94%, n = 15), drawings (100%, n = 16), and stickers (94%, n = 15). The reasons for offering diaries were to fill gaps in memories, to engage with families, and to explain what has happened in lay language. The owner of the diary was reported to be the family (82%, n = 14) and the child (12%, n = 2).

Conclusions:

The use of patient diaries is an evolving intervention in PICUs in the UK & ROI. This national survey has provided a clearer picture of how this intervention is used. PICU patient diaries are used in a significant number of units, and how these are used is relatively standardised, although in some different ways from AICUs.



The 'hot baby'; a review of practice in a Children's Emergency Department

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Abstract

Objectives and Background

The management of febrile infants under 90 days of age can be a clinical challenge in terms of assessment, investigation and management. National guidance describes an increased risk of bacterial infection in those <1 month old and suggests rapid assessment and administration of antibiotics with a more nuanced and structured approach in those 31-90 days. This study took place in a Children's Emergency Department which sees self-presenting and GP referral patients. It evaluated the current management and diagnosis aiming to guide the establishment of a new 'Hot baby' pathway.

Methods

An e-audit of the Symphony system was used to retrospectively review the management of infants under 90 days of age presenting with a history of fever. Data was collected over a 6 month period.

Results

60 infants presented with fever under 90 days of age (Table 1).

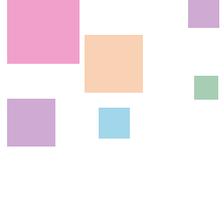
Table 1: Demographics and management of febrile infants

Age	Cases	IV Antibiotics (%)	Invasive bacterial infections (%)
<30 days	19	11 (58%)	7 (36%)
31-90 days	41	19 (46%)	4 (9%)

All 11 babies with a bacterial infection received IV antibiotics. Similar rates of IV antibiotic administration was seen in both groups but 11/19 (58%) of these aged >31-90 days had their antibiotics stopped at 48 hours with several viral causes being found. All 4 bacterial infections seen in those 31-90 days were Urinary Tract Infections highlighting the importance of urine culture in this group. All those <30 days who were not started on IV antibiotics did not have a recorded temperature from a health care provider.

Conclusion

This data supports the development of a 'Hot Baby' pathway for Children's ED which ensures early recognition and treatment of infants aged <30 days but also validates a step wise pragmatic management for well, older infants.



Pandover: Using a smartphone app based patient list to improve handover

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Abstract

Doctors require access to detailed and accurate patient information throughout their shift, and at handover between shifts. Many paediatric units use a computer-based patient list, but updating the list is time-consuming, and printed lists risk accidentally exposing patient data. We introduced the use of an NHS-approved smartphone app called Pando in the paediatric team, to create a shared list of in-patients and jobs. The aims were to improve patient safety by enabling detailed, accurate handovers, and to eliminate the need for paper lists in order to improve data security.

The app was trialled in a pilot study of 6 doctors, and then introduced across all junior doctors in the paediatric team alongside a set of 'ground rules'. Doctors were asked to complete surveys before and 3 weeks after introduction, rating the team's performance against standards based on the RCPCH Handover Assessment Tool, and providing qualitative feedback about the app.

The initial survey identified a need to improve the accuracy and level of detail at handover, both of which were rated on average 3.5/5. 46% of doctors felt that handover was not detailed enough. Three weeks after introducing the app, 63% of doctors said they were using the app all the time, and 67% felt the app increased the accuracy and detail of handovers. The main difficulties reported by users were inconsistent wifi coverage, and data syncing errors when two people updated information simultaneously.

This project has shown that using a smartphone app to keep an inpatient list can improve the standard of handover in the paediatric team. Clear rules on its use and adequate wifi coverage are needed to ensure it works reliably. The information governance implications of smartphone apps that process patient data need careful consideration, but Pando has great potential to overcome the risks associated with printed lists.

What Has Shielding Done For Asthma?

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Abstract

Introduction and Objectives

Asthma is a complex disease with multiple interacting factors determining individual phenotypes. We performed a service evaluation of children attending specialist paediatric respiratory clinics for their asthma at Southampton University Hospital as part of routine follow up and whilst shielding according to NHS advice during the COVID 19 pandemic (March- July 2020).

Method

Patients and parents/guardians completed pre-prepared questions about how asthma had been affected by shielding as a part of telephone/video link follow-up consultations having shielded for between 2-5 months.

Results

58 families (male 33, female 25) provided data. Mean age was 12 years (range 5-18 years). All families were shielding. Only 11 (19%) reported being less likely to self-refer for symptoms with 6 (11%) more likely and 41 (70%) no difference. Twenty-three (40%) reported better asthma control, 10 (17%) worse asthma and 25 (43%) no different. Twenty-nine (50%) had an ACT ≥ 20 indicative of well controlled asthma. Forty-seven (81%) were using the same or less relief medication, 40 (69%) were sleeping the same or better at night and 38 (66%) were the same or less anxious. Comparing asthma control to the same period last year 28 (48%) reported better symptom control, 7 (12%) worse control and 23 (40%) no different.

Reasons reported for improved asthma are shown in table 1.

Reasons for the 7 with worse control included increased seasonal allergic rhinitis 3 (43%) and more indoor aeroallergen exposure 3 (43%).

Thirty-one families (53%) preferred video link (attend anywhere) consultations and 11 (19%) expressed a preference for face to face appointments.

Conclusion

Overall severe asthmatics have experienced better symptom control during shielding. Reasons are multiple although decreased infections were identified as a cause by the majority of families. Ongoing care using video link consultations would be acceptable for the majority of families attending our service.

