



WELCOME TO THE 11TH ANNUAL YORKSHIRE & HUMBER SCHOOL OF PAEDIATRICS MEETING



FUTURE VISION OF PAEDIATRICS

TUESDAY 10TH NOVEMBER 2020



 #SOPAM2020





WELCOME TO THE SCHOOL OF PAEDIATRICS 11TH ANNUAL MEETING

Reminders:

- Please mute yourselves & turn your camera off during the main sessions
- You may be asked to unmute and turn your video on during workshops

Reminders:

- Please write any questions for the speakers in the chat
- Please have a pen & paper ready for workshops if needed

Reminders:

- Please do not record the conference. We will be recording sessions to be accessed for a limited time only



 #SOPAM2020

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Introduction:

Dear colleagues,

We would like to warmly welcome you to the 11th Yorkshire and the Humber School of Paediatrics Annual Meeting - and our first ever virtual meeting!

The pandemic has been a challenging time for all of us and we hope that today will provide you with some fantastic learning opportunities and inspiration about training.

This year's theme is the **"Future Vision of Paediatrics"**. We are delighted to bring you a range of speakers who will give us an insight into the changes in paediatric training and regional projects that are underway to improve the health and healthcare of our paediatric population. There is also an opportunity for some smaller, more interactive sessions with the workshops in the afternoon. We hope there will be plenty for everyone to learn from today's programme and apply to their future practice.

Each year a small team coordinates accepting nominations for the Paediatric Awards For Training Achievements (PAFTAs). These are nominations from all over the region for our colleagues who are recognised as those who go above and beyond. The categories are:

- Junior Trainee (ST 1-3)
- Senior Trainee (ST 4-8)
- Nurse Practitioner
- Educational Supervisor

This is a really great part of the day to support our fellow colleagues. We hope you can join us in celebrating the winners who will then have the opportunity to be nominated for a national PAFTA.

Finally, we would like to thank Health Education England, our fellow committee members, our consultant abstract markers and all the speakers who have given their time during this pandemic to help bring this day together. It would not have been possible without their good will and perseverance. Thank you!

We sincerely hope that you enjoy the day and look forward to your participation!

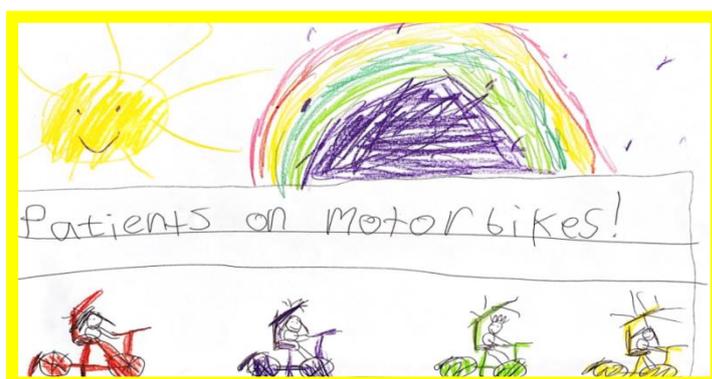
Dr Reena Basu and Dr Jo Hemingway

Co-Chairs of the Yorkshire & Humber School of Paediatrics Meeting 2020



SOPAM 2020
 Future Vision of Paediatrics
 Tuesday 10th November 2020

Time	Session	Speaker
09:30 – 09:45	Welcome & Intro	Jo Hemingway, Reena Basu, Karin Schwarz,
09:45 – 10:30	Shape of Training An update from the RCPCH	Dr David Evans RCPCH Vice President for Training and Assessment
10:30 – 11:15	Born in Bradford	Prof Mark Mon-Williams Professor of Cognitive Psychology, University of Leeds
11:15 – 11:30	Break	
11:30 – 12:30	Presentations	Trainee Dr Elizabeth Pal A leadership Fellow at Better Start Bradford Dr Ihsanuddin Mohamed Muslim Urinary Ascites in Children Dr Fiona Blythe Aspiring to Progress SPRAT Medical Student Molly Lim: Recording of Chest X Ray findings in patient's notes in PCCU
12:30 – 13:15	Lunch	
13:15 – 14:15	Workshops	Details on next page
14:15 – 14:30	Break	
14:30 – 15:15	Genetics: Advances in genetics and the future for paediatrics	Prof Eamonn Sheridan Consultant in Clinical Genetics, Leeds Teaching Hospitals
15:15 – 16:00	Summary, Remarks, PAFTAs, Poster/Presentation awards	Dr Chris Day Neonatologist Bradford Teaching Hospitals



