Paediatric Special Interest Group: British Society of Haematology

1083

THE CONSEQUENCES OF UNNECESSARY REQUESTING AND REPORTING OF THE DIRECT ANTIGLOBULIN TEST IN NEONATES

¹Samantha Bonney, ¹Elena Pannikodu, ¹Syahn Samani, ²Philip Belcher, ¹John McNulty, ¹Umais Chunar. ¹St Helens and Knowsley Teaching Hospitals NHS Trust; ²Southport and Ormskirk Teaching Hospitals NHS Trust

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Background BSH (British Society of Haematology) guidelines recommend that the Direct Antiglobulin Test (DAT) is only requested when clinically indicated in neonates. Prophylactic anti-D (PAD) administered routinely to Rh D Negative mothers during pregnancy can cause a positive DAT in the neonate that is not clinically relevant as PAD does not cause significant haemolysis (Dillon et al., 2011, Maayan-Metzger et al., 2001). However, it is common practice for clinicians to request 'Group and DAT' on all cord/heel prick samples that they send to the Transfusion Laboratory.

Objectives To analyse data on DAT testing in neonates performed by the Transfusion Laboratory Service at St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) over a 12 month period. The aim was to establish if the test was clinically indicated and what further intervention a positive result prompted.

Methods A list of all DATs performed on neonates (< 4 months of age) by the STHK transfusion service from 1st January 2020 to 31st December 2020 was retrospectively gathered. Positive DATs were further investigated to establish the impact of the positive result; clinical indication, additional investigations performed on newborns, treatment given, length of stay, documented DAT results, costs and family burden.

Results During the audit period, 1037 DATs were performed on neonates at STHK. Of these, 7.6% (n=79) were positive. Of the positive cases, 58% (n= 46) were indicated due to maternal antibodies, PAD detected before 28 weeks, and neonatal anaemia/jaundice. A vast majority of these DAT results were very weakly positive (97%). In 42% (n=33) of the positive cases, no laboratory indications were identified. Importantly, 33% (n=12) of this group were given intervention even though no clinical indications were present. Interventions included SBR, repeat DCT, FBC testing, folic acid administration, phototherapy, paediatric consult or 2/4/6 week review at a paediatric out patient department with a repeat blood test.

Conclusions The reporting of non-clinically indicated DATs in neonates of mothers who have received PAD is a financial burden and leads to unnecessary interventions, such as additional venepuncture and folic acid administration in non-symptomatic neonates. Additional teaching sessions and better policies need to be introduced to reduce this practice. Laboratory staff should also be empowered to question the clinical relevance of DATs if requesters fails to provide clinical details.

British Paediatric Allergy Immunity and Infection Group

1084

PATIENTS' EXPERIENCE OF TELEMEDICINE IN PAEDIATRIC ALLERGY

¹Serena Braccio, ²Elysia Holmes, ²Thomas Hughes, ²Qusai Kachwala, ²Kajal Ruparell, ³Sharon Hall. ¹St Mary's Hospital; ²Imperial College London; ³Imperial College Healthcare NHS Trust

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Background Patients' access to health care has undergone a rapid and dramatic adjustment due to the COVID-19 pandemic. Outpatient in-person consultations had to be replaced nearly entirely with telephone or video appointments. Remote clinics are an alternative way of running outpatient services, reducing the need for travel to the hospital. Investigating patients' acceptance of moving towards remote consultations in the long-term is essential to guide future service development.

Objectives To evaluate satisfaction with telephone and video consultations of Paediatric allergy outpatients and their carers during COVID-19 and thus the feasibility of using telemedicine in this department beyond the pandemic. Additionally, the paper identifies categories of patients for whom face-to-face contact should be maintained.

Methods This was a prospective data collection involving telephone surveys as the primary source of data. Participants were asked about their experience with remote consultations and their preference when compared with face-to-face consultations. The data was collected in a tertiary level Paediatric allergy department in central London from April to August 2020.

Results Fifty questionnaires were completed, of which 80% were follow-up clinics. Ninety percent were phone consultations while the remaining were video-calls. The overall quality and experience was rated highly (4.5/5), specifically on clear explanations and follow-up discussion (4.8/5). Half of those interviewed felt a remote consultation was adequate; 47% patients were brought in for additional testing. Highlighted issues specific to remote consultations included poor audio quality (10%), problems with video (2%), and concerns over others listening in (2%). General issues included not confirming the patient's identity (6%) or asking who else was present (52%). The majority of parents said they would have remote consultations in the future (70% sometimes, 12% always).

The benefits of remote consultations were themed mostly around convenience, with 'no travel', 'no time off school/work', and 'no waste of time/money' often being quoted. Participants also suggested that the majority of GPs were happy to prescribe medicines following the appointment. Conversely, the reasons against remote consultations were varied. The single common theme was the need for the patient and doctor to see each other. Reasons for this included non-verbal communication, perceived improved diagnosis in dermatological conditions, and a more personable consultation.