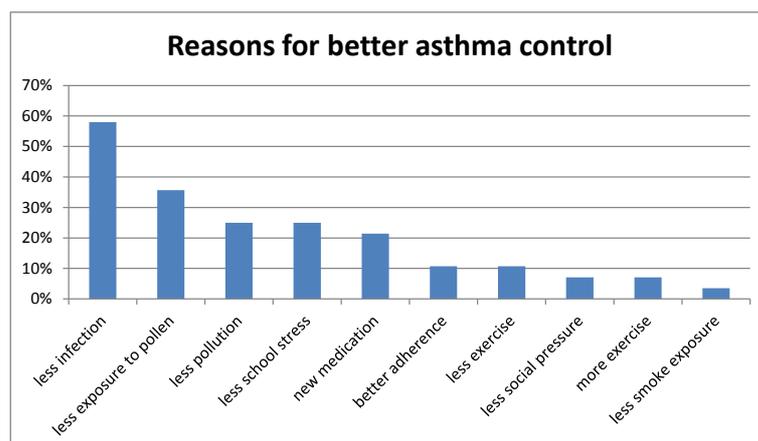


Table 1- Reasons for better asthma control



Assessment and management of asthma exacerbations in the paediatric emergency department (ED) - a quality improvement project (QIP) using single centre results from the National Asthma and COPD Audit Programme (NACAP), John Radcliffe, Oxford

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please note, we are all equal contributors to the project and would all present the work together

Abstract

Objectives and background:

Acute asthma exacerbations are a common, potentially life-threatening presentation in the paediatric ED. We collected and reviewed single-centre data from the John Radcliffe Hospital for the paediatric stream of the NACAP (National asthma and COPD audit), to review assessment and management in accordance with national guidelines.

Methods:

We retrospectively reviewed the Electronic patient records from all paediatric patients presenting to the ED or clinical decision unit in the period 01/07/2019-30/06/2020. We searched for the coding phrases asthma, wheeze or viral-induced wheeze (VIW), yielding 316 patient admission records aged 4-16 years old. 262 records remained after excluding alternative diagnoses, and data was collected on demographics, assessment and management using the NACAP protocol.

Results:

262 presentations were identified. We noted several areas which performed well, including that all patients were seen by a paediatrician in the ED; observations and discharge bundles were completed for 93.5% and 85.7% presentations respectively. Furthermore, appropriate initial management in ED was reflected in the fact that only 5/262 presentations required transfer to critical care. However, exposure to second-hand smoke was only recorded in 17/262 admissions, despite its well-established link with asthma, while evidence of patient education was documented in 91 cases. Interestingly, measurement of PEFr only occurred in 17/262 admissions, which may reflect its primary use as part of the diagnostic process outside of the acute setting.

Conclusion:

Our data demonstrates that many important aspects of asthma exacerbation assessment and management are done well within the trust despite some scope for improvement. We acknowledge there may be disparity between clinical practice and documentation, for which we have implemented an asthma clerking proforma. Trust guidance will be updated to reflect the use of PEFr. Assessing the impact of this QIP through ongoing data collection and review is crucial to ensure optimal patient care.

Virtual Sim- remote 360° Simulation and debrief

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Abstract

Simulation is resource heavy in terms of time, space, equipment, and faculty, with limitations on the number of people you can deliver each session to. During the COVID-19 pandemic, social distancing makes face to face simulation more challenging.

After working with a local healthcare VR team through a return to training project(1), we explored benefits and acceptability of remotely debriefing 360° videos of simulated paediatric emergencies. Remote debrief has been used successfully in the past to train teams(2) and faculty(3). However, it's use in the context of 360 content is still novel. The theory being that because the participant is an "active observer" this would bring a more immersive experience.

Summary of educational project

Using 360° content filmed at RD&E hospitals, we ran a remote virtual simulation session over MS Teams video conferencing platform in local and regional paediatric teaching sessions. We asked the learners to watch a scenario (eg. <https://youtu.be/KpQ10VUfERI>), from which we guided them to interact with the video, directing their view in the 360° media to whatever interested them. This was followed with a debrief following a standard structure.

We then collected feedback on its acceptability & similarity to face to face simulation.

Summary of results

April 2020- July 2020. 6 Sessions at least 66 learners, 38 gave feedback. 4 different 360 scenarios used. Used for local, regional (South west) and international (Wales) teaching. Levels ranged from medical students to Paediatric consultants. Most Common device used: computers or smartphone. Location accessed: Work and Home.

Feedback was globally positive 100% 'would use it again', average rating of 8.3/10 (10= Loved it, 1=Hated).

Feedback was rich and promising:

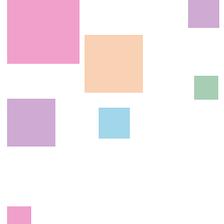
Additional positives include;

- easy accessibility for anyone to view 360 video (no need beyond normal consumer technology)
- no need for additional faculty
- relatively quick and engaging to run remotely.

The experiences have established "best practises" for this modality.

Conclusion

We recommend remote 360 sim with debrief as a fantastic adjunct to standard simulation. The modality is well received and a safe method of providing people with an experience of emergency scenarios which is improved though debrief.



Paediatric Simulation Training in the times of COVID - chances not to be missed

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Abstract

Background & Objectives

Coronavirus (COVID-19) has placed a considerable burden on healthcare as well as causing a significant disruption to the delivery of medical education. Nevertheless, the benefits of paediatric simulation should not be overlooked: they permit the revision of paediatric resuscitations, themselves uncommon, as well as providing opportunities to safely practice the stabilisation of the child with the additional challenges of Personal Protective Equipment (PPE), and with minimal healthcare professionals present.

Method

A regular simulation programme involving Paediatrics, Paediatric A&E, and adult ITU was established in a medium-sized District General Hospital. By working with the relevant specialties, the new difficulties of resuscitation in the context of COVID-19 were identified, and scenarios were designed accordingly.

Results

During the first three months, four simulations were provided with a range of pathologies. The simulations involved multidisciplinary team members, were run in real time, and were video-recorded for further learning. Attendance was so impressive, that participants were later limited to a total of ten. Four months into the programme, a survey was conducted to ensure that the simulations were meeting learning needs.

The survey confirmed the positive feedback received by faculty following simulations. The main obstacles to attendance were rota commitments as well as clinical duties. Furthermore, the learning points, distributed to all departments involved were positively received.

Conclusion

Unsurprisingly, there were difficulties along the way, and several useful learning experiences. In spite of the pitfalls, multidisciplinary simulation training has the potential to be a regular feature in preparation for future pandemics by promoting both inter and multidisciplinary functioning. Although winter pressures mean simulation training may become less feasible, given the benefits of well organised simulation, it is vital that such positive opportunities arising from this pandemic are not squandered.

