Abstract 1291 Table 1

April-Aug 2020			Oct 2020-Feb 2021		
Admission Temperatures:			Admission Temperatures:		
Hypothermic (< 36.5°C)	20.0%	2/10	Hypothermic (< 36.5 °C)	0.0%	0/11
Hyperthermic (> 37.5°C)	20.0%	2/10	Hyperthermic (> 37.5°C)	18.0%	2/11
Normothermic	60.0%	6/10	Normothermic	82.0%	9/11
Delayed cord clamping ≥1 minute:			Delayed cord clamping ≥1 minute:		
Yes	30.0%	3/10	Yes	45.5%	5/11
No	50.0%	5/10	No	55.0%	6/11
Unknown	20.0%	2/10	Unknown	0.0%	0/11

educational videos circulated to all key stakeholders. These encompassed the theory behind maintaining normothermia and performing DCC, implementing use of sterile plastic bags to allow for DCC without compromising temperature, using the OmniBed incubator for transporting infants to NNU and continuous temperature probe monitoring. Presentations were given at maternity, paediatric and obstetric governance meetings to raise awareness regarding the importance of maintaining normothermia and performing DCC.

Data was then analysed using the same method for a further 5 months from October 2020 - February 2021 (post-intervention).

Results A total of 10 infants ≤ 32 weeks were admitted to NNU between April and August 2020 and 11 between September and February 2021. 82% of infants post-intervention were normothermic on admission compared to 60% pre-intervention. 0% of admissions were hypothermic compared to 20% previously (table 1). Post-intervention, cord clamping time was recorded for 100% of admissions. In infants who did not receive DCC, 4/6 were appropriately due to poor condition at birth.

Conclusions Data analysis showed an improvement in preterm admission temperatures and improved documentation regarding cord clamping post intervention, following increased awareness and education amongst staff. Ongoing education and additional interventions are now required to reduce admission hyperthermia and further improve rates of delayed cord clamping when appropriate.

RCPCH Trainees Committee

1292 AN ST1 INDUCTION EVENT IN THE ERA OF COVID-19: LESSONS LEARNT

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Background Paediatric trainees organise an annual induction day to welcome new ST1 trainees across multiple sectors of the deanery. This event aims to prepare trainees not only to survive, but also to thrive, encouraging them to feel inspired and enthusiastic about their training journey. It is always well attended and has received consistently excellent feedback. Other deaneries have found it to be a key means of disseminating information not provided through other sources. Since

up to 100 trainees were predicted to attend the 2020 event, the COVID-19 pandemic presented a challenge.

Objectives To design and run a virtual induction event for new ST1 trainees, whilst maintaining the success and positivity of previous face-to-face events.

Methods Attendees were surveyed in advance to allow the organisers to tailor the event to their needs, worries and interests. The event was discussed with key stakeholders within the relevant deaneries. In accordance with the feedback received, the event was tailored to suit a virtual platform.

The induction 'day' was shortened to half a day and individual sessions were limited to maintain momentum and engagement. In light of the current events surrounding Black, Asian and minority ethnic groups, it was deemed important to include a new session focused on this topic. Traditionally, the chance to meet other trainees starting at the same Trust was a highlight of the event. Breakout groups were designed to facilitate this virtual meeting. A handbook and YouTube channel were created to complement the day, covering content which could not be included in the live event, and as an additional resource for the year ahead.

Results The virtual event received extremely positive feedback. Of 107 new ST1 trainees in the region, approximately 95 (88.8%) attended, and 68 (71.5% attendees) provided feedback. 92.6% of trainees felt more prepared to start training following the event. Trainees scored how prepared they felt before and after the event using a five-point Likert scale, with a mean increase in their score of 1.12 following the event ($p < 0.01$).

83.8% felt that the event worked well virtually, particularly highlighting the value of the breakout session, live chat and dedicated Q&A session. They rated the opportunity for networking as the most useful aspect of the event, and fed back that the enthusiasm and preparation by the team facilitated a smooth event. The newly-created resources were also considered relevant and useful.

76.5% attendees said they would prefer a face-to-face event. They felt that opportunities for networking were more limited with fewer opportunities for questions.

Conclusions The COVID-19 pandemic necessitated the transformation of the annual ST1 induction event to a virtual platform. A pre-questionnaire was crucial in identifying needs and concerns of trainees, enabling the event to be tailored accordingly. The networking element was retained through the use of breakout groups, and the enthusiasm of organisers and speakers continued to shine through. An overall positive atmosphere and engaging event was commended in feedback from trainees, proving the event to be successful in overcoming challenges presented by the current climate.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1293 THE ADDITIONAL BURDEN OF COGNITIVE IMPAIRMENT IN CHILDREN WITH CONSTIPATION AND FAECAL INCONTINENCE

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