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

Sarah Taylor, 1Mumtaz Mooncey, 2Priyen Shah, 2James Diviney. 1Chelsea and Westminster NHS Foundation Trust, 2Whittington Health NHS Trust

Abstract 1291 Table 1

<table>
<thead>
<tr>
<th></th>
<th>April-Aug 2020</th>
<th>Oct 2020-Feb 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Temperatures:</td>
<td>20.0% 2/10</td>
<td>0.0% 0/11</td>
</tr>
<tr>
<td>Hypothermic (&lt;36.5°C)</td>
<td>20.0% 2/10</td>
<td>20.0% 2/11</td>
</tr>
<tr>
<td>Hyperthermic (&gt;37.5°C)</td>
<td>60.0% 6/10</td>
<td>Normothermic 82.0% 9/11</td>
</tr>
<tr>
<td>Normal temperature</td>
<td>100% 10/10</td>
<td></td>
</tr>
<tr>
<td>Delayed cord clamping</td>
<td>30.0% 3/10</td>
<td>55.0% 6/11</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
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</tbody>
</table>

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 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 and preparation by the team facilitated a smooth event. The newly-created resources were also considered relevant and useful.

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.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

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

Caitlin McLaughlin, 1Stewart Cleeve, 2Eleni Athanasakos. 1Barts and the London School of Medicine, 2Barts Health NHS Trust

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.

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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.

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.

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Abstract

Background
An association between constipation and faecal incontinence (CC/FI) and cognitive impairment (CI) (such as learning difficulties, autism spectrum disorders, attention deficit hyperactivity disorder), has been frequently reported in the paediatric population. The pathophysiology of patients with both CI and CC/FI and the impact of such phenomenon on their wellbeing remain scarce.

Objectives
Investigate the characteristics of children with the co-existence of CC/FI and CI presenting to the service, based on pathophysiology, symptom severity, well-being and quality of life (QoL).

Methods
Prospective data of 282 children attending the service were reviewed, including demographics, bowel assessments: St Mark’s Incontinence Score (SMIS) and Cleveland Constipation Score (CCS), risk of distress (PI-ED) and QoL (PedsQL 4.0). The use of the Wong Baker Smile faces (scale of 0–10 [0 most severe]) assessed patient perspective on symptom severity. High resolution anorectal manometry (HRAM) and transit marker studies (TMS) were performed to assess pathophysiology. Data of 69 patients were identified with CC/FI and CI were analysed with χ² test and Pearson’s r, both at significance levels of 0.05.

Results
In total 69 (24.5%) patients with CC/FI and CI were identified with a male predominance (53 males; median 8 years; range birth–18 years). Patients presented with 11 (15.9%) organic pathologies: Hirschsprung disease in 8 (11.6%) and anorectal malformation in 3 (4.3%) and 58 (84.1%) with functional CC/FI. HRAM demonstrated abnormal physiology in 31/65 (47.7%) patients. TMS was abnormal in 27/63 (42.9%) patients: slow transit in 10 (15.9%) and rectal evacuatory disorder in 17 (27.0%). Symptom severity was a median of 10; (range 4–10). Abnormal SMIS scores in 52 (75.4%) and 58 (84.1%) CCS scores were found. Poor QoL was demonstrated in 42 patients (64.6%) and both CI and CC/FI [both].

Conclusions

• Develop a specialist interest in CI in patients with CC/FI.
• Improve working between community and tertiary services.
• Focus on these group of patients with CI as they are more complex to manage.

Case control studies may accurately identify the relative impact of CC/FI and CI on both QoL.

Abstract 1294 Table 1

Comparison of patients with CC/FI [only] and both CI and CC/FI [both].
(Note: total numbers are dependent on those patients who underwent the test/questionnaire). NS: not significant

<table>
<thead>
<tr>
<th>PI-ED</th>
<th>CC/FI</th>
<th>CC/FI</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: ≤19 no risk; 20 borderline; ≥21 risk of distress</td>
<td>(both)</td>
<td>(only)</td>
<td></td>
</tr>
<tr>
<td>median total score</td>
<td>17.0</td>
<td>14.0</td>
<td>p&lt;0.05</td>
</tr>
<tr>
<td>PedsQL</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Score: ≤80 low; 81–80 good; ≥81 excellent QoL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>median total score</td>
<td>50</td>
<td>67</td>
<td>p&lt;0.05</td>
</tr>
<tr>
<td>Severity Symptom Score scale of 0–10 (10 most severe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>median score</td>
<td>10</td>
<td>8</td>
<td>p&lt;0.05</td>
</tr>
</tbody>
</table>

Abstracts

International Child Health Group

1294 SLEEP DISTURBANCES IN CHILD AND ADOLESCENT REFUGEES AND ASYLUM SEEKERS: A LITERATURE REVIEW

Jennifer Kent. Cardiff University

Background
The importance of sleep in childhood and adolescence is hard to overestimate. A lack of sleep in young people affects their attention and reaction times, stunts behavioural and intellectual growth and significantly increases psychological morbidity.

The UN Refugee Agency reported 70.9 million forcibly displaced people by the end of 2018, half of which were children. This represents a huge number of children who have experienced traumatic events. Hence, the relationship between these lived experiences and young people’s sleep is important to understand.

Objectives
The aim of this paper is to review the evidence concerning the prevalence, causality, and effects of sleep disturbances in refugee, asylum seeker and internally displaced children, with the objective of clarifying the factors contributing to sleep disturbances and its consequences.

Methods
The review identified fifty-two papers that investigated sleep disturbances experienced by young people of refugee or asylum-seeking status. After the application of exclusion criteria, a total of fourteen papers were found to be relevant. Interviews and questionnaires of either parents and/or children make up the study data, with those under the age of twenty-five defined as young people.

Results
All papers, bar one, acknowledged that there was a relationship between trauma and persecution and significant sleep disturbances. There was an increased Sleep Onset Latency and reduced Total Sleep Time, directly correlating with the existence of PTSD symptoms. Hence, those who had PTSD symptoms took longer to fall asleep than those without, and both groups took considerably longer than the (US) national average.

Several papers found that the welfare of the family network surrounding the child had the greatest bearing on their ability to sleep well. A protective factor was both parents having arrived with the child in the country of refuge. Another element thought to be related to the child’s sleep disturbances is the loss of trust in the child concerning the ability of their parents to keep them safe.

The level of progress along the journey of leaving a place of war or system of oppression to arriving and being granted asylum in a new country had a strong bearing on the level of sleep disturbance experienced by a child. In particular, the traumatic experiences that occur in their home country is of greater importance than the displacement process on the psychological sequelae leading to sleep disturbances of the child.