

children presenting with common medical emergencies while enhancing student's use of clinical tools such as the SBAR framework.

**Methods** Fourth year Medical students, undertaking their Child Healthcare module, alongside third year children's nursing students, each participate in a simulated scenario based on a common paediatric emergency. The student group are observed by both facilitators and their peers, who provide constructive feedback on aspects of performance including patient safety, situational awareness, communication, clinical skills and decision making.

**Results** Students were invited to complete a validated questionnaire composed of Likert-scales to determine their reactions to the simulated learning experience. Focus groups were used to further explore these experiences. The results suggest that students evaluate this learning activity very positively and have stated that they value the opportunity to exercise clinical judgement and decision making skills without endangering the child. Other comments have included:

'I think we should have much more exposure to SimBaby training'

'SimBaby is a very useful, practical and memorable learning tool'.

A recent evaluation revealed that 94% of paediatric trainees who helped facilitate at SimBaby® felt it had improved their teaching skills, whilst 82% stated that this project had enhanced their ability to provide constructive feedback. To-date this SimBaby® project has achieved two prestigious prizes, a University Teaching Award in 2008 and a Research award (2009).

**Conclusion** SimBaby® is an important initiative within a portfolio of IPE projects, providing a highly valued learning opportunity for both medical and nursing students and those healthcare professionals involved in facilitating the sessions.

#### G40(P) OVERSEAS ELECTIVES, EXPENSIVE HOLIDAYS OR VALUABLE LEARNING EXPERIENCES, A REFLECTIVE EVALUATION

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**Aim** To identify the knowledge and skills pre-registration nursing and midwifery students develop whilst engaging in an overseas elective placement

**Methods** As a multicultural society the UK provides many opportunities to care for people from diverse backgrounds, thus, developing cultural sensitivity is an important aspect of pre-registration nurse education in the UK. To this end one of the Nursing and Midwifery Council essential skills clusters states that 'People can trust a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an acceptant and anti-discriminatory manner free from harassment and exploitation'.<sup>1</sup> It has been suggested that an overseas elective placement can assist in the development of cultural knowledge and sensitivity<sup>2</sup> although the literature addressing this issue is sparse. Given the costs an overseas elective can incur one must therefore consider the value of such a placement as it could be argued that these skills can be developed here in the UK. In beginning to address this question a reflective evaluation of the teachers facilitating the elective placements and the students who embarked on overseas elective placements to 3 African countries was carried out, with a view

to identifying the wider skills and knowledge an overseas elective placement can provide for pre-registration nursing and midwifery students.

**Results** The on-going evaluation indicates that students were more aware of the cultural differences in both the care delivered and the healthcare systems following the placement however what was also apparent was the development of other important skills including self-awareness; communication; organisational and time management skills; risk management; reflection and decision making skills.

**Conclusion** Anecdotal evaluation suggests that an overseas elective, whilst costly, does provide valuable and diverse learning opportunities, beyond just the development of cultural knowledge and sensitivity, for pre-registration nursing and midwifery students. This said, further more formal evaluation and research is required.

#### REFERENCES

- 1 Green BF, Johansson I, Rosser M, *et al.* Studying abroad: a multiple case study of nursing students international experiences. *Nurse Education Today* 2008;**28**:981–992.
- 2 Nursing and Midwifery Council. *Standards for Pre-Registration Nursing Education*. London: Nursing and Midwifery Council, 2010.

#### G41 WORKING WITH PARENTS AND HEALTH-CARE PROFESSIONALS TO DESIGN, DEVELOP AND PRE-PILOT THE PARENT LEARNING NEEDS AND PREFERENCES ASSESSMENT TOOL: THE PLANT STUDY

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**Aims** The purpose of the paper is to present a recently completed, multicentred project, the Parent Learning Needs and Preferences Assessment Tool (PLAnT) study, in which we designed, developed and pre-piloted a tool to promote a standardised, multi-disciplinary approach to assessing parents' learning needs/preferences. Health-care professionals spend considerable time teaching parents to safely manage their child's long-term condition/s at home. However, previous research that explored the ways professionals teach parents, and the ways parents learn to manage their child's condition, identified a need for a robust method of assessing parents' learning needs as professionals can find it challenging to individualise parents' skill and knowledge development.

**Methods** Phase 1: Data from qualitative interviews with 10 parents and 13 multi-disciplinary team professionals from 11 British children's kidney units about their learning/teaching experiences were used to develop the PLAnT. Participants were then asked to comment on the PLAnT via qualitative interviews or an online survey. Phase 2: Thirteen parents were each then paired with one of nine professionals to test the PLAnT; feedback on the experience of administering and completing the PLAnT was then sought from these 22 participants via qualitative interviews. Data were analysed using Framework Analysis.

**Results** This presentation will explore and discuss development of the PLAnT, and the three key themes that emerged from phase 2 as we piloted it with professionals and parents.

