Supporting this, improvements were sustained at 2-year. HbA_{1c} at 1-year is a useful barometer for the impact of changes to services.

British Society for Rheumatology

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RHEUM TO INSPIRE: A MEDICAL STUDENT PERSPECTIVE ON THE IMPACT OF COVID-19 ON MEDICAL EDUCATION AND CHILD HEALTH

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Background When my Medical School announced my elective would be cancelled, and restricted to the local area, I was devastated. Months of planning which country to visit, medical opportunities there and making a holiday out of it were all lost. I had to quickly make a new plan. With no ideas for my future career, I considered specialties I had previously enjoyed: Paediatrics and Rheumatology.

Objectives I hope to provide an alternative perspective of the challenges and opportunities faced by Medical students and Child Health.

Methods With a large tertiary Children's Hospital close by, I contacted the Paediatric Rheumatology department to enquire. I reflect now, eight weeks after starting my Paediatric Rheumatology elective, having found my future career.

Results With the COVID-19 pandemic came a new style of working. Consultations via telephone and video link became commonplace, a frustrating concept being it is difficult to learn from these without face-to-face interaction. There was the additional issue of room space. Often face-to-face consultations or ward rounds were limited to a small number of essential staff, leaving no capacity for me to join. This new style of working however did appear to work for some patients, especially those who would normally have to travel far. Children whose arthritis was stable, or anxious parents insistent on shielding appeared happy with telephone appointments. Whilst periodic examinations are important, I feel there is scope for technology being continued for consultations post-pandemic, especially in stable, well children and those who travel far.

I did however witness the disruption COVID-19 has caused, especially on waiting times. Three month follow-ups became six months plus. Many children presented with worsening arthritis and increasingly problematic symptoms. Some had stopped their medication, either through parental fear of immunosuppression and COVID-19, side effects, or lack of motivation. Without regular follow-ups, these remained undetected for longer than previously. The increased number of arthritis flares I witnessed was supported by a service evaluation I conducted of steroid use prior to and during the pandemic. Preliminary results appear to show more 'fire-fighting' of flares during lockdown, and poorer outcomes. Lockdown has provided a unique opportunity to observe the need for a 'zero tolerance' approach to arthritis, something which should be imperative moving forward.

With the pandemic, brought Paediatric Multisystem Inflammatory Syndrome Temporally associated with COVID-19 (PIMS-TS). This new syndrome added extra challenges and

pressures to the Rheumatology team. There were critically unwell children with long admissions, added to the backlog of usual work. I witnessed an overworked and pressured team, who were still welcoming and advocating for their patients. This is something I admire and the team were clinicians I aspire to be.

Conclusions Overall, I have witnessed many challenges faced by children and their families in this pandemic. I have seen opportunities moving forward, for the integration of technology and proactive approach to treating arthritis. For me personally, the pandemic has brought many challenges, with loss of loved ones and disruption to medical training, yet I thank the pandemic for giving me the opportunity to find my future career.

Association of Paediatric Emergency Medicine

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SUSPECTED CERVICAL SPINE TRAUMA IN THE PAEDIATRIC POPULATION – HOW VITAL IS THE ODONTOID PEG VIEW?

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Background Although rare, cervical spine injuries (CSI) can have devastating consequences. Use of c-spine CT in adult trauma is widespread. However, the desire to limit radiation exposure, along with recognition that CSI are uncommon in children, means that plain x-rays are the more commonly used investigation in children with potential CSI.

NICE guidance recommends 3-view c-spine x-rays (antero-posterior, lateral and odontoid peg views – the latter in co-operative children who can open their mouth). However, risks of repeated exposure due to technical difficulties, and concerns that the view does not add diagnostic value raises questions about the added value of the odontoid view.

Objectives For children presenting to a Paediatric Major Trauma Centre (MTC), who required c-spine x-ray imaging, we aimed to:

- Estimate the incidence and type of CSI seen
- Determine the proportion with an adequate odontoid peg view, and the added value of repeat views.
- Estimate an age cut-off at which odontoid peg views may be pragmatically performed as routine.

Methods Data was extracted from the digital radiology database over a 5-year period for all children up to 16-years of age who had 3-view c-spine x-ray series for trauma. Demographic data and outcomes including incidence of CSI were obtained.

Each series of images were reviewed by two blinded reviewers for quality and adequacy. Reviewers used quality criteria as defined by the European Guidelines on Quality Criteria for Diagnostic Radiographic Images in Paediatrics. Inadequate films were those that met less than 50% of the quality criteria.

Results 271 patients were included: 66 were aged <10 years (with 231 radiographs performed), and 205 children aged