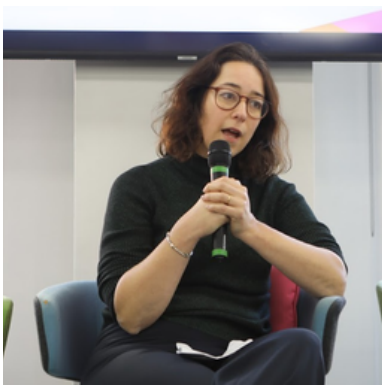
WEST MIDLANDS SCHOOL OF PAEDIATRICS CONFERENCE

9th January 20205

CONFERENCE REPORT

2025



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MESSAGE FROM HEAD OF SCHOOL

We started talking about holding our inaugural West Midlands Paediatric conference 12 months ago. There was plenty of time to plan -to get it just as we wanted it. A date was set, to assist with planning. And that's when the 'plenty of time' started to become 'it's very soon'.

My role, as Head of School, was to ensure that (a) Dr Cawsey and the Trainees Committee made all decisions, and (b) I remembered to apply for a conference place. I managed (a) without a problem, and completely failed with (b), having to write my own name on the attendance register on the day!

On the day : Did the conference meet the expectations we had 12 months before? Did I look on proudly as the conference room filled with excited paediatricians? Did I listen to all speakers with interest? Was I impressed at every one of the posters and presentations? Did I spend all day with a huge smile on my face? The answer to everyone of these questions is 'YES'.

A huge thank you to the Trainees Committee and Dr Matt Cawsey for their efforts in delivering such an amazing and educationally relevant day. Congratulations to all PAFTA nominees and winners. I am so proud of the Paediatricians of the West Midlands. The future for all babies, children and families in the West Midlands is bright, thanks to the care and support you provide.

MESSAGE FROM TRAINEE COMITTEE CHAIRS

We are grateful to have been part of an incredible team helping to make our first West Midlands Paediatrics conference such a resounding success in such a short time frame. We aimed to incorporate communication and family-focused content alongside traditional scientific presentations which made the event a unique experience. The speakers have praised our attendees' energy and engagement. As your outgoing committee leaders, we want to thank the rest of the WMPTC team. Your hard work and commitment shine through in everything you do - a leader is only as strong as their team, and you're all stars. We wish our new chairs and the rest of the committee all the best for the future.

NEW CHAIRS: ZAAHRA DIXON & MICA THOMAS

As we step into the role of Chair, we want to express our deepest gratitude to Katie, Michelle & Qasim for your dedication, vision and commitment over the past 18 months. We are honoured to follow in your footsteps.

Looking ahead, we excited to work together to build on that legacy. We look forward to collaborating with each of you to help improve training within the region. Please feel free to get in touch with us with your ideas, questions and concerns.

MESSAGE FROM RCPCH REP

I’m honoured to take over the role of West Midlands representative for the RCPCH National Trainee Committee. I’d like to acknowledge Jess Groucutt for her outstanding contributions in this role. She’s been a dedicated advocate for trainees in our region, bringing their voice and insights to the national level. She has been instrumental in promoting SPA time and I know many resident doctors have benefitted from her determination. Her hard work has set a strong foundation, and I hope to continue building on the progress she’s made. Thank you for your commitment and leadership, Jess!

The PAFTAs were a huge success at our West Midlands Paediatric conference and congratulations to all the nominees. I feel very lucky to represent such an amazing cohort of resident doctors. The winners of Best Junior, Best Senior and Best Educational Supervisors have been submitted to the national PAFTAs. We wish them all the best as they represent our region on the national stage, showcasing their exceptional contributions and inspiring others.

The next national RCPCH trainee committee meeting is in February, the outcomes of which I will bring back and share with the West Midlands Paediatric family. If there is anything you think I would be able to help with, please do contact me on Bethany.davies19@nhs.net

EVENT SUMMARY

The West Midlands Paediatric Conference was a heartfelt and thought-provoking gathering, bringing together healthcare professionals, patients, and advocates to share stories, ideas, and insights.

The day began powerfully with Ashley Cain, founder of The Azaylia Foundation, delivering the keynote "Turning Pain into Purpose". Ashley recounted the devastating loss of his daughter Azaylia to acute myeloid leukaemia in April 2021 and how this inspired him to raise awareness and funds for childhood cancer. His moving talk left many in the audience deeply touched.

BCH Charities provided an uplifting update on their efforts to enhance patient and family experiences, from funding welcoming spaces to essential medical equipment. This was followed by patient stories. Safiyaa Vorajee shared her journey caring for Azaylia, while Alex and Jasmine Cookson discussed the challenges of supporting their daughter Evie, who has complex medical needs.

The second keynote by Merope Mills, a passionate advocate for Martha's Law, highlighted the tragic loss of her daughter due to systemic failures in healthcare. Her candid talk underlined the need for reforms to improve patient safety.

Lunchtime offered a chance to network and view impressive trainee project posters, with oral presentations by the top three submissions. The afternoon continued with Ed Birkhamshaw's compelling keynote on civility's role in improving teamwork and patient outcomes, followed by a careers panel and conference prizegiving.

The day concluded with the eagerly awaited PAFTAs, celebrating excellence in paediatric care.

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Birmingham Heartlands Hospital

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University Hospital Coventry and Warwickshire

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Teim Eyo, Emma Bolton, Fran Brown Thomas Cherian, Rabia Sadiqq, Amy Walker
Birmingham Heartlands Hospital

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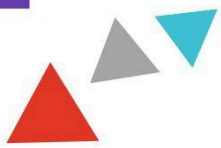


90 SECONDS FOR EXCELLENCE - PROMOTING A CULTURE OF RECOGNISING AND REFLECTING ON EXCELLENCE USING A MULTIDISCIPLINARY TEAM APPROACH

Eyo, Teim, Bolton, Emma, Brown, Fran, Cherian, Thomas, Sadiqq, Rabia, Walker, Amy
Birmingham Heartlands Hospital

Background/ Aim

The Learning from Excellence (LFE) initiative recognizes and reflects on instances of excellence within healthcare systems. Despite its potential for driving positive change, underreporting was a significant issue in our level 3 neonatal unit.

This Quality Improvement (QI) project aimed to increase LFE reporting by 20% over 3 months by identifying and addressing barriers to participation.

Method

An online survey was administered via Google Forms to assess awareness of LFE and identify barriers to submission.
Of 35 potential respondents, 18 (51%) participated, with 11 (61%) from non-consultant grades and 7 (39%) from consultant grades.

Key barriers identified included lack of awareness, complex submission processes, insufficient feedback and recognition, time constraints, and pressure.

Using the findings, we implemented targeted interventions based on fishbone and driver diagrams, with the support of a multidisciplinary team (MDT) from the neonatal unit, using the Plan, Do, Study, Act (PDSA) cycle.

Results

Survey results showed that while 72% of respondents were aware of LFE, only 22% knew how to submit a report. Notably, all respondents who were unaware of LFE were from non-consultant grades.

