

## British Society for the History of Paediatrics and Child Health

### G01 MOZART'S MALADIES

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Mary Wheeler. *Retired*

**Descriptions** of some of Mozart's childhood illnesses are available from family letters, many written during his European tours. It appears he had smallpox, possible typhoid fever, a rash which may have been erythema nodosum or perhaps Henoch Schoenlein purpura, and numerous upper respiratory infections. His short stature was the subject of comment.

At thirty-five, he was a prolific composer in straitened circumstances who died after a fortnight's acute illness. Details come from a variety of sources, many written long after the event. He had a background of one or two years of intermittent headache and possible depression, and three months of pallor, loin pain, lapses of consciousness and paranoid thoughts, during which time he nevertheless continued to compose, writing the requiem, among other works. Swollen hands and feet characterised the onset of his final illness; fever, weakness, generalised oedema, vomiting and diarrhoea followed. He retained clear consciousness and the ability to sing until shortly before death.

There was no post-mortem, but a skull, alleged to be Mozart's, has pathological features.

A considerable literature is devoted to speculation on the cause of Mozart's early death. The differential includes infective, cardiovascular, renal, hepatic, malignant, iatrogenic and homicidal causes. I shall discuss these, and the possible links between his paediatric history and his final illness.

### G02 'STARY DOKTOR' - THE OLD DOCTOR - JANUSZ KORCZAK

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Too few paediatricians have heard of Janusz Korczak (Dr Henryk Goldszmit) (1878–1942) even though he was a pioneer on children's rights and child health care. Korczak devoted his life to children and their welfare. He was a children's physician, child advocate, educator, and psychologist. He was also an early radio broadcaster under the name the 'Stary Doktor' ("The Old Doctor"), celebrated children's writer and playwright.

Korczak wrote one of the earliest Children's Charters. He also regularly defended children and their rights in juvenile courts and, most notably, in 1927 Stanislaw Lampisz, a juvenile accused of shooting dead his headmaster. Korczak spoke of the need for a Declaration of Children's Rights long before any such document was drawn up by the United Nations in the UN Convention on the Rights of the Child (1989).

Korczak's final years were spent running a children's home in the Warsaw Ghetto during the German occupation in World War Two. In August 1942, he and the children under his care were marched to the railway station for transportation for "resettlement". Although recognised and given the opportunity to save himself, Korczak stated "One does not leave a sick child—my place is with them..."

He and the children were taken to Treblinka—an extermination camp.

No one survived.

In all, Korczak authored more than 20 books, including children's fiction, pedagogy and posthumously published *Pamiętnik*. (diary).

This presentation will relate Korczak's life and work within the historical context of early 20<sup>th</sup> century Europe and his ongoing relevance to worldwide present and future child health care.

Excerpts from his writings including the celebrated children's novel (*Król Maciuś Pierwszy*) *King Matt the First* (1923) – regarded by many as one of the finest children's books ever written, – will be given during this presentation.

Janusz Korczak and the events of his time still have much to teach us.

### REFERENCE

1. Lifton BJ. *The King of Children*. London: Pan Books Ltd, Korczak Próba biografii, Warszawa: Wydawnictwo W.A.B. [http://en.wikipedia.org/wiki/Janusz\\_Korczak#Children.27s\\_books](http://en.wikipedia.org/wiki/Janusz_Korczak#Children.27s_books)

### G03(P) CRANIOTABES: TIME FOR AN OLD PHYSICAL SIGN TO BE PUT TO USE?

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**Aims** Craniotabes describes softness of the infant's cranial bones, causing a 'ping pong ball' effect after minimal pressure is applied. Exact causes of this phenomenon are not clear. This paper aimed to outline the nature and causation of craniotabes from published clinical series, and to identify its relevance to modern clinical practise.

**Methods** A literature review was performed to identify relevant publications. Historical series were identified from Embase and Medline, with the search criteria "craniotabes".

**Results** Craniotabes was first described by Elsässer of Neuenstadt in 1843. Early case series from the 19th century recorded a high rate of congenital syphilis in infants with craniotabes. No specific prognostic implication as to the outcome of the infants was derived from this finding. A proportion of cases however always appeared to recover with no underlying cause. We therefore suggest that at this time, craniotabes may have been a sensitive, but not specific, test for syphilis. More recent series of larger numbers of infants show rates of up to 30% in normal births. Some authors described a close correlation between the physical sign and biochemical evidence of maternal vitamin D deficiency. Treatment with vitamin D has been reported to result in rapid resolution of soft skull bones. We suggest that despite not being a sensitive test for the rickets, craniotabes may now be more specific to the condition due to the extremely low prevalence of congenital syphilis. The various case series examined did not allow comparisons with data on head circumference or the size of the anterior fontanelle. No case series has information on neurodevelopmental outcomes or head growth.

**Conclusion** Craniotabes can be identified in those infants in whom skull ossification is slower towards the end of pregnancy. The finding may in some indicate an underlying disorder such as infection or vitamin D deficiency. The role of membranous ossification to an infant's life-course may permit novel insights into relative growth of brain and bone.

## Paediatric Education Special Interest Group

### G04 AN INTERACTIVE ONLINE PACKAGE – A FLEXIBLE WAY TO TRAIN EXAMINERS

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**Aims** Reducing inter examiner variability is crucial for exams. Training of examiners is seen as essential in ensuring validity and reliability of clinical examinations. We aimed to develop an interactive online package to aid training of examiners assessing undergraduate paediatric students and to evaluate inter examiner variability.

