distributed in major medical areas. Paediatrics includes a mandatory requirement of this stage presentation Session Paediatric Clinics (SPC) based in the various practice settings in order to instigate the search for knowledge providing a meaningful construction.

Methods A descriptive study, retrospective documentary of SPC presented in 2013 by the undergraduate students of the Faculty of Medicine of Petrópolis, Rio de Janeiro, Brazil.

Results There were 70 SCP, 70% from the paediatric ward, 12.86% of the NICU and 17.14% of the other scenarios. Active participation in the choice of topic, review and submission process was on average 3 students and the number of listeners was 40/SCP. The chosen themes, 52,86% are not part of the curriculum previously offered. Infectious diseases have contributed to 37,14% of realisation of the SPC.

Conclusion This study shows for the promotion of proactive methodologies as supporters of the integration of the student as the protagonist of the teaching- learning process and therefore should be encouraged. As for the themes chosen believe that awakening to the search for new knowledge has been significantly.

PO-0968 MAIN DEATH ETIOLOGIES OF CATALAN CHILDREN. EXPERIENCE OF THE ADMITTED PATIENTS IN A TERTIARY HOSPITAL

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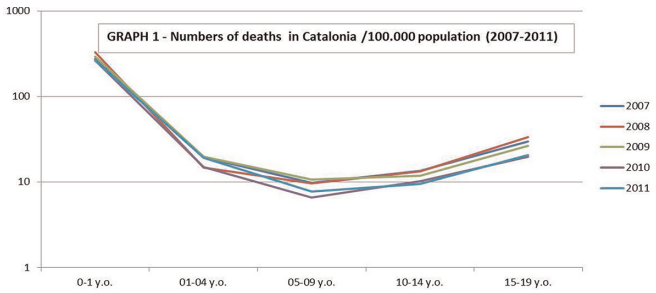
Background and aims Paediatric palliative care is an essential aspect of medical practice for patients who need end-of-life attendance. The better understanding of the main death causes allows to anticipate the future complications in the final stage. The aim is to describe the epidemiology and characteristics of deaths at childhood in Catalonia and specifically in a tertiary paediatric hospital.

Methods Review data from the National Statistics Institute (http://pestadistico.inteligenciadegestion.msssi.es) on mortality of people aged 0–19 years old, during the period from 2007 to 2011. Analyse the main general causes of death by ICD (International Code of Disease) collected in death certificate and compare them with our experience.

Results During the period from 2007 to 2011, a total of 2.282 deaths were registered in Catalonia (59% males, 41% females). The mortality rate varies by age (Graph 1). In Catalonia the most frequent causes of death were conditions originated in the perinatal period (COPP) (27%), external causes (18%),



Abstract PO-0968 Graph 1 Numbers of deaths in catalonia/100.000 population (2007–2011)

congenital malformations (15%) and neoplasms (11%)(Table 1). The epidemiological study in our centre shows that 487 patients died in this period. The mean age was 3.5 years. According to sex, 47% were female and 53% male. The average length of hospitalisation was 12 days (range: 1–167 days). In our hospital, the most frequent causes of death in inpatients were COPP (45%), diseases of the respiratory system (17%) and neoplasms (15%)(Graph 2).

Conclusions In accordance with the literature, during the first year there is a peak in the mortality rate. In this period the main causes of death are COPP and congenital malformations. In adolescence the main causes of death are external causes and malignancy. In our hospital, almost a half of the total deaths occur in the first month of life due to COPP. Every centre should know his epidemiology of the main causes of death.

PO-0969 WITHDRAWN

PO-0970 A NEW GROWING PAINS DIAGNOSTIC TOOL: EVALUATION IN A MEDITERRANEAN CLINICAL SAMPLE

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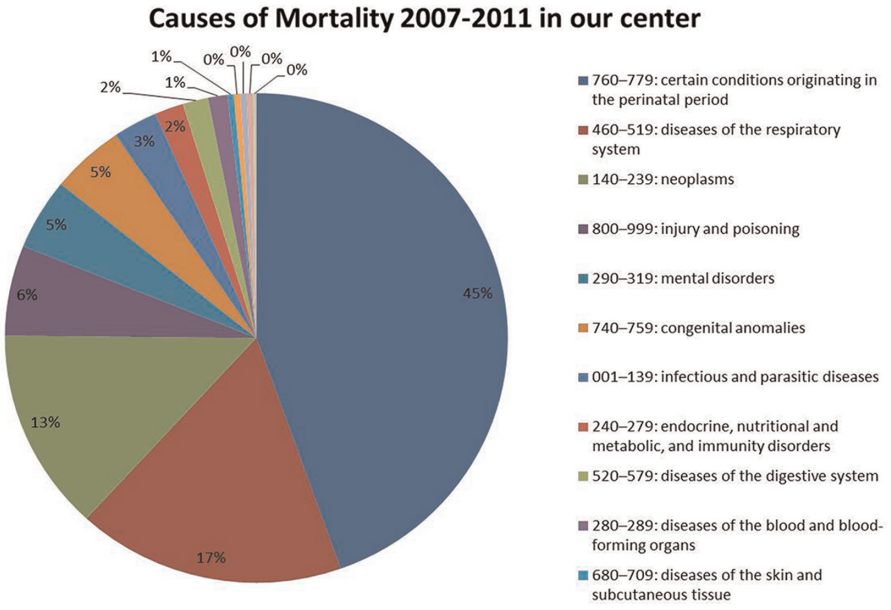
Background "Growing pains (GP)" is the most common musculoskeletal complaint in childhood.

