- Number of RR calls peaked in November in both years studied.
- Larger proportion of RR calls in 2019 were made from HDU areas compared with 2018
- As expected, the majority of RR calls were made out of hours.
- Larger proportion of RR calls in 2019 remained on the ward compared with 2018 – suggesting improved awareness of their early use in preventing emergency PICU/HDU admissions.
- 9% of unplanned PICU admissions in 2019 were not preceded by a RR or MET call- the majority of these occurring after direct consultant discussion in hours with a RR not required for appropriate escalation.

Conclusions Since their introduction, RR calls have become ingrained within the hospital and awareness of their use has risen. The number of calls increased from 2018 to 2019 with higher proportion of patients able to remain in a ward or HDU environment following RR. A number of changes to the RR paperwork were actioned as a result of the project to make outcomes of the reviews and ongoing plans clearer and easier to identify in the notes. We recommend ongoing audit of RR activity to continue to assess their impact on patient care and associated rates of unplanned PICU admissions within the hospital.

Paediatric Critical Care Society

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NEONATAL ICU NURSE SHADOWING PROGRAMME: EXPLORING NEW WAYS OF LEARNING IN PAEDIATRICS & INTENSIVE CARE (A PILOT STUDY)

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Background Holistic and multi-disciplinary care within paediatrics & child health is widely valued, and the intensive care environment is no exception. During a baby's journey in neonatal intensive care, the role of the neonatal nurse is vast and crucial to their wellbeing, offering a blend of skill, knowledge, and compassion to a vulnerable population of patients. As junior paediatricians, the focus of learning mostly revolves around medical diagnoses, resuscitation, and procedural skills. However, rarely do trainees get exposed to the untapped reservoir of knowledge that exists amongst our allied healthcare professionals, notably the neonatal nurses; even rarer is a formal, structured way to access this.

Objectives The benefits of shadowing experienced NICU nurses could be invaluable for paediatric trainees at the start of their career. The primary aim of this pilot study was to launch a new programme involving all senior house officers (SHO) in one 6-month rotation in secondary (Level 2) & tertiary (Level 3) neonatal intensive care. The goals were to add a new dimension to their neonatal education, improve their confidence in troubleshooting bedside problems, improve team cohesion and eventually improve patient care overall.

Methods During the 6-month rotation, every neonatal SHO had at least one day pre-allocated on the rota for 'Nurse Shadowing'. A specific timetable, devised in combination with Neonatal Nurse Educators, allowed supervised experience in caring for premature and term infants on NICU, assisting in

drug/trolley checks, and attending nursing meetings. SHOs were given an optional list of skills to observe (e.g. nasogastric feeding). Every trainee was also allocated a nurse mentor on the day. The impact of the pilot programme was analysed using anonymised questionnaires with Likert scale questions (1 = not confident, 5 = very confident), assessing their confidence in the 22 suggested skills before and after the shadowing days – a mean improvement in score for each skill was then calculated. The nursing team members also completed a tailored questionnaire to evaluate their experience of the days. **Results** Fourteen SHOs were enrolled in the programme. 14/14 (100%) of doctors would recommend the programme to future trainees, and 13/14 (93%) felt it improved their team-working and relationship with the nursing team. The three most valuable skills for trainees were setting-up a transport incubator (+2.9), using infusion pumps (+2.5) and ventilator/CPAP set-up (+2.2). In every skill assessed, the SHOs felt on average more confident after their experience. Certain skills however, such as iNO use (+0.3) and PN administration (+1.5), were less frequently observed. Seventeen neonatal nurses were involved, and 17/17 (100%) agreed or strongly agreed that participation was enjoyable, improved their rapport with paediatricians and that the programme would improve overall NICU patient care.

Conclusions This small-scale pilot programme has shown that structured nurse shadowing on an ICU can have promising impacts on paediatric education, as well as team cohesion and patient care, based on our staff's experiences. There has been interest from our local neonatal network to trial the programme elsewhere, with an ambition to expand it to paediatric/cardiac ICUs and Emergency Departments going forward.

British Association for Paediatric Nephrology

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EMOTIONAL MAPPING TO CAPTURE PATIENT AND FAMILIES EXPERIENCE AT DIAGNOSIS OF NEPHROTIC SYNDROME RELAPSE

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Background Renal disease care is not confined to tertiary centres. Nephrology teams provide expert advice within renal networks. Effective communication is paramount to ensure patient safety and positive experiences. But how do patients and families perceive being looked after by different teams? In 2020, RCPCH published Paediatrician of the Future, which includes an expectation paediatricians will be familiar with techniques to capture patient perspective. Emotional mapping is an innovative approach in exploring this and facilitating improvement across healthcare.

Objectives To use emotional mapping to illustrate a family's experience, while navigating NHS, during nephrotic syndrome relapse episodes.

Methods Carers of children attending nephrotic syndrome clinics were contacted in advance to explain the project and request participation. A healthcare professional met the family during their wait for appointments. Emotional mapping was used as a tool to facilitate an open, structured conversation, specifically exploring emotions during relapse episodes managed locally. The professional undertaking the interview