Abstracts

Towards establishing a paediatric TRN in EOE which was named CHEERI (Child Health East of England Research initiative).

We created a timeline detailing specific outputs such as gaining stakeholder interest and creating a workspace which would act as a research directory for the region.

We conducted meetings with academic leads such as the Head of Paediatrics, Cambridge University; and with the training programme directors. We updated trainees regularly during virtual regional study days which are well-attended.

Proformas were sent to all 17 hospitals in the region, feedback from these were used in the development of a virtual research directory, within a website managed by CHEERI.

Results 100% of trainees attending a regional Paediatrics meeting surveyed in July 2021 agreed a research network is needed. The CHEERI committee was established through discussing the initiative at a regional study day. It comprises nine trainees (two with academic roles) working at five Trusts, one medical student representative, and two consultant mentors.

The RCPCH TRN meetings were helpful especially with guidance from other established regional TRNs, when discussing CHEERI development strategies.

Completed proformas and online searches revealed six hospitals with thirty-six active Paediatric non-commercial research projects within the EoE. Five clinical paediatricians have agreed to be voluntary mentors to support trainees develop research goals. Funding used in previous face-to-face meetings were redirected towards developing the CHEERI website. We also launched a Twitter handle: @CHEERI.

Challenges faced by CHEERI include lengthy response time to email communications, and lack of protected time for website and research development.

Targets developed through committee discussions to launch regional or local trainee-led, consultant-directed scale-able projects. To unite existing resources and national networks, host regional events and workshops to connect research-active consultants with trainees interested in research.

Acute and Community Paediatric Trusts in the East of England

Conclusion CHEERI is strongly supported by the RCPCH, EoE academic and clinical training leads. We are a group of mainly clinical trainees with consultant mentorship. We recognise the challenges faced in creating a research network. Ongoing work will include establishing a research project, gaining publications and securing funding for ongoing website and research training purposes. Regions interested in establishing their own similar research networks should contact the RCPCH TRN (https://www.rcpch.ac.uk/resources/rcpch-trainee-research-network).

FOOD WORKS TO KEEP PAEDIATRICIANS HAPPY AND HEALTHY

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Aims We set out to improve the provision of hot food for all junior doctors throughout our hospital. We have developed a really exciting initiative where we are able to provide healthy nutritious meals, while supporting an amazing local environmentally friendly social enterprise. We partnered with ‘Food Works Sheffield’ who provide great meals by upcycling food which may otherwise have been wasted.

Aims

- Improve junior doctor wellbeing by providing access to healthy meals, available at all times
- Boost the sustainability of our organisation and support our local community
- Provide a structure to rolling this out to our wider hospital community

Methods Junior doctor forum discussions and surveys had identified the poor availability of hot food out of hours as negatively affecting our junior doctor’s wellbeing. We had previously installed a hot food vending machine, which had helped, but feedback had shown doctors often felt these meals were expensive, unhealthy and of mixed quality.

We have now started working with Food Works Sheffield to provide healthier meals, available at all times to any doctor working out of hours for a donation of their choosing. This is being run as a trial project, using junior doctors as a group to develop a framework for how we could role this out to the wider hospital community, particularly other staff groups and the families of those we care for.

We identified a number of logistical hurdles and their potential solutions.

Delivery and storage Meals are collected by hospital volunteers at a regular weekly timeslot and stored in the junior doctor’s mess freezer.

Cost We were happy to cover the costs of these meals from our doctor’s mess funds, but wanted to set up a process by which those having the meals could contribute a small donation and feel that they are personally supporting such a positive social cause.

Awareness and feedback This only works if everyone is aware of this. In addition to informative posters and emails we are seeking feedback from easy to access online surveys and Food Works have offered to give us feedback on the positive impacts we are contributing to.

Results We have so far provided 60 free meals to junior doctors over the festive period and January. We have had almost universally positive feedback, some of which we have displayed below in a word cloud (figure 1):
Conclusion We have really enjoyed these meals and they have really helped us get through a set of nights feeling as healthy as possible. We have had really good feedback from trainees that these meals seem healthier and more homely than previous microwave meals they have had, as well as a positive reaction to the sustainable ethos of the project. We look forward to gathering and sharing more feedback from doctors and Food Works.

We believe this initiative can be rolled out to the wider hospital, improving the wellbeing of other staff groups, and eventually improving the wellbeing of the families we look after.

Aims Northern Irish paediatric trainees are accustomed to moving to a new trust every 6 months, and in turn having to re-learn management of common conditions based on local guidelines.

Following feedback and audit evidence of significant variation in management of common paediatric conditions throughout Northern Ireland (NI), the trainee-led NI Paediatric Education Audit and Research network (NI PEAR) have successfully produced regionally approved guidelines to help standardise care across trusts. The NI PEAR committee developed a website using Squarespace. The website was designed to be easy to access to this material and set about creating and regionally approved guidelines to help standardise care across trusts. The NI PEAR committee re-learn management of common conditions based on local guidelines.


Conclusion Modern Technology is becoming increasingly integrated into the trainee experience. We have all witnessed a shift in approaches to teaching, meetings and how we receive our information since the beginning of the COVID 19 pandemic. Yet, harnessing this technology to improve the trainee experience is something we receive no formal training on. We, as a group of trainees, have taken the initiative to build a platform tailored to our needs. It is designed to be the one stop hub for paediatrics in NI, whether that’s checking when the next PICU telelink is, or at 3am when you have a sick child and need to access a guideline. Through this project, we will be able to improve the standard of care delivered to our paediatric population in NI with regional guidance and improve the experience of our trainees by giving everyone access to the same resources. Most importantly, this is a resource created by trainees, for trainees, giving us somewhere to interact with each other’s work, to collaborate and build a robust network of paediatricians in NI.

Aims Primary aims were to assess emergency paediatric physicians’ attitudes towards LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) issues in case this might reflect in their work and reflect the negative experiences reported by LGBTQ due to their identity.

A secondary aim was to establish whether the respondents had already undertaken LGBTQ training to help estimate whether currently available educational interventions were effective.

Methods The 25 question electronic questionnaire was distributed in the department via email and work chats. The first 10 questions related to general attitudes to LGBTQ people, the following 12 analysed LGBTQ specific clinical matters and the last 3 were on training and overall attitudes to LGBTQ inclusive practice.

Participants Answered on a scale of ‘strongly disagree’, ‘disagree’, ‘not sure’, ‘agree’, and ‘strongly agree’ in response to a statement. Questionnaires assessing clinician attitudes to LGBTQ people were consulted for answering formats potential question stems.

There was an equal split in questions between gender and sexuality issues to avoid overshadowing of parts of the LGBTQ community and determine if there was a difference between men and women.