Workshop information

13:15 – 14:15

	Title	Speaker	Capacity
1	<p>Uplift in Care</p> <p>How to make a good referral, how to transfer a patient yourself, how not to make a trauma call</p>	<p>Dr Hazel Talbot</p> <p>Consultant, Embrace Transport Team</p>	Unlimited
2	<p>Advanced Care Planning</p> <p>An introduction to advance care planning. Helping to understand the purpose of Advance Care Planning and why they are so important. Helping to start to write these and tips on how to make these as useful as possible.</p>	<p>Dr Ross Smith</p> <p>Consultant in Paediatric Palliative Medicine Leeds Teaching Hospitals/Martin House Children’s Hospice</p>	Max. 40 delegates
3	<p>Research in Paediatric ED</p> <p>“My research journey as a clinician; discussion on how to conduct research in a paediatric emergency department”</p>	<p>Dr Shrouk Messahel</p> <p>Consultant in Paediatric Emergency Medicine, Alder Hey Children’s Hospital</p>	Unlimited
4	<p>Quality Improvement Workshop</p> <p>Rapid QI from data to intervention</p>	<p>Dr Megan Peng</p> <p>Quality Improvement Manager, RCPCH</p>	Max. 20 delegates
5	<p>CAMHS</p> <p>Practical tips on Mental Health Act, managing challenging and non-consenting patients, signposting to relevant agencies</p>	<p>Dr Edward Pepper</p> <p>Lead Consultant for CAMHS, Leeds Teaching Community Health Care NHS Trust</p>	Max. 40 delegates
6	<p>Education Session</p> <p>Barriers to virtual teaching/supervision</p>	<p>Dr Chakra Vasudevan Consultant Neonatologist, Bradford Teaching Hospitals</p> <p>Dr Karin Schwarz Paediatric Head of School and Consultant Paediatrician at Calderdale Royal Hospital</p>	Unlimited

Conference Speakers

Professor Mark Mon-Williams

Professor Mark Mon-Williams (MMW) holds a Chair in Cognitive Psychology at the University of Leeds, and is Professor of Psychology at the Bradford Institute of Health Research, and Professor of Paediatric Vision at The Norwegian Centre for Vision. He is also a Turing Fellow at The Alan Turing Institute (the UK's National data analytics and AI Centre).

MMW held post-doctoral fellowships at the Universities of Edinburgh and Queensland before taking up his first faculty position at the University of St Andrews in 1999. In 2002 he moved to the University of Aberdeen where his laboratories received funding from a large number of national and international grant awarding bodies. He was appointed to a personal Chair at the University of Leeds in January 2009 and was Head (Chair) of the School of Psychology from 2011-2014.



MMW leads a research group that use their fundamental scientific contributions in sensorimotor control to address applied issues within surgery, rehabilitation and childhood development, and he has responsibility for ensuring societal impact arises from research conducted within the University of Leeds' Faculty of Medicine and Health.

MMW is the Founder Director of the Centre for Immersive Technologies at the University of Leeds— with Immersive Technologies being a major research priority for the University.

MMW is the University of Leeds Academic Director for the [Wolfson Centre for Applied Health Research](#). He is also the Founder Director of the [Centre of Applied Education Research](#) (a partnership between the Universities of Leeds and Bradford together with the Department for Education, the Education Endowment Foundation, and the Bradford Local Authority) – a multidisciplinary Centre based at the Bradford Royal Infirmary.

MMW leads the NHS ARC group responsible for 'Healthy Schools, and is an executive member of the [Born in Bradford](#) project (a longitudinal cohort study following the lifelong development of 13,500+ children). His research is funded by a number of organisations including the EPSRC, EEF, MRC and ESRC. He is the lead for the 'Healthy Learning' theme within the UK's 'ActEarly' Prevention Research Programme (funded by a consortium of 20 medical charities led by the UK's Medical Research Council).