Paediatric outpatient referrals; a quality improvement project - PEPPER (preliminary report)

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Abstract

Objectives and background

Paediatric outpatient appointments at Milton Keynes University Hospital (MKUH) increased by an average of 12% year on year from the period 2017-18 (1290) to 2019-20 (1618), warranting a review of local referral trends. The objectives of this quality improvement project were to identify the frequency of primary care referrals to paediatric outpatients by condition, the top-5 conditions, assess pre-referral management behaviours and devise a strategy to facilitate the management of commonly referred conditions in the community.

Methods

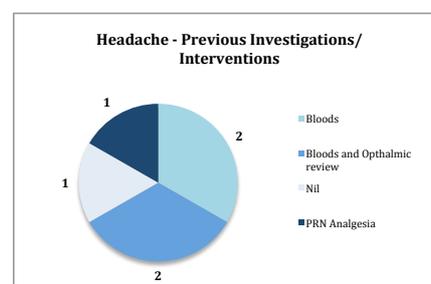
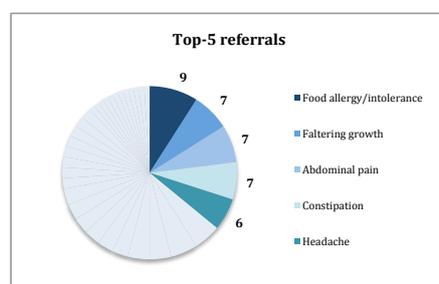
100 concurrent referrals were retrospectively assessed for project variables from August 2019 to September 2019. Patient demographic data, time from referral to assessment, the referring practice, pre-referral management information, patient past medical history and outcomes after assessment were extracted into an excel datasheet. Primary care referral reasons and impressions after paediatric review were categorised into discreet disease headings via a process of independent coding followed by consensus review. Relationships between categorical data were scrutinised using Chi-squared testing ($p < 0.05$)

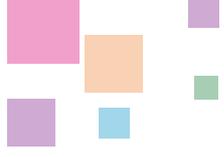
Results

The mean age of the 100 unique referrals identified during the retrospective data-collection window was 6.5 years (StDev 4.7 years), with a Male: Female ratio of 1:1. Referrals were greatest for those under 6-years of age (52/100). Adjusted referrals rates by registered patient number ranged from 0.18/1000 patients to 0.79/1000 patients per practice. The top five most frequently referred conditions were food allergy/intolerance, faltering growth, abdominal pain, constipation and headache (Figure 1). These five conditions represented 36% of all referrals. Variable pre-referral management strategies were evident for these conditions (Figure 2).

Conclusion

With evidence of heterogeneity in pre-referral management practices for the top-5 most frequently referred conditions, it has been deemed appropriate to introduce guidelines in collaboration with primary care partners to support management in primary care. The impact of guidelines on referral practices will be reassessed after a phased implementation.





■ **Increased access and use of language line in everyday care by clinicians could improve patient care and clinician and patient and carer hospital experience.**

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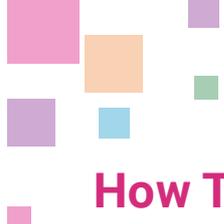
Abstract

Introduction: Communicating with our patients, taking histories, establishing a relationships, and obtaining informed consent are fundamentals of medical practice and ineffective communication leads to patient dissatisfaction and complaints. Therefore, we decided to promote the use of language line in our children's hospital to improve patient care and experience.

Method: We created a questionnaire to analysis the use of language line and explore the 'culture' associated with it. We gathered all the information needed to access language line and created poster with this information. We presented the poster at journal club and put posters up in our clinical areas. We then analysed the questionnaires and the monthly use of paediatric codes in language line pre and post our intervention.

Results: Our pre intervention questionnaire was completed by 19 professionals; 80% doctors 20% nursing staff. 63% had used language line with only 16% using in routine practice. However, 100% said they had encountered situations where it may have been useful. On review of the language line usage data there had been an increase usage in our areas in the 2 months after compared to the 2 months directly prior to our invention.

Conclusion: Our questionnaire showed language line was not used in routine practice but in 100% of cases they felt it would have been useful in their clinical practice and there has already been an increased use of language line. We have already presented our data at a trust wide meeting and are developing a partnership with the patient experience team and another project involving language line. We will continue to promote every day use of language line and sustainability through education at doctors induction and nursing teaching. We are endeavouring to change the culture and make a sustained change to clinical practice and patient care and experience.



How Teams improved our team: transition to adult services for children with complex neurodisability

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Please note that Sinead and Pavneet are joint authors. Thank you

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Abstract

Aims:

- To obtain qualitative feedback on the experience of transition to adult services for young people with complex neurodisability and their families.
- To explore existing transition practice within the Community Paediatric department.
- To develop and improve our local transition services for this cohort.

Methods:

We conducted an online anonymous survey completed by the Consultant Community Paediatricians to review current practice.

We identified eight families whose children had a background of complex neurodisability and had or were going through transition.

We successfully contacted six families to invite them to a virtual focus group via Microsoft Teams; three families attended. We facilitated using the funnel pattern of questioning.

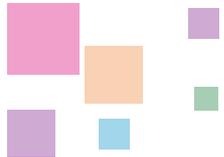
We extracted common themes from the transcript and presented these to the department, highlighting the differences between our perception of transition and their experiences. We fed back to the participants via email.

Results:

Key parental concerns were:

Negative preconceptions of transition gained from peer experiences; transition conversations initiated late and a feeling of under-preparedness; no direct comparable adult services; feeling 'stuck' between services (including during acute admissions); the parent acting as transition coordinator and; a lack of confidence in the GP. There was a positive experience of tertiary transition clinics and of school support.

Following this, we proposed simple, short-term improvements: early focused discussion regarding transition aged 13 with written material provided, and a parent-designed flowchart illustrating the



■ comparative children's and adult services. Our long term service development goal is a dedicated transition clinic involving the adult MDT and the GP (virtually or face to face).

Conclusions:

This focus group allowed us to reflect on the local experience of transition for this cohort.

We have suggested short and long term goals to aid improvement.

A virtual focus group offered an effective alternative to a face-to-face meeting and is a platform we would use again.



