

The authors conclude that early intervention and support should be provided to these vulnerable children to prevent/reduce the incidence neurodevelopmental disorder, developmental delay and mental health problems.

REFERENCES

1. Bentley, H. et al (2018) How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC.
2. Department for Education, 2014. *Outcomes for children looked after by local authorities in England, as at 31 March 2013* [pdf]. Department for Education.

37 MULTIDISCIPLINARY TEAM CLINICS IN SECONDARY CARE – IS THIS THE FUTURE?

Tapomay Banerjee, Alison Shipp, Jo Rayner, Amanda Armstrong. *UK*

10.1136/bmjpo-2021-RCPC.25

Background Children with complex medical needs attend the Child Development Center for various reasons and to see different health professionals. This needs lot of commitment from parents and carers and also children have to travel multiple times. They often have to miss school which is vital for their education along with social, cognitive and emotional well-being.

Objectives Multidisciplinary teams (MDTs) have been shown to be an effective tool to facilitate collaboration between professionals and hence improve care outcomes.

Community Paediatric services in Bedford started a pilot project of MDT clinics where a child will see a community paediatrician, physiotherapist, speech and language therapist and dietitian in a single visit. We requested feedback from parents about usefulness of these clinics

Methods Children with significant complex needs who require service from all 4 disciplines (paediatrician, speech and language therapist, physiotherapist and dietitian) were offered appointments in MDT clinics.

We organised our MDT clinics once every 3 months. We held 4 clinics in between May 2019 to March 2019 (we had to stop because of the COVID-19 Pandemic but we are planning to resume from December 2020). Each child had a 45 minute appointment with Speech and language therapist followed by a 60 minute combined appointment with community paediatrician, dietitian and physiotherapist together. Parents were requested to complete a paper feedback form after the clinic.

Results We received 9 feedbacks in total and all of them (100%) found these clinics very useful.

Conclusions MDT clinics are held on a regular basis in tertiary centers but they are not so easy to coordinate in secondary care/community settings due to cross organisational working. Our model of multidisciplinary clinics at Bedford Child Development Center was highly appreciated by parents and is more convenient to children who have complex needs. It reduces the need for multiple clinic visits and journey to different clinic/hospitals. For healthcare professionals it brings all relevant people into one clinic which enables faster decision making and encourages discussion amongst professionals. It also reduced the need for internal referrals.

Following parent feedback, we will consider taking this MDT clinic to special needs school sites in future to make it more convenient for children with complex needs and enable the specialist nursing service to join the MDT too.

38 WORLD CUPS: PROMOTING PAEDIATRIC RESEARCH WITHIN SOUTH WALES

Alexandra Richards, Jordan Evans. *UK*

10.1136/bmjpo-2021-RCPC.26

Background WORLD CUPS (Working paediatricians Overseeing Research Led and Delivered by Cardiff University Paediatric Society) was founded in November 2019 in aim to encourage research within paediatrics and child health in Wales. This initiative brings both undergraduates and paediatric healthcare professionals (HCPs) together to undertake quality improvement, research or audit projects.

Objectives It is a mutually beneficial scheme aiming to increase undergraduate's exposure to academic paediatrics whilst supporting HCPs to complete projects, promoting health and wellbeing for children and young people. The objective of this study is to determine whether we have achieved our overall goal of increasing undergraduate confidence and awareness of paediatric research whilst also supporting the production of valuable academic work.

Methods The initial recruitment of projects was performed via promotion on social media platforms, at conferences and study days. Each month, a selection of academic projects were advertised to healthcare students in Wales on a first come, first served basis. All projects were allocated within one hour, with the majority in less than ten minutes. A retrospective

Abstract 37 Table 1

Question	Parents feedback
How did you find the layout of the new multidisciplinary review clinic?	<ul style="list-style-type: none"> • Really useful to see all professionals at the same time. • It was good that different healthcare professionals could collaborate with each other at the same time, preventing duplicate assessments • Helpful and saves time. You don't have to have the same conversation with different people, you can just say it once • It was really helpful especially as so many of his needs or my questions cross over the different disciplines. It saves a lot of time
Are there any recommendations for changes/improvements for the future clinics	<ul style="list-style-type: none"> • Please make sure patients do not have another appointment before or after the joint clinic. It was a long exhausting day otherwise. • For review to be held at school

review of the initiative was performed over a one-year period from November 2019 to 2020. Feedback was collected regarding student confidence pre- and post-research project.