The project aimed for a 20% increase in reporting from the baseline of 4 reports over 8 months (January to August). Reporting increased to 17 in 3 months (September to November).
Common themes in reported excellence included support and thoughtfulness (7 mentions) and excellence in clinical care/skills & teamwork (5 mentions).

Conclusion

Targeted interventions, including MDT collaboration, streamlined processes, and improved feedback, led to increased LFE reporting from an average of 1 every 2 months to 6 per month.
Future efforts will focus on expanding and embedding these practices to maximize impact.

A SURVEY OF TEAM DEBRIEFING PRACTICE PRIOR TO IMPLEMENTATION OF A TRUST DEBRIEF STRATEGY

Singh, Anju, Nelson, Lorna, Grisley, Liam, McKay, Kate, Chana, Paige
Birmingham Women's and Children's NHS Foundation Trust

Background and Aims
Hot Debriefing following incidents is aimed at providing immediate support and cold debriefing can be to learn or provide psychologically informed post event team reflection (PETR). Thrive Staff Support and the Wellbeing team, as part of implementation of a Trust wide Post incident staff support strategy, performed a survey to explore the practice of hot and cold debrief in the Trust. The aim of the survey was to see how established the practice of debriefing was and the perceived benefits and challenges.

Methods
A questionnaire was sent to various staff groups to understand team participation, advantages and challenges of debriefing.

Results
There were 83 responses from a variety of staff groups, 12% medical, 46 % nursing and the rest being administrative and other clinical groups. The main challenges with hot debrief highlighted were team non-attendance, not done in places other than intensive care, lack of right skills/ person to lead. Cold debriefs were done sometimes following incidents (57% of respondents), with 46% being consultant led, 18% being psychologist led and the rest by other staff groups. It was being attended in person (66%), hybrid (30%) and rest on an online platform. Advantages were described as 'processing the event', 'finding coping strategies', 'team bonding', 'learning', 'cathartic' and more. The challenges highlighted with cold debriefs themed around delayed timing leading to relative loss of memory of events, inability of the whole team to attend, some staff groups not being invited and poor facilitation.

Conclusions
The data demonstrated patchy adoption of debriefing practices across the Trust, more done in intensive care settings. The debriefs also did not consistently involve professionals other than medical and nursing. The Trust plans a strategy including a training programme of senior leadership teams and empowering all members within the team to request a debrief, while notifying incidents.

IMPROVING CLINICAL DEBRIEFING IN PAEDIATRICS: BRIDGING THE GAPS IN KNOWLEDGE AND PRACTICE

Antony, Annette
Midlands Metropolitan University Hospital, Birmingham Children's Hospital

Aim of the Study:
Clinical debriefing is a vital tool for supporting staff and improving clinical practice following challenging events. However, its implementation in paediatrics remains inconsistent, with limited training and guidance available for healthcare professionals. I initiated this project as a result of a genuine interest in Clinical Debriefing. This Quality Improvement Project aimed to assess the knowledge, training, and learning needs related to clinical debriefing within 2 West Midlands Paediatric and Neonatal teams.

Methods:
A survey was distributed to Paediatric and Neonatal teams and results collected between August 2023 and November 2024 (still collecting results). Participants included healthcare professionals at various levels of training, from F2 to Consultants. The survey assessed familiarity with clinical debriefing, access to training, comfort facilitating debriefs, awareness of support services, and barriers to conducting debriefs. Qualitative comments were collected to identify areas for improvement.

Results:
Out of 13 respondents, 92% were familiar with the concept of clinical debriefing, yet only 15% had received formal training. While 23% felt comfortable facilitating a debrief, 92% expressed a desire for more opportunities and guidance. Awareness of available wellbeing and support services was low, with only 54% reporting awareness. Common barriers included lack of time, training, and clarity on initiating and leading debriefs. Respondents highlighted the need for formal teaching, practical guidance, and a culture of regular debriefing within the trust.

The findings highlight a significant gap in clinical debriefing training and practice in paediatrics. To address this, targeted interventions such as formal teaching sessions, practical workshops, and improved communication about support services are essential. Integrating debriefing into routine practice can enhance team communication, staff wellbeing, and patient outcomes. Future initiatives will focus on developing structured training programs and embedding debriefing into the paediatric department's culture.

IMPROVING THE EFFICIENCY OF GENERAL PAEDIATRIC TEAM WORKING BY CHANGING THE HANDOVER PROCESS

Mohammed Ansari, Arif
Birmingham Children's Hospital

Aims : To assess whether the new process of attending handover improves the efficiency of the ward round and team working, without compromising on safe and effective care
A secondary aim was to assess the impact on team morale and learning

Methods :
Start and end times of nursing huddle and ward round were noted, for both PAU and general paediatric wards. Data was collected on the total number of patients for each of the two teams, number of new patients, number of SHOs and number of registrars on each team on each day. Start and end times of ward rounds were compared to data collected on ward round times for previous year. Pre and Post intervention questionnaires were given to team members for views on the necessity of meetings and team efficiency, impact of new handover process/team structure on efficiency, safety, efficacy of care and team morale and learning.

Results:
PAU
Total number of patients ranged from 3-15. Mean Ward Round (WR) start time: 08:55 and end time: 11:08. On average, the nursing huddle started at 08:41 and ended at 08:50.
Wards
Total number of patients ranged from 10-25 . Mean WR start time: 09:00 and end time was 11:36. On average, nursing huddle started at 08:44 and ended at 08:56

Conclusion :
New process has resulted in WR commencing earlier and finishing earlier compared to data collected last year. Effects on morale and learning - Majority of comments alluded to better learning overall as more time for post-ward round teaching and attending meetings. There were comments such as feeling disconnected and isolated, however overall there was a better team morale due to early finish of WR and coffee breaks.

MEMORY MAKING AND PARALLEL PLANNING

Djemai, Hayley; Aujula, Kim; Flatt, Laura; Harkness, Jen; Moore, Helen
The Royal Wolverhampton NHS Trust

Aims

Preterm infants often stay in the neonatal unit for extended periods of time. Prognosis can become clearer throughout a neonate's inpatient journey. At these times proper parallel planning is needed to ascertain with the knowledge of the fact their child has a life limiting condition; With this in mind- what are the wishes of the family, how can we achieve this safely?

Methods

It is perfectly safe to move complex infants as long as this has been fully thought-out in advance. This includes neonates on both noninvasive and invasive ventilation, with indwelling medical devices and needing constant infusions. Sometimes parents have baby paraphernalia they have gathered since knowing they were pregnant and all they have dreamt of is having a baby to fill it. The most significant thing we have heard is them wanting to push their baby in their own pram.

Results

Newcross NICU has safely offered several memory making activities for families involving time off the neonatal unit. Each time this has been risk assessed, and preparatory visits have taken place to scout out the proposed destination, including where power sockets are. Risk assessments include what escalation plans are in place, members of the clinical team needed, also considering safety of the rest of the unit, and how to physically move the baby.

Conclusions

Thinking creatively, a let’s do it attitude and true parallel planning has allowed for babies to visit unwell parents in intensive care, be taken out for a walk in a pram with their parents and spend time with extended family members in an outside space. All parents have been profoundly grateful to have had these memory making opportunities, and this is often a chance for their baby to feel the wind on their face.

