

consult they have exhausted their ability to cope with their child's illness independently. Parents need to know where, and when, to seek help and to be able to do so easily, without being judged for doing so. Services face the challenge of reducing barriers to timely treatment within financial constraints, if we are to reduce avoidable morbidity and mortality and improve UK child health outcomes.

### G28 EFFECTIVE SAFETY NETTING: AN IMPORTANT CONTRIBUTION TO AVOIDING PREVENTABLE DEATHS

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Safety netting has conventionally been used during consultations when clinicians are uncertain about the trajectory of an illness to provide patients with guidance about when and where to re-consult (Roland *et al* 2013). Recent high profile events involving failure to recognise and appropriately safety net children with sepsis highlights this is a significant issue in healthcare.

**Aim** The aim of the paper is to raise awareness of the importance of quality safety netting information for parents of young children drawing on findings from the ASK SNIFF research programme.

#### Methods

1. Systematic integrative review of interventions designed to support families with an acutely sick child.
2. Qualitative study with 27 parents and 16 first contact health professionals using a grounded theory approach.

**Results** A review of over 7000 articles identified only 22 which examined an intervention educating and advising parents on when to seek medical care. Analysis of these papers showed that interventions which provide information on assessment and management and are endorsed by health care professionals (HCPs) have shown greatest effect. Irrelevant information appears to reduce parent's trust in the intervention. These findings validated the emerging themes from the qualitative work. Parents of sick children, in the latter, want information pre, during and post consultation with a HCP to inform their own safety netting decisions. Information is not routinely offered during consultations, is inconsistent in content and delivery method and often reported to be verbal only. The extent of safety netting was reported by HCPs to be influenced by parental status, an assumption of individual parent's knowledge and practical factors such as working printers. Both groups want safety netting tools to improve consistency and quality of information available for parents with a sick child.

**Conclusion** Safety netting information is essential for parents to know when to consult with a sick child. Absent or incomplete safety netting leaves parents to search elsewhere and with responsibility for assessing the reliability of information. Incomplete, inconsistent information may mislead and at best lead to increased consultations and at worst to delay and avoidable morbidity and mortality.

### G29 AN EDUCATION PROGRAMME TO ENHANCE UNDERGRADUATE PRE-REGISTRATION NURSING STUDENTS' SKILLS IN RECOGNISING AND RESPONDING TO ACUTELY ILL/INJURED CHILDREN AND YOUNG PEOPLE: AN EVALUATION

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**Aim** The aim of this paper is to report on the evaluation of an educational innovation designed to enhance pre-registration nursing students' knowledge and skills in recognising and responding to acutely ill/injured children and young people.

**Background** It is recognised that nurses are frequently one of the first to note and observe the deterioration of a sick child and also may be the first to encounter a cardiac arrest (Nyman and Sihvonen 2000, Madden 2006). Literature indicates that student nurses require further education in the use and application of life support skills using supportive teaching strategies (Niemi-Murola *et al.* 2007, Gordon and Buckley 2009); students in this cohort endorsed this in that they specifically identified these areas as vital for their future role as qualified nurses. A combination of simulation and problem based approaches has been found to be more effective than lecture based teaching alone (Wayne *et al.* 2005, Bruce *et al.* 2009, Szogedi *et al.* 2010).

**Methods** Final year pre-registration children's nursing students (n = 40) on a BSc (Hons) Nursing programme completed an educational package delivered over four sessions. The training package consisted of a key note lecture, critical appraisal of clinical guidelines, seminar discussions of real life clinical scenarios, small group skills demonstrations and simulated teaching/testing using manikins. A five point Likert scale questionnaire, measuring students' self-perceived level of confidence, was used to evaluate the impact of the learning experience. Students completed a qualitative evaluation questionnaire as part of an end of unit evaluation.

**Results** Evaluation data revealed improvements in students' confidence, knowledge and skills. Comparisons of students' pre and post questionnaire scores revealed a statistically significant positive change in their self-perceived levels of confidence. The programme was positively evaluated as an educational package.

**Conclusion** This evaluation supports the role of a combination of teaching strategies to enhance knowledge and skills in undergraduate pre-registration nursing students in recognising and responding to acutely ill/injured children and young people.