Development of a national virtual teaching platform to improve Paediatric Neurodisability sub-specialty training

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Abstract

Background:

Paediatric neurodisability (PND) is a sub-specialty with small numbers of trainees. It is a relatively new sub-specialty and as such has evolved with regional variation in training opportunities. A pre-questionnaire showed that 74% of trainees felt they missed out on PND Grid-/SPIN-specific training opportunities due to COVID-19.

Objectives of this initiative were to evaluate need for a national teaching programme, to enable trainees to achieve PND-specific competencies when COVID-19 was prioritised and to develop face-to-face connections between trainees. This project was undertaken in collaboration with The Neurodisability Community (TNC) hub.

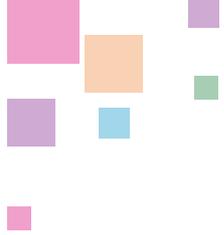
Method:

1. Canvassed opinion from PND Grid and interested trainees using an online anonymised survey, sent nationally via email and social media, prior to development (51 responses) and after 6 sessions (54 responses).
2. Developed a trainee-designed weekly virtual teaching programme, over 11 weeks during Summer 2020, and a central platform for webinars, sharing resources and connecting. This was accessible securely to NHS workers and incorporated a link to the central TNC networking (Trello) platform.
3. Standardised and scheduled a virtual teaching framework, incorporating Q&A, interaction and ongoing dialogues.
4. Completion of feedback forms incentivised by attendance certificates, providing insights and enabling continual improvement.

Results:

Overwhelming interest in a PND-specific virtual teaching programme led to 270+ multi-disciplinary members across a range of grades and sub-specialties registering over 6 weeks.

95.8% felt these virtual teaching sessions helped them meet training needs. 62.7% developed more face-to-face connections nationally.



Conclusion:

Expanding use of virtual communications markedly improved teaching opportunities and communication for trainees from a small sub-specialty. The positive response confirmed that readily accessible, PND-specific teaching for trainees was required.

Although sessions started in response to COVID-19, feedback emphasising the benefits of a virtual platform led to this model being implemented by another paediatric sub-specialty and plans to establish the programme permanently.



You've Been Framed! – A feel good Paediatric staff video

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Abstract

Background and Objectives

The Covid-19 pandemic has brought with it unexpected and unprecedented challenges. We have seen changes in the intensity and quantity of clinical work as well as to the pattern of working. The aim of our project, inspired by a similar one at Glasgow Children's Hospital, was to increase morale amongst the multi-disciplinary Paediatric staff and allow them to share by video the reasons they continue to work in our Paediatric department.

Methods

During 2020, we recruited paediatric and neonatal staff for the project by emails, face to face drop-in sessions and posters which were placed around the Paediatric and Neonatal department. We made a conscious effort to involve staff from across the whole spectrum of the MDT to share a short clinical vignette or combination of words that encapsulated their reasons for working in Paediatrics. These were written on a piece of paper and held up while the member of staff was filmed. A video of approximately 8 minutes long was created by stitching the footage together.

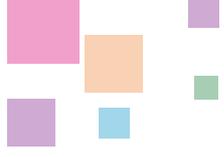
Results

- A total of 40 people contributed videos to our project. These involved Doctors (GPs, SHOs, Registrars and Consultants), nurses, health care assistants, managers, specialist nurses, play therapists, audiologists, secretaries, receptionists and domestic staff. Staff demonstrated considerable enthusiasm to be part of our project.

The main words used were 'work family' as well as 'love', 'smile' and 'help'. The overwhelming majority of people included positive words and stories. Most individuals chose to write one or two words rather than a clinical vignette. Several videos involved members of staff from across the multidisciplinary team appearing together. There was an even spread of videos between Paediatric and Neonatal staff members.

Conclusion

Our project led to increased morale amongst Paediatric staff members and helped to improve relationships between members of the team.



Developing and evaluating a novel research study day across multiple schools of paediatrics through distance learning: a pilot

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Abstract

Objectives and Background:

Peninsula Trainees Research Audit and Innovation Network (PenTRAIN) aimed to set up a teaching day on research for paediatric trainees across two regional schools. Due to Covid-19 restrictions we offered this session exclusively online. Paediatric trainees report that they are underexposed to research in their training and would like further opportunities to build research competencies.

Methods:

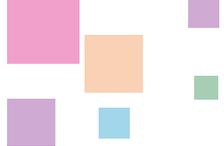
Content ideas were elicited from PenTRAIN members directly as stakeholders. The committee contacted potential speakers in line with the themes identified and created a channel on Microsoft Teams, through which the day would be accessed live and/or retrospectively. Feedback was collated online, containing both qualitative elements and Likert scales. Qualitative data were analysed thematically.

Results:

64 trainees registered for the study day. Feedback has been received from 37 participants. 73% participants were ST4-8, the remainder ST1-3. 65% viewed the day live, with others viewing partially retrospectively. The vast majority of participants felt that the day was well organised, effective and of high quality. Areas for improvement were providing longer breaks as some found online learning more tiring, or considering splitting courses into half days. Sessions exploring research careers had a variable reception from attendees, either felt to be inspiring, or not as relevant as practical sessions, such as statistics.

Conclusions:

This pilot demonstrates that online learning via Teams is a feasible method for providing cross-deanery research study days. In order to make sessions most effective longer breaks should be incorporated with shorter overall duration. Session content was broadly considered to be varied and interesting, however certain areas such as statistics were universally welcomed. In order to make content relevant to all attendees it may be necessary to consider workshops or multiple simultaneous breakout sessions to account for widely varying career ambitions and confidence levels amongst such a heterogenous group of trainees.



Neonatal Simulation Fortnight: Using simulation to improve paediatric neonatal resuscitation skills

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Abstract

Objectives and Background:

Junior doctors have typically found performing resuscitation skills a considerable source of stress (Scott et al, 2013). This is noted anecdotally in those unfamiliar with paediatrics, who are required to deliver neonatal life support, such as GP or foundation trainees. In our hospital, basic NLS is taught during induction, however, significant time may pass before these skills are utilised. We wanted to ascertain whether the introduction of an intensive neonatal simulation programme partway through the rotation would improve junior doctor confidence and skill in providing neonatal resuscitation.