MMW is committed to improving the health and education of children. He is a Founder Member of the Priestley Academy Trust (a multiple academy trust that includes the first school known to provide free meals to children), and sits on the [Bradford Opportunity Area](#) partnership board. He has several UK government roles including being a Digital Futures Commissioner, sitting on the scientific advisory board for the Social Mobility Commission, being a member of the cross-Whitehall Security Pillar committee, and leading a National project on the use of data to identify and support children with vulnerabilities.

Dr David Evans:

David is currently the Vice President for Training and Assessment at the RCPCH, with responsibilities for revision of both the curriculum (RCPCHProgress implementation) and the training pathway for paediatrics (Shape of Training).

He has been involved in postgraduate medical education for many years and was previously Head of School in Paediatrics at the Severn Deanery (South West), followed by Officer for Recruitment and then Officer for Assessment at the RCPCH.

He is a neonatologist at Southmead Hospital in Bristol and is known there for his lycra-related, sartorial dress sense and ability to find the chocolates.



Professor Eamonn Sheridan:

Professor Eamonn Sheridan qualified in Medicine from the University of Manchester after undergraduate studies in Manchester and Frankfurt. He trained in Clinical Genetics in Leeds and at the Kennedy Galton Center in London. He is currently chair of the British Society for Genetic Medicine and works as a Consultant Clinical Geneticist at the Leeds Teaching Hospitals as part of the Yorkshire Regional Genetics Service. He also runs his own Medical Genetics research group at the Leeds Institute of Medical Research at St James, University of Leeds.

Dr Chris Day:

I started my career in paediatrics in 1956 in Newcastle – happily the SCBU were early adopters of neonatal interventions and after being born significantly unwell with Rhesus haemolytic disease my exchange transfusion went well. It's only half a joke to say that is why I became a paediatrician! After graduating from Leeds I came to Bradford for house jobs before dipping my toe into the world of paediatrics at Airedale. After trying paediatrics I finally felt like I'd found somewhere I could be the sort of doctor that fitted with who I was and 40 years on this still feels like my professional home! I completed first tier training in Newcastle and Leeds before registrar jobs in Bradford and then South Yorkshire. I did a year's OOP in research at the Jessop Wing which was long enough to convince me that wasn't where my strengths lay and I was happy to complete HST at the Jessop Wing and SCH. After four very happy years as a consultant at Airedale I realised that neonatal practice was concentrating on fewer centres and for almost 25 years I've been very happy back in Bradford where I started 40 years ago. I'm now an ST40 and very aware there is so much interesting new stuff to try to understand – one of the joys of the School of Paediatrics is the way it delivers bright young things to work in the unit from whom I learn so much!



Workshop Speakers

Dr Hazel Talbot:

Dr Hazel Talbot (@DrHillyHazel) is one of the Embrace Consultants. She has been working for Embrace for 10 years and has a background in neonatology - but really she's a Retrievalist and loves the mixed work of both Neonates and Paediatric Critical Care. Undergraduate training was in London and postgraduate training the length of the M62. She trained full time, which was rather rash with two small children, with a short sojourn into LTFT to pass those all-important exams. As you can imagine she has a very understanding husband. When not working Hazel likes to read (awful) books, play netball and walk her two Labradors. The rest of the time she will be found sleeping.



Dr Ross Smith:

Recently appointed Paediatric Palliative Care Consultant at Martin House Children's Hospice. Completed GRID training here in the Yorkshire and Humber area. Specific interest in care planning. Administrator for the 'Child and Young Person Advance Care Plan (CYPACP)' website [cypacp.uk] and on the working group for this national document. Additionally, working to incorporate palliative issues into the national APLS program recognising the need to ensure future professionals are aware of these vital issues for our patient cohort.



Dr Shrouk Messahel:

Dr Messahel is a Consultant in Paediatric Emergency Medicine at Alder Hey Children's Hospital in Liverpool with active roles in teaching and research. She started her research journey as a member of the Paediatric Emergency Research for UK and Ireland (PERUKI) network and the Trial Management Group for ECLIPSE – a NIHR portfolio multi centre randomised control trial. She now sits on the Research Executive Committee of PERUKI as its secretary. She is also an NIHR Research Scholar with the NIHR North West Coast.



