Paediatric Educators’ Special Interest Group

1212 CHILDREN’S INVOLVEMENT IN MEDICAL EDUCATION: A SCOPING REVIEW
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Background Whilst in its origin healthcare delivery took a paternalistic stance, recent years have seen the adoption of a more ‘patient-centred’ approach to healthcare. Research in the adult literature has shown that a patient-centred approach has a positive impact upon a person’s health and wellbeing. Within the medical education context patients traditionally adopted a passive role, supporting the educational interaction between clinician and student. As the field of medical education has advanced, patients have played a more active role, and educational encounters have moved towards a more patient-centred approach.

Objectives Until now the focus on patient-centred involvement in education has been largely on the adult population. But children are not just little adults, and the lessons learned from adult research may not be directly translatable to a paediatric population. This study aims to explore what has been written about the involvement of children as real patients in medical education.

Methods We performed a scoping review using the Arksey and O’Malley framework. Six databases were searched, yielding 1191 articles. Following screening 46 were included for review. Article characteristics were collated and presented through charting and narrative description.

Results The majority of articles were from North American and the United Kingdom. Questionnaires and interviews were the most commonly used methods of eliciting data. Topics discussed included: (i) experiences of children, parents, students, and healthcare staff involved in medical education; (ii) benefits and challenges of different learning contexts; (iii) motivating factors for involvement, and (iv) ethical considerations.

The reported benefits of involving children included children enjoying contact with students and health professionals, understanding their disease better, improving their relationship with healthcare staff, and developing personal empowerment. Children were motivated to take part through an altruistic desire to ‘give something back’. But their involvement needed to be balanced against potential disruptions to their healthcare routines, protecting their confidentiality, and respecting them as human beings and not just as teaching objects.

The contexts in which children interacted with healthcare staff and students provided a variety of educational opportunities. The acute setting afforded students opportunities to observe interactions between children and their healthcare teams, and witness healthcare staff role modelling humanistic behaviours. In the community setting they benefitted from seeing children in their home environments, leading to a greater understanding of the daily lives of sick children.

Conclusions This scoping review has highlighted the important beneficial role that children can play in training future doctors, but their involvement is not unproblematic. This review has drawn attention to specific considerations that are unique to being a child within a medical education setting, including the complex power dynamics between children and adults, families and healthcare professionals. In doing so it challenges our assumptions, and aids in future education design and research planning.

British Academy of Childhood Disability

1213 DEVELOPING A TOOL-KIT FOR THE ASSESSMENT OF AUTISM SPECTRUM DISORDER FOR CHILDREN UNDER 5 YEARS
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Background Before the coronavirus pandemic, children who were on the Early Years Neurodevelopment (EYND) assessment pathway and suspected to have possible Autism Spectrum Disorder, received clinic based appointments. This process included a parental interview by a doctor, a specialist speech and language therapy assessment, an autism diagnostic observation schedule (ADOS) and a feedback clinic slot. All were carried out on hospital sites. These were postponed in March following national guidance. The ADOS which is the gold standard assessment for Autism Spectrum disorder is invalid if delivered when a mask is worn. Alternative methods of assessment had to be explored.

Objectives Our aim was to continue providing a comprehensive evidence-based service for Autism Spectrum Disorder diagnosis. We devised a diagnostic toolkit for the assessment of Autism Spectrum disorder for children of 5 years and under which is valid for use during the current global pandemic. It brings telehealth to the forefront alongside patient involvement and coproduction. This toolkit results in more prudent healthcare.

Methods We utilised evidence-based telehealth methods to perform a specialist speech and language assessment in a child’s home via video call. Parents were invited to share videos of everyday activities via a secure portal. We could observe the child in a meaningful setting and witness functional impact of their needs. Each case was discussed by a multi-agency panel based on DSM-V criteria.

Online training was undertaken by professionals to deliver in clinic the Brief Observation of Autism Symptoms (BOSA) based on the ADOS for covid times. Our clinic room facilities were made fit for purpose to observe assessments by video and audio through an observation window. Equipment was acquired. Parents were coached by the therapist to enable them to become the administrator. The patient journey was revised based on their need. Administrative processes have been streamlined with improved communication to parents who are now supported by specialist health visitors while their children are waiting to complete their assessment.

Results Telephonic feedback from the first ten parents whose children underwent a telehealth assessment has been positive; the home was deemed more natural and for some less distressing than clinic. Evidence to reach a diagnosis of Autism Spectrum Disorder was achieved in seven children out of a sample of eighteen children who underwent a specialist speech and language telehealth assessment. The other eleven children went on to have a BOSA clinic appointment. Of data collected thus far, eighty-six percent of parents were satisfied with their child’s telehealth assessment.
We have been able to reach an outcome for fifty-three children in the BOSA clinic of which forty-seven fulfilled criteria for a diagnosis of Autism Spectrum Disorder. Surveys from patients indicated that eighty percent agreed with the professionals’ outcome.