Methods:

Simulation scenarios developed from common neonatal emergencies and local incidents, were held every morning after handover for 2 weeks, involving SCBU and midwifery team members. Simulations were facilitated by medical education fellows trained in debrief, and Paediatric Consultants provided clinical expertise. Key learning points were themed, summarised and disseminated. Daily feedback was collated, and written feedback obtained after the fortnight by survey.

Results:

Feedback was extremely positive, with juniors feeling more confident immediately afterwards. Weeks later, we received examples of how simulation positively influenced their clinical practice. Simulation was unanimously preferred before ward round. All juniors agreed 'it was great learning' and would 'strongly recommend this continue when the new SHOs arrive.' Other positives included an appreciation for the opportunity to practice with an MDT approach and reiteration of key learning points. Barriers identified centred on the tension between service delivery and education.

Conclusion:

Neonatal SIM Fortnight enabled key learning to be revisited in short, daily sessions over a 2-week period. Feedback and subsequent clinical practice demonstrated the positive impact of the fortnight, and has therefore been adapted for use at the beginning of rotations to support new junior trainees. We anticipate that neonatal simulation fortnight will continue to improve the neonatal resuscitation skills of paediatric junior doctors.

Impact of the COVID19 Pandemic on Paediatric Training in the UK - A National Survey.

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3. Birmingham Children's Hospital, Birmingham Women's and Children's NHS Foundation Trust, Steelhouse Lane, Birmingham, B4 6NH, UK.

Abstract

Objectives & Background

Social distancing during the COVID19 pandemic has impacted on training. This study aims to explore paediatric trainees' education and training experiences during this period.

Methods

A national electronic survey of paediatric trainees was conducted.

Results

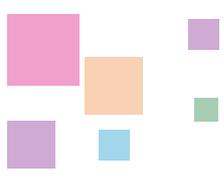
Following data-cleaning, 365 responses were analysed, meeting a priori recruitment target for representation. Responses included all training grades and UK deaneries with equal distribution.

Changes to expected work pattern were common (87%), including rota amendments within original clinical area (57%), redeployment within paediatrics (18%) and adult services (4%), and requirement to shield (6%).

Teaching events were cancelled for 88% of respondents. 25% reported cancellation of examination(s).

Overall, teaching and training opportunities were decreased compared to pre-COVID19, with greatest impact to simulation-based teaching, and deanery-based teaching (75% reporting less). Many reported increased opportunities - most commonly for reflection (28%) and leadership and management (23%). No differences were seen between ST1-3 and ST4+ groupings ($p > 0.05$ on chi-squared analysis).

68% of respondents felt that the pandemic offered opportunities for learning not otherwise available. 93% of respondents attended virtual teaching, most commonly based within their paediatric/neonatal department (67%). Virtual teaching was predominantly initiated by middle-grades (67%) and consultants (68%). 71% of trainees participated in elearning during the pandemic. 82% of trainees anticipated completion of required learning events prior to their ARCP.



■ Conclusions

An altered structure for education and training was reported, with particular emphasis on virtually-delivered teaching, a large portion of which was trainee-led. Although previously-utilised and planned teaching and training was reduced, other opportunities for learning were identified. Utilisation of the wealth of paediatric online-learning resources has facilitated self-directed learning by trainees.

VIRTUAL CLINICS: THUMBS-UP FROM PATIENTS AND CLINICIANS

An evaluation of telephone and video consultations as a replacement for Person-to-Person Consultation in General Paediatric Outpatient Clinics

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Abstract

Objectives and Background:

In light of COVID-19, health services have had to rapidly adjust the outpatient model. In this service evaluation we gathered feedback from those who have transitioned to virtual consultations.

Methods:

Clinicians and families participating in virtual paediatric outpatient clinics during April and May 2020 were contacted regarding their experiences. Answers to standardised sets of questions were entered into a spreadsheet.

Results:

8/10 consultants responded. All held telephone clinics, 2 also held video clinics. Clinicians reported good patient experience but had concerns around not being able to perform full clinical assessments, including anthropometry, and that the voice of the child was often lost – with potential consequences for safeguarding. All envisaged continuation of virtual clinics, estimating 10% of new referrals and 50% of follow-ups could be seen virtually.

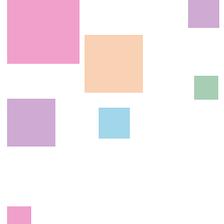
50/98 families responded to a separate survey. 28 had telephone clinics and 22 video. Technical difficulties were experienced by 7 (14%) (all video). Advantages over face-to-face clinics included time, cost and environmental savings, inclusion of family members and a more comfortable experience waiting at home. 45 (90%) were in favour of continued virtual clinics. On average families reported saving 107 minutes (0.5-4hr) and £10 (0-£50). A mean of 26km of car journeys were prevented (1.2-72km) equating to a CO₂e saving of 29.2kg per patient.

Conclusions: This evaluation offers useful insight into both clinician and family experience of the rapid shift to virtual outpatients.

Clinicians were generally in favour of virtual clinics, although a number of issues including anthropometric measurements, privacy and safeguarding need further consideration.

Families expressed high levels of satisfaction, particularly for follow-up visits, which many felt could be conducted remotely after an initial in-person appointment.

This feedback suggests there are significant merits of moving towards an outpatient model that supports a blend of in-person and virtual consultations.



Haematuria in Children- a Regional Guideline

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Abstract

Objectives and background:

Haematuria represents a presenting feature in a wide range of conditions in children. In many cases the cause is benign or transient. However, haematuria may be the sole presenting feature in serious pathology. This guideline looks to aid clinicians in the investigation of haematuria in addition to providing guidance regarding referral to tertiary services.

Methods:

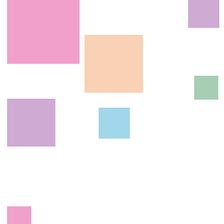
During the guideline creation process we reviewed latest evidence and practices regarding the investigation and management of haematuria in children in order to formulate pathways based on clinical presentation. Following review by the paediatric nephrology consultants this was sent to the regional leads for further input ahead of publication on the Paediatric Innovation, Education and Research (PIER) network website.