Dr Megan Peng:

Megan is currently Quality Improvement Manager at the Royal College of Paediatrics and Child Health. She joined RCPCH from paediatric specialty training in January 2018 coordinating the dissemination and spread of the Situational Awareness for Everyone (SAFE) programme and establishing the National Children and Young People's Diabetes Quality Programme. The College QI portfolio now includes national QI collaboratives for diabetes and epilepsy, Medicines for Children, and a relaunch of the online QI sharing hub 'QI Central'.

Dr Edward Pepper:

Dr Edward Pepper is a Consultant in Child and Adolescent Psychiatry and Medical Lead for CAMHS in Leeds. He is currently a Consultant in the CAMHS Outreach Service and aspires to Early Intervention in Psychosis Service. He also works in a liaison role with Paediatric Neurology in Leeds.

Dr Chakrapani Vasudevan:

Dr Vasudevan is a Consultant Neonatologist based in Bradford Neonatal Service (6 years) and a Training Program Director at the Yorkshire and Humber School of Paediatrics (4 years). His interests and passion include Perinatal Palliative Care, Multiprofessional education (including work in LMIC countries such as Nigeria, India) and he has helped set up MRCPCH exam training in the region over the last 4 years. He originally qualified in India and after spending 5 years working in Neonatology, he moved to the UK and trained in the North of England in Neonatology. He has a Masters degree in Clinical Education and has contributed to development of Simulation based Education sessions both within the service as well as in the region.



Dr. Chakra Vasudevan
Consultant Neonatologist

Dr Karin Schwarz:

Dr Schwarz is the Paediatric Head of School and Consultant Paediatrician at Calderdale Royal Hospital. Originally born and raised in Germany, Dr Schwarz has been working in the UK since graduating from medical school in 1991. Love and the opportunity to do Paediatrics has kept her in Yorkshire and in the past she has worked in many of the hospitals in the East and West (but sadly not the South) of the area. Since 2001 Dr Schwarz has been working as a Consultant Paediatrician at Huddersfield and Halifax and locally is the lead clinician for neonates. Prior to being Head of School, Dr Schwarz was a TPD between 2009 and 2015 during which time she developed the ARCP process and established exam related courses in the region.



ORAL PRESENTATIONS



1st- Elizabeth Pal

A Leadership Fellow at Better Start Bradford

2nd - Ihsanuddin
Mohamed Muslim

Urinary Ascites in Children

3rd - Fiona Blyth

ASPIRIng to Progress SPRAT

4th - Molly Lim

Recording of chest x-ray findings in
patients' notes in PCCU



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A Leadership Fellow at Better Start Bradford

Dr Elizabeth Pal

Introduction: During my Leadership Fellowship I worked at the lottery funded programme Better Start Bradford. This programme improves child health outcome in 0-3year olds by commissioning programmes focused on health, emotional and language development. I aimed to develop competencies in line with the NHS Healthcare Leadership¹ model by leading and contributing to innovative projects. I focused on infant mental health and childhood sleep.

Infant Mental Health: I led the development of a Yorkshire and Humber Infant Mental Health Hub, the successful launch in June attracted 220 people from across the UK. I led a district wide Infant Mental Health Awareness week, including development of key messages and inspiring partner organisations to collaborate. We gained recognition from the Parent Infant Foundation for the events and campaigning.

Childhood Sleep: There is increasing acknowledgement of the importance of sleep in child development. I led a health needs assessment in Bradford then established links and gained buy-in from a range of stakeholders including national charities, VCS organisations and public health. This work informed the strategic approach to sleep provision in Bradford. In March 2020 I presented my work as a poster at the Future Leaders Conference and was invited by the Sleep Charity to the Houses of Parliament for the launch of their Sleep Manifesto.

Covid-19 – The pandemic led to significant changes in my fellowship, I took on the role of Child Health Lead. I co-wrote the organisations Covid-19 strategy. I also co-led the development of innovative virtual antenatal classes across the district. These successful classes are an example of innovation coming out of adversity.