Conclusions The data from this study suggests that most parents and patients found that telemedicine was more efficient and convenient and would be happy to have remote consultations in future. However, many expressed a preference for video over phone calls and a few did not want remote clinics again. Therefore, whilst online clinics are indeed viable after COVID-19, the option of face to face and remote could be offered to patients. Face to face may be more appropriate for patients with skin stigmata of diseases, especially where video has poor resolution, and in those patients experiencing a clinical deterioration. Furthermore, additional quality checks should be in place for telephone consultations such as ensuring that the patient (not only the carer) is present. Finally, the results of this study were promising yet this data may not be applicable for other paediatric specialities, and further research should be pursued.

Paediatric Educators' Special Interest Group

1085

TELEPHONE CONSULTATION SIMULATIONS: MAKING THE MOST OF VIRTUAL TEACHING DURING COVID-19

Jo Campion-Smith, Soad Habeeb. *Royal Surrey Foundation Trust*

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Background Medical educators have had to rapidly modify their teaching methods during the COVID-19 pandemic in light of social distancing and a move towards virtual working. Reflecting on our students' feedback during this time, we noted continued praise for clinical simulation opportunities, even with social distancing modifications, but less enthusiasm for virtual teaching sessions, which risk being more didactic in nature. Students also report more limited opportunities to clerk paediatric patients due to fewer paediatric admissions during the pandemic.

Concurrent to this change in education style, our own clinical practice has become increasingly virtual, with the vast majority of our clinics being telephone or video-based. Today's doctors have adapted to virtual clinics with minimal preparation or training.

Keen to make our online teaching more interactive, we sought to provide tomorrow's doctors with structured training in leading virtual consultations.

Objectives To deliver simulated telephone consultation training to medical students with the aims of:

1. Improving student confidence in leading virtual consultations.
2. Reinforcing paediatric history-taking skills.
3. Stimulating discussion about common paediatric clinical presentations.

Methods Medical students undertaking their paediatric placement in our department attend simulated telephone consultation sessions. Using a video-conferencing platform, one student takes a history from a simulated parent of a paediatric patient, whose camera is off to better simulate a telephone consultation. Observing students use an Active Attendance in Telephone Clinic proforma to encourage them to reflect on both the communication skills and the clinical problem. A subsequent discussion between the students and facilitators enables

reflection on the strengths and challenges of the consultation and the patient's clinical presentation.

To gather data on the effectiveness of these simulations, students complete pre- and post-simulation questionnaires. Feedback from each simulation informs the development of subsequent sessions.

Results Our experience of this educational method has been very positive. Prior to their first telephone simulation session, students have had minimal experience of virtual simulation and, whilst students recognise the relevance of virtual consultation training, they report lack of confidence in leading virtual consultations. Feedback following simulation has highlighted an improvement in students' confidence both in paediatric history-taking and in leading virtual consultations. Students have requested further telephone simulations and have highlighted the strength of not trying to simulate a traditional clinic environment but instead embracing the opportunity to learn virtual communication skills.

As educators, we have enjoyed providing a more interactive form of virtual teaching. We continue to refine these sessions, building on our experience of previous simulations. Modifications have included: clearer structuring of sessions, tighter time management and increasing the nuance of each clinical scenario to pose interesting clinical challenges for our students.

Conclusions Simulated telephone consultations are a simple way of improving student participation in small group online teaching sessions, affording opportunities for students to hone their history-taking skills under senior clinician supervision, stimulating scenario-based clinical discussions and helping prepare the next generation of doctors to work in an increasingly virtual world.

British Society for Rheumatology

1086

THE CHANGING EPIDEMIOLOGY OF KAWASAKI DISEASE IN EASTERN INDIA

¹Ankita Halder, ²Priyanka Pal, ¹Nazneen Ahmed, ¹Mandira Roy, ¹Subhojit Dey Sarkar. ¹Institute of Child Health; ²Department of Pediatric Rheumatology, Institute of Child Health

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Background Kawasaki disease(KD) is an emerging disease in India. Though there is an overall agreement that the disease is on the rise but there is no nation wide data. Publications from Northern India show an overall increase in disease incidence. Our institute in Kolkata is a tertiary care Paediatric hospital in eastern India with dedicated Paediatric Rheumatology services. In this study we have attempted to analyze data of KD patients from the Paediatric Rheumatology Unit of our hospital from April 2009 to August 2020.

Objectives Medical records of children admitted with KD during the study period was evaluated for annual incidence, complete and incomplete KD, incidence of coronary artery abnormalities and Intravenous immunoglobulin (IVIG) resistance.

Methods Period of study: April 2009 to August 2020

Type of study: Retrospective case series.