



NHS
Health Education England

The 8th Yorkshire and Humber School of Paediatrics Annual Meeting

The Village Hotel, Headingley, Leeds
21st & 22nd September 2017

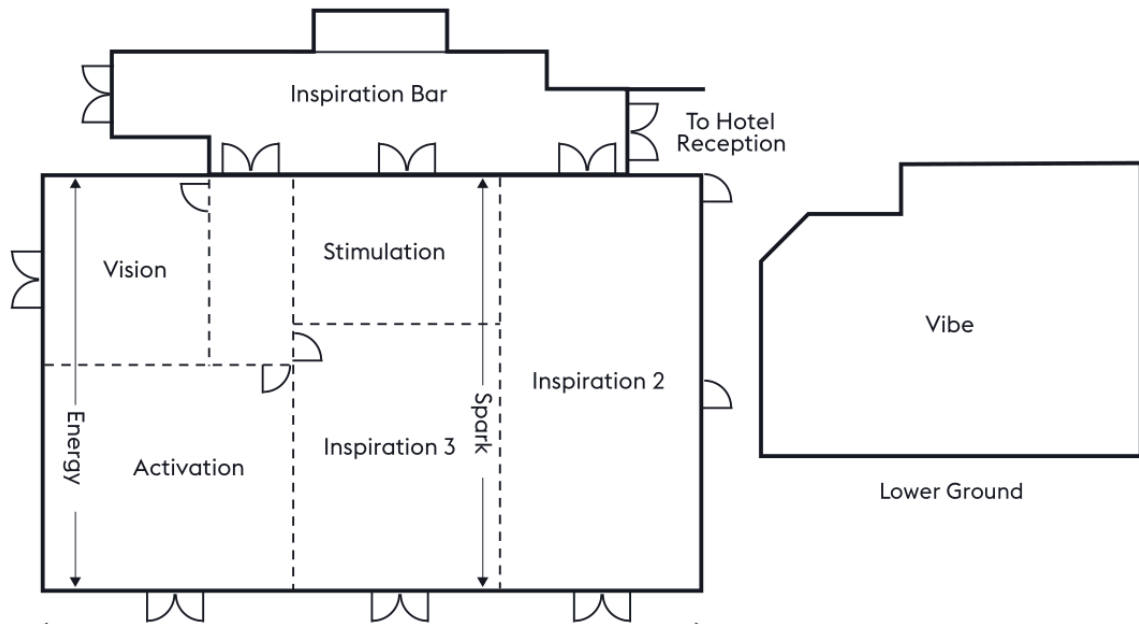


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The Village Hotel Floor Plan





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8th

Annual Meeting



Aims of the Meeting

- ❖ Create a forum for trainees to develop their academic skills and improve clinical knowledge
- ❖ To share interesting clinical information and management related issues across the region, thereby creating a forum for debate in the form of lectures and workshops
- ❖ Provide education, training and feedback on the academic abstract submission process for postgraduate trainee paediatricians
- ❖ Provide a safe and friendly environment for trainees and consultants alike to become more involved in academic paediatrics, at every level
- ❖ Allow an opportunity for trainees to develop their oral and poster presentations skills
- ❖ Offer a showcase of postgraduate research and management of complex clinical cases
- ❖ Provide a regional platform on an annual basis for the paediatric specialties to disseminate knowledge and enhance education across various paediatric disciplines
- ❖ Recognise and appraise the success of research and good clinical care achieved regionally
- ❖ Engage and value the contributions of the entire paediatric academic community

Invitation from Head of School of Paediatrics Health Education England Yorkshire and Humber

Dr. Karin Schwarz

We are pleased to invite you all to participate and help us make the 8th Yorkshire and Humber Paediatric Annual meeting at Leeds another successful and inspiring experience.





Warm Welcome from the Chairs

Dear All,

On behalf of the Organising Committee, we are pleased to welcome you all to Leeds for the 8th Yorkshire and Humber Paediatrics School Meeting.

This year we have an exciting programme which will mainly focus on Paediatric Specialities and Research. We aim to describe how paediatric medicine encompasses a wide range of specialities and works with diverse teams and subjects. We are providing a unique opportunity for trainees, nurses, consultants and medical students to display their valuable paediatric experiences, whilst embracing all levels of health care professionals.

It showcases regional and national speakers with a wide range of expertise who are keen on sharing a few words of wisdom. We have endeavoured to seek a programme that reflects our proud multidisciplinary team involvement in Paediatrics, which not only includes doctors and nurses, but also involves patients and parents as well. We have also introduced a couple of highly interactive sessions for the first time, a “Balloon Debate” and “Career dating stands”.

We will be running some motivational workshops, which would cater to all our attendees. Some have been tailored to attract junior members, and some for our senior colleagues, so there will be an activity which caters to everyone. We will announce the winners of this year’s Paediatric Award for Training Achievements (PAFTAs), so hope you have casted your vote already!

From the start, this meeting has been organised and planned by trainees, and we have continued on that tradition. We intend to provide a stage for trainees and medical students to present their cases, experiences, audits and research with their esteemed consultants and supervisors. We highly encourage you to have a look at our posters displayed around the venue as we believe that there would be undoubtedly something interesting and new for everyone.

Lastly, we would like to thank you for your participation and would highly appreciate your invaluable feedback.

Dr Aesha Mohammedi and Dr Umberto Piaggio

Chairs of the 8th Yorkshire and Humber School of Paediatrics Annual School Meeting 2017



General Information

REGISTRATION AND INFORMATION DESK

The registration and information desks are located in the main foyer area. Please sign the attendance sheet to obtain a certificate of attendance which will be generated after the event. Committee members will provide assistance about any aspect of the conference.

STANDS

The exhibition will be opened for the duration of the conference. This will also include "Career advice stands" to help you with career information regarding different paediatric specialities.

POSTERS

Posters will be displayed on both the event dates, 21st September and 22nd September at the inspirational suite. Please take every opportunity during refreshment breaks to view the great work carried out by the students and trainees.

FEEDBACK

We value your feedback. We will reflect on this towards planning and designing our future conferences. Please complete the evaluation forms available in your conference pack separately for each of the attended days attended and kindly drop it at the registration desk.

CONFERENCE COMMITTEE

The conference is organised by the trainee volunteers. If you are interested in joining the future organising committee please look out for advertisements at the Health Education Yorkshire and Humber (HEEYH) website, email correspondences from the deanery, or speak with a current committee member.

LUNCH

Complimentary Lunch is available. Tea and coffee will be provided during refreshment breaks.

In addition there is a Starbucks, Grill and Public House within the hotel complex.

FREE WIFI

WIFI is available to all delegates at no extra charge.

Username: VillageWiFi

Password: Just register with your email address

PHOTOGRAPHER

Please note a photographer will be on-site during the conference. The images captured will be used for post-event coverage and promotional purposes.

CAR PARKING

Car parking is free on site.

LEISURE FACILITIES

There is free use of the leisure facilities on-site. Leisure facilities include gym, steam room, sauna and 25m swimming pool.