CAN A CHILDREN'S EMERGENCY DEPARTMENT TACKLE DEPRIVATION AND HEALTH INEQUALITIES?

McCullagh Eleanor, Kanani Anand, Lee Kathy, Hughes Jayne
Birmingham Children's Hospital, Birmingham City Council

Aims of the study:
Nationwide, children under 4 and pregnant women (over 10 weeks) are eligible for Healthy Start vitamins if their family's monthly take-home pay is £408 or less from employment or they receive Universal Credit. However, only 6% of eligible children in our council's postcodes were receiving them. Our goal was to increase this distribution, and to pregnant and breastfeeding mothers.

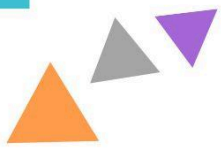
Methods:
From April 2024, with funding and teamwork from our local council, our children's ED began distributing Healthy Start vitamins. Given the high deprivation levels in our area, eligibility was expanded to include any child under 4, children attending with a sibling under 4, and pregnant or breastfeeding mothers. Exclusion criteria included those drinking over 500ml of formula daily and complex renal patients.

We implemented quality improvement initiatives, including posters with QR codes, information cards, multilingual Tannoy messages, staff education, surveys, reminders, and incentives. Hospital numbers were recorded, and Patient First was used for further demographic data. The Field Studies council website was used to convert postcodes into Index of Multiple Deprivation (IMD) deciles.

Results:
Between April and June 2024, 542 packs were distributed: 321 for 0-4-year-olds, 115 for siblings, and 94 for pregnant/breastfeeding mothers. Of 1-4-year-olds attending, 4.8% received vitamins. Of these, 78% were from our council's postcodes, with a mean IMD decile of 2.1 (indicating high deprivation). Overall, the council's vitamin distribution increased to 7%.

Conclusion:
Healthy Start vitamins reduce health inequalities by addressing micronutrient deficiencies. Our innovative partnership and teamwork with the council has enhanced distribution, and further quality improvement cycles will aim to increase uptake. This project has opened discussions on further support and strengthened relationships with statutory organisations to tackle health inequality.

Cultural Awareness



WHAT DISEASES COME WITH THE BAGGAGE OF SCREENING UNACCOMPANIED ASYLUM SEEKING CHILDREN AND YOUNG PERSONS (UASCYP) IN WARWICKSHIRE?

Okah, Agatha. Lewis, Pamela
Midlands Metropolitan University Hospital, South Warwickshire Foundation Trust

Background:
Following a considerable adverse event where the results of an UASCYP were not communicated to the GP and a positive TB case was missed, this audit sought to find out patterns of diseases in UASCYP, and if investigations are performed within appropriate timescale and results acknowledged, acted upon and shared with the young person/foster carer/social worker and GP

Methods
A list of UASCYP obtained from the clinic input from January 2022 to January 2023 . A proforma was designed and data collected from e-records.
Different variables of each result were coded and inserted into a spreadsheet and results analysed

Results
67 CYP were referred for Initial Health Assessment, only 36 had investigations recorded on e-records. Results showed the most common finding was low vit D levels, seen in 21(60%) of the CYP. 4 of them (11.1%) had results indicating either previous infection with immunity or acquired immunity from vaccination to hepatitis B, while 1 was hep B positive and had follow up investigations. 4 CYP (11.1%) had abnormal TB screening test and required further tests. All CXR were normal. 1 had a sputum AFB test which was normal. 1 had x-ray due to injury. LFT, bone profile and folate had 3(8.5%) abnormal results respectively. 2(5.7%) had abnormal haemoglobin electrophoresis. The average time from IHA to investigations was about 1 month (33.2 days). With the earliest being 3 days and the latest being 14 months. Of the 36 that had investigations done, 24 had their results acknowledged and acted upon

Conclusion
There was no significant burden of diseases in the UASCYP. Notable abnormalities were low vit D, followed by hepatitis B and TB although no active diseases and abnormal haemoglobin variants . Our KPI for screening UASCYP was not met regarding timely investigations and communication of results to relevant persons .
Recommendations:
1. Vitamin D supplementation for UASCYP at the time of IHA
2. Prompt screening of UASCYP at or before their IHA to ensure any infectious disease is picked up early and acted upon to avoid possible spread.

Leadership

AN AUDIT OF REFERRALS TO THE PERIOPERATIVE ALLERGY CLINIC AT SANDWELL AND WEST BIRMINGHAM HOSPITALS

Mohamed, Ayat, Mahon, Upjeet, Ahmed, Ayesha, Baby, Philby, Swedan, Suzie, Iwin,Chan, Aboobakuru, Aminath, Kong, Kin-Leong, Karanam, Surendra, Makwana, Nick
Sandwell and West Birmingham NHS Trust

Objectives
To review patients referred to the paediatric perioperative allergy clinic and to evaluate management and recommendations in accordance with BSACI guidelines.

Method
Retrospective data collection from 01/10/2020-01/12/2023 from electronic patient records.

Results
Thirty patients were referred to the clinic; four did not attend. Of the remaining 26 referrals, seventeen referrals were due to reactions intraoperatively. Referral forms (either referral letter or email to the clinic) were received from all 17 patients. Structured referral forms were received from 11 out of 17 patients. For 7 out of 17 patients, information about the suspected anaphylaxis was documented, while for the other 10 patients, it was unclear. One case of anaphylaxis was reported to the MHRA.

The average waiting time to be seen in the clinic was 3 months.Tryptase results were available for 8 patients; one was abnormal. Patients were tested for Latex, Chlorhexidine, as well as for the suspected agents, except one who had a telephone consultation. Skin prick tests were done for 14 patients, and Serum IgE tests for 10, all were negative.

Outcomes were that 14 of patients were confirmed not to have had perioperative anaphylaxis. Two patients had probable anaphylaxis related to atracurium. One patient was felt to have had a cardiorespiratory arrest due to respiratory depression from fentanyl and required a referral to cardiology.

Conclusions
All patients seen in the clinic left with a documented diagnosis and plan ,including recommendations for alternative anaesthesia . Appropriate suspected agents were tested for with Skin Prick Test or serum IgE. Anaesthetist documentation was key in determining diagnosis and it would be important to ensure that all future referrals have a completed proforma to guide testing and management.

IMPROVING THE REGISTRAR CLINIC EXPERIENCE - A QUALITY IMPROVEMENT PROJECT

Fairholme, Elizabeth
Birmingham Heartlands Hospital

Aim
As a key part of a pediatric service and a significant part of consultant workload, registrars should be supported in delivering outpatient care to prepare them to be consultants of the future. Our department has three registrar clinics a week, however - key targets regarding clinic outcomes and letters were being missed, impacting patient safety. The aim was to improve registrar confidence in managing key aspects of clinic delivery, including letter dictation timeliness.

Methods
Registrars were surveyed to identify knowledge gaps in clinic delivery (creating delays) or barriers to timely dictation - with confidence scores recorded across these areas. Free-text boxes were also included to ask how registrars felt they could be better supported.
Changes made included moving the clinics from the morning to afternoon, introduction of a clinic quick-tips reference document outlining key processes, contacts for secretaries and how to order investigations and whatsapp reminders regarding targets for outcomes and letters. Regular emails to administration staff ensured they knew which registrar was in the clinic on each day. Registrars were surveyed again after 3 months.

