I have spent the last four months with the community paediatric team at Queen Mary’s Hospital, working with the clinical lead Dr Ismail and the rest of the fantastic team.

Over these four months I had the privilege of sitting in on a number of community clinics and with numerous health care professionals. One of my first and most memorable visits included a community nursing visit for special needs child at home with significant health requirements, including tracheostomy, PEG feeding, and countless medical ailments. This gave me insight into how much input can be provided, but also how much input is required for these children, and the responsibility the district nursing team have. My understanding of the challenges faced looking after these children and the workload and strain on the service will help me greatly as a member of the team.

For the first time in my short career I spent time with paediatric physiotherapists, and now appreciate the in-depth approach to the assessment of each child, and the importance of quality and appropriate referral letters from GP’s. I witnessed the thorough nature of physiotherapists, their in-depth understanding of movement and associated dysfunction, and their open mindedness to associated conditions. I learnt a lot from sitting in ‘foot clinics’, ‘delayed walking clinic’ and general clinics assessing gait and co-ordination difficulties.

I was exposed to various services available to children in need, such as portage and its historic basis of support to young children. Their assessment and input is invaluable for early development and understanding, but also to mothers who may be isolated and vulnerable.

Special needs schools and the way learning is tailored to the needs of each child was inspiring and a great educational experience. I learnt that as a doctor I may get caught up in the diagnosis and management, but once the diagnosis is made, the help and lifetime needs are often irrespective and that each child is treated as an individual with individual needs, not a diagnosis. I also saw how other services such as speech and language therapy integrate and provided assessment and ongoing therapy to help children reach their full potential. I witnessed the various tools used to improve communication which include sign language, visual cues, and pressure sensors to initiate a visual and auditory response even with those of greatest need. I saw this as an invaluable way of relieving frustration in children struggling to communicate, and improving their interaction with their environment, overall wellbeing and happiness. Interestingly I was informed how many children and parents travel great distances in order to benefit from the services available in the UK, and was shocked to hear that many of the PMLD children abroad even in Europe still go to mainstream schools. It emphasised how grateful we should be with the services provided in this country.

The Demelza respite and hospice centre I can only imagine is one of the most important services for parents who often dedicate their lives to the needs of their child. The staff there imparted countless scenarios of parents not having had a break for years, and a few days respite knowing their child is being looked after impeccably must be a wonderful gift of support. The end of life care and the love and support available from the staff was very moving and made a great impression on me.
I saw how paediatric audiology and ophthalmology assessment is conducted, and the important of making sure that these problems do not go unnoticed. I have also seen the impact of hearing impairment and its significant impact in speech and language development.

I had the privilege of sitting in on neurodevelopmental clinics including ASD and ADHD assessment. I also witnessed two full ADOS assessments, and this gave me great insight into the features of autism spectrum disorder, many of which may go unnoticed if one is not tuned into the mannerisms, quirks and behaviour of these children. I also found the reaction of the parents to a diagnosis fascinating, where I saw relief and comments such as 'I always knew something was wrong' even though they may have been falsely reassured for years. I have also noted that diagnosis is occurring at younger age which is suggestive that the population as a whole is being educated with regards to neurodevelopmental delay.

I also had the invaluable experience of sitting in on several developmental assessment (SOGGS) clinics, initially as an observer but then conducting this myself. I previously found milestones as an enigma, and found it extremely difficult to judge effectively and accurately the developmental age of a child. I remember during my 4 month GP attachment seeing parents concerned about their child not walking for example. Now I would feel more confident in asking the right questions and make a more accurate assessment and would be able to reassure and refer more confidently.

Safeguarding children is an area that I knew about, but probably never really appreciated fully. Having undertaken numerous LAC’s (looked after medicals) I found this to have opened my eyes and educated me to the types of scenarios that may be putting children at risk. It has also emphasised my role as a prospective GP in safeguarding both children and adults, and being an integral part of those responsible for identifying potential safeguarding issues.

Having sat in on weekly ‘new referrals meetings’ I have understood the referral process to community paediatrics, and it has also reinforced my understanding and emphasised the importance of pathways and why they are in place. It has highlighted the role of the school and SENCO/Inclusion Manager in identifying children with educational needs, and the importance of initiating action plans for improving behaviour and social communication.

Finally I had the pleasure of sitting in with the Occupational Therapist undertaking a ‘hemiplegia clinic’. I learnt this is a profession born about after the Second World War and initially encouraged basket weaving to improve functionality and create purpose for post-war service men. Now I see a wonderful service that allows children with special needs to improve functionality with their environment, and enhance independence.

**Overall my four months in community paediatrics has been an exceptionally rewarding educational experience, and has changed my whole perception of how to assess a child. I am particularly grateful for the support from all the staff, and the manner in which I was made part of the team. It will certainly be invaluable during my career as a GP and for that I am most grateful.**

Dr Orestes Couppis

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