**Methods** Using publicly available Google Sites, we created an online tool to train examiners for their role in paediatric

undergraduate clinical skills assessments. It comprised a sequence of five videos of students, each presenting a clinical case (history and examination of a child). These case presentations were scored (scale 0–15 for the total score) by examiners online using an interactive mark sheet that automatically recorded the scores. Subsequently, examiners could compare their scores against an average given by a panel of senior expert examiners. In addition, recorded data were analysed for overall mean scores and standard deviation (SD). The students were ranked according to performance (1 excellent, 1 clear fail and three in between) using predetermined criteria

**Results** Total of 31 participants, 18 of them fully completed the online package.

#### Abstract G04 Table 1

Student	Number of examiners	Trainee examiners Average score (+/- SD)	Expert examiners Average score (+/- SD)
1(excellent)	31	12.7 (+/- 2.1)	13.2 (+/- 1.8)
2	22	8.4 (+/- 2.1)	9.0 (+/- 2.7)
3	18	8.2 (+/- 2.6)	9 (+/- 0.8)
4	18	12.5 (+/- 2.2)	11.1 (+/- 1.9)
5(clear fail)	18	1.4 (+/- 2.0)	2.0 (+/- 1.7)

**Conclusions** Trainee examiners considered the tool helpful, especially if they were to perform the clinical skills assessments for the first time. Results demonstrate variation of scores is higher among trainee examiners, apart from student number 2. Overall scores given by trainee examiners tend to be lower compared to experienced expert examiners.

#### G05 A PAEDIATRIC PEER MENTORING PROGRAMME OFFERS SIGNIFICANT BENEFITS TO BOTH JUNIOR AND SENIOR TRAINEES

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**Aim** Mentoring has been identified as an important process in personal and professional development for doctors. Peer Mentoring is a core skill specified within the RCPCP curriculum. We developed, implemented and evaluated a Programme for provision of Peer Mentoring within our School of Paediatrics.

**Methods** 18 junior trainees received individual Peer Mentoring from a specifically trained senior trainee over a one year period. 18 Peer Mentees were randomly selected from volunteers recruited at the regional ST1 Induction. 18 Peer Mentors of ST5 level upwards were recruited and selected by anonymised competitive application.

Peer Mentors undertook a tailored programme of training, with defined learning objectives, mapped against established standards. This was subsequently reinforced by experiential learning which included regular meetings with the Peer Mentee, completion of a reflective portfolio and attendance at facilitated Action Learning Sets.

**Results** 90% of ST1 trainees expressed interest in participating in the Programme. We recruited to capacity and 16/18 pairs successfully completed the Programme. Satisfaction was high: 100% of Peer Mentors and 82% of mentees enjoyed the experience of participating in the Programme. 100% of Peer Mentors and 94% of mentees felt the Programme to be useful.

**Subjects** discussed in sessions were predominantly work-related; professional development and accessing learning opportunities were discussed by 94% of pairs, followed by work-life balance and performance issues (both 82%).

Both Peer Mentors and Mentees reported acquisition of a wide range of skills useful for a range of applications. 94% of Peer Mentors wished to continue in this role and all intended to use the skills

in their workplace and, later, as an Educational Supervisor. 77% of Peer Mentees reported greater proactivity in seeking new learning opportunities and improved decision-making skills. Improved stress management was also mentioned. 75% reported enhanced ability to deal with new situations and 88% reported improved self-confidence. 76% reported a positive change in their overall outlook and approach to their professional lives.

**Conclusion** Our successful Programme represents a novel and sustainable approach to meeting both the demonstrated demand and the RCPCP curriculum requirement for Peer Mentoring. Both Peer mentors and mentees developed versatile and sustainable skills for the future.

#### G06 IS IT POSSIBLE TO PRODUCE A RELIABLE PORTFOLIO ASSESSMENT TOOL?

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**Background** Portfolios are a compilation of evidence that through critical reflection of their contents demonstrate personal and professional development along with achievement. Portfolios are being used increasingly for summative purposes within the medical profession and are highlighted as potential assessment tools for professional competence. The most often cited limitation of the use of reflective portfolios is the lack of reliability with which they can be assessed.

**Aims** To design a portfolio assessment tool and investigate the tool's reliability. We aim to assess both intra and inter-observer reliability.

**Methods** The study took place over 5 months. We studied nine e-portfolios belonging to Specialist Trainees in Paediatrics within a specific Deanery. Appropriate consent and ethical approval were obtained. We asked Consultant Paediatricians who are educational supervisors to mark each of these portfolios using a newly designed assessment tool. These marks were anonymously collated, and by assessing this data we were able to look for consistency in the marks awarded for each portfolio, and use statistics to determine reliability of our assessment tool.

**Results** Nine portfolios were assessed by eight assessors. The results showed low inter-rater reliability of the assessment tool. Aiming for mean differences (bias) close to zero, the inter-rater bias ranged from 3.6% to 19%, with standard deviations ranges from 6.3 to 10.2. Intra-observer reliability was better (bias of 1.1%, SD of 5). Aiming to achieve a kappa score of >0.8 for summative assessments, our kappa scores ranged from 0.2–0.72 for inter-rater reliability and was 0.59 for intra-rater reliability.

**Conclusion** Judging the quality of a reflective portfolio is becoming increasingly important with their use in summative assessment and revalidation. Our study has shown that individual assessments using our portfolio tool show poor inter-rater reliability and are untrustworthy in high-stakes assessment. Improved rater training and multiple rater assessments are likely to improve this reliability but further research would be needed to assess this.

#### G07 THE IMPACT OF START: DRIVING THE LEARNING

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**Aims** START is designed to assess the readiness for consultant practise of senior trainees. Consequential validity is reported by examining adjustment in trainees' behaviour and practise following feedback from START. These data will inform level 3 training needs and development of the new START assessment.