During my fellowship I have developed valuable skills in leadership, stakeholder engagement, quality improvement and service design. At the end of the fellowship I accepted the role of Child Health Lead at Better Start Bradford for a further year.

Reference

1. Leadershipacademy.nhs.uk. 2020. *Healthcare Leadership Model – Leadership Academy*. [online] Available at: <<https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/>> [Accessed 4 September 2020].

ASPIRing to Progress SPRAT

Blyth F, ¹ Thomas R ²

1. ST8, Community Child Health. Department of Community Paediatrics, Barnsley Hospital NHS Foundation Trust fionablyth@nhs.net
2. Consultant in Paediatric Intensive Care Medicine. Paediatric Critical Care Unit, Sheffield Children's NHS Foundation Trust

Introduction:

The Senior Paediatric Regional Advanced Training Programme (SPRAT) provides education for level 3 paediatric doctors in Yorkshire and the Humber. Its learning objectives were revised to meet the requirements of the new RCPCH Progress curriculum domains prior to its introduction in August 2018.

Aim:

To evaluate the SPRAT programme using feedback from attendees.

Objectives:

- To audit the SPRAT programme content delivered against the Progress curriculum objectives.
- To ascertain senior paediatric trainees' self-reported benefits from SPRAT.

Method:

The content of SPRAT days from January 2015 to November 2019 was reviewed. Five-point Likert scales was used to evaluate the quality of teaching and self-assessed improvements in knowledge. Qualitative feedback was coded to identify themes.

Results:

The content of 57 of 59 SPRAT days delivered during the study period was reviewed against the RCPCH Progress curriculum domains. There was increased coverage of health promotion, leadership and teamworking, quality improvement, and research (domains 3, 5, 6, 7, 8 and 11) from August 2018 onwards.

512 evaluation forms were available from 40 of 59 SPRAT days between January 2015 and November 2019 comprising feedback from 50% of all attendees.

SPRAT days on 'Consultant Readiness', 'NHS Structure and finance' and 'Cardiology' were rated "excellent" in 75% of feedback forms. Sessions on clinical management skills within neonatology, outpatient dilemmas and safe prescribing were reported to be most effective at increasing learners' knowledge.

Qualitative feedback demonstrated that learners value a programme that is Applicable to their practice and curriculum, Situated in an accessible location, Prepares them for consultant practice, delivered with Interactive methods, and signposts them to Resources for further learning.

Conclusion:

The introduction of Progress consolidated the alignment of the SPRAT programme to the RCPCH Progress curriculum domains. ASPIRe may be a useful tool to apply when designing a learner-centred training programme for level 3 doctors.

Urinary Ascites in Children

M Gadde¹, I Mohamed-Muslim², B Charles³.
PICU, Sheffield children's Hospital, Sheffield.

Aim:

Urinary ascites (UA) is rare in children. There can be several reasons for urine leakage to peritoneum such as spontaneous rupture of bladder, complication from surgery or trauma and prematurity especially in neonates. We report two cases of urinary ascites in an 11m old and a 5yr old, with different pathologies.

Case Report 1: A 11m old boy with Menke's disease presented with mild cellulitis was treated with antibiotics. He developed vomiting on the day of discharge and he was observed for 24hrs. He developed acute abdominal distention with signs of shock. His bloods revealed acute kidney injury. His abdominal imaging revealed extensive ascites. He was treated with fluid boluses and transferred to PICU. He had abdominal paracentesis which drained 400ml of clear fluid. The biochemical analysis confirmed it was urine. He had diverticulum of bladder.

Case Report 2: A 5yr old boy had appendectomy. He was observed for persisting abdominal pain following surgery. His blood revealed acute kidney injury. He had MCUG which revealed bladder leakage into peritoneum. His bladder was decompressed with catheterisation.

In these cases, abnormal renal function could be caused by fluids and electrolytes equilibrating across peritoneal surface, as occurs in peritoneal dialysis. In both cases the pseudo-azotaemia resolved in 24hrs with bladder decompression.

Conclusions:

It can masquerade as sepsis, acute abdomen and acute renal failure. A high index of suspicion is needed for early diagnosis as management is simple with good prognosis.

