and Centor scores in 16 cases (32%) due to lack of clinical detail. Most missed criteria included examination of throat and assessment for cervical lymphadenopathy. Using FeverPain criteria, antibiotic prescription was indicated in 31 cases. 29 cases received antibiotics. Using Centor criteria, antibiotic prescription was indicated in 32 cases, with 29 cases receiving antibiotics. Appropriate antibiotic selection occurred in 89.7% of cases.

Conclusions We do not reference clinical scoring systems in notes, yet appropriate antibiotic choices are made in 89.7% of cases. Throat and neck examination was most frequently missed, however this study was carried out after RCPCH advised against examination of sore throats unless necessary. To improve practice, we have created a sticker with FeverPain scoring criteria, as well as a clinical education tool. We will re-audit results in 2021. Further research is needed to validate a which scoring system is best in children presenting acutely to secondary care with an acute sore throat.

RCPCH Trainees Committee

PATTERNS AND OUTCOMES OF DELIBERATE SELF-HARM AMONG YOUNG PEOPLE PRESENTED TO A TERTIARY CARE SERVICE IN THE UNITED KINGDOM

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Methods

All children and young people (age: 8–17 years) who presented with either deliberate self-harm or abuse at John Radcliffe hospital, Oxford were recruited to the study. Demographic factors, patterns and outcomes of deliberate self-harm, co-morbidities and outcomes were studied using a structured checklist.

Results

Sixty three young people presented with either overdose or self-harm. Mean age was 14.47 years (range: 8–17 years). The majority was female (48, 76.2%). Nine (14.2%) were ‘looked after’ young people whilst three (4.8%) were adopted. The majority of young people had harmed themselves by superficial cutting (40, 63.4%) followed by deliberate overdose/poisoning (2, 3.2%), hanging (1, 1.6%), stabbing (1, 1.6%) and setting fire and having burns (1, 1.6%). Ingested medications included paracetamol (7), ibuprofen (5), and Fluoxetine (1) while none of the overdoses were lethal. Suicidal ideation was reported by 15 (23.9%) whilst three (4.8%) were adopted. The majority of young people presented with history of suicide indicating the importance of provision of support to those who present with self-harm.

Background Fractures in non-ambulant children are highly suspicious of non-accidental injuries. The credibility of the mechanism presented is essential as part of the process of differentiating between accidental and non-accidental injury. There have been radiology case reports of spiral fractures of the humerus fractures arising from rolling over, but to date, there remains limited evidence in support of this mechanism for fracture.

Conclusions

Rolling over as a cause of spiral humeral fracture has not been widely reported, especially in paediatric literature. This case highlights the importance of in-depth evaluation of non-mobile infants with fractures to rule out safeguarding concerns while maintaining an open mind in challenging areas.

Paediatric Educators’ Special Interest Group

REGIONAL ONLINE LEARNING PROGRAMME: EXPERIENCE ON ITS OPPORTUNITIES AND BARRIERS

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Background

Although children and young people develop mild disease with Covid-19, the pandemic’s impact on child health and wellbeing is immeasurable. Maintaining a knowledgeable, adaptable and compassionate paediatric workforce will help healthcare systems adapt to an expected longer-term impact on child health, including widening of inequalities and increased mental health problems. With disruption to paediatric services and cancellation of face-to-face teaching, we needed to make radical changes to our regional training.

Objectives

We share our experience in designing a multi-faceted online learning programme (OLP) and discuss the opportunities and challenges encountered.

Methods

A structured, centralised and curriculum-mapped OLP with supplementary workplace-based learning packs (LP) was instigated for paediatric trainees of all levels in our region since March 2020. Data was collected from online surveys, YouTube channel hits, GoToMeet platform and virtual focus groups.

Results

Opportunities: This was a trainee-led and centred programme adapted in response to trainee feedback. The generated synchronous and asynchronous materials were popular: as of January 2021, 231 sessions were streamed lasting 19,418 minutes and attended by 14,470 users. Furthermore, when surveyed, 552 respondents rated the live sessions 4.7/5 for educational value. Our priority was to offer online learning to preserve trainees’ continued ability to meet curriculum competencies. The LPs were specifically designed with matched Progress Domain competencies. We surveyed learners covering 80% of training sites; 62% accessing the LPs attested to their value in supplementing teaching and enhancing self-directed learning and 54% used them to facilitate local small group teaching and simulation. The centralisation of learning on the virtual platform enabled involvement of healthcare workers (HCW) from across the region, widening access to high-quality teaching and engagement in discussions on advancement in research and consensus of best practice. From March-September 2020, sessions were run by a multidisciplinary and inter-specialty group of educators from 13 different NHS trusts.

Barriers:

Facilitating a psychologically safe learning environment is a major challenge as explicit strategies previously available are poorly translated to the online environment. Educator’s technical capability and the availability of technical support, although may seem trivial, can positively impact on an educator’s capacity to be virtually present, channelling their cognitive load towards high-quality facilitation of learning. Having open and honest discussions on sensitive and confidential matters such as safeguarding necessitates a non-judgemental, protected space. In these scenarios, limitation of the virtual environment is evident. Although some courses have thrived when converted to the digital platform, an online forum is not appropriate for all contents (eg Child Bereavement Course). Lastly, a notable barrier is the blurring of home and work environments. The added pressure to connect to online events and remain visible during a period trainees are overstretched physically, mentally and emotionally may increase HCW stress and risk burn out.

Conclusions

A well-designed and inclusive virtual specialty training proved vital during the pandemic. Appropriate recognition and addressing of barriers to online learning would allow positive aspects to be continued into blended teaching programmes in the future.