Annual Meeting





Thursday 21st September 2017

Day 1

08:30	Registration	
09:00-09:15	Welcome and Introduction	Dr. Karin Schwarz , Head of School of Paediatrics for Health Education England Yorkshire and the Humber, HEEYH Dr. Aesha Mohammedi & Dr. Umberto Piaggio , ST6 Paediatric Trainees
09:15 – 10:00	"What has research ever done for us?"	Dr. Chris Day , Consultant Neonatologist at Bradford Royal Infirmary, joint clinical lead for the Yorkshire Neonatal Network
10:00 - 10:45	Oral Presentations	Dr. Caroline Fraser - An unexpected postnatal collapse Dr. Mark Atherton - Aetiological investigations in early developmental impairment (EDI) which tests help make the diagnosis? Shaheen Somani - Comparison of diabetes control in school-aged children in Sheffield during the school term time and the holidays
10:45- 11:15	Coffee Break (Poster viewing)	
11:15 - 12:00	"Experiencing Paediatrics: A Patient and a Parents perspective"	Ms Dawn Thompson , Parent Representative, Dewsbury Mr Hasan Nazir , Bradford Hospitals Children's Charity Ambassador
12:00 - 13:00	Oral Presentations	Dr. Rushna Raza - Management of Spasticity in hereditary spastic paraplegia Arwa Al-Robeye and Anna Barnard - Thirsty work: An audit of pre-operative fasting in paediatric patients Anthony Rafferty - Comparison between the new neonatal upright self-inflating bag and the standard resuscitation devices Anna Casper and Maria Herbert - The Impact of Class one mutation on the median age of death in patients with Cystic Fibrosis in the UK
13:00-14:00	Lunch (Poster viewing)	
14:00 - 14:45	"Generation genome: The introduction of genomic medicine to everyday Paediatrics."	Dr. John Livingston , Consultant Paediatric Neurologist at Leeds Teaching Hospitals and Lead for the inherited white matter diseases network in the UK
14:45 - 15:15	Oral Presentations	Dr. Fiona Payne - Sheffield Little live saving group Dr. Sudeep Moorkooth - Involvement in a pilot newborn screening programme in India
15:15 - 15:45	Coffee Break (Poster viewing)	
15:45- 16:30	Health Professionals Panel Session (ANNPs/ Paediatric Nurses/ Paediatrician)	Host: Dr. Hannah Shore , Consultant Neonatologist, Leeds Teaching Hospitals, Simulations Training Lead & Training Programme Director at HEEYH Jo Whiston , Leadership Fellow at Leeds General Infirmary Nicholas Mills , ANP PICU Sheffield Children's Hospital Karen Spinks , ANP at Embrace
16: 30- 17:00	Summary Closing remarks & PAFTA Awards	Dr. Karin Schwarz , Head of School of Paediatrics for Health Education England Yorkshire and the Humber
17:00	Close	





Friday 22nd September 2017

Day 2

08:30	Registration	
09:00 - 09:15	Welcome and Introduction	Dr. Karin Schwarz , <i>Head of School of Paediatrics for Health Education England Yorkshire and the Humber</i> Dr. Aesha Mohammedi & Dr. Umberto Piaggio , ST6 Paediatric Trainees
09:15 - 10:00	“Research, Innovation and Technology - exploring the unknown & creating new knowledge”	Professor Paul Dimitri , <i>Consultant Paediatric Endocrinology, Director of Research & Innovation at Sheffield Children’s Hospital</i>
10:00 - 10:45	“Improving the outcomes of paediatric cardiac arrest”	Dr. Sophie Skellett , <i>Consultant Paediatric and Neonatal intensive care and Associate Medical Director for Leadership and professional affairs at Great Ormond Street Hospital (GOSH)</i>
10:45 - 11:15	Coffee Break (Poster viewing)	
11:15 - 12:00	Oral presentations	Dr. Muhammad Ali - <i>Risking exchange blood transfusion in preterm neonates when amiodarone is used to treat Supraventricular tachycardia</i> Dr. Osama Hosheh - <i>A Typical Endobronchial Carcinoid</i> Dr. Katherine Pettinger - <i>An unusual Lesion at birth</i>
12:00 - 12:45	“Training Paediatricians for the Future”	Dr. David Evans , <i>Consultant Neonatologist at North Bristol NHS Trust and Vice-President (Training & Assessment) of the Royal College of Paediatrics & Child Health</i>
12:45 - 13:30	Lunch (Poster viewing)	
Workshop Sessions		
13:30 - 14:30	“Can Play make it better?”	Leanne Haycock , <i>Play team leader at York Teaching hospitals NHS Foundation Trust</i>
13:30 - 14:30	“OOPE: What, How and Why”	Host: Dr. Karin Schwarz , <i>Head of School of Paediatrics for Health Education England Yorkshire and the Humber</i> Dr. Mark Winton (Working Abroad) ST6, PICU GRID Trainee Dr. Laura Dalton (Leadership), ST5 Paediatrics Dr. Menie Rompola (PhD), ST5 Paediatrics
13:30 - 14:30	“Medicine and the Law; best practice guidance and protecting oneself”	Ms Lauren Bullock & Rachelle Mahapatra , <i>Medical Negligence Lawyers at Irwin and Mitchell</i>
14:30 - 15:30	“Mindfulness for health and wellbeing”	Rachel Mandela , <i>Clinical Psychologist in the Clinical Health Psychology Department, Leeds</i> Dr. Catherine Derbyshire , <i>Consultant Clinical Neuropsychologist, Leeds Teaching hospitals</i>
14:30 - 15:30	“So you want to be a paediatrician”	Dr Noreen West <i>Paediatrician at Sheffield Children’s Hospital and Training Programme Director at HEE Yorkshire and Humber</i> Dr. Kerry Jeavons , <i>Consultant Paediatrician at Leeds General infirmary</i> Dr. Yasmine Kamal , <i>Community Paediatrics GRID trainee</i> Dr. Hannah Shore , <i>Consultant Neonatologist at Leeds Teaching Hospitals and Simulations Training Lead at HEE Yorkshire and Humber</i>





14:30 - 15:30	"I want to do research but where do I start?"	<p>Dr. Bob Phillips, <i>Honorary Consultant in Paediatric/Teenage Young Adult Oncology at Leeds Children's Hospital; Senior Clinical Academic at the Centre for Reviews and Dissemination, University of York and Associate Editor of Archives of Diseases in Childhood</i></p> <p>Dr. Jess Morgan, <i>ST5 Paediatrics, NIHR Academic Clinical Lecturer</i></p>
14:30 - 15:30	"Educational Supervision Update"	<p>Dr. Karin Schwarz, <i>Head of School of Paediatrics for Health Education England Yorkshire and the Humber</i></p>
15:30 - 15:45	Coffee Break (Poster viewing)	
15:45 - 16:30	<p>Balloon Debate</p> <p>"What is the most effective Research style in Paediatrics?"</p>	<p>Dr. Alan Gibson (Systematic Review), <i>Consultant Neonatologist (retired)</i></p> <p>Dr. Simon Clark (Cohort Studies), <i>Consultant Neonatologist and Head of Department at Jessop Wing Hospital; Workforce Planning Officer, RCPC</i></p> <p>Dr. Eric Finlay (Meta-Analyses), <i>Consultant Paediatric Nephrologist at Leeds Teaching Hospitals</i></p>
16:30 - 17:00	Summary, Remarks & Awards	<p>Dr. Karin Schwarz, <i>Head of School of Paediatrics for Health Education England Yorkshire and the Humber</i></p>
17:00	Close	





Programme User Guide

KEYNOTE LECTURES

Keynote lectures, delivered by selected leading experts will educate as well as inspire. In these sessions you will discover what is important and relevant within paediatrics today as well as get an insight into the latest research findings.

BALLOON DEBATE

Consultants are in a balloon that is sinking fast, someone must be thrown out if everyone is not to die! Four consultants have been invited to make their case as to why their research method should not be thrown out of the balloon to save the remainder. They must win the audiences vote to save themselves. This is an excellent opportunity to explore research in an informal interactive manner.

CAREER ADVICE STANDS

Wondering about career options within paediatrics? Come along to our 'speciality speed dating' or career advice stands which will be running during coffee and lunch breaks during both event days. You will have the chance to talk to paediatric consultants and grid trainees in a variety of specialities who have "been there and done that". They will be able to provide you with information about their training and ways to improve your application. We will have a range of specialities being represented including PICU, gastroenterology, palliative care, community and neonatology etc.

PAFTAS

PAFTAS are awards given to trainees and supervisors to recognise those who go above and beyond the call of duty and to celebrate those unsung heroes amongst us.

WORKSHOPS

These sessions would enhance interest in all attendees including medical students, trainee doctors, nurses and the specialist audience. All are welcome at each of the workshops; however one workshop in session 2 has been specially designed for consultants and senior trainees who are approaching Certificate of Completion of Training (CCT).

