major changes were implemented to improve practice and ensure compliance. Audits play a significant role in optimising the quality of provided patient care. Re-audit is key to assessing and monitoring the effectiveness of the applied measures aiming to continue delivering the best of care to our community.

Quality Improvement and Patient Safety

1359 THE EFFECTS OF PRE-ADMISSION ISOLATION ON THE EDUCATION AND WELLBEING OF ELECTIVE SURGICAL PATIENTS AND THEIR FAMILIES DURING THE SARS-COV-2 PANDEMIC

Clare Andrews, Jane Hoddes. *Royal National Orthopaedic Hospital*

10.1136/archdischild-2021-rcpch.586

Background The SARS-CoV-2 pandemic has significantly impacted all areas of healthcare. Elective surgery ceased during the first lockdown but restarted once SARS-CoV-2 cases decreased, with a strict regime of 14 days pre-admission and post-admission isolation and PCR testing as recommended by Public Health England. In July 2020, RCPCH produced evidence-based recommendations advising that preoperative isolation (PI) was unnecessary in paediatric patients, although this was met with reluctance by many trusts. Our trust revised their guideline with a decrease in PI to 3 days for all but clinically extremely vulnerable (CEV) patients, (based on guidelines covering all age groups, not incorporating RCPCH criteria), and those requiring elective HDU admission.

We were concerned that children and young people (CYP) were adversely affected, with unnecessary enforced time away from school, impacting on both education and mental health.

Objectives To assess compliance with the trust PI policy that patients and their families were asked to adhere to, and the subsequent impact on education and school attendance and any wider family concerns. We also looked at how this would have differed if RCPCH vulnerability criteria were used.

Methods Direct questioning of all admitted paediatric patients and their families using a semi structured questionnaire with a mixture of closed and open-ended questions over a 3-week period.

Results A total of 72 patients were admitted during the study period, 47% (34/72) were asked to preoperatively isolate for 14 days. Of these 11 were classified as ECV using trust guidance, only 3 were ECV by RCPCH criteria. 10 did not fulfil any local criteria. The remainder required elective HDU admission. None of the patients asked to isolate for 3 days fulfilled criteria for longer PI. No patients tested positive for SARS-CoV-2 on PCR during the study period.

- 53 CYP (34 patients and 19 siblings) each missed 10 days off school, totalling 530 lost schooldays.
- 59 CYP in the 3-day PI group missed between 1 and 3 days each (allowing for isolation periods to span weekends). 59–177 lost schooldays.

We also saw a significant impact on parents - many reporting financial losses or the use of annual leave or unpaid leave to conform with isolation guidance.

Conclusions Our study showed a discrepancy between clinical practice and trust guidelines, with 14% of admissions asked to isolate unnecessarily for 14 days.

Our trust guideline did not differentiate between paediatric and adult patients. Following the study, guidance was revised with a separate paediatric pathway using RCPCH CEV criteria to decide between 3 and 14 days PI. HDU admission was removed from high-risk paediatric criteria. Siblings were now exempt from isolation and could attend school.

If our revised trust criteria had been applied to the studied cohort between 428–532 additional schooldays could have been attended (allowing for isolation periods to span weekends).

The impact of SARS-CoV2 pandemic including school closure is well documented to have adversely affected the mental health of CYP. As paediatricians it is important to advocate for our patients and their families ensuring CYP centred care within NHS trusts.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1360 COACHING FOR TRANSITION: SUCCESS OF A VIRTUAL GROUP COACHING COURSE FOR PAEDIATRIC TRAINEES

¹Sarah Davies, ²Saranya Ravindran, ³Sheena Bailey, ⁴Hina Pattani, ⁵Angela Skidmore, ⁶Trisha Radia. ¹Chelsea and Westminster Hospital NHS Trust; ²Epsom and St Helier NHS Trust; ³Sheena Bailey Partnerships; ⁴Guys and St Thomas' Hospital NHS Trust; ⁵Southampton University Hospitals NHS Trust; ⁶Kings College Hospital NHS Foundation Trust

10.1136/archdischild-2021-rcpch.587

Background Coaching is already established as a powerful tool for enhancing executive performance in the corporate sector. There is a growing interest in the role of coaching for the medical workforce.

Coaching aims to facilitate behaviour change, through encouraging self-reflection, challenging automatic thoughts and guiding the coachee to identify the actions required to achieve a desired result.

Few studies report on the effectiveness of coaching as an intervention, however a recent review has shown weak to moderate evidence that coaching is effective for protecting doctor well-being and resilience.

Having previously run a well-received group coaching course for trainee paediatricians returning to work, we were keen to broaden the scope of our course to welcome all trainees approaching transition points in their career and to evaluate their experiences of participation.

Objectives This project aims to evaluate the benefits of a virtual group coaching course for trainee paediatricians facing major career transitions.

Methods Trainee paediatricians were invited to attend virtual group coaching events running in early 2021. The courses were advertised via the regional school website and its