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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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.

Quality Improvement and Patient Safety

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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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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

friends-focus on supporting children going from primary to secondary schools. Young person centred

- Reduce isolation of young people during lockdown, with the chance to meet others virtually who also have type 1 diabetes-Peer Support.

- To be accessible, using technology young people are familiar with.

Methods The team dietician decided to run Zoom sessions, virtual cooking and carbohydrate counting. Targeting the 8–12 years age bracket with parents in the background. The sessions; scones, pizza, mince pies/strawberry stars. Each session to be run virtually by a dietician and a nurse zooming in separately from their own kitchens. A poster was designed advertising the 'Cook and Count' session, with pictures of the delicious cooking they would have chance to produce. These were distributed by e-mail as well as mentioning when being seen in virtual clinics. If a young person showed interest, a follow up telephone call took place from the dietician, to tell them more about the sessions and see if they would like to take part. One week before a list of ingredients and equipment that will be needed on the day was e-mailed to each young person attending. Reminder e-mails and texts were sent the day before and the morning before.

Results Each session was attended by 5 to 6 young people. Feedback:

'Jane loved the baking yesterday and enjoys these sessions with everyone. Thank you'

'Dear Kate, Thank you for your time, Louise loved the session'

'Thank you for the pizza workshop today'. As you may have guessed I am not good at all at cooking and hence, Sara was nervous about it not turning out well. But she was very pleased the pizza turned out not as bad as she was thinking. Thank you for all the support.'

'James has a severe peanut allergy so it gives him more confidence to try new foods when he prepares himself, with the added bonus of working out the carbs too!'

Conclusions As health care professionals it is a sheer pleasure to see children learning through having fun. This has been a successful way to do this during a time where face to face teaching has not been possible. It has been such a huge success that this is something we will continue to do when lockdowns lift. Young people don't need transport for these sessions, however they do need computer and internet access. Lockdown has meant that young people have had time available to access these sessions. Going forward we will run these in the school holidays, the next being Easter.

British Paediatric Allergy Immunity and Infection Group

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PAEDIATRIC SINOGENIC SUBDURAL EMPYEMA: A 10-YEAR RETROSPECTIVE ANALYSIS

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Background Acute rhinosinusitis (inflammation of the mucosal lining of the nasal passage and paranasal sinuses) is a common and predominantly benign problem in children and young people. Although the initial infection is usually viral in aetiology, it may be complicated by superimposed bacterial infection of the sinus cavities. Rarely, contiguous spread can result in epidural abscess, subdural empyema (SDE) or brain abscess, with significant associated mortality and morbidity. Outcomes have greatly improved with recent advancements in diagnostic imaging as well as changing neurosurgical approaches. However, there remains a lag period between onset of clinical features and diagnosis, which may be due to the subtle development of intracranial signs in an already unwell child.

Objectives We aimed to conduct the largest focused analysis of paediatric sinogenic SDE in the UK to date. Previous descriptive studies have analysed this cohort alongside other intracranial suppurative infections, despite recognised differences in the clinical features and management of these conditions. We examine the chronology of events leading up to the diagnosis of SDE, and evaluate the subsequent management at our neurosurgical centre. We focus on clinical features so as to be particularly relevant any clinician assessing children in an acute setting.

Methods We performed a retrospective analysis of all cases of sinogenic SDE in children and young people (<18 years) managed in our tertiary neurosurgical centre in the UK, from January 2011 to December 2020. Descriptive data is presented on patient demographics, presenting features, management and outcomes.

Results Over a 10-year period, we identified 20 patients with a diagnosis of sinogenic SDE, equivalent to an incidence of approximately 4/1,000,000/year. Median age at presentation was 11 years, with a male preponderance (75%), consistent with previous studies. The classical triad of symptoms widely acknowledged as indicative of intracranial infection (headache, fever and vomiting) was not present in any of the patients. These were present in 80%, 45% and 25% of patients, respectively. 20% of patients had experienced at least one seizure prior to presentation. 79% of patients had signs of intracranial involvement on initial examination; most commonly altered consciousness, focal weakness, and cranial nerve palsy. At our centre, subsequent management progressed rapidly following clinical suspicion of SDE; the median time to definitive surgical intervention was 1 day. Mortality was 15%, consistent with previous reports, and 2/3 cases of mortality occurred prior to surgical intervention. 33% of surviving patients had evidence of ongoing neurological deficit, with a median follow-up duration of 1.5 years.

Conclusions This study represents the largest focused analysis of paediatric sinogenic SDE in the UK. Our data emphasise the importance of thorough neurological examination in evaluation of patients with rhinosinusitis, which is likely to be challenging in a child who may already present as lethargic and uncooperative. A streamlined in-hospital management pathway exists at our centre (similar to others in the UK); however, initiation of this relies on a high index of suspicion for intracranial infection in the assessing clinician, both in primary and secondary care.