Annual Meeting





Career Advice Stands

Day 1 – 21st September

Arun Urs - Gastroenterology

Anand Sharma - Neonatology

Sarah Maltby - Rheumatology

Hadeel Hadooli - Research

Kate Renton - Palliative Care

David Finn - PICU

Day 2 -22nd September

Dalia Belsham - Gastroenterology

Amanda Newnham – Renal

Amanda Friend - Research

Yasmine Kamal - Community

Mark Winton - PICU

Davinder Singh - PICU





Awards and Prizes

-PAFTAs Nominees-

Level 1

Ashley Timmings-Thompson
ST1

Srdan Rogosic ST3

Jessica Wan ST3

Rammina Yassaie ST3

Level 2

Fiona Payne ST5

Umberto Piaggio ST5

Harriet Barraclough ST5

Khurram Mustafa ST5

Level 3

Aesha Mohammedi ST6

Becky Lancaster ST6

Becky Musson ST7

Chris Lethaby ST8

Supervisor

Anthony Hart, Consultant Paediatric Neurologist Sheffield Children's Hospital

Imran Bashir, Consultant Paediatrician Rotherham District General Hospital

Sanjay Gupta, Consultant Paediatrician, Hull Royal Infirmary

Ramesh Kumar, Consultant Paediatric ICU, Leeds Teaching Hospitals

Sharon English, Consultant Neonatologist, Leeds Teaching Hospitals

Nick Bishop, Prof Paediatric Bone Disease, Sheffield Children's Hospital

Jo Mannion, Consultant Paediatrician, Clinical Director, York Teaching Hospitals

-Prizes-

- i. Best Poster and Runner Up
- ii. Best oral Trainee Presentation and runner up
- iii. Best oral student presentation and runner up
- iv. Best Research



Biographies for Keynote Speakers

Dr CHRIS DAY



Dr Day got an intercalated degree in Chemical Pathology before graduated from Leeds in 1980 then worked around the paediatric units of the north of England – from Airedale to Newcastle then back to West Yorkshire – ‘enjoying’ the experience of being a middle grade in Bradford at ST3 so much (well pre run-through training equivalent of ST3) that he always hoped to go back here. After higher specialist training in and around Sheffield he has been back in West Yorkshire – finally as a Neonatologist in Bradford for more than 20 years. As joint clinical lead for the Yorkshire Neonatal Network he has maintained links with almost all the units he has worked in over the past 4 decades!

Ms. DAWN THOMPSON and Mr. HASAN NAZIR

(with facilitation from Dr CATRIONA MCKEATING)



Ms. Dawn Thompson is a parent of a child who uses the hospice services. She and her family live with the impact of having a member of the family with a life limiting condition. Dawn is an amazing ambassador for children with palliative care needs and takes every opportunity to spread the word about its impacts, especially on the family at home, and need for increased services and support.

Mr Hasan Nazir has a wealth of experience of living with a chronic condition and generously and eloquently, shares his experiences to help effect change. He has not only been an active contributor to Medical student teaching, but also been involved in shaping policy for services for young people.

Hasan was instrumental in securing new children's wards, by helping to articulate the need for new facilities at Bradford. He has been helping to design and fit out key areas in those new wards, for the young people of Bradford. Hasan has also taken on the role as ambassador for the Bradford Hospitals Children's Charity through which he has helped to raise the profile of charity and boost fundraising.

Dr Catriona McKeating is a consultant Paediatrician with special interest in paediatric palliative care. She works at Forget Me Not Children's Hospice, a pioneering children's hospice serving families across West Yorkshire & East Lancashire.

Dr LIVINGSTONE



Dr Livingstone has been a consultant paediatric neurologist in Leeds since 1991 having trained in paediatric neurology in Edinburgh, Paris and London. From 2014 -2017 he was president of the British Paediatric Neurology Association and chair of the neurology CSAC of RCPCH. In the latter role he was responsible for revising the neurology training curriculum which will go live this year.

His research interests are in neurogenetic diseases and in particular, genetic disorders associated with intracranial calcification and inherited white matter diseases. He has had a long standing research collaboration with Professor Yanick Crow on the characterisation of human Type 1 interferonopathies - Aicardi-Goutières syndrome in particular. Currently he is leading the inherited white matter diseases network in the UK and lead the multidisciplinary molecular diagnostic MDT for inherited white matter diseases in Leeds.

Prof PAUL DIMITRI



Professor Paul Dimitri is the NIHR Clinical Research Network National Children's Specialty Lead. He works at Sheffield Children's NHS Foundation Trust as a Professor of Child Health, Consultant in Paediatric Endocrinology and Director of Research & Innovation. Paul is the Clinical Lead for the TITCH (Technology Innovation Transforming Child Health) Network established to support the development and adoption of technology for children's healthcare. Other research positions include Divisional Lead for the Yorkshire & Humber Clinical Research Network and past Deputy Director for the Medicines for Children's Research Network (East).

Dr HANNAH SHORE



Hannah fell in love with paediatrics whilst doing an A and E job in Birmingham – she was the one running into the paediatric bay when everyone else ran away. A rotation through Birmingham children’s hospital took her to neonates at City Hospital where she was enthused by a consultant called Simon, whose daughter was called Hannah and 2 fab but scary ANNPs.

She then went north working in Dundee, Kirkcaldy and Edinburgh where she got a registrar post, then a research fellow post. London beckoned due to being married to a fighter pilot and she was lucky enough to take up a neonatal grid post at the world famous Queen Charlotte’s hospital, Imperial NHS trusts.

A desire to get out of the smog led to her taking up a consultant post in Leeds in 2011 where she is never far from a manikin for simulation or making up poems about safety issues.

Dr DAVID EVANS



David is a Neonatologist in Bristol and is Vice-President (Training & Assessment), Royal College of Paediatrics & Child Health. He has previously been Head of School in Severn. His connection with Yorkshire & Humber is that he completed his training in Leeds before moving to Bristol and two of his children were born at the LGI.



Dr SOPHIE SKELLETT



Dr Skellett has been a consultant in paediatric and neonatal intensive care at Great Ormond Street Hospital for Children (GOSH) for 14 years. She is also the Associate Medical Director for Leadership and professional affairs at GOSH.

Dr Skellett's interest in resuscitation began over 15 years ago when she first became an APLS and PALS instructor then course medical director. She was then invited to sit on the EPLS sub-committee at the Resuscitation Council UK and after 3 years took up the Chair position which she has now been in for 5 years. The sub-committee, now renamed EPALS sub-committee, oversees and develops the EPALS course which is one of the two national professional paediatric resuscitation and recognition of the deteriorating child training courses. Dr Skellett is also a member of the Executive committee, Community resuscitation committee and paediatric sub-committee for RC (UK) and helped write the 2015 national paediatric ALS and BLS resuscitation guidelines. She is also involved with the European Resuscitation Council and helped write their new course and manual last year. Dr Skellett was the PI for the THAPCA trial at GOSH, studying the effects of targeted temperature management after cardiac arrest on survival and neurological outcome and is involved in the development of novel CPR feedback devices for children. Dr Skellett has an interest in quality improvement programmes in resuscitation, the subject of discussion today.



Biographies for Debate Speakers

Dr SIMON CLARK



Dr Clark spent too much time watching the American television show Quincy as a child and decided to be a pathologist. At medical school obstetrics became the most appealing, until his paediatric attachment in the final year, when he saw the light. Although, most people could have told you paediatrics would have suited him better than any other specialty. Having grown up at Heathrow Airport and trained in the effluent South he gradually moved north. He has worked in Southampton, Birmingham, Liverpool and Sheffield. Along the way he has been variously described as that hairy doctor with the healing hands; an orthopaedic surgeon; a breastfeeding Nazi; louder than a jet engine; having intermittent Tourette's; obsessed with Star Wars and has had dinner with R2D2. In a career mired by poor sartorial choices the nadir thus far has been pericardiocentesis while wearing cycling shorts. As an invited lecturer only medical students and the School of Paediatrics keep asking him back, possibly as other audiences actually expect him to stick on topic and talk to the title of the lecture. At present he fills his time with being the clinical lead for neonatal medicine, chairing the South Yorkshire faculty of advance clinical practice and the collegiate officer for paediatric workforce planning. He has been distracted by exam revision over the last few months, so should you need help with mathematics, physics, chemistry, or biology his knowledge of this is more up to date than anything useful like membership teaching.

Dr ERIC FINLAY



Eric Finlay has been a Consultant Paediatric Nephrologist for 12 years. He has had stints as College Tutor, NCAS Adviser, Lead clinician and Divisional Appraisal Lead. He is currently the TPD for ARCP West. His interest in evidence based medicine has been longstanding and has been cemented by an MSc in Healthcare research from The University of York.