Results
The themes identified were around adequate time available for consultant support, decision making and subsequent letter dictation, and knowledge gaps relating to process. The proportion of registrars dictating their letters on the same day increased from 28% to 100%. Average confidence scores (out of 5) improved in clinic outcomes (2.8 to 4), writing letters (3.1 to 4), onward referrals (2.5 to 3.6), when to discharge (3 to 3.5), requesting investigations (3.3 to 3.8) and finding the right secretary (2.5 to 3.3).

Conclusions
Introducing a reference document has improved registrar confidence, and moving clinics to morning has improved timeliness of letter dictations by providing more time for supervision and administration.

HDU AUDIT IN SWBH AND HDU PROFORMA CHANGES

Wright, Philippa, Plowright, Harriet, Roked Fozia
Midlands Metropolitan University Hospital

Aim:
To audit HDU admissions at City and Sandwell Hospitals against National and Local guidelines and identify areas of improvement.

Methods:
Retrospective audit from November 2023 to January 2024 using clinical notes on Unity. Data was collected on patient demographics, length of stay, reasons for admission, referring source, documentation by senior clinician, frequency of reviews and discharge paperwork.

Results:
80 patients were included in the audit. The most common reason for HDU admission was respiratory support. The main areas of improvement identified were time to consultant review, 8 hourly senior reviews, HDU care documented on ward round, documentation of step down from HDU and including HDU in the discharge letter.

Conclusions:
The documentation of HDU patients at SWBH was not in line with the national standards. This formed the basis of a new HDU proforma aimed at enhancing the consistency of documentation of HDU patients and making it simpler to achieve the national standards. The proforma is currently being trialled at the new HDU at MMUH.

DEVISING AND RUNNING A WEEKLY UPDATE MEETING FOR OUR LONG STAY INPATIENTS

Mills Rowena, McFairholme, Elizabeth, Ali Sanah, Cooke Laura, Rowland Julie
Birmingham Heartlands Hospital

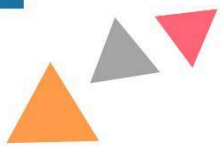
Aims:
Long-stay inpatients (LSI) often have unresolved issues that are overlooked during busy ward rounds. As a result, team members lack a complete understanding of these patients, leading to neglected tasks and delayed discharges. Our aim was to establish a multi-disciplinary meeting for LSI, to update team members regarding ongoing issues, outstanding tasks, and discharge planning. This would enhance communication among professionals and facilitate timely discharges.

Methods:
A LSI was defined as any child admitted for over 2 weeks without a current discharge plan. To ensure broad participation a weekly LSI update was introduced during our multi-disciplinary grand round. Each LSI was presented on a single slide, covering their diagnosis, involved professionals, outstanding tasks, and discharge plans. Following a 10-week trial, an anonymous survey was conducted, alongside informal discussions, to assess the utility of the LSI updates and gather feedback. Data on time to discharge for LSIs since the introduction of the weekly updates are currently being collected.

Results:
All respondents (9/9) reported that the weekly LSI update was helpful, with many informally reporting better understanding of these patients. Sixty-six percent (6/9) felt the update should continue as part of the grand round, while 3/9 preferred it to occur elsewhere. Five felt an update alone was sufficient, while 4/9 wanted an update and discussion. Eighty-eight percent indicated that a less frequent, more detailed meeting would be advantageous. It was suggested that the views of parents and children be incorporated, and that a notes proforma be devised. Respondents emphasized the need for the update to be concise, ensuring it does not disrupt wider learning during grand Round.

Conclusions:
This was a successful trial of a multi-disciplinary LSI update. Going forward, we aim to work on the suggestions gathered and determine the benefits of doing a weekly LSI update on time to discharge.

Education



ARE INFANTS SLEEPING SAFELY IN HOSPITAL? – A WEST MIDLANDS PROSPECTIVE STUDY INTO SAFE SLEEP PRACTICES.

Murphy, Emma; Cooney, Hannah; Garstang, Joanne
PRAM

Background:
Sudden infant death syndrome (SIDS) is a leading cause for infant mortality in the UK. The West Midlands has the highest rate of infant mortality in the UK. Most SIDS cases occur in unsafe sleep environments. The Lullaby Trust have published safe sleep guidance, which reduces the risk for SIDS. Families are more likely to follow safe sleep guidance at home if role modelled by professionals in hospital.

Aims and methods:
Our aim was to undertake a regional prospective audit across the West Midlands to evaluate whether the Lullaby Trust safe sleep guidance was being adhered to when infants, under 1 year of age, were admitted to paediatric wards.
Spot checks were undertaken during 5 night shifts. Exclusion criteria included: on the neonatal unit; infants being monitored or requiring respiratory support. Infants could only be included once in the study.

Results:
127 infants' sleep environments were assessed across 9 hospitals. The average age was 13 weeks (range 0-50). The commonest reason for admission was suspected sepsis in 38% (n= 39).
12% (n=15) of infants' sleeping environments adhered to Lullaby Trust guidance.
Reasons for non-compliance included: not placed feet to foot 77% (n=75); non clear cot 59% (n=58); incorrect position 17% (n=16); and cot raised 15% (n=15).
12% (n=15) of infants were co-sleeping; most commonly in a chair bed 53% (n=8). None of the co-sleeping was considered safe.

Conclusions:
Hospital staff are not adhering to the Lullaby Trust's safe sleep practice. It is important to implement safe sleep whilst in hospital to help families continue this at home through role modelling, to prevent SIDS within the community. Our aim is to create a safe sleep bundle for all hospitals across the West Midlands to help educate and empower healthcare professionals to ensure safe sleep is adhered to and promoted within the hospital setting.

THE ONE-STOP PAEDIATRIC WORKSHOP: DEVELOPING A MULTI-STATION, MULTI-MEDIA WORKSHOP FOR PHASE II MEDICAL STUDENTS AT WARWICK MEDICAL SCHOOL

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University Hospital Coventry and Warwickshire

Aim of the Study:
Paediatric rotations can be a daunting prospect for medical students, and they can lack confidence to independently approach patients on the ward1. The average medical school paediatric rotation is only 6 weeks2, which can be viewed as insufficient3. At University Hospitals Coventry and Warwickshire, the need for extra paediatric teaching in Phase II (2nd year) of the curriculum for Warwick Medical School students was highlighted.

The aim was to create a workshop for groups of 6-9 students, incorporating all three learning outcome domains for this stage of the curriculum. These were: Development in the healthy child & developmental delay, Fever in a child and Newborn screening and assessment. Due to resource restrictions, there was only availability for one Clinical Teaching Fellow to run this workshop.

Methods:
A multi-media, multi-station workshop was designed to meet these educational needs, with the applied resource restrictions. This workshop was piloted with a subset of students from one year group and regular feedback used to make continual improvements. After the pilot sessions, the workshop was introduced to the next full cohort of students. At this stage, pre- and post-workshop confidence surveys were taken by the students.

