RCPCH Trainees Committee

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REMOTELY ENHANCING OUR EDUCATION IN RESPONSE TO COVID (APLS AND CPRR)

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Background When COVID hit, ALSG had to quickly adapt their education programmes to ensure training was safe and sustainable. The RCPCH endorsed APLS course, and the RCPCH joint Child Protection (CPRR) course, have been adapted and made accessible in a remote environment, allowing for safe delivery of essential training, with learning still very much at the heart.

Objectives

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- Although the environment had changed and many restrictions on human contact were put in place, keeping learning at the heart of education was ALSG's fundamental objective.
- The candidates' experience must be enhanced by learning remotely.
- Make training available and accessible in a safe environment by evolving courses to be delivered online.
- Save lives and improve patient outcomes by continuing to provide essential training.
- As child protection presentations increased during COVID, it was important for ALSG to ensure colleagues had the skills and confidence to be able to address these.

Methods Methods – APLS

APLS is traditionally a two day, face-to-face course with a third day doing pre-course online learning via interactive e-modules. An alternative 'remotely enhanced' APLS model was adapted which now includes:

1. One day pre-course learning (e-modules) and additional online materials such as skills, tutorials and podcasts.
2. One day remote learning – faculty-led teaching in a virtual environment, building on the pre-course learning. Case based discussions have been introduced to prepare the candidates for how their learning and practice works in the workplace.
3. One day practical face-to-face training with embedded skills which gives candidates more time to practise the illness, cardiac and trauma skills through simulations.

Methods – CPRR

CPRR has been converted from a one-day, face-to-face course to a fully online course. The majority of the learning takes place in virtual groups of 3 or 6 candidates, in the form of discussions and role plays. As a lifesaving communications course ALSG has taken the opportunity to increase the practice of difficult conversations, introducing new, up to date role plays to reflect the increase in domestic violence and self-harm during the pandemic.

Results ALSG and centres around the UK have adopted the remotely enhanced model of learning and 23 courses have taken place since September 2020.

Faculty member

'ALSG have continued to put the needs of the patients and candidates first resulting in a course [APLS] that continues to deliver first rate education. I felt that the COVID measures in place were innovative and comprehensive which meant they had minimal impact on our ability to focus on teaching.'

APLS working group chair

'Education lies at the heart of this course, as clinicians must continue to progress their learning as well as their skills and the launch of APLS in this new format is an excellent step forward and one which will continue past the current pandemic.'

Conclusions ALSG's remotely enhanced courses provides colleagues with an alternative way of engaging in training whilst global restrictions are in place. It provides candidates with additional resources to support their learning and many have commented they feel much better prepared for attending the course. Remotely enhanced learning is not just for the here and now, ALSG sees a place for this in the future too.

British Paediatric Allergy Immunity and Infection Group

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EXPERIENCE WITH MRSA (METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS) IN A CENTRAL LONDON TERTIARY PAEDIATRIC HOSPITAL

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Background MRSA sepsis contributes to significant morbidity and mortality. National guidelines (2018) have been adopted by individual NHS trusts to minimise the incidence of MRSA. Currently it is not known whether adherence to MRSA guidelines impacts outcomes in paediatric surgical patients.

The aim of the study is to audit the MRSA incidence and adherence to guidelines in paediatric surgical patients.

Methods A single-centre retrospective audit was conducted from January 2019 to October 2020 in a tertiary paediatric hospital in London, UK. Case notes of in-patients with MRSA colonisation were reviewed. MRSA sepsis incidence, paediatric intensive care unit (PICU) stay, surgery during admission and MRSA guideline adherence were noted. The results were analysed using SPSS statistical package.

Results Of 47,904 hospital admissions, 161 were MRSA colonised, incidence 0.3%. All underwent topical decontamination. Twelve patients had MRSA sepsis (7.45%). Four of the 12 patients had elective surgery. There was significant increase in incidence of MRSA sepsis in PICU compared to ward admissions, $\chi^2(1, N=161)=6.091$, ($P < 0.05$). There was no significant difference in MRSA sepsis incidence between medical and surgical patients. MRSA pre-surgical antibiotic administration guideline was adhered in 80% and isolation guideline in 11.6%. Median duration stay for MRSA sepsis patients was 9 days and 3 for colonised patients.

Conclusions MRSA sepsis contributed significantly to longer hospital length-of stay and PICU stay. This underlies importance of quality improvement interventions as this worsens outcomes for patients and incurs greater hospital costs. Changes need to be made to ensure improved compliance with local MRSA guidelines such as adequate isolation measures to reduce spread and appropriate antibiotic therapy.