Dr ALAN GIBSON



Alan was a consultant neonatologist in Sheffield for many years but now he is not. Alan was also responsible for a number of different things that were said to be quite important but now he is not. Having surprised both himself and many other people by reaching retirement age without being found out, he now spends his time alternating between acting as a vomit target and pram pusher in chief for his granddaughter, a damage limitation device for his grandson (or, if you believe his daughter in law, "the one who starts it all"), a peripatetic odd-jobber (the odder the job the better) and a comfortable hobo as he wanders the country in his camper van. As he is taking part in a competitive debate he thinks he should point out that because of his vast experience he knows more than the three other so-called debaters put together and warns you that they will be peddling false news. Make paediatrics great again, vote Alan.



Workshops

Session 1 13:30-14:30

Can play make it better?

Leanne Haycock

The workshop will explore the role of the play team and give you an insight into a day of a play team member.

Medicine and the Law; best practice guidance and protecting oneself

Lauren Bullock and Rachelle Mahapatra, Medical Negligence Lawyer at Irwin and Mitchell

A practical session with examples from recent cases and advice on how to protect yourself when writing in notes, dealing with patients and reflecting on the e-portfolio.

OOPE: what, how and why?

Karin Schwarz, Mark Winton, Menie Rompola and Laura Dalton

A interactive session introducing the concept of Out of Programme Experiences (OOPE) in paediatrics with advice from Karin Schwarz, the head of the school of Paediatrics, and trainees who have undertaken a range of OOPE opportunities.





Session 2 14:30-15:30

Mindfulness for health and wellbeing

Rachel Mandela and Catherine Derbyshire

Session about managing potential stressors and the role of mindfulness in maintaining self/environmental awareness and general wellbeing.

So you want to be a paediatrician?

Noreen West, Kerry Jeavons, Hannah Shore, Yasmine Kamal

An interactive panel debate for all medical students, foundation trainees or to others aspiring to a career in paediatrics. Each of the speciality representatives will introduce their area of paediatrics, explaining their roles and its benefits, before opening up to the floor for questions. As well as this excellent opportunity to ask current trainees and consultants about a life in paediatrics, there will also be advice on applications, CV development and contacts.

I want to do research but where do I start?

Bob Phillips and Jess Morgan

An introduction to what research; what is the role of research in paediatrics; and the current research pathways available.

Educational Supervision Update

Karin Schwarz, Head of Yorkshire School of Paediatrics

Promoting excellent supervision and how to get the most out of the ePortfolio, Dr Schwartz highlights some of the new ePortfolio features, common pitfalls and discusses how best to support trainees.





Biographies for Workshop Speakers

Dr NOREEN WEST

Noreen is originally from Plymouth but has slowly migrated north. She got her medical degree from the University of Birmingham and completed the West Midlands paediatric training scheme after a brief stint as a psychiatrist. During training she undertook a year as a research fellow and after CCT worked at Vancouver Children's Hospital before being lured to God's own county and SCH for her dream job combining CF and general paediatrics.

As a consultant she has been actively involved in developing the general paediatric service at SCH and working to ensure that trainees have a positive experience at SCH and across the training programme. This has been achieved through roles including Deputy Director of PGME, training programme director and currently as guardian of safe working hours. She is the lead for general paediatrics at SCH, and the centre director for the South Yorkshire cystic fibrosis service. She is passionate about preserving and defining general paediatrics as a specialty.

She is proud to live in Sheffield with her wife and 2 children.

Dr MARK WINTON

Mark is currently an ST6 PICU GRID trainee working for Embrace. In August 2014 he took an OOPE between ST3 and ST4. He completed a 3 month diploma in tropical medicine and hygiene in Liverpool. He then joined his wife volunteering for the Ugandan Maternal and Newborn Hub at Hoima regional referral hospital, Western Uganda. This NGO received DFID funding to send health care professionals to government hospitals across Uganda to support local staff; carrying out quality improvement, clinical governance, teaching and clinical work. He worked alongside one consultant and 3 house officers on a 60 bed paediatric ward and a neonatal unit with 30 cots, it being the only 'tertiary' service for 2 million people. He claims to have come third in Uganda's first sprint distance triathlon. He had previously worked in Tanzania on a community development project and also completed research in Tanzania for his intercalated degree.

RACHAEL MANDELA

Rachel is a clinical psychologist that has been using mindfulness and self-compassion in a psychology context since 2010. Her current role is in the Clinical Health Psychology Department where she uses mindfulness routinely with patients and also for staff support and development. She finds mindfulness and self-compassion useful in her own life, both personally and professionally.





LEANNE HAYCOCK

Leanne is the Play Team Leader at York Teaching Hospitals NHS Foundation Trust. She has been in her current role managing the play team since September 2016. Previous to that Leanne worked at Pinderfield's General Hospital for 11 years.

Leanne is a firm believer of incorporating play into the hospital setting as it is a great diversion during an anxious period for a child and their family. Play is not just toys, games or activities; it is also preparation, distraction and can have medicinal purposes no matter how long a child is in hospital for.

Working within the team, who will be joining Leanne, is Kerry. Kerry is a senior nursery nurse who has been part of the team for over 10 years. Kerry explores her role with ease due to her calming nature. Kerry has involvement with children less than two years of age throughout a group session in clinic which explores Makaton and music. This group also involves working with other members of the multidisciplinary team which the play team do a lot of in order to gain the best outcome for each patient.

Dr MENIE ROMPOLA

Menie is an ST5 in the Yorkshire and Humber Deanery currently Out of Programme for Research. She is in the final year of her PhD at the Leeds Institute of Cancer and Pathology of the University of Leeds. Her areas of interest are epidemiology, infectious diseases, and haematology.

Dr YASMINE KAMAL

Yasmine Kamal is a second year Grid trainee in Community Paediatrics in Leeds. Yasmine graduated from Leeds University and after a

brief period as a GP trainee returned to Paediatrics to pursue a career in Community Paediatrics. She is currently undertaking a Masters in the causes of respiratory symptoms in children with Down's syndrome, which is her area of interest as well as adoption and fostering. She has a keen interest in teaching and has taught on the community paediatric module of the Masters in Child Health, as well as delivered the Community Paediatric induction for 4th medical students before their placements.

Dr CATHERINE DERBYSHIRE

Catherine is a consultant clinical neuropsychologist, currently working at St James Hospital in Leeds. She completed her mindfulness teacher training at the University of Bangor, to teach MBSR, MBCT and MBCT for cancer. Since 2012, she has worked with the neuro-oncology service at Hull and East Yorkshire Trust, and has run 'mindfulness based cognitive therapy for cancer courses' at the cancer centre in Hull.

RACHELLE MAHAPATRA

Rachelle is a Partner and Head of the Leeds Medical Negligence Department at Irwin Mitchell. She won Partner of the Year at the 2016 Yorkshire Lawyer Awards.

Rachelle has represented hundreds of patients injured as a result of medical negligence. Her special interests include birth and neonatal injuries. Rachelle was successful in proving that earlier commencement of Acyclovir would have avoided catastrophic brain damage to a neonate who was suffering from Herpes Simplex Encephalitis.





Rachelle recently secured a settlement in excess of £9million for the Claimant in the case of Van Berckel (A Child) v Harrogate and District NHS Foundation Trust when it was proven that there was a failure by the Defendant to recognise the baby was in distress and as a result Kit was born unresponsive and required resuscitation. Kit has been diagnosed with dyskinetic cerebral palsy. The settlement will ensure that Kit has lifelong care and rehabilitation.