Results:
The feedback from the students who were involved in the pilot phase of the project was very positive and they appreciated the chance to be involved in the design of materials that would benefit future cohorts, while also taking away valuable learning themselves. The feedback provided was valuable across all aspects of the session design – from content to methods of delivery. Since full implementation we have demonstrated improvements in overall confidence scores for Phase II medical students, for the learning outcomes covered in their curriculum.

Conclusions:
This project outlines a methodology via which a low-resource, effective, learner-focussed workshop can be delivered.

IMPROVING QUALITY OF INTERPRETATION OF CEREBRAL FUNCTION MONITORING IN NICU

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Birmingham Women's and Children's NHS Foundation Trust

Background:
The utilization of cerebral function monitoring (CFM) has significantly increased in cases of newborns with abnormal brain function. Interpretations of cerebral function monitoring are carried out by on-call staff with varying levels of expertise in interpretation. Many doctors and advanced nurse practitioners in our neonatal unit lack confidence in interpreting and reporting the brain electrical monitoring traces of infants, compromising their safety.

Aim:
By the end of March 2024, the project aims for at least 50% of infants on cerebral function monitoring machines to receive a daily adequate and reported interpretation of their brain function monitoring traces.

Measurement:
The number of days brain function monitoring traces are accurately interpreted and reported, with data collected from badger net and CFM machines before and after implementing the proposed changes.

Proposed Changes:
Providing laminated cards illustrating how to report traces, implementing QR codes for machine operation instructions and basic interpretation knowledge, conducting bedside teaching on operating a brain function monitoring device, and administering surveys for feedback and quizzes to assess knowledge.

Results:
During the period from September 2023 to March 2024, a total of 38 days were dedicated to assessing infants undergoing cerebral function monitoring for a satisfactory and documented analysis of their brain function monitoring results. Following the implementation of recommended adjustments, the percentage of daily satisfactory and documented interpretations of brain function monitoring results rose from 18.7% to 54.5%. The run chart demonstrates a shift towards daily adequate and reported interpretations of brain function monitoring results.

Conclusion & Reflection:
Confidence in dealing with brain function monitoring has improved, as reflected in the quality and quantity of CFM tracing reports. The next steps involve induction for new trainees and the development of a teaching module.

METHAEMOGLOBINEMIA: MASQUERADING CYANOTIC CONGENITAL HEART DISEASE

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Midlands Metropolitan University Hospitals, University Hospitals Coventry and Warwickshire

Abstract
Methemoglobinemia is a rare, fatal disorder characterised by the oxidation of haemoglobin to its ferric state, resulting in leftward shift of the oxyhemoglobin dissociation curve, leading to impaired oxygen delivery to tissues. A previously healthy baby presented with diarrhoea, vomiting and cyanosis. Investigations showed metabolic acidosis with methaemoglobin(MetHb) of 39.9%. Treatment with methylene blue and ascorbic acid led to full recovery.

Case Presentation
A 6-week-old was brought to Children's Emergency with protracted , non-bloody diarrhoea. Deteriorated in triage. Examination: lethargic , dusky coloured , peri-oral cyanosis, Sp02 of 64%, no respiratory distress, HR 167, capillary refill time -4seconds. Commenced oxygen, IV access and bloods. Capillary blood gas: pH -7.25, pC02 -4.26kPa, p02 -4.49kPa, HCO3 -14.9 mmol/L, Glu -5.0, lact -1.8 and MetHb -39.9%, normal electrolytes.

Differentials: Suspected sepsis, cyanotic congenital heart disease With oxygen therapy, Sp02 -85%, 1 bolus of iv fluid. Empirical antibiotics to cover infection , CXR, ECG, infection screen - normal. Discussed with KIDS in view of SPO2 not improving. Methemoglobinemia diagnosed. Treatment with slow intravenous injection of methylene blue 1mg/kg/ over 15 minutes. Methaemoglobin fell to 3.3% within 3 hours, and Sp02 improved to 100%. Adjunct treatment with Ascorbic Acid 30mg/kg/day. Subsequent blood gases -normal.

Discussion
Methemoglobin occurs when haemoglobin is oxidized to its ferric [Fe3+] rather than the ferrous [Fe2+] state. This results in allosteric changes leading to irreversible binding of oxygen, prompting a shift in the oxyhaemoglobin dissociation curve to the left, culminating in impaired oxygen release and a functional anaemia with a life-threatening reputation. Methemoglobinemia is congenital or acquired, acquired being more common. Acquired methemoglobinemia commonly due to unintended exposure to topical/local anaesthetics. Benzocaine is a culprit in most cases. Another recognised cause is nitrates. Neonates and infants remain at a heightened risk due to their reduced activity of the enzyme cytochrome B5 reductase (CYB5R), a key catalyst in the conversion of Fe3+ to Fe2+. There is a potential association between methaemoglobinaemia and CMPA.(cases reported). Congenital methemoglobinemia is either autosomal recessive or dominant. A genetic defect in the expression of CYB5R forms the basis of autosomal recessive, while autosomal dominant is due to mutations in the genes that code for globin.

Conclusion and Learning points

1. Any patient who presents with cyanosis or low SpO2 which does not improve with supplemental oxygen, think methaemoglobinaemia!
2. When reviewing blood gases always remember to check methaemoglobin if the patient is cyanosed.
3. Methaemoglobinaemia can only be diagnosed via blood gas!
4. Oxygen therapy will only improve oxygen saturations marginally until treatment with methylene blue.

CONGENITAL TUBERCULOSIS: A MARKER OF SHIFT IN DEMOGRAPHICS

Pai Ashutosh, John Annie Kiruba, Moore Helen
The Royal Wolverhampton NHS Trust

Aim: To present a rare case of postnatal Congenital Tuberculosis in a preterm neonate.

Methods:
A female infant was delivered at 32+2 weeks gestation following prolonged rupture of membranes with footling presentation. She needed respiratory support for the first week of life due to respiratory distress syndrome. She was feeding and growing well until the third week of life, when she developed a new onset oxygen requirement. Her chest x-ray was suggestive of pneumonia, and she was appropriately treated with antibiotics. However, her respiratory support requirement continued to escalate with rising inflammatory markers. She was extensively investigated as her condition continued to worsen despite broadening treatment. The possibility of congenital TB was considered as the mother was under investigation for pyrexia of unknown origin, x-ray changes were atypical, and the family originated from a country with high TB incidence. Endotracheal secretions, gastric aspirate and blood PCR were all sent to confirm diagnosis. However, due to the critical nature of her condition, she was started on antitubercular treatment empirically whilst awaiting results. The infant's mother had miliary tuberculosis on her CT chest, which further reinforced our decision to treat.

Result:
There was a dramatic improvement in her condition after starting treatment and the TB PCR test on the gastric aspirates confirmed the presence of drug sensitive tuberculosis. Appropriate infection prevention and contact tracing measures were put into place. The infant was discharged home on low flow oxygen therapy and nasogastric feeds.

