causing them with a view to developing a mechanism for early detection and management. We also sought to share information more widely about this highly unusual condition.

Methods This was a retrospective case series analysis. The study period was 2007 to 2021. Data were collected from BadgerNet and health board clinical records.

Results Case 1 was born at term. Growth restriction and oligohydramnios had been identified antenatally and birth weight was 2060g. Apgars were 1, 5 and 10 at 1, 5 and 10 minutes respectively. A blood sugar measured on day 2 was 17.3mmol/l. The infant was admitted to NICU and due to persistent hyperglycaemia was commenced on intravenous sliding scale insulin. This was switched to an insulin pump and the infant was discharged home after 38 days. Genetic analysis showed a 6q24 duplication. Cases 2 and 3 were siblings, one born at 34 weeks gestation and the other at term. Both were growth restricted in utero and developed hyperglycaemia on days 2 and 4 respectively. They also had congenital hypothyroidism and pancreatic/renal cysts. They were found to have homozygous partial GLIS 3 gene deletion. Both were discharged after prolonged hospital stay on pump delivered insulin. Case 4 born at term with a birth weight of 2030g and known to have been growth restricted in utero with low liquor volume, presented at 3 weeks of age with diabetic ketoacidosis. He was discharged on an insulin pump and had STAT 3 mutation.

Conclusions The most common cause of transient NDM is chromosome 6q24 duplication but there are more than 20 genetic disorders associated with permanent NDM. Chromosome 6q24-related transient NDM is characterized by intrauterine growth restriction and low birth weight, with neonatal hyperglycaemia resolving by 18 months and an increased risk for type 2 diabetes in adulthood. GLIS3 is a protein with roles in β cell survival and insulin secretion. Mutation in GLIS 3 is associated with neonatal diabetes, congenital hypothyroidism, polycystic kidney disease and liver fibrosis. Signal transducer and activator of transcription 3 (STAT3) is vital to the development of a normally functioning pancreas. STAT3 mutation causes neonatal diabetes through premature induction of pancreatic differentiation. In all 4 of our cases of NDM the infants were known to be growth restricted antenatally, with low birth weight postnatally and hyperglycaemia developed from the second day of life onwards. It is remarkable that this cluster with 3 distinct genetic causes occurred in a small geographical area. An infant born with lower than expected birth weight for gestational age will usually be monitored for hypoglycaemia. If higher than average levels of glucose are detected, there is a need to consider NDM with involvement of the specialist diabetes molecular genetics team.

Quality Improvement and Patient Safety

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ENHANCING ACCESS TO AND THE USE OF PAEDIATRIC PATIENT INFORMATION E-LEAFLETS THROUGH THE USE OF QR CODES – A NOVEL QUALITY IMPROVEMENT PROJECT

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10.1136/archdischild-2021-rcpch.310

Background As patients are increasingly technologically literate, they often resort to online sources of medical information which may not be accurate. Trust specific patient leaflets are a reliable source of written advice for a wide range of medical conditions, procedures and medications. These aim to provide patients with succinct, jargon free advice, and are usually available in paper and electronic forms. Yet, this represents an under-utilised resource by clinicians. Reasons cited by clinicians include lack of availability and accessibility to leaflets and time constraints.

Objectives We aimed to enhance access to and the use of paediatric patient information e-leaflets by developing a poster with QR codes that are linked to these e-leaflets.

Methods Pre-implementation surveys from patients and clinicians were undertaken within the paediatric department of a single district general hospital. A poster was designed in accordance with NHS design standards, with QR codes that are linked to 20 commonly used Trust specific paediatric e-leaflets. Its use was piloted in the paediatric emergency department, wards and outpatient clinics. Post-implementation surveys were collated from patients and clinicians to assess its use.

Results The results were very positive from both patients and clinicians. From the patient feedback, 84% found the poster 'extremely' or 'very useful' (n=19). Furthermore, 74% 'strongly agreed' or 'agreed' that the poster encouraged them to read the information leaflets (n=19). Qualitative feedback revealed that patients felt this was 'much more eco-friendly', 'offers a wider variety of information' and 'more convenient', although some patients did report a preference for paper leaflets.

Feedback from the clinicians demonstrated that 70% found the poster 'extremely' or 'very' useful, and 60% 'strongly agreed' or 'agreed' that having the poster encouraged them to ensure patients leave with a leaflet post consultation (n=10). Clinicians reported that it is 'convenient to have all the information in one place', 'visible, accessible and easy to use' and 'a great substitute to paper leaflets that need constant updating'.

Additionally, webpage analytics revealed an approximately five-fold increase in views to the 20 e-leaflets in the month after implementation of the poster, from 75 in June to 389 views in July 2020.

Conclusions QR code posters presents a unique way of improving the accessibility and availability of written medical information for paediatric patients and their parents. Aside from saving on paper, the poster is also timeless, as the QR codes do not need to change when the e-leaflets are updated on the webpage. In all, the patient and clinician experience of using these QR code posters was very positive, and we are developing further posters to be piloted in other specialties.