Dr BOB PHILLIPS

Bob is a Senior Clinical Academic at the Centre for Reviews and Dissemination, and an Honorary Consultant in Paediatric /Teenage-Young Adult Oncology at Leeds Children's Hospital. His main area of work is in the development of individual participant data (IPD) meta-analysis, and the development of skills in appraisal and translation of clinical research in practice. He is the lead of the PICNICC collaboration, "Predicting Infectious Complications In Children with Cancer" which was formed by engaging international clinical and methodological experts, parent representatives and healthcare researchers to investigate primarily the patterns of risk in febrile neutropenia. Bob has worked extensively to promote and teach evidence-based practice with the Centre for Evidence-based Medicine in Oxford, UK, and also the Centre for Evidence-based Child Health (Institute of Child Health, London, UK). He edits the evidence-based practice sections of the Archives of Diseases in Childhood, and is an associate editor of the journal. He has lectured in the UK, Europe, North America, Australia and the Nordic Countries on the subject of evidence-based practice, and has written widely on this. Bob was the Clinical Lead for the NICE Guideline (CG151) on the management of

Neutropenic Sepsis. In addition to the work in febrile neutropenia, he has undertaken many systematic reviews assessing the quality of evidence underlying interventions to ameliorate the side-effects of cancer treatments in childhood. This includes a Cochrane systematic review of the treatment of chemotherapy-induced nausea and vomiting, the treatment of constipation, and risk stratification in nephropathy. He works with the Cochrane Child Health field, the PRISMA-IPD group, and the Department of Health-funded Children and Young People's Health Outcomes forum to encourage the production, development and use of high-quality health research in the care of children and young people.

LAUREN BULLOCK

Lauren is a Solicitor in the Leeds Medical Negligence Department; she joined the team as a Trainee Solicitor in 2014 and qualified in 2015.

Lauren has a varied case load including claims against hospital trusts, GPs and private practitioners. Lauren has experience in a broad range of claims including birth and neonatal injuries, failure to consent, substandard surgery, post-surgical complications, wrongful birth, anaesthetic awareness, and failure to provide psychiatric treatment resulting in self-harm and delayed diagnosis. In 2016 Lauren represented a woman who was mistakenly given a muscle relaxant after an operation and subsequently suffered cardiac arrest.

Lauren is also the co-founder and coach of IM Leeds Boccia, a Leeds based Boccia club for children and young adults with disabilities. Boccia is a Paralympic sport similar to Boules; she coaches players with varying disabilities





many of whom have cerebral palsy as a result of a birth injury.

Dr JESS MORGAN

Jess Morgan is an NIHR Academic Clinical Lecturer, who spends 50% of her time in clinical training as an ST5 in Paediatrics, and 50% as a post-doctoral research fellow at the Hull York Medical School, seconded to the Centre for Reviews and Dissemination, University of York. In 2017, Jess completed her PhD, funded by Candlelighters Children's Cancer Charity, and entitled "Safely Shortening the Duration of Hospitalisation in Children and Young People with Febrile Neutropenia". Her research interests are in the supportive care of children and young people with cancer, and in systematic reviews and qualitative research. Jess is a member of the Board of the International Society of Paediatric Oncology (SIOP) Young Investigators Network and has helped to organise national and international conferences. She teaches research methods on both the STEPP and MedSci Child Health programmes. Jess is also involved in a twinning project between the Leeds paediatric oncology team and a health board in Cameroon, supported by World Child Cancer.

Dr KARIN SCHWARZ

Originally born and raised in Germany, Karin has been working in the UK since she graduated from medical school in 1991. Love and the opportunity to do Paediatrics kept her in Yorkshire and has in the past worked in many of the hospitals in the East and West (but sadly not the South) of the area.

Since 2001 Karin has been working as a Consultant Paediatrician at Huddersfield and Halifax where she shares the lead role for neonates.

Karin has always had close involvement with trainees and training as rota organiser, clinical tutor and supervisor. During her time as TPD between 2009 and 2015 she has developed the ARCP process and have established exams related courses in the region. She has been lucky enough to be appointed Head of School of Paediatrics in June 2015 and has greatly enjoyed this role. It is a pleasure to work with all the trainees, TPDs, HEE team and trainers in Yorkshire and nationally.

Outside work Karin spends time with her husband and 4 children, act as the children's taxi driver, stand at the side of football pitches and drag everybody out of the house for long walks, which are most enjoyed by herself and the dog . She also tries to keep fit by running (not very far) and playing tennis (unfortunately not very well).

Dr LAURA DALTON

Laura is a shorter than average gin-loving paediatric registrar, born and bred in West Yorkshire. As a previous patient of our region's neonatal service, she aspires to be a tertiary neonatologist when she grows up. She has worked for the Yorkshire and Humber Neonatal ODN as a leadership fellow, developing and leading the regional online neonatal formulary. She is enthusiastic about paediatric training in Yorkshire and is part of the team who run the regional clinical and written examination courses. She is currently working with fellow trainees and the school of paediatrics to improve paediatric recruitment to our fantastic region. Laura's involvement with our region's paediatric teams extends beyond clinical work with previous ventures including Bollywood dancing, Dragon Boat racing, the Brownlee Team Triathlon and this year Tough Mudder!





Dr KERRY JEAVONS

Kerry is a general paediatric consultant working at Leeds with a special interest in paediatric epilepsy. She runs the secondary epilepsy service alongside Dr Fonfe, and regularly helps deliver the British Paediatric Neurology Association Paediatric Epilepsy Training (PET) courses for trainees, consultants and allied healthcare professionals nationally. Kerry also has an active role in undergraduate medical education as an undergraduate tutor, receiving excellent feedback from her students for her teaching sessions.

Kerry is currently leading a steering group to aid in prompt assessment and management of sepsis in children and young people, developing a new recognition tool for use through Leeds Children's Hospital and other regional hospitals.





Trainee Oral Presentations: Abstracts

RISKING EXCHANGE BLOOD TRANSFUSION IN PRETERM NEONATES WHEN AMIODARONE IS USED TO TREAT SUPRAVENTRICULAR TACHYCARDIA

Author: M Ali

Background: Supraventricular tachycardia SVT is a common type of arrhythmia in neonates. This case illustrates the challenges involved in the diagnosis and management of recurrent SVT in a preterm neonate who developed jaundice with levels above exchange transfusion line.

Case Presentation: We present a case of preterm neonate born at 29 weeks gestation by emergency section in view of supraventricular tachycardia and evidence of developing hydrops foetalis. Parents previously had an intrauterine death at 35 weeks gestation with fetal tachycardia. Mother was on digoxin which was reduced because of ventricular bigeminy in mother. She also had flecainide but developed fetal bradycardia even at low doses.

Postnatally, she had an ECG and echocardiogram which were normal and she was commenced on low dose amiodarone infusion. On day 2 of life she had multiple episodes of SVT which were terminated by IV adenosine.

She was noted to be jaundiced on day 2 and serum levels were above exchange transfusion line. In view of severe phototoxic and photo allergic side effects of amiodarone a conscious decision was made not to treat the baby with phototherapy but to increase her IV fluids, albumin infusion, start her on phenobarbitone and to monitor bilirubin levels. Despite all these measures her bilirubin levels kept raising so she had a double volume blood exchange transfusion on day 5 of life. She was later changed to oral sotalol and IV amiodarone was weaned off.

Discussion: This case illustrates the potential of developing lethal phototoxic reaction in preterm babies who are on amiodarone and need phototherapy for neonatal jaundice. Half-life of amiodarone is about 50 hours in adults and very limited data on its pharmacokinetics is available in neonates but best estimate is about several weeks.

So we need to be mindful when starting amiodarone in preterm babies who are already at high risk of developing jaundice needing treatment. This case highlights the importance of having a discussion within the teams to look into alternative treatment options other than amiodarone especially in preterm neonates.





PERSONAL EXPERIENCE: SHEFFIELD LITTLE LIFESAVING GROUP

Author: F Payne

Established 2016 by volunteer paediatric and anaesthetic junior doctors, Sheffield Little Lifesaving Group (SLLG) is a charitable organisation teaching paediatric Basic Life Support Teaching (BLS) in the community.

The aim is to outline the skills required and the challenges overcome while discussing the benefits of setting up SLLG, with the hope more trainees will volunteer and inspire others to establish similar groups across the region.

Background: The low UK rate of bystander CPR, 43% versus 73% in Norway, demonstrated the urgent need for BLS training. OHCA Consensus Guidelines state for every minute CPR and defibrillation is not started in a cardiac arrest; the chances of survival are reduced by 7-10%. With current bystander CPR rates attributed to lack of knowledge and fear of causing harm, the value of teaching life-saving skills is clear.

Based on feedback from the BLS sessions run by Sheffield junior doctors during the industrial action, a local demand for training was identified. Further research confirmed the inadequacy of existing provisions. Locally available courses were expensive, costing up to £100. The teaching quality was not guaranteed, with no minimum qualifications or training standards required for BLS teaching.

