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*

10.1136/archdischild-2021-rcpch.385

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

10.1136/archdischild-2021-rcpch.386

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.

Total no of cases – 277

Results

1. A significant rise in the overall incidence of the disease was observed with number of cases doubling over the last 10 years; from 18 in 2009 to 35 in 2018 & 40 in 2019. In 2020, 24 cases were diagnosed till August. To mention, there were 178 KD cases from 2009 to 2017.
2. Majority (80%) of the children presented with complete form of KD.
3. Till 2017 the incidence of coronary artery aneurysms (CAA) was 12 to 15%. A rise in the CAA was observed over the last 2 years with 6 cases in 2018 (17%) & 13 (32.5%) in 2019. It is interesting to note that majority of the 13 patients in 2019 was diagnosed and administered IVIG within 10 days of disease onset and 3 of the 13 children had CAA at diagnosis.
4. There has been a significant increase in IVIG resistant KD. 12 patients with IVIG resistance were recorded from 2009 to 2017. However, in 2018 there were 7 cases (20%) and 10 cases (25%) in 2019. 25 children with resistance to first dose of IVIG received Infliximab since January 2016. All of them had a favourable response with rapid control of fever and CRP.
5. 10 children over the last 4 years have developed giant aneurysms (z score more than 10) in spite of timely initiation of IVIG. 4 of them had persistent ballooning even after Infliximab administration post IVIG.

Conclusions

1. The number of patients diagnosed with KD has doubled over the last 10 years. Whether it is a true increase in incidence or because of increased detection remains speculative.
2. It seems that the disease is behaving more aggressively with higher incidence of coronary aneurysms and IVIG unresponsiveness in spite of timely IVIG administration.

Association of Paediatric Emergency Medicine

1087

VIRTUAL FRACTURE CLINICS SIGNIFICANTLY REDUCE FACE-TO-FACE CONTACTS AND RADIOGRAPHS IN CHILDREN PRESENTING WITH MINOR TRAUMA

¹Andrew Chapman, ²Niall Mullen, ²Ling Hong Lee, ²Rachel Higgins, ²Amelia Fish, ²Eleanor Simmons. ¹Health Education England North East; ²City Hospitals Sunderland NHS Foundation Trust

10.1136/archdischild-2021-rcpch.387

Background Covid-19 has presented major challenges to face-to-face clinical encounters and facilitating safe and effective care remotely that is acceptable to children, parents and healthcare professionals is therefore of significant interest.

Objectives To determine risks and benefits associated with a change in service delivery of paediatric minor injury follow up.

Methods We conducted a prospective audit during introduction of a paediatric virtual fracture clinic (VFC) and associated same-day orthopaedic telephone advice line, staffed by orthopaedic consultants and registrars, on the outcomes of

attendances to a dedicated paediatric emergency department at a district general hospital and associated minor injury units spanning nine weeks from April to June 2020, coinciding with the UK's first national lockdown due to Covid-19. Results were compared to a similar number of cases using standard face-to-face fracture clinics without an orthopaedic advice line during April 2019.

Patients were identified through the department's established procedure for paediatric x-ray follow up and were included if they were suspected or confirmed to have an acute fracture or soft tissue injury. Patients were excluded from analysis if they presented with a soft tissue infection, wounds without fracture, non-acute injury or condition, were admitted to hospital or had safeguarding concerns.

Initial and final diagnosis and management, number of radiographs, missed fractures, hospital attendances for the same injury, 'did not attend' episodes, adverse events and unplanned returns were recorded.

Results There was a notable reduction in patient numbers during Covid-19 study period (1.4 vs 4.3 patients per day), commensurate with an overall drop in paediatric attendances during national lockdown. Reasons for attendances were broadly similar between VFC and standard practice groups, with comparable rates of admission (8.1 vs 11.6%).

Compared to the standard practice group, the VFC group demonstrated a significant reduction in average face to face visits per patient (1.8 vs 2.9, $p = 0.00001$), average number of radiographs per patient (1.5 vs 1.8, $p = 0.01$) and no increase in rate of unplanned returns (0.06 vs 0.1 per patient). There were 2 instances of difficulty contacting parents for VFC appointments, which were both resolved by parents contacting fracture clinic.

There were 3 instances of missed fractures in the VFC group; 1 was missed in the emergency department and so unrelated to the introduction of VFC, 2 were missed after discussion with the advice line, of which 1 was detected after returning with on-going pain, put into a temporary back slab and discharged after 1 virtual clinic and the other which did not result in any change in management. There was 1 missed fracture in the standard practice group, but this was excluded from analysis due to missing records. Overall management in both groups was similar.

Conclusions Face-to-face appointments for paediatric minor trauma can be safely replaced with a virtual fracture clinic system and associated advice line. This effectively saves each child one attendance per injury and one x-ray for every three children attending with minor injuries. Benefits would include reductions in missed school and work days for children and carers, and financial savings for healthcare organisations.

Quality Improvement and Patient Safety

1088

WADING THROUGH THE PAPERWORK: MAKING COMPLEX PATIENT NOTES EASIER TO NAVIGATE

¹Katherine Taylor, ²Nicola Davey. ¹North Middlesex University Hospital; ²QIClean

10.1136/archdischild-2021-rcpch.388