Conclusion:
Congenital tuberculosis is a rare but important diagnosis in the newborn population with high mortality and morbidity. The communication lines between the obstetric and neonatal team ensured TB was considered in both patients with prompt treatment. Utilisation of local and regional TB expertise enabled a coordinated response for mother, baby and the unit as a whole.

IMPACT OF POINT OF CARE ULTRASOUND TRAINING ON NEONATAL CLINICIAN`S CONFIDENCE AND COMPETENCE: A SELF-ASSESSMENT SURVEY

Kumar Harish, Gowda Harsha, Singh Anju, Rao Narasimha
Birmingham Women's and Children's NHS Foundation Trust, West Midlands Perinatal Network

Background: Point-of-care ultrasound (POCUS) in a sick neonate helps augment diagnosis and clinical decision-making. The West Midlands Perinatal Network has delivered three POCUS study days targeting Neonatal clinicians in medical roles. The study days combined didactic lectures and hands-on sessions with expert guidance, focusing on probe handling, image optimisation, and interpretation. A survey was conducted to review the participants' learning.

Aim:
To evaluate the study day's effectiveness in improving participants' confidence and competence in using POCUS to enhance clinical skills.

Methods:
This prospective pre- and post-intervention cross-sectional survey assessed neonatal clinicians' self-assessed confidence and competence in cardiac, lung, umbilical line, and abdominal POCUS skills before and after the study day.

Results:
There were fifteen respondents, including eight resident doctors, five consultants and two advanced nurse practitioners. The aggregate of the self-rating scores for confidence in procedural skill increased for cardiac (19 to 46), lung (16 to 44), umbilical line (17 to 44), and abdominal (16 to 36) ultrasonography. Competence in probe handling improved from 19 to 28, with similar gains in cardiac (16 to 21), lung (15 to 22), and umbilical line (15 to 21) skills. Practical application ratings showed an enhanced ability to support clinical decisions (19 to 38), communicate findings (17 to 36), and recognise limitations (17 to 37).

Conclusion:
The post study day feedback reported significant improvements in confidence and competence across all POCUS domains, with integrating POCUS findings into clinical decisions and communicating results within multidisciplinary teams. This study highlights the importance of structured POCUS education for neonatal clinicians and supports its integration into clinical training programs with the aim to improve patient outcomes.

SURFACTANT ADMINISTRATION IN NEONATES - PRESENT PRACTISES AND FUTURE TRENDS

Yahya Anam, Ahmed Mansoor, Reddy Revanth
University hospital of Derby and Burton

Aim Of Study
To identify the usage of LISA,INSURE and Intubation Ventilation as respiratory support techniques in neonatal care for the purpose of Surfactant administration
To explore the variations in the availability and accessibility of LISA, INSURE and Intubation Ventilation techniques across various hospital settings
To analyse common medications administered prior to elective intubation in neonates
To contribute to the existing body of knowledge by providing updated information on the current practices and perspectives related to neonatal respiratory support techniques.

Methods:
Study Design : A structured questionnaire was developed to collect data on neonatal respiratory support techniques used for surfactant delivery
Inclusion Criteria: A convenience sample of 30 hospitals was contacted through phone calls, and those willing to participate were included
Data Collection : Phone interviews were conducted with healthcare professionals involved in neonatal care, including ANNP, SHO, Registrars, Consultants using telephonic questionnaire
Data Analysis : Collected data were analyzed using descriptive statistics, including percentages, to summarize the responses

Results :
For data collection, 23 hospitals responded to the questionnaire
No specific requirements were noted in terms of the types of ET tube or Catheter used during intubation. Commonly used - Vygone and Smith's ET tube, LISA catheter
100% NNU's are using premedication prior to elective intubation
Almost 100% NNU's responded to following their own written local trust policy guidelines for drug dosage and monitoring of medications during and after surfactant administration, some also responded to following the County guidelines and ODN guidelines
The same results have been noted in terms of Drug reversal as well.

Conclusion
Most commonly used method of surfactant administration of LISA across all NNU's. Most commonly used premedication combination before surfactant administration : Atropine, Atracurium, Fentanyl. Most commonly followed guidelines among NNU's Local trust policy guidelines for both Surfactant administration and drug reversal.

RECURRENT STATUS EPILEPTICUS FOLLOWING SALMONELLA MENINGITIS - WHEN A TIMELY CEREBROSPINAL FLUID ANALYSIS MADE THE DIFFERENCE

Obasohan Efe, Morris Helen
Birmingham Children's Hospital

Aim:
To emphasize the importance of performing lumbar puncture whenever possible in infants presenting with signs of CNS infection

Methods / Background:
A. H was a 5 month old who was otherwise fit and well until 2 weeks before presentation when he had blood stained stool and subsequently resolved. A week later, he developed fever, poor activity and a bulging fontanelle necessitating presentation at the hospital. He was immediately started on broad spectrum antibiotics and antivirals.

Results:
A.H had a lumbar puncture by the next day on admission after assessing safety for the procedure and this revealed turbid CSF with severe hypoglycorrhachia, pleocytosis and the culture yielded salmonella which was an uncommon cause of meningitis expected in this age group in the UK. CT-scan performed revealed bulging superior sagittal sinus but no abscess nor ventriculitis. The finding of salmonella on CSF culture and the sensitivity pattern meant a prolonged course of antibiotics as guided by the literature and microbiology advice. He had a CVL and the course antibiotics completed in hospital at home (H@M) after the initial turbulent course in the hospital with recurrent status epilepticus managed in collaboration with the neurology team.

Conclusion:
The infant in this report had a bulging fontanelle and after review, this was not considered a limitation to defer a timely lumbar puncture. If this procedure was deferred, it may have had a worse outcome as the aetiology may not have been known or suspected and the duration of treatment wound have been uncertain.

FROM STUDENT TO DOCTOR: LEARNING IN A PRACTICAL ENVIRONMENT

Quereshi, Ambar
Birmingham Children's Hospital

Aim of study: To determine if ward-based practical teaching by foundation year 1 doctors is more useful for final year medical students compared with didactic methods of teaching.

Methods:
The final year medical students currently on their paediatric block at Birmingham Children's hospital were asked to shadow a foundation year 1 (FY1) doctor during the ward round. Under the supervision and guidance of the FY1, the medical students took a focused paediatric history followed by a clinical examination. This was then followed up with a discussion of the case and constructive feedback on paediatric history taking and examination. The medical students were then asked to complete a feedback form to assess how useful they found the ward-based teaching.

Results:
Data was collected in the form of feedback questionnaires. 100% of the final year medical students who shadowed the FY1 on the ward found the teaching useful, believed that it was delivered in a clear, concise and informative manner. They found it appropriate for the stage of training they were at and agreed that they were given the opportunity to ask questions.

Conclusions:
The positive feedback received from the medical students suggests that the ward-based teaching proved to be effective. One of the words used commonly by the students regarding the shadowing experience included 'insightful'. While lecture-based teaching is informative and essential for the theory aspect of learning medicine, the transition from final year medical student to junior doctor can be quite challenging with regards to the practical aspect of the job. While clinical placements give students an appreciation of the role of a doctor, receiving one to one teaching from someone who's role the students are going to be doing in the next few months can be pivotal in building their confidence.