Aim To investigate the sensitivity and specificity of a previously validated questionnaire, for the diagnosis of GP.

Methods From 01/2013–12/ 2013, a questionnaire (Tb. 1), was administered to parents of children aged 3–8 years,who visited an orthopaedic clinic of a general children's hospital, as outpatients, complaining of lower limb pain of no apparent traumatic

Abstract PO-0968 Table 1 Causes of death in Catalonia 2007–2011

			0–1 y.o.	2–4 y.o.	5–9 y.o.	10–14 y.o.	15–19 y.o.	TOTAL
II	C00–D48	Neoplasms	15	50	59	53	68	**245**
IV	E00–E90	Endocrine, nutritional and metabolic diseases	40	24	6	7	12	**89**
VI	G00–G99	Diseases of the nervous system	59	32	10	23	35	**159**
X	J00–J99	Diseases of the respiratory system	20	20	10	9	15	**74**
XVI	P00–P96	Certain conditions originating in the perinatal period	624	1	0	1	0	**626**
XVII	Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	284	28	8	11	8	**339**
XVIII	R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	93	26	6	12	18	**155**
XX	V01–Y98	External causes of morbidity and mortality	23	59	43	46	237	**408**
		Others: Infectious, diseases of the blood, digestive and circulatory system...	46	46	22	31	42	**187**



Abstract PO-0968 Figure 1 Causes of mortality 2007–2011 in our centre

cause. An orthopaedic, blind to the parents' answers to the questionnaire, evaluated the children. A researcher estimated the score of each one of the completed questionnaires and reviewed the orthopaedics' clinical chart.

Results 35 questionnaires were completed. According to orthopaedics, 21 children had GP, while according to questionnaire, 13 children did so. When the cut-off point was reset at 7, sensitivity was 91.3% and specificity 95.4%.

Conclusions The questionnaire quantifies parental answers and may assist clinicians in GP diagnosis.

Abstract PO-0970 Table 1 Questionnaire

Select the answer that best describes your child's limb pain attack:
1. Occurs during late afternoon or evening.
2. Is still present next morning.
3. Is bilateral.
4. Occurs always in the same limb.
5. Is located in muscles (thigh, calf, posterior knee, foot)
6. Resolves spontaneously or with massage of the affected area.
7. Is persistent and doesn't resolve.
8. The child awakes at night because of pain.
9. *The child is otherwise well.*

YES to questions 1, 3, 5, 6, 8, 9 and NO to questions 2, 4, 7 are rated 1 and are indicative of GP.
The cut-off value for the diagnosis had been set at ≥ 8.

PO-0971 MEDICAL STUDENT, AN AUDIT AND CLINICAL GOVERNANCE

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Aims To assess if paediatric undergraduate students can improve their knowledge and understanding of clinical governance when undertaking an audit as part of their clinical placement.

Methods The students were broken into 2 groups (2–3 in each group). Each group was given a topic to assess (growth charts and post-take ward round documentation) and asked to design a prospectus. A 10 chart audit was undertaken and the results presented to the clinical team. This project will ran from August 2013 until Jan 2014.

A questionnaire was filled out at the start and at the end of the placement and used as an indicator of the student's progress. The questionnaire comprised of yes and no answers as well as a rating scale from 1–5.

Results No student had undertaken an audit or quality improvement project previously (n = 17).

The students rated their undergraduate teaching in clinical governance a mean mark of 1.6 (self-rating scale marked 1–5).

There was an increased in mean score regarding their understanding of clinical governance (pre 2, post 3.2), understanding of the audit cycle (pre 1.9, post 3.9) and in the importance of clinician governance in modern medicine (pre 3.5, post 4.3).

All students (100%) felt this project helped improve their c.v. and that it would be beneficial for all undergraduates to participate in an audit.

Conclusions The results identified a self-rated improvement in knowledge of clinical governance and the audit cycle as well as support for undergraduates undertaking a quality improvement project.

PO-0972 LONGITUDINAL RELATIONSHIP BETWEEN NURSES' AND PHYSICIANS' PERCEIVED APPROPRIATENESS OF CARE AND MORAL DISTRESS IN A NEONATAL INTENSIVE CARE

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Background/aims Invasive treatment without sufficient benefit induces doubts among nurses and physicians about 'appropriateness of patient care'. Conflicting interpersonal moral convictions, may cause moral distress. Additional sources of moral distress are incompatible institutional requirements, workplace