FOLLOW-UP BETWEEN 6 AND 24 MONTHS AFTER MEDICAL STUDENTS EMBRACING CHANGE: HOW DO WE LEARN FROM LESSONS OF THE PAST TO BE GREAT DOCTORS OF THE FUTURE?

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In order to improve clinical practice in the future we have to learn from our past. The issues discussed at the inaugural Great Ormond Street Hospital Advances in Paediatrics Conference 2017 were current and pressing and should be dealt with now to raise the bar of healthcare in the UK. As medical students, we considered the salient messages from this conference and discuss how to apply them to our future training.

Staff were frank and honest about where paediatric medicine was heading. They alluded to mistakes made allowing for reflection and open discussion, whilst suggesting changes we hope would make us more rounded paediatricians.

Key themes that shaped the inquisitive, open mind-set that medical students should have throughout their training and beyond were highlighted. Three points seemed especially important: having a realistic perspective on the ‘crisis of the NHS’, awareness of the lack of transparency in clinical research and the advancement of technology and associated impact on patient-centred care. If we are able to address some of these issues it might help to not only maintain but also raise the standards of healthcare that we can provide.

Overall, we feel that by embracing change, especially at the beginnings of our education, we can overcome miscalculations made by our predecessors. It is easier to have the right attitude ingrained in you from the start than it is to alter one already set in stone. By shifting focus to patient-centred care we can put patients and families back in the driving seat of their own health. Changes supporting openness in clinical trials approach can ensure that patients are not harmed by poor clinical decisions based on research misconduct and publication bias. To be great future doctors we must be receptive to changes going on around us. Technology is revolutionising medicine; we should embrace it and adapt it into our practice to provide the best care. As Professor Tony Young—Head of NHS Innovation England—said, this will enable the clinicians of now and the future to be ‘advisors and navigators’ and not just ‘gatekeepers to medicine.’

British Paediatric Respiratory Society and British Society for Paediatric and Adolescent Rheumatology

PHYSICAL AND PSYCHOLOGICAL ADAPTATION TO IMPAIRED LUNG FUNCTION IN CHILDREN AND YOUNG PEOPLE WITH SCOLIOSIS

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Scoliosis may impair both lung function and exercise capacity. There is some evidence to suggest lung function is positively correlated with exercise capacity, however the exact relationship between these variables is poorly defined. This study investigated the relationship between exercise variables and lung function in children and young people with scoliosis, looking particularly at whether patients show evidence of improved physical conditioning despite impaired lung function.

Methods Retrospective analysis of data from Spirometry [FEV1, FVC], Whole Body Plethysmography, Cardiopulmonary Exercise Testing [CPET] and patient outcome questionnaires (SRS-22) undertaken prior to spinal fusion. CPET measures included maximal exercise capacity [VO2peak] as well as VO2 at anaerobic threshold [AT] expressed as%predicted VO2max–a measure of physical conditioning, and minute ventilation [VE] from which breathing reserve [BR] could be calculated. Analyses were performed using SPSSv23, and correlations expressed using Pearson’s correlation co-efficient.