

the architectural aspirations, facilitating chance encounters and exchanges between researchers and clinicians. Additionally, the intention is for the art commissions to convey, in a creative way, the importance of research into rare diseases by engaging the building users and public. The art commissions are a celebration of the collaborative and visionary nature of the Zayed Centre for Research.

72 'KICKING UP OUR HEELS' WORKSHOP – AN ARTS INTERVENTION TO SUPPORT STAFF SELF CARE

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10.1136/archdischild-2020-gosh.72

Professor Brian Lobel and Dr Emily Underwood-Lee will share their methods and findings from the 'Kicking Up Our Heels' GOSH Arts project which took place in Great Ormond Street Hospital in 2019 and 2020. The project encouraged parents and families of patients of Great Ormond Street to think about their own self-care. During this session you will be gently encouraged to think about your self care as a staff member at GOSH.

'Kicking Up Our Heels' used performance and visual art to involve parents/carers of children at GOSH in considering their own wellbeing as primary carers. Brian Lobel and Emily Underwood-Lee invited parents/carers to take part in a playful performative 'survey' about how they nurtured and looked after themselves whilst caring for a child in the hospital. In their responses parents were encouraged to get beyond the notion of the 'good parent' who subjugates their needs for those of their children. The responses were used by artist Emily Speed to design a permanent artwork, Cocoon, which was installed at GOSH in February 2020 and was accompanied by a paper booklet 'You are Doing a Great Job', which incorporated ideas and activities offered by parents to improve their own and others' wellbeing.

73 OH MY GOSH, YOU'RE WELCOME KITTEN! WORKING WITH MCU TO RE-INVISAGE SPACES FOR MENTAL HEALTH

Susie Hall. GOSH

10.1136/archdischild-2020-gosh.73

Madlove/GOSH Arts/Wellcome Trust.

Artist and mental health activist the vacuum cleaner was commissioned by The Wellcome Collection to create an exhibition piece for their new permanent gallery 'Being Human'. Working within Great Ormond Street Hospital's Child and Adolescent Mental Health unit, the vacuum cleaner (James Leadbitter) has collaborated with GOSH Arts and young people who have complex combinations of mental health disabilities.

By making a unique studio space in a temporarily disused part of the hospital, and through an in-depth process of exercises, tasks and making, he addressed themes of space, materiality, wellbeing and self-identification. These weekly interventions provided a platform for the young people with lived experience to take agency over future health care

delivery and challenging us to re-think, re-inspire and redesign healthy environments for mental distress. Through creating a vision of what mental health care could be like, and how we define our own experiences the process, which is naturally cathartic, he has also created a safe space to explore complex and challenging emotions and distress outside the confines of formal therapy. Equally it has offered adults and young people, care givers and care receivers relatable experiences.

The outcomes of this unique and delicate process have informed a new artwork which takes the form of a play and touch model - containing a range of play objects, smells and textures that allow gallery visitors to create a healthy environment that would support our mental health. The outcomes were also shared in the brief to architects working on the new CAHMS unit at GOSH.

74 HYPERMOBILITY IN YOUNG BOYS WITH DUCHENNE MUSCULAR DYSTROPHY AND THE EFFECT ON ATTAINMENT OF WALKING AGE AND NORTH STAR AMBULATORY ASSESSMENT FUNCTIONAL SKILLS

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On average children with hypermobility achieve motor milestones later than peers without. This study looked at the prevalence of hypermobility in a sample of

Duchenne Muscular Dystrophy (DMD) and aimed to determine if hypermobility has an impact on walking age and delays attainment of functional skills assessed by the North Star Ambulatory Assessment (NSAA).

This is a retrospective study of 158 boys with DMD aged 3 to 8 years (± 3 months). During clinical appointments each boy was assessed using the NSAA, joint ranges measured and age of walking noted. Hypermobility was determined using the revised Beighton scale where a score above 4 is considered hypermobile.

The young DMD population had a higher percentage, 18%, of hypermobility compared to healthy controls, 7%. The pattern of hypermobility in DMD differed as well; knees and elbows were more commonly hypermobile compared to the expected ankles and thumbs. In DMD only 5% had hypermobile ankles compared to 22%. Hypermobility in DMD ankles often quickly tightened.

Non hypermobile DMD boys walked on average at 17.8 mths (range 10–36 mths). This was similar to hypermobile boys; average 19 mths (range 13–36 mths).

Hypermobility DMD boys were found to have a lower average NSAA at each age point than those who weren't hypermobile, approximately 6 months behind. Both DMD groups gained functional skills with increased age until 6.5 (non hypermobile) and 7 years (hypermobile). Both groups subsequently declined.

Hypermobility is more common in DMD and impacts development of later functional skills, however doesn't dramatically influence age of walking started. Hypermobility should

be therefore be considered when predicting the development of later skills. There are however other factors which can alter progression of NSAA including behaviour. More research is needed to further understand the impact of hypermobility in the DMD population especially for later years and loss of ambulation.