Results:

We formulated an investigation and referral pathway based on four different clinical scenarios. These were macroscopic haematuria with altered or with fresh appearance of blood and microscopic haematuria which was transient or persistent. We also included further guidance where a specific diagnosis was suspected and where a referral to a tertiary centre was required.

Conclusions:

We hope that our guidance will provide support to clinicians in the region to investigate and refer cases of haematuria in children appropriately and therefore improve the patient journey. Our aim is to standardise practice in a safe manner and utilise investigations effectively. Our guidance will be constantly updated based on feedback from hospitals in the region in parallel with updated evidence.



A review of 499 Newborn and Infant Physical Examination (NIPE) referrals at Queen Alexandra hospital, Portsmouth.

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Abstract

Objectives and background:

A large number of urgent and non-urgent referrals are generated at the Newborn and Infant Physical Examination (NIPE). We undertook a review with an aim to evaluate whether national standards were being met, appointments were being made in a timely manner and resources were being wasted with inappropriate referrals. In particular we were interested in whether referral solely for a finding of one or more clicky hips was supported by rates of diagnosis of developmental dysplasia of the hip (DDH). Referrals for clicky hip(s) constitute a significant proportion of the total referrals made but are not considered a Key Performance Indicator (KPI) and ultrasonographic evaluation is not mandated in national guidance.

Methods:

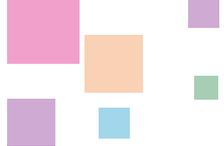
We reviewed all referrals over a 6-month period amounting to 499 referrals and collected data on reason for referral, time to appointment and outcome.

Results:

499 referrals were made to 12 different specialities. The majority of referrals were for evaluation for hip dysplasia comprising 401 referrals, 119 of which were for clicky hip(s) without additional risk factors. 13 urgent (within 2 week) referrals were made for a finding of dislocatable hip(s) of which 3 were diagnosed with DDH (23%). Of the 119 referrals for clicky hip(s) alone there was one case of DDH (0.8%). We also identified a need to confirm that appointments had been made for referrals outside of the trust and to upload clinic letters to the electronic system.

Conclusions:

Although the numbers of DDH were small, the findings do support a discontinuation of the current practice of ultrasonographic evaluation of newborn infants with a finding of clicky hip(s) in the absence of other risk factors and with an otherwise normal examination. This is in line with national guidance and will create increased capacity to reduce waiting times. The high incidence of DDH in infants with dislocatable hips highlights the importance of timely referral and evaluation in this group. There is a high volume of referrals generated and there is a need for a mechanism to ensure appointments have been made for each referral.



Paediatric Virtual Learning in Covid-19: Reflections from a District General Hospital

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Abstract

Objectives and Background:

Face-to-face teaching is a component of most hospital-based educational programmes. In our paediatric department, this occurred twice weekly, and aligned with the RCPCH or RCGP curriculum. Research on GP trainee perception of departmental teaching noted that case-based, consultant co-ordinated teaching was preferred. Issues included missed teaching due to rota commitments and variable organisation (Sanwo, 2019). With the onset of COVID-19, reduced clinical activity and social distancing requirements, we had the opportunity to revolutionise our educational programme. We seek to share our experience of delivering virtual teaching and reflecting on feedback.

Method:

A teaching WhatsApp group was introduced and hosted weekly anonymised case discussions. An individual would present an assigned clinical scenario and answer questions raised by other participants. Relevant local and national guidelines were shared, and learning points summarised and disseminated.

A web-based teaching platform was established, with sessions held over Webex. All were moderated, recorded and stored by the lead registrar for teaching, and overseen by the College Tutor. Feedback was sought throughout the rotation and teaching adjusted accordingly.

Results:

Nineteen virtual teaching sessions occurred with an average of 13.8 attendees per session, which was higher than physical teaching attendance pre-lockdown. All planned sessions took place. Qualitative feedback highlighted the flexibility of virtual learning, enabling people to attend when offsite for different reasons. Barriers noted included technological issues, availability of viewing space for attendees on-site, and moderator workload.

Conclusion:

The virtual teaching programme was a necessary development but provided an opportunity to overhaul the educational status quo. Virtual teaching was well-received by the department, and addressed some issues highlighted by previous trainees. High trainee enthusiasm contributed immensely to the programme's success. Virtual teaching is now embedded in our department, and it is hoped this continues to be embraced in the post-Covid era.

Adapting and evolving youth work throughout the Covid-19 pandemic

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Abstract

Background

Children and Young people (CYP) with a long term condition are known to have increased psychosocial needs. Health based youth work has a valuable place in providing a holistic approach to meet the psychosocial and transitional needs of patients aged 11-25 years. Youth work- delivered as part of the PEEER (building Patient, Empowerment, self-Esteem, Employability & Resilience) Project offers this support. Pre covid-19 pandemic youth worker support was delivered face to face (F2F) in a 1:1 setting or in group sessions in the hospital, youth spaces or educational settings.

With the onset of lockdown due to the Covid-19 pandemic from 23.3.2020 youth worker support was adapted to be delivered virtually on the ZOOM platform to meet the needs of CYP

Objectives

To assess the effectiveness of the PEEER Project youth work delivered virtually compared to face to face delivery.

Methods:

Group 1: Pre-Covid-19 lockdown: 1.1.2020 – 23.3.2020 CYP and their families received youth worker support F2F

Group 2: During Covid-19 lockdown: From 23.3.2020 – 31.7.2020 youth work support was delivered virtually.

CYP in Group 1 and 2 received 1:1 sessions, fun group activities and workshops. Feedback was collected on the effectiveness of these sessions.

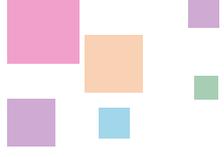
Results

CYP: Group 1 N= 105. Group 2 N= 236. The demand for youth worker support increased 69% per month in Group 2. In Group 2 there was a 56% increase in CYP accessing PEEER events from a wider geography. 100% CYP in both Groups said they enjoyed the sessions and would like to attend future sessions. CYP in both Groups felt part of a friendship group, said the sessions allowed them to socialise with their peers. CYP in both Groups felt more confident, more independent and felt good about themselves See Table 1)

Conclusion

Youth worker support is effective when delivered virtually on a ZOOM platform. More work is needed in this area.

