

Abstract G257(P) Figure 1 DCH(UK) training course feedback Kolkata 2014

assessment in India. 32 candidates attended, the target number set by the RCPCH. On day-1, training was provided around the stations in the examination circuit and feedback sought utilising a questionnaire survey represented on a scale of 1–5, 1 indicating very poor, 5 indicating excellent. Averaged scores are displayed graphically (Figure1). On day-2, a pilot examination was held, and feedback sought through a questionnaire survey utilising a 7-point Likert scale (Figure 2). Free text comments were invited on both days (Table 1).

Results 29 of the 32 candidates provided feedback on day 1, 31 of the 32 on Day 2. Candidates expressed deep appreciation of this experience of teaching and training. They emphasised a desire to have further training, in all aspects of the course, stressing the importance for more-time and patient contact per session. They appreciated the different emphasis placed in UK postgraduate training, where communication, an empathetic approach, and good clinical examination and interpretive skills are the core skills assessed in our examination. The collaborative, supportive and welcoming approach displayed by the faculty of examiners was also widely appreciated.

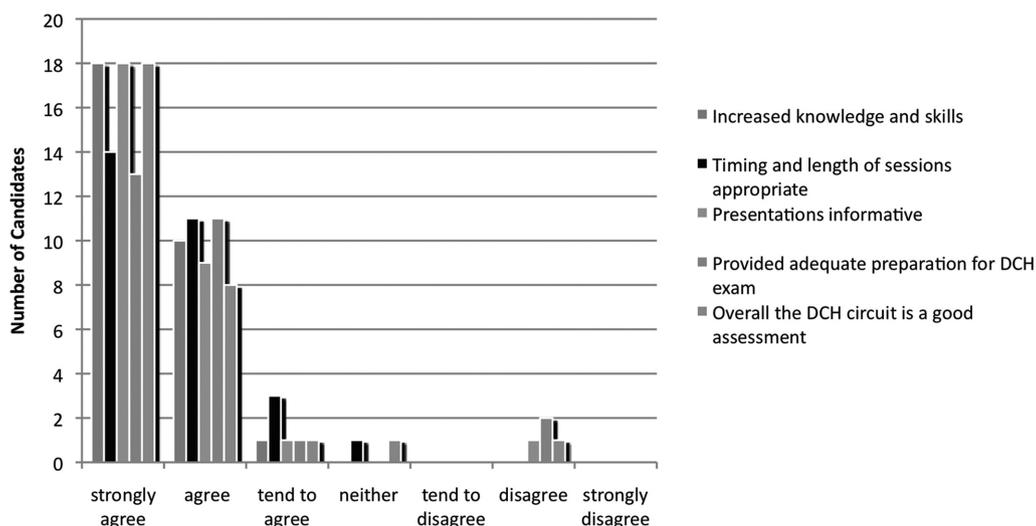
Conclusion The results obtained from this course provide evidence that such teaching and training is highly valued; with expressions of interest for further training. Pertinent feedback around how to improve future courses will be considered carefully and addressed in order to develop a sustainable overseas programme.

G258(P) A TWELVE MONTH REVIEW OF PAEDIATRIC INTENSIVE CARE IN MYANMAR TO GUIDE SERVICE DEVELOPMENT

¹J Halbert, ²L Martin, ³T Zaw, ⁴RT Vasquez Rivera. ¹Department of Paediatrics, Lister Hospital, Stevenage, UK; ²Royal Free Hospital, London, UK; ³Department of Paediatrics, Yangon Children's Hospital, Yangon, Myanmar; ⁴Department of Obstetrics and Gynaecology, Hospital de Figueres, Figueres, Girona, Spain

10.1136/archdischild-2015-308599.251

Aims Reliable healthcare statistics are limited in Myanmar. This study aims to describe the typical patient journey through a Paediatric Intensive Care Unit (PICU) and provide vital information to guide future development.



Abstract G257(P) Figure 2 DCH(UK) pilot examination feedback Kolkata 2014

Abstract G257(P) Table 1 Free text comments from DCH(UK) training course and pilot examination

The Best aspects of the course and pilot were	The friendly nature of the examiners and their courteous manner
	Very systematic training, effective for everybody
	Instilling in the care-provider, compassion and empathy for the patient
	Extensive teaching
	Conveying the simple but effective message, that practice makes perfect
	Making us realise there is a human being in distress at the end of our stethoscope and not just a subject
	"Empathetic dealing" with patients was highlighted (In India, I did not have this kind of teaching)
Suggestions to improve the course and pilot	Each session should have more time and more than one case per session
	On-line lecture series
	Everything was excellent
	Should be a 3-4 day course
	Make it a 5 day training programme
Further comments	An approach to integrate knowledge, skills and human consideration in order to improve child health delivery. It was an amazing learning experience!
	Such training sessions at least once a month.
	A very impressive programme, needs to be repeated
	Was a wonderful learning experience So useful!
	An excellent programme to acknowledge ones weaknesses and ways to improve!

