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

1134

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, Vialamas 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?

In each subgroup there were 3 roles; storyteller, listener, and an observer who would take notes on the interaction. These would rotate every 10 minutes.

Once everyone had related their stories the group would reconvene to discuss and collate themes in a section facilitated by a psychologist. Avenues of communication were available post-session via email and a survey to get in touch with the faculty regarding any outstanding issues. All information gathered was confidential.

Results Themes collected centred on persistent low morale, feelings of helplessness, uselessness and dread. All tallied well with issues we know affect existing and putative paediatric trainees.

Conclusions Results indicate that attendees found the forum a useful and open place to share their experiences, and that that this would be valuable as a regular event in the paediatric calendar, particularly with the additional stress placed on clinicians with redeployment. As such, we hope to present a replicable session template which can be adopted by other departments and hospitals. Through increased adoption and feedback the template could be improved to best fit those making use of the sessions.

British Association for Paediatric Nephrology

1136

DRUG-INDUCED ACUTE KIDNEY INJURY IN NON-CRITICALLY ILL, HOSPITALISED CHILDREN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Nephrotoxic medication associated Acute Kidney Injury (NTMx-AKI) is a potentially preventable cause of AKI.

Objectives We conducted a systematic review to appraise the epidemiology of AKI in children, and here present results of a sub-review in non-critically ill, hospitalised children.

Methods Two reviewers searched three electronic databases (EMBASE, MEDLINE and CINAHL) from January 2000 until November 2020. Eligible studies for this sub-review included in-hospital exposure to NTMx in non-critically ill children (0 to <18 years of age) with no diagnosis of kidney pathology, and reported AKI as an outcome.

Results Of 205 publications identified, 21 met the inclusion criteria for the main systematic review, and five¹⁻⁵ were included in this sub-review. Of these, two^{1,5} report AKI outcomes in all non-critically ill hospitalised patients (with and without nephrotoxin exposure), and three²⁻⁴ report outcomes only in those with nephrotoxin exposure.

The pooled incidence of AKI in all non-critically ill, hospitalised children was 32% ($p < 0.00001$, 95% CI 29–35%, pooled data from two papers^{1,5} ($n = 3088$ patients)). Children with AKI were younger than those without ($p = 0.14$, mean difference 3.10 years, 95% CI -7.22–1.01, pooled data from two papers^{1,5} ($n = 3088$ patients)), however this association was not statistically significant.

The pooled incidence of AKI in nephrotoxin-exposed, non-critically ill, hospitalised children was 17% ($p < 0.00001$, 95% CI 15–19%, pooled data from three papers²⁻⁴ ($n = 747$ patients² combined with $n = 7756$ nephrotoxin exposures^{3,4})). All papers considered nephrotoxin exposure as a risk factor for the development of AKI. However, there was insufficient homogeneity for meta-analysis.

The data suggest that AKI prolongs hospital stay ($p = 0.14$, mean difference 3.07 days, 95% CI -1.05–7.18, pooled data from two papers^{1,5} ($n = 3088$ patients)), although this was not statistically significant. Mortality was only reported in one paper.¹ In-hospital mortality was higher in those with AKI (0.6%) than without (0.06%).

Conclusions AKI is common in non-critically ill, hospitalised children. Whilst meta-analysis did not produce significant findings, the data suggest that nephrotoxin exposure and younger age are risk factors for AKI. Children with AKI also had longer hospital stays and increased mortality.

REFERENCES

- McGregor TL, Jones DP, Wang L, Danciu I, Bridges BC, Fleming GM, et al. Acute Kidney Injury Incidence in Noncritically Ill Hospitalized Children, Adolescents, and Young Adults: A Retrospective Observational Study. *American Journal of Kidney Diseases* 2016;67(3):384–90.
- Schaffzin JK, Dodd CN, Nguyen H, Schondelmeyer A, Campanella S, Goldstein SL. Administrative Data Misclassifies and Fails to Identify Nephrotoxin-Associated Acute Kidney Injury in Hospitalized Children. *Hospital Pediatrics* 2014;4(3):159–66.
- Goldstein SL, Dahale D, Kirkendall ES, Mottes T, Kaplan H, Muething S, et al. A prospective multi-center quality improvement initiative (NINJA) indicates a reduction in nephrotoxic acute kidney injury in hospitalized children. *Kidney International* 2020;97(3):580–8.
- Goldstein SL, Mottes T, Simpson K, Barclay C, Muething S, Haslam DB, et al. A sustained quality improvement program reduces nephrotoxic medication-associated acute kidney injury. *Kidney International* 2016;90(1):212–221.
- Moffett BS, Goldstein SL. Acute kidney injury and increasing nephrotoxic-medication exposure in noncritically-ill children. *Clinical journal of the American Society of Nephrology: CJASN* 2011;6(4):856–63.

George Still Forum: ADHD Disorders (ePoster presentations only)

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AN EVIDENCE-BASED CLINICAL GUIDANCE DESIGNED FOR MANAGING CHILDREN AND ADOLESCENTS WITH SLEEP PROBLEMS AND ASSOCIATED NEURODEVELOPMENTAL DISORDERS

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Background There is a paucity of national evidence-based guidelines that emphasises holistic care of children and adolescents with neurodevelopmental disorders, who are highly vulnerable to significant sleep disorders. In addition, clinical practice varies widely about melatonin use with enormous financial implications. There is an urgent need for implementation of safe and effective cost-saving measures to ensure sustainable provision of essential NHS services to the entire UK population.

Sleep problems are common in children and adolescents, especially among those who have recognisable