controlled, while others even develop other autoimmune diseases, such as arthritis and sacroiliitis.

Objectives To determine if remote joint effusions seen on whole-body MRI can predict non-response to Pamidronate and/or unfavourable outcome in paediatric CRMO patients.

Methods A total of 81 cases were retrospectively reviewed. The patients who had joint effusions on MRI which had no adjacent CRMO lesion were compared to patients with poor response to Pamidronate treatment and to the ones with poor outcome (severe pain resistant to medication and/or new autoimmune disease). Joint effusions that had an adjacent CRMO lesion were seen as reactive and the patients were added to the non-effusion group.

Results Most patients in this cohort were females (n=59, 73%) and most common lesion was the clavicle (n=35, 43%). 14 of the patients (17%) had remote joint effusions. Partial or no response to Pamidronate was seen in 15 patients. 5 patients (6%) have severe uncontrollable pain, 7 (9%) have arthritis, 1 has psoriatic arthritis, and 2 (2%) have sacroiliitis. comparisons among these three characteristics (remote joint effusions, poor response to Pamidronate, poor outcome) were statistically significant ($p<0.001$), showing that these three characteristics usually co-exist. Furthermore, this group of patients did not have other features of SAPHO (Synovitis, Acne, Pustulosis, Hyperostosis, Osteitis) syndrome, in which synovitis and CRMO can co-exist. Positive family history was not related to any of these three characteristics.

Conclusions There is a group of CRMO patients who have a distinct, more active disease course than the rest of the patients. When joint effusions with no NBO lesion is identified on MRI, it should be taken into account prognostically and thus avoid bisphosphonate treatment. Further research is needed to determine if these patients respond better to other treatments such as disease-modifying anti-rheumatic drugs (DMARDs) or TNF inhibitors.

Quality Improvement and Patient Safety

1248 PERCEPTION OF PPE (PERSONAL PROTECTIVE EQUIPMENT) AMONGST PAEDIATRICIANS

Pramod Nair, Yazhiny Kodeeswaran, Nisrien Eltag Mohamed Osman, Satarupa Banerjee. Bedford Hospital NHS Trust

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Background PPE (Personal Protective equipment) use has been mandatory due to the current pandemic with Covid-19 and has been in use for the past 1 year. Use of PPE in paediatrics comes with its own challenges but is likely to be used more frequently in future. At this juncture it would be useful to collect feedback from the paediatricians to improve our understanding of the practical issues with use of PPE so that as a group changes or alterations could be considered if at all necessary.

Objectives To understand practical difficulties with use of PPE if any and review personal experience from paediatricians who have been using them in the current pandemic

Methods Survey regarding PPE specific questions were sent to multiple Paediatricians and the results analysed

Results 96 paediatricians responded to the survey. Of the 96 doctors who responded, 61 were consultants and 35 were at

a middle grade level. 27% of the respondents said wearing face masks did not affect their interactions with children. 73% of the respondents noted difficulties with increased stranger anxiety, difficulties with communication and establishing rapport with their patients. Of the 73% who had difficulties with interaction this was highest in the 1–3 year patient age group. 61% of the respondents did not feel that having face masks interferes with handovers although 39% felt it does. Almost 80% of the respondents felt that having full PPE interfered with their procedural skills with particular difficulties with intubation (33%) and cannulation (56%). 54% respondents preferred goggles and 46% preferred visor for eye protection. 30% of the respondents said that they would still prefer to continue to use PPE even after the pandemic.

Conclusions This survey brings out some very interesting facts (and many other comments) about use of PPE in our professional life. A large majority felt that it affects their interactions with children particularly the 1–3 year age group due to the difficulty in reading expressions and communication. It would be important to look at having alternative face masks which are child friendly. A significant proportion felt that having full PPE interferes with their procedural skills and it is important that this is urgently addressed as it could have significant patient safety implications. Fogging, poor visual clarity etc. were many of the issues reported and the wider paediatric group needs to escalate these concerns so that alternatives could be considered. PPE is likely to remain a long term piece of equipment to be used in paediatrics and it is important that we now ensure that they are tailored based on feedback from its users.

Paediatric Educators' Special Interest Group

1249 TEACH PAEDIATRICS AND INSPIRE: USING QIP METHODOLOGY IN EDUCATION PROMOTES PROSPECTIVE TRAINEES' INTEREST IN A CAREER IN PAEDIATRICS

Benjamin Rosen, Jonathan Pass, Karishma Desai. The Royal Free NHS Trust

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Background Recruitment of paediatric trainees is not matching its increasing demand. In 2019, only 69.8% of paediatric training program posts were filled, the lowest out of all UK programmes. Such workforce shortages cause burnout, which negatively impacts patient care.

Positive experiences drive medical students' choice of that specialty, yet for all of 2019, at Barnet hospital (BGH) and Royal Free Hospital (RFH), over a quarter of students did not even score their paediatrics placement as 'satisfactory'.

