

Pandemic: a need for reactive education in paediatrics

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has brought many unfamiliar challenges to paediatrics. First, there has been a significant decrease in paediatric patient presentations to district general paediatric emergency departments by an incredible average of 50%.¹ Conversely, the acuity of patients has changed with delayed presentations of unwell children, referred to as 'late presenters'² who often require escalation of management such as in diabetic ketoacidosis, and now an emergence of a new paediatric syndrome likely related to SARS-CoV-2 pandemic.³ For many paediatricians redeployment meant working in new teams, so simulation and team education was important alongside learning new clinical knowledge. When education becomes the reaction to rising unknown challenges, then the outcomes achieved for children are better.

Setting up new reactive education programmes is challenging. Senior clinicians are often busy in management or planning roles and registrars in district general hospitals (DGH) often do not have confidence or experience to set up new programmes. This letter aims to describe a reactive educational programme led by the registrars' team at a DGH in North West London during this pandemic, which received great feedback from paediatric trainees, improved skill sets and will be continued in the next year, featured as one of the positive lessons learnt.

The educational programme was coordinated and led by the clinical registrar team, identifying key learning concepts and innovative learning methods. Virtual sessions, via Zoom, were introduced for all teaching sessions to ensure those off-site were able to participate and to allow social distancing; these sessions were shared to all DGHs in North West London, many of which had teaching programmes stopped to

allow wider collaboration. A weekly programme of short, focused learning sessions ('Lightning Learning'), journal club, simulation, clinical skill sessions and consultant didactic teaching complemented a weekly COVID-19 literature update all of which was summarised in a weekly education e-bulletin, including a 'Paediatric Puzzler' (quiz). A themed week, Diabetic Ketoacidosis, was introduced in response to increased patient presentations of this condition to ensure maximal educational opportunities and enhance patient care.

Several challenges arose in developing the teaching, particularly regarding introducing new technology tools. Having registrars familiar with technology leading the programme helped ingraining within the team. Using a collaborative approach, encouraging other centres to feel involved and leading structured sessions, helped to exchange knowledge and experience.

Having autonomy over the teaching programme with no restrictions was really liberating to trial different methods and themes for sessions and to evolve sessions to cater for trainee needs following feedback. Involving juniors in leading sessions resulted in higher levels of constructive feedback, compared with the senior-led sessions. This feedback could then be used in conjunction with consultants to construct sessions aimed at different levels of trainees. It is crucial to have consultant involvement to ensure sustainability and quality of any teaching programme.

A downside was the time commitment for juniors to devote to preparing and sharing teaching sessions on top of their clinical duties with no protected educational time; however, this did not materialise as an obstacle during the height of the pandemic. If working life is to return to prepandemic ways, then this level of commitment may become more of a challenge; a key concept to continue to evolve the programme is to maintain engagement and continue to deliver teaching in a

dynamic manner—responding to local challenges as they arise. We have expanded our educational registrar team to reduce individual time commitment, introduce a degree of flexibility and promote collaboration as we continue to introduce new formats such as the guideline of the week.

Paediatricians at DGHs have the privilege to manage clinical conditions 'at scale' even during a pandemic. This knowledge should be shared with young paediatricians and consist the 'backbone' of their education, especially during periods of change.

Susan Wallace ,¹ Heidi Makrinioti ,² James Webbe,¹ Sarah Taylor,¹ Doug Hargreaves³

¹West Middlesex University Hospital, Isleworth, UK

²Paediatrics, Imperial College Healthcare NHS Trust, London, UK

³Department of Primary Care and Public Health, Imperial College London, London, UK

Correspondence to Dr Susan Wallace, West Middlesex University Hospital, Middlesex TW7 6AF, UK; susanwallace1@nhs.net

Contributors The authors have equally conceived, implemented and contributed to the work.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Wallace S, Makrinioti H, Webbe J, et al. *Arch Dis Child Educ Pract Ed* 2021;**106**:187–188.

Received 22 June 2020
Accepted 27 July 2020
Published Online First 7 August 2020

Arch Dis Child Educ Pract Ed 2021;**106**:187–188.
doi:10.1136/edpract-2020-320004

ORCID iDs

Susan Wallace <http://orcid.org/0000-0001-9234-2697>

REFERENCES

- 1 Isba R, Edge R, Jenner R, *et al.*
Where have all the children gone?
Decreases in paediatric emergency
department attendances at the start
of the COVID-19 pandemic of 2020
[Internet]. Vol. 105, Archives of
Disease in Childhood. *BMJ Publishing
Group* 2020:704.
- 2 Lynn RM, Avis JL, Lenton S, *et al.*
Delayed access to care and late
presentations in children during the
COVID-19 pandemic: a snapshot survey
of 4075 paediatricians in the UK and
ireland. *Arch Dis Child* 2021;106:e8. .
- 3 Whittaker E, Bamford A, Kenny J, *et al.*
Clinical characteristics of 58 children with
a pediatric inflammatory multisystem
syndrome temporally associated with
SARS-CoV-2. *JAMA* 2020. doi:10.1001/
jama.2020.10369. [Epub ahead of print: 08
Jun 2020].