SLLG aim: SLLG provides free paediatric BLS teaching to the public delivered by qualified doctors with relevant experience.

SLLG benefits: Setting up SLLG has been excellent for developing management skills; establishing as a charitable organisation, managing accounts, funding applications, meetings, volunteer recruiting and running events.

Doctors regularly teach colleagues and educate patients. SLLG enhance doctors' practical teaching skills and their ability to deliver accurate information targeted for the public.

Effective multi-disciplinary working improves patient care and SLLG encourages team working with other specialities. The collected feedback from sessions showed 100% of people agreed that their junior doctor teacher was well prepared, clearly covered with demonstration the approach to BLS and found the sessions very beneficial.

A TYPICAL ENDOBRONCHIAL CARCINOID

Author: O Hosheh

Abstract: A 14-year-old boy presented with 2 episodes of haemoptysis. This wasn't associated with any chest pain, shortness of breath or other symptoms. He was a known smoker of less than 10 cigarettes per day and had a diagnosis of asthma. His initial investigation revealed a normal full blood count, normal electrolytes, and a CRP of 26. Sputum sample grew Group A streptococci which was treated with clarithromycin. Initial chest X-ray showed persistent right lower lobe consolidation and his chest CT scan 2 months after the initial presentation showed partial right lower lobe collapse. Fibre-optic bronchoscopy revealed polypoid lesion in the right main bronchus which was profusely bleeding





after biopsy, but managed to be fully excised with no post-operative complications (Figure 1). Biopsy result revealed carcinoid tumour. Patient was fit and well with no history of flushing, diarrhoea or other symptoms to suggesting Carcinoid Syndrome. He had a good appetite, no history of weight loss, no history of abdominal or bone pain, no history of headaches or rashes. Further investigation did not reveal any metastasis (Figure 2). His carcinoid tumour was classified as typical. (1)

Endobronchial carcinoid tumours are the most common intrabronchial tumours in children and adolescents. It is usually associated with MEN-1.(2) The European Neuroendocrine Tumour Society guidelines show no evidence of adjuvant therapy in patients with totally resected typical carcinoids.(3) Conventional imaging at 3, 6, and 12 months after surgery is recommended along with annual Chromogranin A measurements. CT scan should be done every 3 years.

CASE REPORT - AN UNUSUAL LESION AT BIRTH

Author: K Pettinger

Abstract: A newborn boy presented at birth with a firm erythematous nodule, measuring 25 x 18mm on the medial aspect of his left shin below the knee. The lesion had a depressed centre covered with a crust and subtle telangiectasia on the edges. The rest of the examination was completely normal. He had been born at term following an uncomplicated pregnancy to healthy Caucasian parents.

A 4 mm punch biopsy of the lesion was performed, revealing S100 and CD1a positive cells in the dermis. Langerin immunostaining was positive; a diagnosis of Langerhans cell histiocytosis was made.

The patient was seen in Oncology clinic at 6 weeks. The lesion was regressing, and measured 5x8mm. All blood tests (FBC, U&E, LFT and clotting) were within normal limits. A skeletal survey and abdominal ultrasound were carried out to assess for multi-site involvement. These confirmed there was no systemic involvement.

Congenital, self-limited Langerhans cell histiocytosis is a rare but well described cutaneous form of LCH, associated with a good prognosis (1). Single lesion, single system, congenital LCH is even rarer; it typically presents as a single, red to brown papule or nodule that is often ulcerated or crusted. It can be present anywhere on the body, but it appears most commonly on the extremities (2). Lesions seem to spontaneously regress over several months. In the literature, no patient with congenital, single lesion, single system LCH developed recurrence or progression of their disease (3). However, it is prudent to continue monitoring patients long term because of the potential of LCH to progress or recur.

AN UNEXPECTED POST-NATAL COLLAPSE; VENTRICULAR TACHYCARDIA IN A NEONATE

Authors: C Fraser, M Winton





A term, DCDA infant had an unexpected cardiovascular collapse on day 3 of life on the postnatal ward. The pregnancy had been uneventful and the parents were non-consanguineous. There had been 11% weight loss noted on the day of the collapse, she was breast fed. She was resuscitated and admitted to the neonatal unit (NNU) and found to be in ventricular tachycardia (VT). Her electrolytes were deranged with a glucose of 0.8 an ionised calcium of 0.45 and a potassium of 7.23. She was commenced on IV calcium gluconate, an IV dextrose bolus and sodium bicarbonate infusion and she converted back to sinus rhythm. The VT returned and after discussion with cardiology she received magnesium sulphate which terminated the VT.

VT in neonates is very uncommon and mostly seen in patients with congenital or acquired heart disease, and cardiac channelopathies. A metabolic screen taken at the time of the collapse revealed raised octanoylcarnitines and a diagnosis of MCADD was made. There are few cases reported of babies with MCADD presenting in the neonatal period with arrhythmias. They are a known feature of longer chain fatty acid disorders and there is evidence demonstrating an interference with cardiac myocyte ion channels in these conditions. This is an interesting case as it adds to the small number of patients who present with VT in the neonatal period who have MCADD. It serves as a reminder to consider metabolic diseases in the setting of multiple electrolyte abnormalities and arrhythmia, where haemofiltration could be considered. It also highlights the importance to correct any metabolite disturbance in patients with arrhythmias before considering any anti-arrhythmic agent (Amiodarone in this scenario), as they can be pro-arrhythmogenic and may worsen the situation.

OUT OF PROGRAMME EXPERIENCE (OOPE); INVOLVEMENT IN A PILOT NEWBORN SCREENING PROGRAMME IN INDIA

Author: S Moorkoth

India currently does not have a universal newborn screening programme (NBS) as it exists in the UK. There is wide range of problems attributed to lack of successful NBS programme in India. Perceptions to newborn screening, cultural taboos and lack of baseline data are some of the problems found by earlier research in this field.

A Centre for Excellence in Inborn Errors of Metabolism was started at Manipal University in India recently which addresses some of the huddles facing universal NBS implementation. This centre is funded by Government of India through the state and also by international charities. The pilot NBS programme will be done in Udupi district (Karnataka; India) with a population of 1125000. There were 14779 live births and 147 new-born deaths. The pilot programme will run over 1 and half years. This will give a baseline data on these conditions. It is also expected highlight more practical challenges and hurdles of rolling out a nationwide or a regional programme.

My experience of working with the team was very rewarding. I helped in the project in two main areas

1. Setting up a qualitative research project in looking at perception towards newborn screening.
2. Writing up guidelines about NBS programme.





The research is almost completed and will be published shortly. There are significant advances in the NBS programme even though the sample collection is not started yet. This is expected to start by end of this month

This gave me experience of setting up a research project and various challenges like translation and validation of questionnaires. Issues relating to general awareness and perception of NBS were also interesting. My association with the programme gave me an insight into the complexities of organising such large scale programmes, staff recruitment, communication with stakeholders and writing up guidelines.

MANAGEMENT OF SPASTICITY IN HEREDITARY SPASTIC PARAPLEGIA

Author: R Raza

Aim: To provide guidance in management of spasticity in children with Hereditary Spastic Paraplegia(HSP).

Introduction: Hereditary spastic paraplegia (HSP) is a group of clinically and genetically diverse disorders that result in progressive and generally severe lower extremity weakness and spasticity.

Diagnostic workup is tailored according to clinical features, however spinal and brain MRI and exome sequencing are the most useful investigations(1,3).

Method: A guideline was put together as a flow chart of management steps based on consultation with experts and local specialist practice at LGI (Level D Evidence) backed up by Level A-C evidence for individual treatment options.

Management of spasticity: Management of spasticity in HSP is based on identifying clear and realistic goals and achieved by improving mobility, increasing range of motion and relieving spasticity. Management options include (a)physiotherapy, (b)medical agents and(c) surgery (Appendix1).

An early and regular physical rehabilitation program is recommended with use of assistive devices such as ankle-foot orthoses as required(2).