A RARE CASE OF CONGENITAL TUBERCULOSIS IN A PRETERM NEONATE

Pai Ashutosh, John Kiruba Annie, Moore Helen
The Royal Wolverhampton NHS Trust

Aim:
To present a rare case of postnatal Congenital Tuberculosis in a preterm neonate.

Methods:
A female infant was delivered preterm at 32+2 weeks gestation because of footling presentation and prolonged rupture of membranes. She needed respiratory support for the first week of life due to respiratory distress syndrome. She was feeding and growing well till the third week of life, when she developed a new onset oxygen requirement. Her chest x-ray was suggestive of pneumonia and she was appropriately treated with antibiotics. However, her respiratory support requirement continued to escalate with rising inflammatory markers. She was extensively investigated as her condition continued to worsen despite optimal treatment. Considering the ethnicity and chest x-ray findings, possibility of congenital tuberculosis was considered. Appropriate investigations were sent for the same. However, due to the critical nature of her condition, she was started on antitubercular treatment. The infant's mother had miliary tuberculosis in her CT chest, which further reinforced our decision.

Result:
There was a dramatic improvement in her condition after starting treatment as the TB PCR test on the gastric aspirates confirmed the presence of Drug sensitive tuberculosis. Appropriate infection prevention and contact tracing measures were put into place. The infant was discharged home on low flow oxygen therapy.

Conclusion:
This case highlights the need to keep tuberculosis as one of the treatable conditions causing deteriorating respiratory symptoms, even in the neonatal population.

CHEST PAIN IN PAEDIATRIC CARDIOLOGY CLINIC

Eldalal, Moustafa & Mikrou, Paraskevi
University Hospitals of North Midlands

Aim:
Chest pain is a common complaint in children and young people (CYP) which causes significant anxiety. A cardiac cause is exceedingly rare (0.6-1%). Our project aimed to study all chest pain referrals to the local Paediatric Cardiology clinic and evaluate whether the Chest Pain Guideline (describing a traffic light system) is fit for purpose.

Methods:
This is a retrospective audit of the electronic data system for all chest pain referrals to the Paediatric Cardiology clinic between 2018 and 2023. Exclusion criteria were referrals to General Paediatric clinic and chest pain was an associated but not the main symptom.

Results:
Fifty-seven CYP attended the local Paediatric Cardiology clinic. Mean age was 11 years (range 4-16) and 52% were Male. 38% of the referrals were in the Green category, 60% in Amber and 2% in Red. All patients had a 12-lead ECG and an echocardiogram. Four ECGs and 4 echocardiograms were abnormal; only 1 patient had significant cardiac pathology (severe aortic stenosis with LVH- Red category). Additional investigations included ambulatory ECG (63%), Exercise Tolerance Test (7%) and Lung Function Tests (5%).

Musculoskeletal/idiopathic chest pain was diagnosed in 82% of CYP and 9% had a respiratory diagnosis. None of the Green referrals had cardiac-related illness.

Conclusion:
This study confirms that Chest Pain is a benign complaint in Paediatrics and the guideline is fit for purpose. Only Red/Amber referrals should be seen in Cardiology Clinic, whilst patients in the Green category should be reassured and discharged.

AMBULATORY ECG REPORTING IN CHILDREN YOUNGER THAN 8 YEARS: A COMPARISON BETWEEN A LOCAL CARDIOLOGY CENTRE AND A SPECIALIST CHILDREN'S SURGICAL CENTRE

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University Hospitals of North Midlands

Aim and background:
Paediatric ambulatory ECG monitoring is an important cardiac investigation and must be available in all Local Children's Cardiology Centres (LCCC), as per the 2016 NHS England Standards and Specifications for Congenital Heart Disease. In our LCCC, ECG Holter monitors in children less than 8 years, are analysed locally by cardiac physiologists, and are sent to the Specialist Children's Surgical Centre (SCSC) for analysis and reporting (by a physiologist and a paediatric cardiologist). Study aim was to assess reports from both sites for significant discrepancies and determine if the LCCC can take over Holter reporting for all children.

Methods
This is a retrospective study of the electronic data system for all Holter reporting for children less than 8 years in 2023. Recordings not sent to SCSC for technical reasons were excluded.

Results
Forty-eight recordings were eligible. Median age was 1 year (range 1 day - 7 years) and 52% were Female. Type of recordings were: 24-hour Holters (88%), 48-hour Holters (6%) and 72-hour or less than 7 days (6%). Commonest indications varied with age: fetal/neonatal SVT (44%), congenital heart disease (22%) and ventricular ectopics (22%) in neonates/infants. Palpitations and chest pains were the commonest indications in children aged 4-7 years old (60%). LCCC reporting time is 1-6 days (median 2 days), significantly shorter than SCSC reporting of 6-160 days (median 39.5 days). There were no significant discrepancies between the local and tertiary centre reporting.

Conclusion
Study showed no discrepancy in ambulatory ECG reporting between LCCC and SCSC. It would be safe and cost effective for the LCCC to take over Holter reporting for children of all ages which will prevent unnecessary delays, save resources and minimise any risks of data breech.

IMPROVING CONFIDENCE AMONGST PAEDIATRIC TRAINEES AT PAU REFERRALS BY TARGETED TRAINING

Unny, Sachin, Puttha, Radhika
Russells Hall Hospital

Objectives:
To support the paediatric trainees, thrive with the Paediatric assessment unit (PAU) referrals through targeted training and support.

Methodology :
A questionnaire survey was performed to identify the non-technical skills that the junior doctors wanted support to improve. “Handling referrals to Paediatric Assessment unit” and “communicating effectively” were identified as the highest priority.

Five cycles of interventions were implemented:
a) Consultant led discussion on managing PAU referrals
b) Developing a standard template for the PAU referrals
c) Teaching sessions which identified the need for conducting simulations
d) Simulation sessions with case scenarios
e) Introduction of a referral triaging pathway and ISBAR template for Paediatric referrals (ISBAR- Introducing self and identifying the referrer and patient, situation, background, assessment, and recommendation by both the referrer and the doctor accepting the referral).

Based on the feedback received the simulation sessions were extended to the new batch of junior doctors in their first month of placement with us.

Results:
Managing Paediatric assessment unit referrals and effective communication were identified as high priority areas on the initial survey. Initial discussions, the standard PAU referral template and teaching were well received. Simulation sessions with real case scenarios, introduction of customised PAU- ISBAR and the triaging pathway were reported to have significantly increased the confidence, communication skills and ability to effectively manage the referrals. Post-simulation sessions100% of the participants reported improved confidence and communication skills, compared to 57% and 64.3%% respectively before the simulation session. Additionally, 100% of the participants reported to be fully aware of the local referral pathways compared to 42.9% pre- session. All the participants rated their clinical decision-making skills while managing PAU referrals as good, compared to only 50% prior to the session.

The feedback indicated the simulation sessions were extremely helpful, with suggestions to include them in the regular training sessions for all the new doctors.

Conclusion:
Identifying the trainees' needs in non-clinical skills and providing tailored targeted interventions, improved the confidence and clinical decision making skills among the trainees in managing PAU referrals.

