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#### P014

### Communication preferences of young people experiencing persistent musculoskeletal pain



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**Keywords:** Pain; Child; Preferences

**Purpose:** Creativity is required to elicit the under-represented views and opinions of young people experiencing persistent pain. In comparison to their peers, this clinical population have higher anxiety scores, higher reports of depression and reduced contact with friends. The aim was to explore the communication preferences of young people experiencing persistent pain through patient involvement. To implement these preferences within a qualitative research study and then evaluate the impact.

**Methods:** Young people having treatment for persistent pain were asked at the end of their appointment if they could spare a few minutes to discuss their opinions with a researcher. These opinions then become pivotal in the design of the qualitative study and the results gained.

**Results:** Eleven young people (11–18 years) were involved in the patient involvement. They highlighted barriers to communicating their experiences that included talking face-to-face, talking out loud, having a parent present, or talking in a group. To be able to capture this clinical population, the research design gave young people a choice in how they wanted to communicate. The semi-structured interview also invited young people to draw a timeline of their treatment journey. This offered a visual method of communication as an alternative to language-based methods. Young people were interviewed alone unless they requested to have their parent present. Twenty-one young people (11–18 years) chose to take part in the qualitative study. Nine young people chose to be interviewed at home face-to-face, seven chose to be interviewed face-to-face in hospital, two were interviewed over the telephone and two were interviewed over WhatsApp messenger. All young people drew a timeline and these drawings enabled the young people to communicate complex and sensitive experiences. Emotions were most frequently drawn using pictures. The ups and downs drawn by young people on the timeline formed the basis of one of the studies final themes.

**Conclusion(s):** By offering a variety of communication methods the study could reflect the different ways young people chose to communicate. Young people who felt unable to talk out loud could be involved through WhatsApp messenger. The majority of young people chose to communicate face-to-face in their home environment. The drawing activity reduced the amount of eye contact required and allowed young people to write or draw sensitive topics they felt unable to say out loud.

**Impact:** Assumptions should not be made about how young people want to communicate. Talking about sensitive topics such as how they feel, what is happening at home or school and the impact of their pain, requires a sensitive approach. Clinicians and researchers should carefully consider the presence of parents and think creatively about how to use activities like drawing to create a ‘save space’ when there is no eye contact instead of an atmosphere of presence like walking alongside someone or doing the dishes.

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#### P015

### COVID-19, child inactivity and the introduction of an online exercise class



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**Keywords:** Activity; COVID-19; Online

**Purpose:** Early reports during the COVID-19 Pandemic indicated reduced levels of physical activity and rising sedentary behaviours in children and young adults. In response, a secondary/tertiary children’s hospital introduced a bi-weekly virtual exercise classes. The main objectives of this service evaluation were to explore: (1) the experiences of children and parents accessing the online exercise group and (2) the deprivation index of families attending the virtual sessions to determine any inequality in access.

**Methods:** Children were referred if they met the inclusion criteria: children known to the Respiratory team (Consultants, Nurse, Physiotherapy), ability to follow two-step instructions OR parental assistance and reduced levels of activity. Children attending the virtual exercise classes, and their parents, were invited to an individual telephone interviews following completion of the virtual exercise programme. A 30-min

semi-structured interview guide was created by two members of the team. Interview transcripts were analysed, coded and common over-arching themes were identified.

**Results:** Forty children were invited with nine attending between January and March 2021. Attendance varied from 33% to 79%. Eight children (Asthma  $n=5$ , dysfunctional breathing  $n=3$ ) (aged 7–15 years, 6 male) consented to an interview. Four main themes were identified: (1) ‘*my asthma is more stable*’: children reported benefits of the virtual exercise classes on general health and well-being (2) ‘*Moving forward*’: Children shared varied preferences about returning to face-to-face sessions, with some suggesting a hybrid model (face-to-face and virtual). 2/8 children expressed an interest in continuing with virtual sessions only as they had more confidence to exercise in their own homes. Sixty-three percent ( $n=5$ ) of families attending the virtual exercise class were in the bottom 20% of the deprivation index. (3) ‘*The right timing?*’: Children reported improved attendance at a after school session ( $n=8/8$ ). 2/8 expressed a desire to attend weekend classes due to after school fatigue. Parents highlighted benefits of no travel time for virtual sessions ( $n=4/8$ ). (4) ‘*Confidence*’: there was evidence of a ‘I/We can do it’ positive attitude. Variable options for exercise intensity (especially for children experiencing an exacerbation) ( $n=5/8$ ), optional use of cameras off during the Microsoft team sessions ( $n=2/8$ ), and involving siblings and parents increased confidence when attending classes.

**Conclusion(s):** This service evaluation suggests virtual exercise classes were found to be a model accepted by attending children during COVID-19. Practical considerations are required (sessions time and day) to enhance participation and the acceptability of ‘hybrid’ model exercise sessions. From this evaluation high percentage of children attending were from a lower socioeconomic index however from a small sample size, it is difficult to analyse inequality to access. The impact of inequality and access using an online platform requires further work. Future work is required to understand barriers to attendance to an exercise group as 80% of invited children did not attend.

**Impact:** The project has highlighted the potential role of virtual classes for some families with chronic respiratory conditions. The virtual classes will continue during school re-opening to re-evaluate the acceptability of the model outside of COVID-19 lockdown restrictions.

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## P016

### Delivering cardiac rehabilitation education programme via a virtual platform – A pragmatic approach to the pandemic



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**Keywords:** Cardiac; Rehabilitation; Education

**Purpose:** In March 2020 all face to face delivery of cardiac rehabilitation was suspended due to the pandemic and new and novel methods were needed to deliver all the components of the service. Patient education is an integral part of cardiac rehabilitation programs to assist patients to optimize their lifestyles as defined by Nice guidance. Cardiac rehabilitation services are measured on many dimensions including the delivery of lifestyle advice and its impacts. Previously this has been delivered in a group-based environment where patients are able to share experience and gain peer support in addition to information.

**Methods:** Following the trusts guidance, it was decided to try to deliver our patient lifestyle information sessions using a virtual platform using Microsoft teams. Patients were informed about the virtual sessions during their cardiac rehabilitation nurse appointment and the platform explained. If the Patient wished to attend, they were asked to supply us with a current email address to enable us to send them an invitation to the session on the morning of the meeting. The invitation to the session was sent out weekly to all patients who had indicated that they would like to attend the sessions and was done following trust information governance guidance. Additionally, patients were supplied with a simplified user guide to help them with joining the session. Following the first full cycle of education sessions a feedback questionnaire was emailed to the whole list of people who had supplied their email addresses. A feedback questionnaire was emailed out to education session participants after the initial 7 weeks to assess these sessions and to understand how they were being received.

**Results:** Over the initial 7 weeks of the virtual education sessions there were 92 patient attendances from a total of 19 patients, 16 male and 3 female. Of the 19 participants at the education sessions 16 responded to the questionnaire. Participants ages ranged from under 50 to 79 years of age. Only one patient reported finding it difficult or very difficult to access the sessions everyone else reported that it to be easy or very easy. The majority, 86%, 13 of 15 who answered this question, attended with their camera on and 2 participants reported feeling reluctant to ask questions, but they commented that this is their normal nature. All participants reported finding it easy to hear the presentations, but some found it more difficult to see them depending on their device used. 93%, 14 out of 15, participants rated the sessions as either excellent or good.