Results Twenty-three projects were undertaken by 28 health-care students from both Cardiff and Swansea Universities alongside 15 clinical supervisors working in paediatrics in South Wales. Seven projects have been completed so far, with two students dropping out due alternative to University commitments. Success stories include one publication in Archives of Diseases in Childhood, a further currently under peer review, three national presentations, one paediatric podcast and six medical education resources for use in local university health boards. 100% of students reported they were enthusiastic towards paediatric research and were excited by the opportunity to be involved. After completing a project, 50% felt more confident with research techniques and 38% felt confident at project initiation. 100% agreed that they had more awareness of how to undertake research alongside their future clinical careers.

Conclusions Undergraduate students typically have a high level of enthusiasm to be involved and gain experience within research but report it can often be difficult to know how. This simple initiative has supported multidisciplinary health-care students to gain confidence, awareness and practical experience in child health research and quality improvement. Although the pandemic has interrupted both project proposals and completion significantly, WORLD CUPS has been a success and may provide a framework for future undergraduate research initiatives.

39 FAMILY PRESENCE ON THE HDU WARD ROUND: BALANCING COMPASSIONATE CARE WITH PATIENT PRIVACY AND CONFIDENTIALITY

Ben Hughes, Peter Lillitos, Shuba Barwick. UK

10.1136/bmjpo-2021-RCPC.27

Background The paediatric cardiology HDU ward can be a busy environment with complex and often very unwell children. Ward rounds are imperative for information sharing and complex decision-making, but have traditionally been run without parental presence to maintain patient confidentiality. Parents were asked to leave their children creating problems twofold; both child and parent would be distressed at not being with the other when the child is often critically unwell, and parents would have to track down doctors for clinical updates and management plans. We proposed the use of noise-cancelling headphones for use during the ward round to maintain confidentiality, whilst keeping parents by their child's bedside.

Objectives

1. To understand and evaluate the current HDU parental experience.
2. To implement a strategy to improve the HDU experience.
3. To evaluate the change.

Methods Two questionnaires were constructed to collect retrospective and prospective data. Telephone discussions with parents of children who were admitted during July-August 2019 took place to answer the questionnaire before the implementation of headphones. Anonymised paper questionnaires were given to parents of children admitted during

September-October 2019, when headphones were being used. Headphones were given to all parents present in HDU to be worn at all times, apart from when their child was being reviewed so they could contribute. Doctors and nurses on the cardiology ward were also given a questionnaire for their opinions about how headphones have altered working practice.

Results Prior to implementation, all parents were asked to leave ward round at some point during admission (100%, n=7). After headphone implementation, 90% of parents were invited to stay (n=12). Parents were most thankful for the support they were able to provide for their child constantly during ward round, and the ease at which they were able to gather information from the medical team about their child's progress so far and subsequent plans. Staff results mirrored parental responses, indicating enhanced confidentiality and parental inclusion in ward round discussions were key positive factors following implementation.

Conclusions Implementing headphones enabled parents to engage with ward rounds. In a busy environment with complex and unwell children, we should do our utmost to reduce patient and parental anxiety, and help empower parents in challenging times. This holistic approach is imperative to a positive patient journey and good rounded compassionate care.

41 USING THE COVID-19 PANDEMIC AS A LEARNING TOOL TO SHAPE PAEDIATRIC OUTPATIENT CONSULTATIONS

Rosanne Verow, Rachel Cotton, Serena Braccio, Andrea Goddard. United Kingdom

10.1136/bmjpo-2021-RCPC.28

Background The declaration of a nationwide COVID-19 lockdown resulted in rapid adaptations to the NHS, including Paediatric Outpatient Consultations. At short notice, many Trusts converted consultations in General Paediatric outpatients from traditional face-to-face to telephone consultations. General Practitioners have been using this method of assessment, with the backing of the British Medical Association, as a safe and acceptable practice for many years.

Objectives We set out to perform a retrospective review of the lessons learned from Paediatric outpatient telephone consultations during COVID-19 and how these can be applied to improve the outpatient clinical pathway. Our aims and objectives evaluated:

1. The proportion of patients successfully contacted by telephone.
2. The proportion of presenting complaints which had resolved by the time of the appointment.
3. The proportion of patients who could be discharged from the General Paediatric clinic through telephone consultation.
4. The number of patients who we arranged to see in a face-to-face appointment within a few weeks (as deemed necessary by the phoning clinician).
5. The number of patients who needed further investigations.

Methods Two registrars (ST6+) and one senior house officer (ST2), with guidance from a dedicated General Paediatric Consultant, was assigned to conduct telephone consultations for all new patients booked into General Paediatric clinics between the 24/03/2020 to 31/05/2020. Most patients had