Recording of chest x-ray findings in patients' notes in PCCU: are they being adequately documented, and are they consistent with the official radiology report?

Dr Molly Lim

Supervisor: Dr Rum Thomas (PCCU Consultant at SCH)

Aim:

To ascertain whether chest x-rays taken in the Paediatric Intensive Care Unit (PCCU) are reviewed in a timely manner and if the relevant clinical pathologies are identified. This project was prompted by a report of a "missed" diagnosis of a congenital lung anomaly in an infant admitted with bronchiolitis.

No.	Questions
1	Was the chest x-ray documented in the patients' notes? (If so, how long did it take to be recorded after the chest x-ray?)
2	How long did it take for the radiology report to be produced after x-ray?
3	Were the results of the chest x-ray acted upon?
4	Was the documentation of the x-ray findings consistent with the official report?

Figure 1: Questions to be answered

Methods:

A search was performed using the Sheffield Children Hospital's PCCU record of inpatients and digital radiology system to identify patients who had a chest x-ray during May - June 2018. Parameters recorded: date and time of x-ray; diagnosis on request; description of radiology report, PCCU medical opinion in patients' notes, and actions taken described in patients' notes.

Results & Risk issues:

A total of 30 x-rays were included.

60% of x-rays reports not documented in the patients' notes.

Potential harm on patient safety and care: significant findings from the radiology report could be missed.

No evidence to suggest that any form of further management was subsequently influenced by the findings from the initial investigation.

From the 40% of x-rays that were documented, chest x-ray findings in the patients' notes lacked consistency with the official radiology report.

Mean time from x-ray to radiology report was ~26 hours, however the extreme variation between the longest (~148 hours) and shortest (~2 hours) time taken suggests that the delay in producing the radiology report can be minimised.

80% of x-rays did not have follow-up actions recorded – prompts the question of whether all the x-rays were essential for patients' clinical management.

Recommendations:

Design a form as part of or similar to a Cumulative Results sheet, where there are columns for 'Radiologist report', 'PCCU opinion' and 'Follow-up actions'.

Design a section for chest x-rays on the Daily Review sheets, where clinicians can write whether the chest x-ray was done, time & date, CXR findings.

Poster Presentations

Author	Hospital	Poster
Shavindra Chellen		Reducing Unnecessary blood tests on the childrens assessmnet unit: A QI project in a childrens hospital
Maddy Vass	Leeds	Paediatric Multisystem Inflammatory Syndrome (PMIS) A cardiologists perspective, Yorkshire and Humber Cohort
Claire Enevoldson	Sheffield	High fidelity, multi-agency safeguarding simulation- improving confidence in Yorkshire and Humber Paediatric Trainees
Shambhavi Sinha	Leeds	Delayed Cord Clamping Quality Improvemeten Project
Camilla James	Bradford	Kangaroo care in Bradford Neonatal Unit
Megan Dale	Bradford	Utilising TytoCare to improve access to Paediatric Palliative and Respiratory Care During Covid 19
Azhar Hafeez		Haemostatic clips in the management of acute gastrointestinal bleed from a Dieulafoy Lesion
Sikander Ali		Case of profuse diarrhoea and severe hypernatraemia in a neonate
Ben Hughes		Family Presence on the HDU ward round: balancing compassionate care with privacy and confidentiality
Deepa Shastry		From wheelchair to crash bleeps ...SuppORTT is all we need!!
Fiona Payne	Sheffield	The impact of Coronavirus on safeguarding referrals to a tertiary hospital
Elizabeth Pal	Bradford	Virtual Antenatal classes: AN innovative aproach to delivery in Bradford during COVID 19
Rebecca Schoner	Leeds	Anyone for PIMS(TS)? The Leeds Experience
Sobia Khan	Leeds	Safe handover, Safe Patients: Post Cardiac Catheterisation to Ward Handover - QI project
Ihsanuddin Mohammed Muslim	Doncaster	An experiance in managing a childhood stroke case according to the new 2017 stroke guideline: a DGH perspective
Nikki Pelech	Leeds	Nasal Intubation on the neonatal unit; understanding an unfamiliar practice
Charlotte Reay	Harrogate	Assessing Head Circumference in NIPE
Fatimah Aliyuh	Hull	"If it doesn't look right, then it's probably not right!" Preterm neonate with right brachial artery thrombus
Rachel Gunnell + Rebecca Prince	Leeds	An audit of post-operative paediatric intravenous maintenance fluids in the Leeds Children's Hospital, against the National Institute for Health and Care Excellence guideline NG29
Samantha Hodges	Harrogate	Neonatal Sepsis - Are we compliant with national guidance
Josie Murphy		Abstract-Quality Improvement. No specific title
Chidi Anakebe	Hull	Handling HANDL syndrome
Fadi Maghrabia		Reducing blood testing in PICU, a quick QI project
Deepa Shastry	Leeds	Filing Results: A Quality Improvement Project
Vicky Timmis	Sheffield	The Transition from Paediatric to Adult Services in Young People with Cerebral Palsy
Maysoon Elfadil	Doncaster	Initial Health Assessments for looked after children in doncaster and bassetlaw