A trial of Dopamine should be considered if the diagnosis of HSP is in doubt. Some forms of HSP have shown response to Dopamine(4). Oral Baclofen is used as a first-line antispasticity drug. This can be administered by intrathecal pump(ITB) if side effects limit oral dosing. Oral Gabapentin is the second line followed by oral Tizanidine.

The evidence for botulinum toxin use in HSP is limited and unclear. Its benefits are greatest when combined with therapy and splinting(5). Diazepam can be used as an adjunct to other oral medications to improve symptom control. Selective Dorsal Rhizotomy(SDR) is not routinely offered for HSP and should only be considered for uncomplicated stable HSP where all other treatments have failed and quality of life is very severely affected.

Conclusion: This referral and management pathway in Appendix 1 summarises the medical and surgical options for HSP.





AETIOLOGICAL INVESTIGATIONS IN EARLY DEVELOPMENTAL IMPAIRMENT (EDI): WHICH TESTS HELP MAKE A DIAGNOSIS?

Author: M Atherton

Objective: To determine how frequently early developmental impairment (EDI) investigations identify an aetiology.

Introduction: EDI is defined as a child's developmental skills falling at least two standard deviations below the population mean in two or more developmental domains. Potential causes include genetic, metabolic, antenatal, endocrine and infective. The number of recommended investigations has increased over the last 20 years (1), but the relevance of specific investigations has been questioned. This work aimed to determine the relative contribution and cost effectiveness of specific investigations in identifying the cause of EDI.

Methods: Children referred to Sheffield Children's Hospital between January 2010 and December 2015 for evaluation of EDI were identified from clinic letter databases. Case notes and investigations were retrospectively reviewed. Cases were excluded if the cause was clear from initial history and examination. Participants were divided into two groups dependent upon the presence or absence of additional clinical features. Data collected included investigations conducted and whether an aetiology was determined.

Results: 713 children were initially identified; nine were excluded due to insufficient data. Of the remaining 704, 562 had additional clinical features. Of the 624 who underwent investigations, an aetiology was identified in 85 (13.6%). The presence of additional features doubled the likelihood of diagnosis, but this was not statistically significant (χ^2 1.90, $p=0.17$). Diagnostic tests included MRI (in 23.1%), microarray (11.5%), plasma amino acids (1.2%), Fragile X (0.9%) and TFT (0.64%). FBC, U&E, LFT, bone profile, biotinidase, urine GAGs, CK and lead levels were not diagnostic for any patient. These results enabled the design of a more streamlined investigative pathway for EDI, accounting for phenotype, whereby low-yield investigations are omitted.

Conclusions: Most aetiological investigations for EDI evaluated here were negative. Our new investigative pathway proposes an evidence-based and more cost-efficient guideline for clinicians in the assessment of EDI.





Trainee Poster Presentations

Research/Audit: Has Centralisation improved the neurological outcome of children requiring intensive care services in Yorkshire and Humber

A S Mohammed

Research/Audit: Barriers To Communication Between Primary and Secondary Care

E Peever

Research/Audit: Situational Awareness for Everyone (SAFE): Service evaluation at Rotherham District

E Laurence, J. Slater

Research/Audit: Periorbital Cellulitis Audit

J Hassan, J Haslam, C Secker

Personal Experience/OOPE: GP Paired Learning Project

B Van Beek, L Ramsden, G Ennals

Case Report: Neonatal Air Leak

A Foster

Research/Audit: Rotherham Rapid Access Clinic: An Ambulatory Care Model Service Evaluation

H Barraclough

Research/Audit: Assessment and Investigation of Headaches in Paediatric Patients

A Hafeez, V Mankarious

Research/Audit: Are we fully aware of our child's asthma medications? Oh, I thought the inhaler was still full!

H S Khan

Research/Audit: Introduction of Nasal CPAP to a Level 1 Neonatal Unit

A.Damazzer

Research/Audit: An analysis of the Relevant Condition at Death (ReCoDe) found in a series of Minimally Invasive Post-mortems. How does it compare to the traditional Invasive Post-mortem.

R Rummery, J Agius De Giovanni, A Raghavan, E Whitby

Case report Antenatal Diagnosis In OI needs more than a genotype

F Arshad





Research/Audit: Umbilical Venous Catheterisation- A Pain in the Liver

C Firth, K Pettinger

Case report: A Case of Ondine Curse and Hirshprung Disease

S Chan

Research/Audit: Does Direct Observed Therapy (DOT) in children with asthma improve symptom control and quality of life?

M Qureshi, A Paes

Research/Audit: Where Do Our Patients Die?

K Renton

Research/Audit: Community MDT Approach in the Management of CMPI and Reflux - Review of Practice.

C Agar

Case report: Congenital central hypoventilation syndrome(CCHS)

M Ranjan

Research/Audit: Neonatal Hypothermia

R Raza

Research/Audit: Retrospective Audit of nutritional status assessment and management of low bone mineral density in children and young people with Cerebral Palsy: Are we following the NICE guidelines?

SW Foong, M Gadde, D Higham, S Appleby, SN Harrower, R Sharma

Case report: An unusual case of neonatal metabolic alkalosis causing seizures

M Ranjan

Case Report: A misleading case of HLH

R Basu

Case Report: "Don't be fooled by a presentation of deliberate overdose "

H Armstrong

Research/Audit: An audit of appropriateness of EEG requests made by General Paediatricians.

S Yasmin, K N

Research/Audit: New Paediatric drug chart as a means of Quality Improvement for antibiotic stewardship.

S Arghode, E Hassanin, Z Lowe, T Jones





Research/Audit: To evaluate the use of antenatal magnesium sulphate prior to in-utero transfer (IUT) by the Embrace Transport Team.

A Shaw

Case Report: Neurological Complications of Intrathecal Methotrexate in Children with Acute Lymphoblastic Leukaemia.

M Gadde

Case Report: Headache: A perplexing Presentation of Cavernous Sinus Thrombosis!

G Karthikeyan

Personal Experience/OOPE: To be or not to be a leader!

K Mustafa

Research/Audit: Bridging gaps between Paediatric Intensive care and other Specialties.

K Mustafa

Case Report: An unusual cause of a blocked nasojejun tube

Allison Low





Medical Student Oral Presentations: Abstracts

THIRSTY WORK: AN AUDIT OF PRE-OPERATIVE FASTING IN PAEDIATRIC PATIENTS

Authors: A Barnard, A Al-Roby, S Bew

Introduction and Aims: Preoperative fasting reduces the risk of pulmonary aspiration during induction of anaesthesia. National guidance states that children should fast for six hours for solid foods, and two hours for clear fluids, prior to elective surgery¹. Many children fast for longer than is recommended which is associated with increased dehydration, irritability and anxiety². This study aimed to audit the fasting intervals of paediatric surgical patients at Leeds General Infirmary. It also aimed to provide insight into the experiences children had of fasting.

Methods: Quantitative and descriptive data was collected prospectively, using questionnaires given to all parents and, where appropriate, children undergoing elective surgery. These were distributed and collected on the ward during two, separate, one-week periods, several months apart. Ward practice was amended between the two data collection periods where a prompt on the theatre checklist was added so that children, who were not first on the list, were offered a drink on admission.

Results: 76 completed surveys were obtained with a mean age of 8.45 years (SD 4.1). Preoperative fasting times were longer than the recommended guidelines, regardless of age and time of operation. Mean fasting times were 11.75 hours (SD 4.4) and 7.02 hours (SD 5.0) for food and clear fluids respectively. Children on the afternoon list had a shorter food fasting time in comparison to those on the morning list but no difference was found for fluids. The change in ward practice made no difference. Children generally tolerated fasting well, with only 13% reporting that they were 'very hungry' and 2% feeling 'very thirsty'.

Conclusion: Pre-operative fasting times for children far exceed current recommendations. More effective interventions need to be implemented on the ward, and information given to parents clarified, to reduce fasting times.

COMPARISON BETWEEN THE NEW NEONATAL UPRIGHT SELF-INFLATING BAG-AND-MASK AND STANDARD RESUSCITATION DEVICES: LEAK, APPLIED LOAD AND TIDAL VOLUME

Authors: A Rafferty, L Johnson, P Davies, M Thio, L Owen

Aim: Mask ventilation in the newborn is a difficult skill to acquire and maintain¹. Effective ventilation to achieve appropriate pressures and volumes requires minimal mask leak¹. The aim of this study was to determine whether newly available equipment could reduce mask leak without additional load being applied to the face.