Young People's Average Feedback Scores (1=strongly disagree, 6=strongly agree) for Peer Events	Before Covid	During Covid
I enjoyed this session	5.58	5.33
I would like to attend future sessions	5.53	5.50
This activity enabled me to feel part of a friendship group/team	5.24	4.33
This activity enabled me to feel confident	4.96	4.17
This activity gave me the opportunity to feel good about myself	4.88	4.00
This activity enabled me to feel independent	4.68	5.00
This activity gave me the opportunity to learn/improve a skill	4.46	4.00



Introduction of a “Junior Doctor buddy” system to improve medical student experience within a tertiary children’s hospital

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Abstract

Objectives and Background

Southampton Children’s Hospital is a large teaching hospital incorporating multiple specialty teams. Feedback from the 2018-2019 cohort of fourth-year medical students suggested that they did not feel integrated into the clinical team. To address this, a group of junior doctors at SHO level (junior fellows, FY2 and ST2 doctors) were recruited to act as “buddies” to the fourth-year medical students during their placements within Child Health.

Method

The “junior doctor buddy” system was introduced in September 2019 and involved two junior doctors acting as mentors to a group of 3-4 medical students. For each placement, this involved 6-8 junior doctors mentoring 12-15 medical students for 8 weeks. The junior doctors all volunteered for this role. There was no requirement to deliver any formal teaching but to act as mentors and provide a shadowing shift; allowing the students to get involved with tasks such as writing discharge summaries. Feedback was then gathered from the students in the final week of each placement in the form of focus group feedback on the whole placement, as well as a feedback form specifically for the buddy system.

Results

Within the focus group feedback, the buddy system was consistently highlighted as positive. 17 students across 3 groups also completed the feedback questionnaire. 100% of these students would recommend the system to their colleagues and 76% of students found their “buddies” either helpful or very helpful. The junior doctors helped in directing students to patients and ward rounds, providing shadowing opportunities, and providing some bedside teaching.

Conclusion

Feedback suggests that since the introduction of the system, students feel more integrated within the clinical team. Although there are some improvements to be made, this is a process that should remain in place and has been integrated into the junior doctors’ induction and student handbook.



Improving the quality of outpatient headache consultations in general paediatrics

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Abstract

Background and Objectives

Headache is a common presenting complaint to general paediatric outpatients. Headache presents a challenging diagnostic encounter where life-threatening differentials must be excluded, often leading to benign causes requiring validation, management and supportive advice. NICE clinical guidance 150 (CG150) provides evidence-based indications for neuroimaging, as well as requirements for outpatient encounters when benign headache diagnoses are made.

Methods

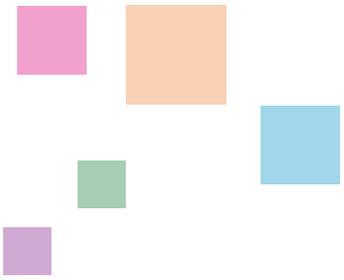
We retrospectively audited electronic notes for John Radcliffe Hospital's general and neurology paediatric outpatient clinics over 2 months (September-October 2019), with a primary presentation of headache. We collected age, gender, symptoms, clinic date, headache diagnosis, red flag features, neuroimaging, clinic discussion and follow up. Diagnosis and management were compared against NICE clinical guidance 150 (CG150), for headaches in children 12 and over.

Results

N=27 children were reviewed for headache, 52% female, median age 11.9 years (range 6-15.9). N=16 patients (59%) were ≥ 12 years and included in the audit, of whom 44% were female and 38% underwent neuroimaging (83% MRI). All neuroimaging was undertaken in patients with red flag features. We found good compliance with CG150 in providing a positive diagnosis (87.5%), management options (93.8%), follow up (100%), use of headache diary (91.2%) and offering appropriate investigations (100%). Poor compliance was found with safety netting (31.3%), providing written information (50%) and highlighting the risk of medication overuse (37.5%).

Conclusion

As a result of our initial audit we have updated guidelines for the management of headache in line with CG150, alongside providing education for trainees and advanced nursing colleagues on headache management. We are introducing patient information leaflets and pro-forma to ensure the provision of written headache information and safety netting. Lastly, a specialist headache clinic is being established to provide early and comprehensive management for paediatric headache. Following these changes, we expect to repeat our previous audit in October/November 2020.



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SYNEO[™]

**ONLY NEOCATE SYNEO CONTAINS SYNBIOTICS,
BRINGING IT CLOSER TO BREAST MILK THAN ANY OTHER AAF¹**

- Restores gut microbiota,¹⁻³ supporting long-term health and immunity^{4,5}
- Research shows that infants exhibit a reduction in infections as well as antibiotic use¹⁻³

10 YEARS OF RESEARCH IN INFANTS WITH CMA HAVE GONE INTO EVERY TIN



1. Candy et al. *Pediatr Res*. 2018;83(3):677-86. 2. Fox et al. *Clin Transl Allergy*. 2019;9:5. 3. Burks et al. *Ped Allergy Immunol*. 2015;26:316-22. 4. Martin R et al. *Benef Microbes*. 2010;1(4):367-82. 5. Wopereis H et al. *Pediatr Allergy Immunol*. 2014;25:428-38. 6. Harvey BM et al. *Pediatr Res*. 2014;75:343-51.

RESOURCE CENTRE 01225 751 098 neocate.co.uk

IMPORTANT NOTICE: Neocate Syneo is a Food for Special Medical Purposes for the dietary management of Cow's Milk Allergy, Multiple Food Protein Allergies and other conditions requiring an amino acid-based formula, and must be used under medical supervision after full consideration of all feeding options, including breastfeeding. Neocate Syneo is suitable for infants from birth. Suitable as a source of nutrition for infants under one year of age.

NEW
FOR COW'S
MILK ALLERGY

Similac[®]

For healthcare professionals only

Help them face life's adventures

EleCare[®] is designed to help support the **immune needs** of formula-fed infants with severe cow's milk allergy and/or multiple food allergies.