75 GENERAL PAEDIATRIC NURSING EDUCATION AT GOSH- NEW TEAM, A NEW DISEASE

Elizabeth Akers, Sonia Chavda, Chloe Couzens, Louise Eccles, Sophie Grout, Kirsty Hart-Dyer, Danielle Law, Amelia Painter, Summer Parker, Emma Scott. *GOSH*

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In response to the first wave of the Covid 19 pandemic, the profile of healthcare provision internationally underwent rapid and significant change. At GOSH, we opened several wards to support general paediatric care, enabling partner hospitals across the North Central London STP to increase their adult bed provision. This change in patient profile at GOSH presented many exciting opportunities. As educators, we supported the team to care for a wide variety of patients typically seen in general paediatrics; those with chest infections, diabetes, neonatal jaundice to safeguarding and mental health concerns. We could not have foreseen that a new and complex disease process would emerge. Covid-19 was expected, PIMS-TS brought new challenges; the nursing education needed to meet this challenge.

The education strategy utilised a consistent and systematic approach; putting theory into practice and sharing emerging knowledge as it was identified. Nursing care had to adapt to continue to meet the changing needs of our patients and the teams caring for them.

The nursing team formed to support General Paediatrics at GOSH were an amalgam of teams from across the Trust; primarily International Private Patients, Kingfisher Ward, Outpatients' and the Clinical Research Facility. The risks posed by merging new teams in a new environment with a new specialism are significant. Recognition of the heightened risks of this scenario drove our education strategy and planning. The strategy was one of hands on clinical support underwritten by regular multi-professional teaching.

The General Paediatric Education Team was also an amalgam. This brought together a group of experienced educators, all with some background knowledge of general paediatrics. The challenges and risks of merging teams are always similar; this had to be factored into our rapidly formed education team; working effectively and safely whilst managing existing and new conditions and our own anxiety about Covid-19.

76 OUTCOMES OF VIRTUAL APPOINTMENTS AT GOSH

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10.1136/archdischild-2020-gosh.76

Background The need to upscale virtual consultations has been made apparent during the COVID pandemic. This study explores the effectiveness of virtual visits.

Method A questionnaire was sent to clinicians about their experience and the effectiveness of face-to-face, video and telephone appointments based on ease of assessment and

decision-making. Ethical approval was not required. Survey results were compared to outpatient clinic visit outcomes of June 2019 and June 2020.

Results Survey - Of 95 completed questionnaires, over 75% reported they were often able to complete a medical and social history and make a diagnosis during virtual visits. Identifying non-verbal cues, ascertaining clinical signs, and starting treatment was more challenging, especially via telephone.

CLINIC VISIT OUTCOMES:

June'19

Further contact required - 35% (32% F2F; 3% Tel)

Discharge - 6% (5% F2F; 1% Tel)

Decision to Admit - 5% (5% F2F; 1% Tel)

June'20

Further contact required - 46% (14% F2F; 21% Tel; 11% Vid)

Discharge - 7% (1% F2F; 4% Tel; 2% Vid)

Decision to admit - 4% (1% F2F; 2% Tel; 1% Vid)

DNA/WNB OUTCOMES

Further Contact Required

June'19 - 71% (70% F2F; 1% Tel)

June'20 - 81% (20% F2F; 43% Tel; 18% Video)

Discussion Virtual appointments can be an effective alternative when examination is not required. There was no relationship between decision to admit and appointment type, and the highest percentage of patients were discharged following telephone visits, highlighting that virtual visits may be more appropriate for some patients.

Video visits bridge the gap between face-to-face and telephone appointments, easing the identification of non-verbal cues and clinical signs. Lack of additional cues however may explain why clinicians reschedule more telephone visits following WNB attendances than other visit types.

Conclusion Results suggest that clinicians are able to deliver care virtually in a meaningful manner, allowing for clinical assessment and appropriate decision-making.

77 A VIRTUAL REALITY: USING SIMULATION AND VIRTUAL TEACHING TOOLS TO CREATE AN EQUITABLE INDUCTION EXPERIENCE FOR NEW TRAINEES

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Background Clinical genetics is a small specialty with around 70 trainees nationally. New trainees traditionally have a period of observing clinics led by consultants and experienced genetic counsellors before leading their own clinic. This is an important time in which they learn practical and communication skills with respect to approaching a consultation, however, the experience can be variable dependent on the centre.

In light of the coronavirus pandemic, knowing that many new trainees would not be able to access this vital induction period, we devised a virtual induction programme.

Methods A group of clinical geneticists from three UK centres, including GOSH, worked in collaboration with the GOSH Clinical Simulation Team to devise and deliver a programme that would be accessible to all new trainees. Important topics for discussion were agreed; example consultations were filmed, with the help of actors; and trainee simulations were planned.