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.

Conclusions There was increased incidence and severity of DKA during the study period in 2020. Our study did not provide evidence that the COVID-19 pandemic is leading to a marked increase in incidence of pediatric type 1 diabetes.

Quality Improvement and Patient Safety

510 A MOMENT FOR CHANGE. ADDRESSING PARENTAL SMOKING IN THE PAEDIATRIC EMERGENCY DEPARTMENT

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Background Everyday in A+E children are attending with serious and life threatening breathing problems which we know are adversely affected by third hand smoking within the home.

In not addressing smoking with parents during their time in A+E, we fail to assist them in making a positive change for the health of their children. Using the biopsychosocial model, the impact on the child of their respiratory illness is wide ranging and far reaching.

Objectives

1. All respiratory cases presenting through A+E to have a smoking status asked and documented
2. For smoking cessation advice to be given to every case for which a positive smoking status is recorded

Methods

Fishbone I used a fishbone diagram to explore the potential causes of poor smoking status history taking, and to establish potential change ideas

Main causes identified

1. Doctors forgetting to ask for smoking status
2. Fear of confrontation when asking smoking status
3. Lack of confidence in how to deliver smoking cessation advice
4. Doctor's workload pressures

I then used the Plan Do Study Act (PDSA) Cycle to implement change ideas

PDSA Cycle 1

CAUSES ADDRESSED

doctors forgetting to ask smoking status

Change Ideas:

- 1) Prompt sticker in clerking booklet

PDSA Cycle 2

CAUSES ADDRESSED

doctors forgetting to ask smoking status

lack of confidence in delivering smoking cessation advice

Change Ideas:

1. Prompt sticker in clerking booklet
2. Leaflet on smoking cessation and the harmful effects of third hand smoking

Data collection following change ideas

The change ideas were implemented, and data collected on what percentage of paediatric respiratory cases presenting to A +E had parental/carer smoking status documented, and of these what percentage were given smoking cessation advice following a positive smoking status.

Results

PDSA Cycle Percentage Improvements

Following PDSA Cycle 1 there was an increase from 35% to 71% of smoking status being documented and from 0% to 83% of the positive smoking status cases were given smoking cessation advice. Following PDSA Cycle 2 the status and advice given were 50% and 66% respectively.

	Pre-intervention	PDSA Cycle 1	PDSA Cycle 2
Smoking status documented?	35%	71%	50%
Smoking cessation advice given?	0%	83%	66%

Conclusions Cycle 1 **Change Idea** achieved our aim; to improve the frequency of smoking status being asked and documented.

Cycle 2 **Change Idea** failed to achieve our aim. Smoking cessation advice is still not offered in the A+E setting for those with a positive smoking status.

Using a prompt sticker in the clerking booklet helped to improve the frequency of smoking status being asked and documented, however it still seems that doctors are not providing smoking cessation advice, even when a leaflet handout is provided. It is well known that third-hand smoking exacerbates childhood respiratory illness, increasing the frequency and severity of presentations. In not providing support and encouragement to parents who smoke in the home, we are failing to help them implement positive change for the health of their child. Further work to assist doctors in giving smoking cessation advice in the A+E setting is needed.

British Association of Perinatal Medicine and Neonatal Society

511 'JOURNEY OF ACCEPTANCE': A QUALITATIVE STUDY EXPLORING PASTEURISED DONOR HUMAN MILK USAGE AND ITS IMPACT ON MATERNAL EMOTIONAL WELLBEING

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Background Human milk is the ideal food for all babies, especially vulnerable infants who are sick and premature. When mothers are unable to provide their babies with adequate breast milk, donor human milk is recommended to improve the infants' health outcomes. Singapore's first donor human milk (DHM) bank was established in August 2017 to provide pasteurised human donor milk to eligible babies, who are primarily premature infants below 35 weeks' gestational age. To date, more than 1963 babies have received DHM. However, there is currently limited knowledge about maternal experiences of DHM usage in Singapore.

Objectives This study aimed to explore Singaporean mothers' perception of DHM, examine the impact of DHM usage on maternal emotional wellbeing, and help inform clinicians to better support mothers of preterm infants in their breastfeeding journey.