

coronary artery stenosis.² In 2017, the American Heart Association published an updated scientific statement on the diagnosis and management of Kawasaki Disease.¹

Objectives This audit will assess the initial management of patients with suspected Kawasaki Disease.

The objectives are as follows:

1. Identify the duration of time between onset of fever and administration of intravenous immunoglobulin
2. Identify the duration of time between the administration of intravenous immunoglobulin and the initial echocardiogram

Methods The sampling unit was the Paediatric Cardiology department at Great Ormond Street Hospital. The population sample were all patients who were referred to the outpatient clinic for suspected Kawasaki Disease from August 2018 to August 2019. Data was retrospectively collected from eligible patients by reviewing the patient database. Data was analysed by calculating percentages. Data was collected between 18/08/19 – 19/08/19.

Results The results of this audit did not meet the audit standard that all patients with suspected Kawasaki Disease should receive intravenous immunoglobulin within 10 days of the onset of fever. Twenty-two of the twenty-five patients did receive intravenous immunoglobulins within 10 days of fever onset, however four patients did not. Of these four patients, one patient received it one day after admission to hospital, on day 11 after fever onset. One patient received it on the same day as admission to hospital, on day 12 after fever onset. One patient received it one day after admission to hospital, on day 14 after fever onset. One patient did not receive intravenous immunoglobulin.

The results of this audit found that twenty of the twenty-five received an initial ECHO within 7 days of intravenous immunoglobulin administration, however 5 patients did not.

Conclusions The results of this audit did not meet the audit standard that all patients with suspected Kawasaki Disease should receive intravenous immunoglobulin within 10 days of the onset of fever.

This audit has a number of limitations. First, it has a relatively small population sample. Second, six patients were not included in the results because either the date of fever onset or the date of intravenous immunoglobulin administration was not recorded.

52 QUALITATIVE ANALYSIS OF A PAEDIATRIC SPECIALTY ATTACHMENT

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10.1136/bmjpo-2021-RCPC.H.34

Background Students at Swansea University Medical School undertake one 5-week placement in paediatrics. Students are required to give feedback and can write free text on what they enjoyed and what could be better. This qualitative feedback allows more insight and detail into student's ideas about their placement. Qualitative feedback can provide deep insights into student satisfaction and provide themes for improvement. Improving student experiences during such placements may improve paediatric workforce recruitment.

Objectives To analyse the qualitative feedback for the child health attachments between 2016 and 2018 with an aim to identify areas of improvement and areas of good practice. To

identify ways to improve areas students feel could be better. This will enable a final thematic analysis for overall areas of good practice and areas of further improvement.

Methods Qualitative analysis was completed through inductive thematic analysis using NVivo, to find the themes that was in the feedback to see what was good and what could be improved

Results The analysis found four main themes. Students appreciated feeling like part of the team, but sometimes felt that they were being ignored rather than being involved with the team. Feedback was crucial for students, they appreciated receiving structured feedback, but would like their weaknesses to be more clearly identified to show how they can improve. Students appreciate a well organised placement and particularly being well supported. Supportive teaching is very important to students, they appreciate the time taken by clinicians to teach them and appreciate the opportunity to teach each other.

Conclusions Students desire to be a part of a learning environment that provides structured learning opportunities. Mutual respect with targeted timetabling for formative and summative feedback is highly desired. Near peer teaching, organisation and supportive teaching with methods for retrieval practice were seen as excellent initiatives. Feedback also provided areas of improvement especially with need for active learning in some weeks. This has led to further changes and we would like to share our good practice with fellow educators.

55 MODIFIED SELDINGER TECHNIQUE FOR NEONATAL PERIPHERALLY INSERTED CENTRAL CATHETER PLACEMENT

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10.1136/bmjpo-2021-RCPC.H.35

Background Peripherally inserted central catheters (PICCs) are critical for good neonatal care, no previous studies have evaluated which insertion method is most appropriate. Split needle technique (SNT), which uses a 20-gauge peelable introducer, is commonly used for PICC insertion. However, the large bore needle can precipitate vein rupture, leading to early expenditure of larger veins and difficulty accessing smaller vessels. Modified Seldinger Technique (MST) is widely used in adult and paediatric practice and is available for neonatal PICC placement.

Objectives The objectives of this study were to compare: 1] Success rates of MST and SNT; 2] First-pass successful PICC placement for MST and SNT; 3] Material cost of MST and SNT per successfully inserted PICC.

Methods MST, using Vygon Microsite® Insertion Kits, was introduced to St Michael's neonatal unit. SNT was already in use. Practitioners were able to use their preferred insertion method. The following data were collected for all PICC insertions: weight and gestational age at birth and PICC insertion; number of skin breaks; insertion technique; successful or unsuccessful placement, PICC size and grade of inserting practitioner.

Proportions were compared using the χ^2 . Success rates with increasing numbers of skin breaks were compared using the log rank test and demonstrated with a Kaplan-Meier curve. P-