

British Academy of Childhood Disability

1132 UPPER LIMB SURVEILLANCE IN CHILDREN WITH CEREBRAL PALSY: A SERVICE IMPROVEMENT PROJECT

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Background Impaired ability to manipulate objects is among the main challenges for children with cerebral palsy and upper limb (UL) involvement. There is growing evidence that timely assessment and treatment of UL spasticity can improve long term functional use of the hand.

Objectives There was some evidence that current practice in our service did not include a systematic UL assessment of all new presentations with cerebral palsy, therefore a multi-disciplinary team of paediatric Occupational Therapists (OT), physiotherapists and paediatricians set out to conduct a service review. The aim of this service improvement project was to address universal access to screening, and to promote prompt access to intervention in children with cerebral palsy and UL involvement.

Methods The assessment phase involved:

1. Auditing 55 case notes of children with cerebral palsy, to identify the number of children who had received formal UL assessment over the last two years. Formal UL assessment should, as a minimum, include completion of the Ashworth scale for tone, goniometry to assess passive range of movement, posture of hand and wrist by Zancolli classification system and thumb position according to House Classification.
2. Reviewing case notes of 7 children receiving intervention because of spasticity of the UL secondary to cerebral palsy. Interventions included constraint-induced movement therapy, splinting and botulinum injection.
3. Surveying all OTs to identify perceived barriers to service delivery

Results 1. Only 30% of eligible children with cerebral palsy had had a formal UL assessment over the past two years;

2. All children receiving UL interventions achieved improvement in goal setting rating scales or SHUEE scores;

3. Nearly 30% of the of the OTs were not aware of the standardised UL assessment in use. Lack of time, training, and the complexity of the current assessment were the perceived barriers to service provision

Conclusions For this service improvement project, we identified an unmet need (only 30% of eligible children with cerebral palsy were receiving formal UL assessment) and the perceived barriers to improvement. We therefore addressed the problem by creating a simpler UL screening tool and a new referral pathway. We also provided training to OTs and set up a new database to monitor progress. We aim to close the cycle by re-assessing the situation in the future.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1133 'ARE YOU OK?'

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Background Trainee recruitment and retention are significant issues currently faced by paediatrics in the UK. In 2020, the GMC survey reported that 40% of trainees reported their work to be emotionally exhausting. Within paediatrics, symptoms of post-traumatic stress disorder have been reported in up to 81%.

The debrief process aims to provide an environment for reflection and learning, but also allows the team to process and better understand their response to a high-stress situation.

Objectives To explore paediatric trainees' views and experiences of significant events and the debrief process in the West Midlands.

Methods An online questionnaire was designed and distributed to paediatric trainees in the West Midlands region (specialty trainee grade 1 – 8). Responses were collected between 16th October and 17th November 2018. The questionnaire addressed three main areas;

1. Impact of involvement in significant events on trainees
2. Trainees' previous experience of debrief in clinical practice
3. Trainees' opinion on the use of debrief in clinical practice

Results The response rate was 46% with 118 responses analysed. Prior involvement in a significant event was perceived to have had a negative impact on 29% (n=34) of respondents. Trainees reported disruption to personal relationships, mood, energy levels and sleep following a significant event. They also reported an impact on work life; including feelings of insecurity and self-doubt, in addition to reduced confidence and self-esteem.

Previous experience of clinical debrief was described by 75% (n=89) of trainees. Of these, 57% (n=51) experienced a hot debrief, within 24 hours of the event; 35% (n=31) a cold debrief, greater than 24 hours after the event, and 8% (n=7) multiple debrief episodes. The debrief process was felt to be useful by 84% (n=75), however 20% (n=18) reported having a negative debrief experience. Reasons for this included; apportion of blame and responsibility, inability to voice concerns and emotional upset.

A majority of trainees felt that a combination of both hot and cold debrief would be most beneficial (75%, n=88), and that this should be attended by members of the multidisciplinary team, either those directly involved in the event (60%) or the wider team (35%). Over half of trainees felt that these sessions should be led by the consultant who had been directly involved. 78% (n=92) felt that a formal debrief tool would be useful.

Conclusions Significant events can negatively impact on trainees' wellbeing; affecting them both personally and professionally. This can have long term implications on trainees' mental health, as well as workforce retention. It is therefore essential we ask 'are you ok?' If delivered appropriately, the debrief process can provide us with this opportunity ensuring the well-being of our trainees.