TO CORRECT OR NOT TO CORRECT? AN AUDIT TO ASSESS IF CORRECTING FOR GESTATIONAL AGE REDUCES LENGTH OF TIME ON PHOTOTHERAPY FOR NEONATAL JAUNDICE

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Worcestershire Acute Hospitals Trust

Introduction/Aims
Neonatal jaundice affects approximately 60% of term and 80% of preterm infants within the first week of life. Gestation-based treatment threshold graphs by the National Institute of Health and Care Excellence (NICE) are used to guide jaundice management in the UK. These are based on expert opinion rather than strong evidence on when potential benefits of phototherapy exceed potential harms (Wang et al 2021). We conducted a retrospective audit of neonates undergoing phototherapy at a district general hospital to see whether plotting bilirubin levels on NICE charts using a babies gestational age at admission, rather than gestational age at birth would reduce length of treatment.

Methods
All babies requiring phototherapy for jaundice born at > 35 weeks' gestation admitted under neonates between March-July 2023 were included. Length of time on phototherapy (hrs) using gestational age the time of starting phototherapy (CGA) was compared with plotting bilirubin levels on NICE jaundice charts for gestational age at birth.

Results
73 babies received phototherapy. Average gestational age of babies was 37 weeks, mean birth weight was 3128g (SD±952g), with median age of 72 hrs of life (IQR 69-75 hrs) on starting phototherapy. There was no significant difference in total length of time on phototherapy using CGA charts to plot bilirubin levels when compared with standard practice, with the exception of 4 babies who would have had a 6hr reduction of phototherapy and 2 babies who would not have received any treatment. No adverse events noted.

Conclusion
Neonatal jaundice represents a significant treatment burden in postnatal care and is not without risks. Although it has been suggested that applying a modified approach to standard NICE charts by plotting bilirubin levels by current gestational age may reduce length of time on phototherapy, we found no evidence to support this in our study.

MODERN-DAY SCURVY: A CASE SERIES OF PAEDIATRIC PRESENTATIONS IN A DISTRICT GENERAL HOSPITAL

Dawson, Rachael; Rose, Joanne
University Hospitals Coventry and Warwickshire

Aim:
Vitamin C deficiency (scurvy) is typically associated with sailors in the 16th century. However, we describe three cases of scurvy in severely autistic children, with a very restricted diet, presenting to our hospital in the last six months. They had multiple attendances to different healthcare professionals. Lack of awareness around the clinical features of scurvy resulted in a significant delay in these at-risk children being diagnosed with vitamin C deficiency.

We hope to educate and raise awareness to healthcare professionals of the signs and symptoms of vitamin C deficiency, investigations, management, and barriers to diagnosis including recognition of at-risk groups.

Methods:
We have gathered case reports on 3 patients who have presented to University Hospital Coventry & Warwickshire in the past 6 months. We will present a review of the literature on vitamin C deficiency and its impact on children's health within the United Kingdom to evidence that vitamin C deficiency is an extremely important diagnosis for paediatricians to consider.

Results:
Three patients were admitted to our wards with a history of a gradual decline in mobility, progressing to a complete inability to walk. In one case, pathognomonic signs including gingivitis with bleeding, bruising, pain to lower limbs and lethargy were present. These patients were reviewed multiple times in other hospitals and our children's emergency department, but discharged home. The initial case involved multiple specialities including general paediatrics, orthopaedics, neurology, immunology/infectious diseases and only after discussion with rheumatology, was a diagnosis of vitamin C deficiency considered.

Conclusion:
Given the increasing diagnosis of autism, rising rates of poverty and worsening socioeconomic conditions within the UK, vitamin C deficiency is likely to present more frequently in paediatric departments. We wish to educate future paediatricians on vitamin C deficiency in order to reduce morbidity and mortality of these children in the UK.

ENHANCING CONFIDENCE AND KNOWLEDGE IN NEWBORN AND INFANT PHYSICAL EXAMINATION (NIPE): A QUALITY IMPROVEMENT PROJECT (QIP) USING EDUCATIONAL VIDEO

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Hereford County Hospital, Wye Valley NHS Trust, Birmingham Children's Hospital

Introduction/ Aim:
The Newborn and Infant Physical Examination (NIPE) is a critical component of neonatal care, requiring confidence and competence from healthcare professionals. However, doctors newly joining the paediatric department may have variable prior experience. This QIP aimed to enhance the confidence and knowledge of doctors in performing NIPE through an educational video, supported by pre- and post-intervention questionnaires.

Methodology:
An educational video on NIPE was developed to provide clear, structured guidance on the examination process. Six doctors who had recently joined the paediatric department in December 2024 were recruited. These participants represented the target group for the intervention, as they are required to conduct NIPE in their clinical roles. A one-hour training session was conducted on induction. Prior to the educational intervention, participants were asked to complete an online questionnaire consisting of 15 questions. The questions assessed self-reported confidence in performing various aspects of the NIPE using a 4-point linear scale. The session began with the pre-survey, followed by the viewing of the educational video. Subsequently, participants completed the same online questionnaire with additional feedback to assess any changes. The video was uploaded to the hospital's intranet as a long-term e-learning resource for sustained accessibility. The link to the video is: https://youtu.be/SegKSOJC94A

Results:
All participants completed the pre- and post-questionnaires. Data is being analysed at the time of this abstract submission. Detailed results are awaited and will be available for the conference. Following the intervention, all participants reported improved confidence. Participants provided positive feedback on the video, complementing its clarity and usefulness as a reference tool.

Conclusion:
This QIP demonstrates that educational videos can significantly improve the confidence and knowledge in performing NIPE. The availability of the video on the trust intranet ensures ongoing access for new staff, supporting sustainable improvements in paediatric training.

PAFTAS 2025

Best Junior Trainee
Winner: Rukshana Binte Mohid Latiff
Highly Commended: Nalaayeni Kanesan
Bethany Davies
Moustafa Eldalal

Best Senior Trainee
Winner: Sophie Hine
Highly Commended: Felicity Beal
Sahiti Koneru

Best Educational Supervisor
Winner: Swati Karandikar
Highly Commended: Caroline Groves
Helen Morris
Sarah Steadman

Best Training Unit
Winner: BCH, Gastroenterology
Highly Commended: UHNM General Paediatrics
UHNM Community Child Health

The Vishna Rasiah Training Hero (Medical) Award
Winner: Ekta Sahu

Training Hero (Best ANP/ANNP)
Winner: Elizabeth Checketts

Training Hero (Best Nurse/Midwife)
Winner: Victoria Reynolds

Training Hero: Clinical (Best AHP)
Winner: Hadia Tanveer

Training Hero: Non-Clinical
Winner: Ruth Witcombe

Congratulations to our winners and to everyone who was nominated.
Thank you to those who took the time to make a nomination.

ACKNOWLEDGEMENTS

We would like to thank the West Midlands School of Paediatrics, Matt Cawsey, our speakers (BCH Charities, Azaylia Foundation, Merope Mills and Ed Birkhamshaw) and all the attendees for making the event a success.

To view and download pictures from the event please go to www.westmidlandspaediatrics.com/conference

Contact

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