that critically unwell children were more effectively managed within their facilities after the course. Ownership of the course was handed back to the ZPA and Ministry of Health at the end of the pilot. Unfortunately, the COVID-19 pandemic prevented any further impact analysis, and any further PAS courses were put on hold.

Conclusions At a time where national resources are limited to fund internationally recognised paediatric courses (e.g. ETAT), it is hoped that the structured approach learned on the PAS course can benefit front line paediatric care in Zambia at present, and become an effective 'stepping-stone' to these courses.

British Paediatric Allergy Immunity and Infection Group

843 CLINICO-ETIOLOGICAL PROFILE OF CHILDREN WITH PLEURAL EFFUSION IN A DEVELOPING COUNTRY: AN OBSERVATIONAL STUDY FROM A TERTIARY CARE CENTRE IN NORTH INDIA

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Background Pleural effusion is the pathological accumulation of fluid in the pleural space. Pediatric pleural effusion usually present with a dynamic profile over time both in terms of its etiology and the causative organisms. This study aimed to provide a description of the clinic-etiological profile of these patients with an emphasis to identify the bacteriological spectrum of the pleural fluid in developing countries for an appropriate, and timely management of these children.

Objectives To study the clinical profile of hospitalised children 0–19 years with pleural effusion in a tertiary care centre.

Methods A prospective hospital based observational study was conducted on 133 children diagnosed with pleural effusion to study its etiology and clinic-bacteriological profile in a tertiary care hospital in north India.

Results The most common etiology of pleural effusion observed in the study was tuberculosis (21.1%) followed by empyema (20.3%). Maximum patients were in the age group of 6–12 years (36.8%) with males (54.1%) being affected more frequently. Exudative effusion was more common than transudative effusion. Fever and cough were the most common symptoms. Right sided effusion was more common (49.6%). Parenchymal disease was associated in 22.6% of the exudative effusion. The most common organism isolated was *Staphylococcus aureus* followed by *Streptococcus pneumoniae*. Significant association was seen between age and the etiology of pleural effusion.

Conclusions Pleural effusion in children can have varied etiologies and proper clinical history, examination and evaluation of the characteristics of pleural fluid can help in identifying the etiology of pleural effusion and selecting the best treatment approach for a favourable outcome.

Quality Improvement and Patient Safety

846 'CLINICAL PEARLS' A SMALL STEP TOWARDS LEARNING IN THE PANDEMIC

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Background In these unprecedented times, delivery of teaching has had many challenges. Here, we present our learning initiative which is made accessible to the entire team on a weekly basis. It encompasses sharing of, snippets of clinical information, on a digital platform. The pandemic has changed the whole world and we're recognising its indirect effects on training and education. Although a minor hit, it still has a significant impact on learning. We realized that teaching or learning was becoming passive. This paved way to the idea of a trainee led learning and we named it 'Clinical Pearls'.

At work, each day brings us new challenges and each individual's clinical experience is variable. We are all aware however systematic a person is, no one can amass all the knowledge or look at all resources especially in the field of medicine. Hence Clinical Pearls was created to share knowledge and resources that people have collated.

Objectives To improve learning by sharing knowledge and experiences among the multidisciplinary team in the COVID pandemic.

Methods

- As soon as the idea was developed, it was introduced to the team and a survey was conducted.
- The survey identified the unmet learning needs in the pandemic.
- We started to collate slides on google drive to include problem based learning, interesting journal articles and sign posting to useful resources following a receptive response.
- The nursing team came forth with learning points from their Quality improvement projects and recent clinical incidents.
- These learning sheets were circulated on an electronic platform every week amongst the entire team.
- After a trial period of 8 weeks, a survey was conducted, to gather valuable feedback on Clinical Pearls.

Results Clinical Pearls has been very well received by the team. We were given appreciation in the recent Local Clinical Governance and Quality improvement meetings. This learning venture has been commented as, good innovative practice and shared with Patient safety & Quality board.

The response from the feedback survey, after a trial period of 8 weeks, are as follows:

- All the participants unanimously supported and were satisfied with the quality and usefulness of the slides.
- 100% of the respondents, recommended it to be the part of ongoing departmental educational learning activity.
- 95% of the responses highlighted that Clinical Pearls encouraged more reflective practice.
- We have also developed a certificate of appreciation to value individual contributions to Clinical Pearls.