Methods: Forty operators delivered 1-minute episodes of mask ventilation to a manikin using the new Laerdal Upright resuscitator, a standard Laerdal infant resuscitator (Laerdal Medical, Stavanger, Norway) and a T-piece resuscitator (Neopuff, Fisher & Paykel Healthcare, Auckland, NZ), using both the new Laerdal snap-fit facemask and the standard Laerdal size 0/1 facemask (equivalent sizes). Participants were asked to use pressure sufficient to achieve 'appropriate' chest rise. Leak, applied





load, airway pressure and tidal volume were measured continuously. Participants were unaware that load was being recorded.

Results: There was no difference in mask leak between resuscitation devices. Leak was significantly lower when the snap-fit mask was used with all resuscitation devices, compared with the standard mask (14 vs. 37% leak, $P < 0.01$). The new snap-fit mask was preferred by 83% of participants. The device-mask combinations had no significant effect on applied load.

Conclusions: The new Laerdal Upright resuscitator resulted in similar leak to the other resuscitation devices studied, and did not exert additional load to the face and head. The new snap-fit mask significantly reduced overall leak with all resuscitation devices and was the mask of choice.

THE IMPACT OF CLASS ONE MUTATIONS ON THE MEDIAN AGE OF DEATH OF PWCF IN THE UK

Authors: A Casper, M Herbert, K Brownlee, RG Feltbower, R Cosgriff

Background: Disease severity as indicated by pancreatic and pulmonary function is related to genotype. People with cystic fibrosis (PWCF) homozygous for F508del as compared to heterozygous F508del or no F508del mutation have more severe disease manifestations (Kerem E, et al. *N Engl J Med.* 1990;323:1517-22). An association between 'mild genotypes' and increased age of death has been reported (Hoo Z, et al. *J Resp med.* 2014;108(5);716-21).

Studies defining the impact of class I mutations on disease severity are often limited by small numbers (Geborek A, Hjelte L. *J Cyst Fibros.* 2011; 187-192). McKone reported no significant difference in mortality rate of class I: F508del heterozygote combinations when compared to patients homozygous for F508del. (McKone, et al. *Lancet.* 2003;361:1671-76).

Aims: To compare the median age of death of PWCF with class I mutations to those homozygous for F508del mutation.

Methods: Age at and year of death, sex and presence of meconium ileus of PWCF with at least one class I mutation or homozygous F508 registered on the Cystic Fibrosis Trust UK CF Registry (2007-2015) was requested. Multiple linear regression was used to assess the effects on age at death.

Results:

Mutations	Number	Median age of death
Homozygous F508del	387	27
F508del:Class 1	85	25
Homozygous Class 1	7	24

After adjusting for sex, age at diagnosis and the presence of meconium ileus, the median age of death for PWCF with at least one class 1 mutation was 2.45 years earlier than those homozygous for F508del, $p = 0.029$, (95% CI -4.66, -0.25)

Conclusions: The median age of death for PWCF with a class 1 mutation combined with either F508del or another class I mutation was significantly younger than those homozygous for F508del.





COMPARISON OF DIABETES CONTROL IN SCHOOL-AGED CHILDREN IN SHEFFIELD DURING THE SCHOOL TERM TIME AND THE HOLIDAYS.

Author: S Somani

Introduction: Children and young people with diabetes should maintain an average HbA1c of less than 48mmol/mol to reduce their risk of long-term complications. School holidays take up 25% of the year therefore good control in holidays and term-time is paramount. Little work has been done in this area but it has been suggested control may worsen during the holiday periods. This study aimed to compare diabetes control between term-time and the school holidays.

Methodology: All type 1 diabetic school-aged children, managed by one centre and attending school within the Sheffield catchment area were entered into the study. Demographic data from hospital records was recorded. DIASEND download data from blood glucose meters and insulin pumps was reviewed for the summer and Christmas holidays of the 2015-2016 school year. Data for the same period after each holiday was also collected.

Results: One hundred and twenty children (median age 11yrs) had data available for analysis. Forty-three percent were pump users. Daily mean blood glucose was significantly higher during the Christmas and summer holidays (10.6 mmol/l and 11.0 respectively) compared to term time (10.1 mmol/l and 10.1mmol/l $p<0.01$). During the Christmas holiday children did fewer blood tests per day (5.4 vs. 5.9, $p<0.01$), with more readings above the target range (53% vs. 47% $p<0.01$). During the summer holidays children did a similar number of tests to the term time but had significantly more results above the target range (50% vs. 46% $p<0.01$). Those with insulin pumps had no difference in the average daily insulin used or the number of boluses given between term time and holidays.

Conclusion: Diabetes control in children and young people with type one diabetes appears to worsen during the holidays. This highlights the need for focused education to equip patients and families to adjust insulin regimes for changes in routine.





Medical Student Poster Presentations

Title: The perceptions of first, second and third year medical students towards ‘patient educators’ – Am I ready for clinical placement?

Authors: Hafizul Haq, J O'Hara

Title: Paediatric RRAPID

Authors: T Price, M Grren, P Cartledge, J Young

Title: Inflammation, lipids, and aortic intima media thickness

Authors: A Rafferty, L McGrory, M Cheung, S Rogerson, Prof Burgner

Title: Screening for Herpes Simplex Virus Infection Post Haematopoietic Stem Cell Transplant

Authors: C Marshall, K Patrick

Title: A retrospective audit looking at adherence to antibiotic use guidelines in the Sheffield Children’s Hospital ED.

Author: J Gray, WS Leong, C Rimmer

Title: Exploration of Continuity of Care between Secondary and Primary Care in the Management of Children with Long-Term Conditions.

Authors: J McMurrin, J Thompson, J Swann

Title: The utilisation of hospice services following referral from malignancy tertiary team.

Authors: S Eccles, F McElligott





Stands

Day 1 – 21st September

1. RCPCH Paediatric Care Online
 2. Global Links
 3. Over the Wall
 4. Kwick Screen
 5. Molly's Olly's Charity
 6. Film Array
7. Medical Protection Society
8. Junior Doctors Group HEY

Day 2 - 22nd September

1. RCPCH Paediatric Care Online
 2. Film Array
 3. Over the Wall
 4. Research DesignService
 5. Medical Protection Society
 6. LCH JDF
7. Junior Doctors Group HEY
 8. Kwick Screen



School Meeting Committee 2017

Name	Region	Allocations
Aesha Mohammadi	West Yorkshire	Chair
Umberto Piaggio	South Yorkshire	Chair
Gauthamen Rajendran	West Yorkshire	Abstract Team
Janani Devaraja	South Yorkshire	Abstract Team
Yousef Gargani	West Yorkshire	Abstract Team
Amy Talbot	West Yorkshire	Advertisement Team
Asma Kiani	East Yorkshire	Advertisement Team
Michelle Lau	West Yorkshire	Advertisement Team
Yatagama Arachchige Arundathi Jayasena	West Yorkshire	Advertisement Team
Claire Wastakaran	South Yorkshire	Conference Pack Team
Jennifer Hubble	South Yorkshire	Conference Pack Team
Sandra Tan	West Yorkshire	Conference Pack Team
Tallal Hussain	West Yorkshire	Conference Pack Team
Nikki Bryce	West Yorkshire	Medical Students Team
Hannah Townsend	South Yorkshire	Medical Students Team
Hazel Collins	South Yorkshire	Medical Students Team
Emmanuel Erinaugha	West Yorkshire	Poster Team
Jessica Wan	South Yorkshire	Poster Team
Osama Hosesh	West Yorkshire	Poster Team
Simranpreet Kaur	South Yorkshire	Poster Team
Catherine Agar	West Yorkshire	Stands Team
Mathumoli Ranjan	East Yorkshire	Stands Team
Samarth Burle	South Yorkshire	Stands Team
Soraya Hachemi	West Yorkshire	Stands Team
Angie Villa	South Yorkshire	Workshop team
Lydia Green	West Yorkshire	Workshop team
Mihaela Diaconu	South Yorkshire	Workshop team
Phillipa Rawling	West Yorkshire	Workshop team

Annual Meeting