Paediatric Educators' Special Interest Group

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INTRODUCTION OF A CONSISTENT CLINICAL TUTOR IN UNDERGRADUATE CLINICAL PLACEMENT DURING COVID-19 PANDEMIC: A QUALITATIVE SURVEY AMONG STUDENTS AND TUTORS

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Background A consistent clinical tutor has been used to lessen the impact on undergraduate medical education during the coronavirus pandemic. In lieu of formal patient bedside teaching, the tutor replicated clinical experience through the use of videos, case based discussions, tutorials and simulation sessions. Over a short period, the clinical tutor can personalise teaching, maximise learning opportunities, promote students' self-directed learning and provide continuity. This not only develops rapport between student and teacher but also provided easily accessible educational and pastoral support. This new format was also aimed to foster junior doctors' role as effective clinical teachers and promote future interest in medical education.

Objectives The response to this new role among students and tutors was evaluated qualitatively through the use of a questionnaire.

Methods

- Clinical Tutor introduced in 4th year clinical placement in medical paediatrics in response to the changes made to undergraduate clinical placements as a result of the coronavirus pandemic
- Junior doctor (ranging from ST1–8) assigned to group of 4–5 students during their placement with expectation to meet daily throughout week
- Questionnaire circulated to all students and tutors (anonymously) evaluating this near peer teaching programme at the end of the week

Results

- 50 out of 60 questionnaires returned (83%)
- 98% ranked teaching as either good, very good or excellent
- 98% students preferred a consistent clinical tutor
- All junior doctors enjoyed being clinical tutor with majority (73%) preferring this arrangement as opposed to previous intermittent teaching sessions
- Positive aspects from both students and tutors included greater interactivity, continuity, development of rapport and ability to tailor teaching,
- Conflicting clinical duties was a common challenge among tutors

Conclusions Although initial qualitative results are promising and adds to the growing reports evaluating the benefits of near peer teaching programmes in medical education, only a small number of students and tutors have been involved. Furthermore, the implementation of a consistent clinical tutor may not be practical in certain clinical placements due to conflicting clinical duties. However, this is certainly a strategy that may be put in place during and after the coronavirus pandemic to minimise disruptions and improve clinical teaching in undergraduate medical education.

British Society of Paediatric Endocrinology and Diabetes

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CHARACTERISTICS OF NEW-ONSET PAEDIATRIC TYPE 1 DIABETES IN THE COVID-19 PANDEMIC – A MULTICENTRE PERSPECTIVE

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Background Paediatric diabetes has been the focus of attention during the COVID-19 pandemic for several reasons. There was a reported increase in the incidence of new-onset type 1 paediatric diabetes in the pandemic and concerns that the incidence was related to an infection or a dysregulated immune response to SARS-CoV-2. Studies have also reported concerns about delayed presentations to the Emergency Department (ED) due to parental fears of SARS-CoV-2, resulting in an increase in the incidence and severity of diabetic ketoacidosis in children with new-onset diabetes. If it is proven that the perceived increased incidence of paediatric diabetes is related to an infection with SARS-CoV-2, this has implications for enhancing public and clinician awareness of diabetes resulting in early recognition and prevention of DKA.

Objectives To characterise the features of children diagnosed with new onset type 1 diabetes in the COVID-19 pandemic exploring the incidence of diabetic ketoacidosis (DKA) and investigating any association with SARS-CoV-2.

Methods We analysed data of new onset type 1 diabetes in children aged 6 months–17 years presenting from January to July 2020 to 12 paediatric diabetes units (PDUs) in the UK. Data from the same time period in 2019 was compiled for comparison. We compared the characteristics of 178 children presenting with new-onset type 1 diabetes between January and July 2020 (time period of interest) with those of 150 children who presented during the same period in 2019.

Results There was a statistically significant increase in the number of children with new-onset type 1 diabetes presenting with DKA in 2020 when compared to 2019 (79 versus 49, $p < 0.05$). There was also an increase in the number of children presenting in severe DKA in 2020 when compared to 2019 (36 versus 16). The incidence of new onset type 1 diabetes from January to July 2020 was similar to the previous 4 years. An apparent increase in 2020 was noted in two units, who were both from inner city localities with a highly diverse ethnic mix. Association with COVID-19 could not be ascertained from the children tested for SARS-CoV-2 by NPA RT PCR and serology. In 2019 35% of children had symptoms of less than 2 weeks (of which 43% were in DKA), 46% of children in 2020 presented with symptoms less than 2 weeks (of which 48% were in DKA). The short period of type 1 diabetes symptoms before presenting in DKA in 2020 does not suggest a delay in diagnosis. The short period of symptoms of type 1 diabetes at presentation during the study period and the severity of DKA raises the possibility that infection with SARS-CoV-2 may have been a trigger resulting in a rapid loss of β -cells contributing to the rise in incidence and severity of DKA also accelerating the development of new-onset diabetes.