Objectives Use QIP methodology to improve Paediatric teaching across the trust to achieve an increase of self-reported likelihood of medical students to choose paediatrics of $\geq 20\%$, by the end of their placement.

Methods During the 2-month audit phase we engaged the departments and medical school at all levels with consultations, fishbone diagrams and presentations.

The following measures were used

- Outcome: Percentage change in students' likelihood to pursue a career in paediatrics. A comparison of their self-reported likelihood, as recorded before and after placements.

- Process: Qualitative student survey feedback about the quality of placement and ideas for improvement.
- Process: Core clinical knowledge acquisition measured via pre- and post- placement quiz score differential to assess placement impact.
- Balancing: Qualitative feedback from paediatricians to identify barriers to teaching, satisfaction levels and impact of new interventions.

Audit Phase:

- Analysis of 6 months of retrospective UCL student satisfaction data
- Study measures collected for 2 placement cycles without intervention to assess baseline placement impact.

Intervention Phase:

4 PDSA cycles over a 3-month period:

Cycle 1

Formal teaching

- Introduction of our novel 'Themed Ward Round' packs to maximize engagement and curriculum coverage.
- New weekly bleep-free bedside teaching slot created.

Cycle 2

Informal teaching

- Instating 'training to teach' sessions for Doctors
- Student-nominated 'teacher of the month' award created

Cycle 3

Curriculum focus

- Dividing the curriculum between both sites of the placement to ease the burden on educators.
- Dissemination of focused learning outcomes to students and doctors prior to placement.
- Creation of induction and 'out-duction' packs, clarifying the curriculum.

Cycle 4

Student engagement

- Students at team lunch, introductions at MDTs and group photos to encourage involvement.

PDSA cycles were completed every 3 weeks which allowed contemporaneous feedback and facilitated constant, site specific improvement. This included: revisions of the ward round packs, introduction of a new junior doctor teaching rep and addition of supplementary digital resources.

Results

- Likelihood in choosing a Paediatric career Increased by 24% at RFH and 4% at BGH.
- Performance in core topic assessments Improved by 28% at RFH but no improvement at BGH
- University College London (UCL) official student satisfaction ratings Improved to 100% at RFH, and 83% at BGH

Conclusions Our data suggest that a focus on improving the experiences of medical students is an effective way to boost recruitment in paediatrics and hence help tackle future staff shortages.

The initial success of this QIP has had significant implications for the project and its future; there is now scope for applying this new model of ward-based teaching to paediatric departments across the UK.

British Association for Community Child Health

1250

SPEAK UP FOR YOUTH

¹Karusan Srihar, ¹Karusan Srihar, ¹Patrick Britto, ²Anna Battersby, ²Polly Robinson, ³Caroline Gribbon. ¹King's College London; ²Evelina London Children's Community Services; ³East London NHS Foundation Trust

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Background 'If this is a space for young people then it should be created by young people.' This quote was from our virtual focus group with adolescent service users in our journey to co-create a waiting area for Young People (YP) in the community. The rise in mental health problems in YP, has been amplified by the COVID-19 Pandemic [1]. Community services must become emotionally aware, through minimising anxiety for YP within assessment and treatments pathways to optimise engagement. The 2019 'State of Child health & Us' report states the importance of youth friendly services and clinical environment as key for improving engagement and long-term health outcomes [2]. Specific feedback from YP included being with people of a similar age and having a one-stop shop approach to YP health needs [3].

Objectives

1. Evaluate the YP's experience of the Centre for Child Health with a real-time survey at the point of access.
2. Collaborate with YP who use our service in an online focus group to co-create their vision of a YP's waiting area.
3. Seek funding to co-produce a comfortable, relaxing and educational waiting area based on YP's feedback, decreasing anxiety and improving engagement with the service and hence their long-term health outcomes.

Methods A 10 question online survey asking YP's Likert scaling of their opinions and feelings regarding the waiting room, health promotion materials and understanding of and engagement with their health conditions. Including qualitative descriptions of the waiting area and ideas for improvement.

Results SURVEY:

10 responses collected from users aged 11–18 (03/11/2020 – 15/12/2020). Almost half of respondents found the waiting area 'boring' and 'baby focused', causing them to feel sad before their appointment. Only 1 in 3 respondents reported they understood their health. 50% were not satisfied with the health information provided – over half preferring electronic format, recommending introducing a tablet in a separate YP's area.

VIRTUAL FOCUS GROUP:

(02/12/20) 8 service users participated. They shared feelings of anxiety due to 'long waits' amongst others. They suggested improvements such as, 'less hospitably'/'warmer' colours, circular 'inclusive' seating and a range of activities. Other suggestions included YP inspired artwork and an accessible library of short 'Tik-Tok' style videos to deliver health promotion and appointment information.

Conclusions We successfully collaborated with YP virtually, to co-create a vision of a youth friendly waiting area at the children's centre. We have put in a funding application to make their vision a reality. We will: provide tablets loaded with short videos of appointment overviews and health promotion resources; create a warmer colour scheme and relaxed