Paediatric Educators' Special Interest Group

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'STARTING THE CONVERSATION': AN EXPLORATION OF THE WAYS IN WHICH UK PAEDIATRICIANS INTERACT WITH MULTI-SOURCE FEEDBACK

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10.1136/archdischild-2021-rcpch.311

Background Doctors in the UK Paediatric Training Programme are required to gather anonymous Multi-Source Feedback (MSF) using the ePaedMSF tool as part of their training.

Common concerns raised by users of this tool are that it is complex, lengthy, and opens the doctor to disruptive and unwanted feedback. This can be stressful and lead to maladaptive behaviours such as the deliberate selection of assessors to avoid negative feedback, which might reduce the validity of the tool. Despite longstanding concerns, there is little more than anecdotal evidence as to the ways in which the ePaedMSF tool is used by paediatricians in practice. A better understanding of these processes and the factors that might influence them could facilitate revisions to the tool to enable effective feedback in a way that is more acceptable to paediatricians.

Objectives The aim of this study is to explore in what ways paediatricians within the context of the UK Paediatric Training Programme seek, interact with, make sense of, and respond to Multi-Source Feedback.

Methods All UK paediatric trainees and educational supervisors were invited by the Royal College of Paediatric and Child Health to apply to take part in semi-structured interviews about the ways in which they use MSF. A purposive sample of applicants was selected to achieve a range of experience and geographical representation. Interviews were conducted using online video-calling software, recorded, and transcribed. Data were analysed using Interpretive Phenomenological Analysis and interpretation was informed by sociocultural theories of learning.

Results 14 paediatric trainees and four educational supervisors were interviewed. Five distinct themes emerged: The selection of assessors, self-assessment and numeric scoring, factors influencing the perceived effectiveness of feedback, the ways in which paediatricians process that feedback, and the impact that feedback can have on clinician wellbeing.

Analysis of transcripts revealed a tension between the concept of MSF as a summative assessment of training which utilises numerical scores and anonymous assessors to identify trainees in difficulty, and MSF as a method to gather effective and acceptable formative feedback to identify and action change. Paediatricians use a number of mechanisms outside of the structures of training in order to aid in accepting and processing feedback, including seeking the advice and opinions of friends and peers.

Conclusions Paediatricians in the UK interact with MSF in a variety of ways which are driven by a need to balance personal wellbeing with professional development, and to satisfy the requirements of the training programme. Interventions to change the ePaedMSF would benefit from explicitly identifying the purpose of the tool to aid in decision making about how best to balance these competing interests. Changes to MSF will require a multifaceted approach, focusing on the user, the tool, and the context in which they interact in order effect the desired outcomes.

Quality Improvement and Patient Safety

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A THEMATIC ANALYSIS OF THE EXPERIENCES OF PARENTS AND CARERS OF CHILDREN IN HOSPITAL

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10.1136/archdischild-2021-rcpch.312

Background Illness exerts a great deal of psychological distress and seriously disrupts the patient's and their family's life. The

often live in a state of constant worry about the patient's condition and are forced to trust medical professionals to provide them with appropriate care. This may be considered to be an even greater effect when the patient is a child, and we wanted to see what could be done to help to alleviate this for parents and carers of inpatients on a Paediatric Ward.

Objectives To ascertain from parents and carers of inpatients on a Paediatric ward what they considered to be the aspects which they would find most helpful in alleviating their worries and stresses whilst their child is in hospital.

Methods We conducted semi-structured interviews to explore the experiences of parents at the bedside of their child in hospital.

As is expected from partaking in any research project as a medical student, we did face challenges, but also found that we had the luxury of time which was a strength that we used to spend with the parents in a private and comfortable manner. This allowed for a safe space for them to share opinions that were representative of their experiences, and ensured that families had the option to stay close to their child.

We recruited participants by opportunity sampling from various Paediatric wards.

Results We saw that most parents valued having someone to talk to and only a few seemed reluctant to share their opinions. Accessibility and transport to the hospital proved difficult for many parents and carers. Having supportive staff members caring for their child was greatly appreciated. We also found that families faced financial challenges with carers having to take time off work to stay with their child.

Conclusions The time it takes to effectively conduct and transcribe semi-structured interviews was a potential challenge of this research method, yet we agreed that this was imperative to maximise reliability and repeatability of our results by allowing us to translate more of the data. As a result, a greater understanding of the experiences of parents and carers was ultimately gained, and the insightful data which we gathered has the potential to guide future patient and family care.

The implementation of our plans for improving these aspects has necessarily been put on hold during the Covid pandemic, but our plans include information leaflets on the wards and questionnaires for both children and adults to complete.

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'COOK AND COUNT', VIRTUAL COOKING CLASSES AND CARBOHYDRATE COUNTING FOR YOUNG PEOPLE, IN THESE TIMES OF COVID19, WHERE FACE TO FACE MEET UPS ARE NOT POSSIBLE

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10.1136/archdischild-2021-rcpch.313

Background In the past we have done face to face group diabetes education, but this was not possible in times of COVID19. Previously we had talked about teaching carbohydrate counting, around cooking, but not having access to a teaching kitchen. This got us thinking.

Objectives • Improve carbohydrate counting knowledge, expertise and confidence.

- To be fun as well as educational.
- Give young people the skills to be able to carbohydrate count independently in school, home and when out with