EleCare is the first amino acid-based formula to contain 2'-FL HMO*†, a major component of most mothers' breast milk:‡



Helps support the immune system in the gut and beyond¹⁻³

Contains 2'-FL HMO* which has proven benefits on the gut and systemic immune responses¹



Supports healthy growth and symptom resolution⁴⁻⁷



Trusted by mums and healthcare professionals^{8,9}



Contact your local Abbott Account Manager to learn more or call Freephone Nutrition Helpline on 0800 252 882

IMPORTANT NOTICE: Breastfeeding is best for infants and is recommended for as long as possible during infancy. EleCare is a food for special medical purposes and should only be used under the recommendation or guidance of a healthcare professional.

*2'-FL HMO: 2'-fucosyllactose human milk oligosaccharide. Structurally identical to that found in breast milk (not sourced from human milk).

†MIMS April 2020.

‡Studies conducted in healthy-term infants consuming standard Similac formula with 2'-FL HMO (not EleCare), compared to control formula without 2'-FL HMO.

§Studies conducted in infants fed standard EleCare formula without 2'-FL HMO.

References. 1. Reverri EJ, et al. *Nutrients*. 2018;10(10). pii: E1346. 2. Goehring KC, et al. *J Nutr*. 2016;146(12):2559-2566. 3. Marriage BJ, et al. *J Pediatr Gastroenterol Nutr*. 2015;61(6):649-658. 4. Borschel MW, et al. *Clin Pediatr (Phila)*. 2013;52(10):910-917. 5. Borschel MW, et al. *BMC Pediatr*. 2014;14:136. 6. Sicherer SH, et al. *J Pediatr*. 2001;138:688-693. 7. Borschel MW, et al. *SAGE Open Med*. 2014;2:2050312114551857. 8. RTI research. Abbott EleCare No.1 Dr Recommended. Final Results. 2019. 9. Abbott. EleCare Promotional Claims Parent Survey. 2019.

UK-2000048 April 2020



X-LINKED HYPOPHOSPHATAEMIA (XLH) IN CHILDREN - RED FLAG SIGNS AND SYMPTOMS

XLH is a rare, hereditary[†], progressive and lifelong disorder characterised by renal phosphate wasting and chronic hypophosphataemia.^{1,2}

Delayed diagnosis can have a detrimental effect on patient outcomes.¹

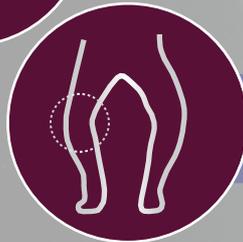
XLH red flags include:



1. DEFORMITIES IN LOWER LIMBS



2. DELAYED WALKING WITH A WADDLING GAIT



3. PAIN IN LEGS



4. SHORT STATURE



5. ABNORMAL HEAD SHAPE



6. DENTAL ABSCESES

THESE SIGNS AND SYMPTOMS MAY BE CAUSED BY XLH.
IF XLH IS SUSPECTED, REFER TO THE APPROPRIATE XLH TREATMENT CENTRE.

[†]In approximately 20–30% of cases XLH occurs spontaneously and there is no family history.^{3,5}
FGF23, fibroblast growth factor 23; PHEX, phosphate-regulating endopeptidase homolog on the X chromosome.

References

1. Haffner D, et al. *Nat Rev Nephrol.* 2019;15(7):435–455.
2. Beck-Nielsen SS, et al. *Orphanet J Rare Dis.* 2019;14(1):58.
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5. Dixon PH, et al. *J Clin Endocrinol Metab.* 1998;83(10):3615–23.

This material is for healthcare professionals only

NUTRAMIGEN WITH LGG®: PROVEN EFFICACY AT EVERY STEP*1

NOW

rapidly relieve cow's milk allergy symptoms as quickly as **48 hours**²⁻⁴

TOMORROW

successfully accelerate return to cow's milk **after 12 months** of use^{**5}

IN THE FUTURE

reduce the risk of future allergic manifestations by **~50%**^{†6}

*For the management of cow's milk allergy
**vs. eHCF without LGG®, rice, soy or amino acids ($p < 0.001$)
†During a period of 3 years vs. eHCF without LGG® ($p < 0.001$)



TRANSFORMING THE LIVES OF BABIES
WITH COW'S MILK ALLERGY

References: 1. Dupont C et al. Br J Nutr 2012; 107:325-338. 2. Lothe L et al. Pediatrics 1989; 83:262-266. 3. Baldassarre ME et al. J Pediatr 2010; 156:397-401. 4. Nermes M et al. Clin Exp Allergy 2011; 41:370-377. 5. Canani RB et al. J Pediatr 2013; 163:771-777. 6. Canani RB et al. J Allergy Clin Immunol 2017; 139:1906-1913.

Nutramigen with LGG® is a food for special medical purposes for the dietary management of cow's milk allergy and must be used under medical supervision. Nutramigen with LGG® is not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional.

IMPORTANT NOTICE: Breastfeeding is best for babies. The decision to discontinue breastfeeding may be difficult to reverse and the introduction of partial bottle-feeding may reduce breast milk supply. The financial benefits of breastfeeding should be considered before bottle-feeding is initiated. Failure to follow preparation instructions carefully may be harmful to your baby's health. Parents should always be advised by an independent healthcare professional regarding infant feeding. Products of Mead Johnson must be under medical supervision.

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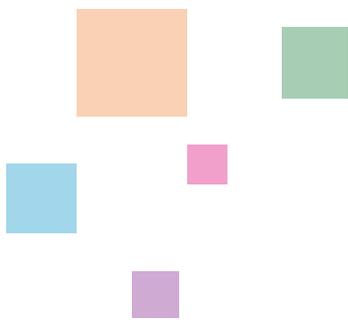


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PIER 2020
V I R T U A L
CONFERENCE

The logo features a vibrant rainbow arch at the top. Below it, the text 'PIER 2020' is written in a large, bold, black sans-serif font. Underneath that, the word 'VIRTUAL' is written in a smaller, spaced-out, black sans-serif font. At the bottom, the word 'CONFERENCE' is written in a large, black sans-serif font. A decorative arc of multi-colored pixels (including blue, green, orange, pink, and purple) forms a smile-like shape at the bottom of the logo.

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