Lauren Hill	Bradford	A year in the life of a safeguarding fellow
Mohamed Omer	Scarborough	Are we inoculating enough blood volume in paediatric blood culture bottle?
Helen Livesey	Doncaster	Has COVID 19 had an impact on the number of referrals for child protection medicals?
Kate Parmenter	Doncaster	Quadrilateral Phocomelia: A case of an extremely rare skeletal dysplasia
Midu Ranju	Bradford	Use of propranolol for the treatment of scrotal haemangioma in an infant
Nicole Sloan		Can we reduce risk of chronic lung disease in the premature neonate? An Audit to review Risk Factors
Sophe Parry-Okeden	Sheffield	Identification and assessment of children and young people who are overweight or obese in community and neurodisability out patients
Wuthinan Nivatvongs		Parental Satisfaction in Telephone Consultation in the Hull Royal Infirmary, Paediatric department during COVID-19 pandemic; A Survey Study

Medical Student Posters

Author	Hospital	Poster
Catherine Ogbegie		A systematic literature review comparing the accuracy of Plain film Abdominal Radiography (AXR) to Abdominal Ultrasound (AUS) in the Diagnosis of paediatric intussusception
Kiran Bhangu	Sheffield	Paediatric Placement – Have we gone too far?
Nai-Wei Wang		Eosinophilic colitis in a young infant – The Use of Montelukast and Ketotifen as Steroid sparing Agents
Radhika Tandon	Sheffield	In children aged 5 to 10 years old that are to undergo a venepuncture test does the topical analgesic Ametop (tetracaine) or spray analgesic Cryogesic (ethyl chloride) have a greater effect on the reduction of pain?
Thomas Morgan	Hull	Learning from Experiences for Better Future Care of Children with Autism and Special Needs
Joseph J Tonge		Hyaluronan synthesis and low molecular weight is linked to child fibroblast metastasis
Daniel Camfield		Management of Viral Induced Wheeze in children under five years of age in primary care
Emily Good		A Systematic Review of the Effects of Intraoperative Stress on Surgical Performance

PAFTA NOMINATIONS



Junior:

- Hannah Panayiotou
- Heba Abdelbari
- Samuel Harvey
- Ei Kyu
- Iain Marshall

Senior:

- Manju Chandwani
- Jessica Wan
- Josie Murphy
- Simon Scammell
- Vanessa Mansoa
- Umberto Piaggio
- Janani Devaraja
- Alexandra Damazer
- Aoife Hurley

ANP:

- Helen Cook
- Susan Kelly
- Alison Wolfenden
- Kirsty Barlow

Supervisor:

- Sheila Puri
- Cath Harrison
- Gemma Barnes
- Khaled Sulaiman
- Alison Scott
- Raj Lodh
- Rum Thomas
- Lara Jackman
- Lovlin Joseph
- Stephen Hancock



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THANK YOU FROM THE ORGANISING COMMITTEE



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- Sindy Siva

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- Mayokun Taiwo

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- Midhu Raju
- Ben Hughes
- Aliza Imam

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- Dumebi Duru
- Ghada Said

THANK YOU ALL FROM CO-CHAIRS
REENA BASU & JO HEMINGWAY