**Conclusions**

Our ASD tool-kit and revised pathway have resulted in more prudent healthcare, reducing the number of assessments and footfall to the hospital sites. We have reduced variation and inequity. We have increased coproduction with parents by utilising telehealth and coaching parents. We have achieved increased patient satisfaction and improved our patients’ experience and outcomes.

**British Paediatric Allergy and Infection Group**

**1214 CONGENITAL SYPHILIS IN ENGLAND - IS IT ON THE RISE?**

Helen Peters, Kate Francis, Laura Smeaton, Claire Thorne.

**Background**

Public Health England’s (PHE) Syphilis Action Plan was launched in 2019 to address the recent increase in the number of infectious syphilis diagnoses including cases of congenital syphilis (CS). As part of the maternity strand of the Action Plan, the PHE Infectious Diseases in Pregnancy Screening (IDPS) programme’s Integrated Screening Outcomes Surveillance Service (ISOSS) are conducting enhanced data collection of all cases of CS seen in England since 2015 (when previous surveillance ceased).

**Objectives**

To describe the current picture of congenital syphilis in England using population-level data.

**Methods**

ISOSS is part of PHE’s IDPS programme and conducts UK population-level surveillance of the screened-for infections in pregnancy (HIV, syphilis and hepatitis B) and congenital rubella. ISOSS builds on the established National Surveillance of HIV in Pregnancy and Childhood (running for >30 years). Confirmed/suspected CS cases diagnosed since 2015 are reported to ISOSS. Enhanced data collection, commenced in 2019, is conducted for any England-born children following the established process for HIV vertical transmissions. ISOSS interview all clinicians involved in the care of the mother and baby during and after pregnancy. A Clinical Expert Review Panel (CERP) of relevant clinical specialists is convened to establish circumstances surrounding transmissions, any contributing factors and identify learning to inform national guidelines and policy. In addition, data on all pregnancies to women who screen positive for syphilis and their infants has been reported to ISOSS from 2020.

**Results**

24 cases of CS have been reported to ISOSS and are currently part of the enhanced data collection. Year of birth ranged from 2015–2020 and cases were reported from London (5), North (10), South (7), Midlands and East of England (2). The majority of infants were born to white, UK-born women and median age of mothers at delivery was 22 years (IQR: 21, 25). Early findings show that around a third of mothers screened negative in pregnancy, becoming infected with syphilis before delivery; other factors arising included late booking and missed or delayed referral and/or treatment during pregnancy or after the birth.

**Conclusions**

ISOSS provides the only population-level data collection on CS in England. Findings to date, including a number of seroconversions, demonstrate the importance of ongoing monitoring and surveillance of CS. The CERP of the 24 cases will identify themes and make recommendations to inform screening policies and clinical guidelines for the IDPS programme, PHE Sexually Transmitted Infections team and BASHH. The recently launched maternity syphilis surveillance will provide robust insights and contexts including a national vertical transmission rate and the impact of COVID-19 to contribute to the wider strategy for the PHE’s Syphilis Action Plan maternity strand project.

**British Society of Paediatric Endocrinology and Diabetes**

**1215 AUDIT OF ADMISSION TO PHOENIX WARD OF CHILDREN AND YOUNG PEOPLE WITH DIABETIC KETOACIDOSIS**

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**Background**

The DKA guideline has been recently updated by the BSPED; changes have been made to the guideline since it was last updated in August 2015. In 2014, a national audit comparing DKA management of adolescents in pediatric wards versus adult wards showed similar incidence of hypoglycemia in both groups and increased incidence of hypokalemia in those managed in adult wards according to adult protocol, following which guidelines were updated in 2015. This audit has been initiated locally, based on the previous audit to compare incidence of complications like hypoglycemia, hypokalemia, cerebral oedema and time of resolution of DKA between children managed by 2015 guideline versus those managed by 2020 one.

**Objectives**

- To ensure patients admitted with DKA are managed according to the latest BSPED guideline
- To compare between incidences of hypoglycemia, hypokalemia, cerebral edema and time of resolution of DKA in children who were managed by 2020 DKA protocol versus those who were managed by 2015 protocol

**Methods**

- 7 children who were included in the study were managed by 2020 guideline since May 2020 while patients’ records have been used retrospectively for those children who were managed by 2015 guideline in the past few years.
- All children from both groups have been audited against the incidence of hypoglycemia, hypokalemia, cerebral oedema and time of resolution of DKA.
- Children who were admitted since May 2020 have been audited against adherence to revised IV fluid protocol.

**Results**

- IV insulin was given appropriately according to the guideline.