**Purpose:** Why ask parents' about their learning needs/preferences? To gain feedback on professionals teaching or identify prospective needs?

**Process:** What is the best way of identifying parents' learning needs/preferences? Using a structured questionnaire or a semi-structured discussion?

**Outcome:** How can information about parents' learning needs/preferences be used? Are professionals able and willing to adjust their practice to meet parents' needs?

**Conclusions** Though professionals may develop an understanding of how to support parents' learning over time, they can sometimes misjudge parents' needs. Therefore, parents should routinely be asked about their learning needs/preferences. The PLAnT could be used to identify these needs, though further refinement, piloting and feasibility testing is required in future research to address the questions raised by the current study.

G42

#### A QUALITATIVE STUDY EXPLORING THE ATTITUDES OF ACUTE CARE CHILDREN'S NURSES ON OPPORTUNISTIC HEALTH PROMOTION IN OVERWEIGHT CHILDREN

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**Background** Childhood obesity is a national and global issue within public health and continues to be a priority for the Department of Health. Childhood obesity poses a significant risk to psychological and physical health, both now and in the future. The NHS Future Forum set out a vision for all health care professionals to 'make every contact count' by delivering health promotion strategies.

**Aim** To explore the attitudes of children's nurses about delivering health promotion to overweight children and their families during hospital admissions.

**Method** A qualitative study, based on semi-structured interviews, involving six children's nurses from a UK based NHS funded hospital. Interviews were recorded and transcribed, from these transcripts thematic analysis was performed

**Findings** Six themes emerged from the data i) responsibility for delivery of health promotion, ii) sensitivity of the issue, iii) benefits of health promotion iv) influence of parents, v) skills of the nurses and vi) institutional support. The children's nurses perceived their priority for the children in their care was the treatment of the child's illness and that the acute care setting was not the appropriate environment to deliver health promotion. Length of experience and training did not affect the attitudes reported.

**Conclusions** Childhood obesity is a serious issue demanding action from health care services and the professionals involved. Nurse in acute care settings do not perceive health promoting in relation to obesity is within their scope of practice. Further research is required to facilitate the development of ethical policies on the delivery of health promotion strategies within the acute care setting.

G43

#### TEACHING FOR LIFE PROJECT

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**Aims** There are increasing numbers of children with life limiting (LL) or life threatening (LT) conditions in mainstream schools. Previous research shows that the needs of these children are not being well met. The symptoms of their condition and its treatment can interfere with a child's whole school experience including their learning, their self-esteem and their relationships. Many children and parents feel under supported by schools. In England, the Children and Families Bill (2013) aims to bring about better integration of health care, social care and education for these children. The Teaching for Life project is a collaborative project between the disciplines of Education and Health and Social Care which aimed to explore the needs of teachers in relation to working with children with life limiting or life threatening conditions.

**Methods** Comprised of an on-line questionnaire to 550 teachers undertaking the Special Education Needs training and teaching staff in mainstream schools who had experience of working with children with life limiting or life threatening conditions. Post the questionnaire a series of focus groups were also undertaken with groups of teachers who had experience and those without.

**Results** The most common LL/LT condition experienced by teachers was cancer followed by cerebral palsy, Duchennes muscular dystrophy and cystic fibrosis. There was a wide variance across schools about who was responsible for keeping medical and care needs updated. Half of the teachers involved in the study had delivered medical care for a child which had led to high levels of anxiety from teachers re meeting the child's medical needs. There is a need for good multi-disciplinary working around the child.

**Conclusions** Teachers wanted more information, guidance and emotional support with a whole school approach on emotional health and wellbeing. There is a definitive need for true collaboration and inter professional working to be more effective to meet the needs of teachers and children with LL/LT conditions in main stream schools.

G44(P)

#### ENLISTING PARENTS AS SCREENERS FOR DEVELOPMENT DYSPLASIA OF THE HIP – A REVIEW OF A SELF-CHECK GUIDE

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Infants have been screened for developmental hip dysplasia (DDH) since the late 1960's. The recognition of the importance for early identification of the condition has been well documented. However, the changes to the national screening programme in 2008 have reduced the surveillance of DDH following the removal of the 8 month infant hip check, leaving only the 6–8 week hip check as standard.

A self-check guide for DDH has been developed to enlist parents as screeners for the condition. The guide highlights common signs used to alert to the possibility of hip dysplasia or dislocation. The guide was distributed out between 2008–2013 through maternity services and Health Centres. The guide provided parents with information on classic signs associated with DDH which they were asked to check for.

Of those infants referred to our specialist clinic as a result of parental screening, 73% were "abnormal" of these 33% went on to treatment with splintage. The mean age of these infants was 5.36 months. 20% of positive findings were in infants aged 7 month or over at the time seen. None went on to open