Methods A retrospective review of the PICU admission records and patient medical notes was undertaken for all patients admitted to the PICU from 1st November 2011 until 31st October 2012. Patient information was anonymised and key data was extracted including basic demographics, history of presenting complaint, investigations, management and outcome on the PICU.

Results The PICU had 10 beds, 7 ventilators and 1 haemodialysis machine. There was a shortage of staff with only 1 doctor and 2 nurses at night. Routine investigations were available although microbiology culture was rarely performed.

407 patients were admitted with the majority being infants (range 0–16 years). The furthest distance travelled was 907Km for a child with lead poisoning. Most patients were admitted for less than 5 days. The peak admission period was during the rainy season which corresponds to the peak incidence of dengue. 64 patients (17.5%) presented with dengue shock syndrome or dengue haemorrhagic fever.

The principle reasons for admission included status epilepticus (26.5%); pneumonia (20%); dengue (17.5%); multi-organ failure (14.2%); septicæmic shock (11.7%); and encephalitis (9.5%). Other important reasons for admission were meningitis; gastroenteritis; post-measles complications; diphtheria; snake bite; Beriberi (including Wernicke's encephalopathy); tetanus; rabies; malaria; late haemorrhagic disease of the newborn; malnutrition; tuberculosis; HIV; and poisoning (organophosphates; traditional medicine). All patients with a viper bite died of complications including shock, acute renal failure and pulmonary haemorrhage. The majority of patients with diphtheria were managed with a tracheostomy. Overall mortality on the PICU was 34%.

Conclusions This study provides a unique insight into the local disease burden, resources available and challenges faced in providing paediatric intensive care. The relatively high incidence of vaccine preventable diseases is of particular concern. Key priorities include support for the development of nurse and doctor training; staff retention; evidence-based guidelines; data management including follow-up; referral pathways; access to routine investigations; and a reliable supply of essential medications and equipment.

G259(P) A SYSTEMATIC REVIEW OF HEALTH WORKER-LED INTERVENTIONS TO REDUCE MORTALITY IN LOW BIRTH WEIGHT NEONATES IN LOW AND MIDDLE-INCOME INSTITUTIONAL SETTINGS

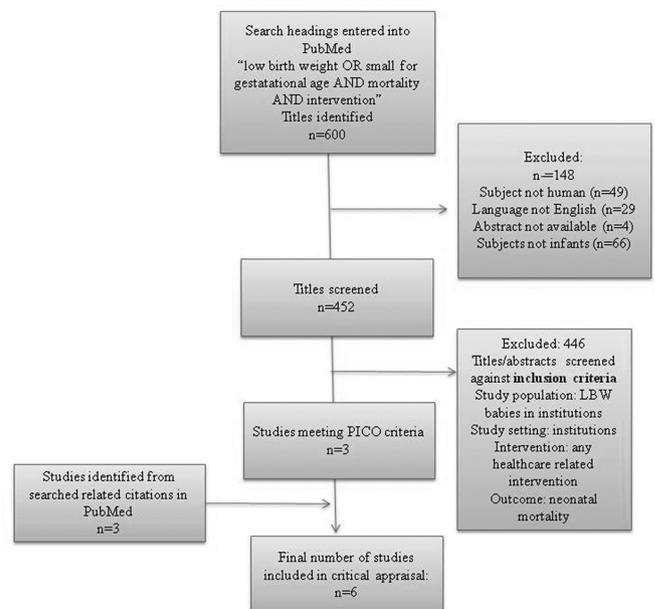
¹E Kesler, ¹A Costello, ¹M Heys, ²K Azad. ¹Institute for Global Health, University College London, London, UK; ²Perinatal Care Project, BIRDEM General Hospital, Dhaka, Bangladesh

10.1136/archdischild-2015-308599.252

Aim The majority of the 3.3 million annual neonatal deaths worldwide occur because proven and simple interventions dependent upon skilled human resources are not implemented. 60–80% of these deaths occur in low birth weight (LBW) neonates less than 2.5 kg, with 96.5% of the 20 million LBW neonates being born in the developing world.

The aim of this research is to carry out the first systematic literature review on health worker-led interventions to reduce mortality in LBW neonates in institutional settings in low and middle-income (LMIC) countries.

Methods We conducted a systematic review of studies meeting our inclusion and exclusion criteria until October 2014 (Figure 1). We searched Pubmed/MEDLINE, Popline, and Cochrane databases utilising a combination of the search terms “low birth weight” or “small for gestational age” and “mortality” and “intervention”. We included all studies of health worker led facility-based postnatal interventions in LMIC that assessed



Abstract G259(P) Figure 1