Paediatric Educators' Special Interest Group

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TRADITIONAL PAEDIATRIC BEDSIDE TEACHING – DON'T THROW THE BABY OUT WITH THE BATHWATER

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Background The benefits of bedside teaching are well documented.¹ In the 1960's it was estimated that 75% of clinical teaching was delivered in this way.² Recently the prevalence of bedside teaching has dramatically declined, estimated at around 17%.³

The University of Bristol MB ChB Medicine course was recently redesigned incorporating newer teaching modalities e.g. case-based learning, with the first intake in 2017. Timetabled bedside teaching sessions were introduced to the paediatric course as part of this redesign; with the first clinical paediatric placement in 2020.

Objectives The objective of this study was to evaluate student opinion about traditional bedside teaching methods and to establish if this teaching modality is still perceived by students as effective and beneficial to their learning.

Methods University of Bristol medical students in paediatrics at Bristol Royal Hospital for Children provided feedback on bedside teaching sessions using an anonymised online questionnaire after teaching sessions. Each session involved one doctor teaching two students with each student examining a patient followed by both peer and teacher feedback for the students. Feedback from end of placement interviews was also included.

Results 160 completed questionnaires were collected from 45 students over 4 months. 99% of responses documented increased confidence in the topic covered; 87% strongly agreeing. Importantly, no student reported feeling less confident after the teaching. 19% of responses mentioned feedback e.g. 'it was useful to have individualised feedback' and 'really helpful constructive feedback'. Interviews documented 'this is the first teaching we have had like this' and 'best part of the course'.

Conclusions We identified that students highly rate traditional bedside teaching, out of keeping with its recent decline. We have documented a positive student experience during the COVID19 pandemic, despite significant challenges, further highlighting the importance of bedside teaching. Compared to other modalities bedside teaching requires more doctors and more time. However, enthusiastic student feedback demonstrated added value.

Medical students highly value paediatric bedside teaching. The re-design of courses provides opportunities to include improved newer teaching modalities and also to include

improved traditional modalities such as bedside teaching. It is essential that we preserve and promote bedside teaching as a key element of undergraduate medical education.

REFERENCES

1. Qureshi Z. Back to the bedside: the role of bedside teaching in the modern era. *Perspectives on Medical Education* 2014 Apr;3(2):69–72.
2. LaCombe MA. On bedside teaching. *Annals of Internal Medicine* 1997 July 15;127(2):173.
3. Crumlish CM, Yialamas MA, McMahon GT. Quantification of bedside teaching by an academic hospitalist group. *Journal of Hospital Medicine: An Official Publication of the Society of Hospital Medicine* 2009 May;4(5):304–7.

Quality Improvement and Patient Safety

1135

ADDRESSING STRESS IN THE PAEDIATRIC WORKPLACE THROUGH FOCUS GROUPS

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Background Stress in the workplace is an increasingly visible phenomenon affecting physicians across specialties. Paediatrics has seen markedly elevated burnout together with falling application rates and rising trainee dropout rates. This mix is disastrous for morale and staffing which, in turn, perpetuates the problem. The advent of the COVID-19 pandemic with resultant redeployment of paediatric staff to adult departments has served only to exacerbate pre-existing workplace stress.

Existing structures such as Balint Groups or Schwartz Rounds have a place within departments, exploring cases or emotional response to working within the clinical environment. We aimed to provide a space to allow paediatric doctors to freely explore their workplace experiences, clinical and emotional, in a safe, confidential environment with peers facilitated by a clinical psychologist.

Objectives To provide a safe and confidential environment for paediatric clinicians of all grades to explore their workplace experiences in the company of their peers and with the guidance of a clinical psychologist as facilitator.

To use these sessions identify stressors in the workplace and explore coping mechanisms.

Methods Invitations to attend small focus groups of no more than 9 people were sent to clinicians of all grades working in general paediatrics, neonates, paediatric hepatology and paediatric emergency medicine at our hospital. These groups were given protected time and were facilitated by a clinical psychologist.

Each group was subdivided into groups of 3 doctors. Every person was asked to share stories of times they felt stressed at work and to separate their thoughts according to these questions:

What is your experience of stress and burnout at work?

- How did it leave you feeling at the time or on reflection?
- What did you do to attempt to cope with how you were feeling at the time?
- What would be needed to support you: organisational factors, personal factors, increased support?
- Tell us about what you have found helpful and what would be needed in an ideal world?