### G30(P) ENHANCING THE PREPAREDNESS OF PARAMEDIC STUDENTS FOR MANAGING CHILDREN PRESENTING WITH CONGENITAL CARDIAC CONDITIONS IN THE PRE-HOSPITAL SETTING THROUGH AN ONLINE MULTIMEDIA EDUCATIONAL PACKAGE

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Paramedics are the front line clinicians in the delivery of pre-hospital emergency and urgent care in the UK and they face multiple challenges due to the unpredictability of their workload and the diversity of calls. Recently, proposed changes to children's cardiac services have prompted concerns that paramedics may attend an increasing number of children with congenital heart

disease (CHD) at home, although CHD may not be taught in pre-registration paramedic courses. **Aim:** This study set out to explore how much knowledge student paramedics have surrounding CHD; how prepared they feel for managing children with CHD and the extent to which an online multimedia educational package could enhance the preparedness of paramedic students for managing children with CHD. **Method:** An action research approach was adopted that firstly identified what paramedic students already knew and how confident they felt in managing these children and their families through a Focus Group (n = 8). An online multimedia learning tool was then developed and made available for the students, who were asked to provide feedback via an online questionnaire after completing the activities. **Results:** The focus group participants were concerned that they did not know where best to take a child with CHD during an emergency. The group expressed that they had very little knowledge about CHD and what knowledge they did have had generally been derived from lay sources. Students also expressed concern about interacting with parents in relation to the parent's expectations, the parents' knowledge of their child's condition and transportation issues. All of the focus group participants completed the online multimedia educational package. However only 4 of the participants (50%) responded to the online evaluation questionnaire despite reminder emails; the results may not therefore be representative of the entire group of participants. Factors impacting upon the completion of the questionnaire will be discussed. **Conclusion:** There is clearly a need to address paramedic students' knowledge and preparedness for managing children with complex CHD in the pre-hospital setting and communicating effectively with their families. Implications for future development of the educational tool will be discussed.

**G31** **PROCESS AND OUTCOMES OF THE CAMHS MINISTERIAL TASKFORCE – REPORT AND REFLECTIONS ON THE WAYS IN WHICH CLINICIANS CAN BE INVOLVED IN DEVELOPING EVIDENCE-BASED POLICY**

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**Aims** This session will describe the process by which the CAMHS Ministerial Taskforce was set up and the process of its work, with a recap of the outcomes/recommendations coming from that process. The presentation will also allow some reflections on the political process of policy development and how clinicians can be involved in fostering evidence-based policy in healthcare.

**Methods** The political background to the process and the ways in which the taskforce worked will be described, along with the outcomes and likely impact on practice.

**Results** The taskforce will have reported by the time of the conference and the recommendations for government will have been published. These will be recapped, along with some ideas as to how these will influence commissioning for future specialist CAMHS, impact on primary care and paediatrics, and how the education of future health workforce as well as other professional groups such as social work and school teachers is likely to be influenced. Themes of big data, integration of services, early intervention and CAMHS in-patient provision will be covered in some detail, alongside ideas for future work arising from these recommendations.

In wider terms the ways in which government responds to pressure and concerns of clinicians, charities and patients/service users will be examined in terms of the political process and set against some ideas of how clinicians and others can influence the creation of evidence-based healthcare policy. This will be matched against other processes (NICE guidelines for example), with some reflections on how nurses, doctors and other clinicians can be more actively involved in developing policy. In particular whether some groups are better than others at having a voice in the process will be examined, and whether there are ways in which this can be improved for the future, leading to more evidence-based policy and less anecdotally-based, or politically-based policies within healthcare.

**Conclusions** This session will argue for nurses in particular to have a better voice in the development of evidence-based policies for healthcare. It will look at how all healthcare professionals currently influence policy development and look for ways to improve this process.

**G32** **AN EVALUATION OF A COMPLEX SIMULATED CLINICAL SHIFT SCENARIO WITH FINAL YEAR UNDERGRADUATE CHILDREN'S NURSING STUDENTS**

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**Background** The last decade has witnessed the emergence of simulation as a useful, but some times challenging teaching methodology. This is supported by a number of sources of evidence, which focus strongly upon student evaluation of the learning experience. The challenges are equally worth consideration. These include issues such as the commissioning of space and staff expertise in resourcing and creating a situation which is as close to real practice as possible.

**Aims** To explore the use of a complex simulated scenario with third year children's nursing students.

To share the process of educational evaluation that was undertaken.

To share the results of this educational intervention.

**Methods** Children's nursing students were exposed to a complex simulated clinical shift. The activities included: managing the clinical area; the transfer of a sick child; managing a medication error; subsequent discussion with the parents; and prioritising and organising care. The use of role-play was utilised throughout, to create a realistic experience and the simulation activity took place in two settings to enable the transfer of a child from one clinical area (the assessment unit) area to another (the ward).

The simulation experience was undertaken at the end of the third year undergraduate program by three cohorts of students (n = 41). Following the experience, data were collected through a post-simulation de-briefing and a Likert style questionnaire, enabling the collection of qualitative and quantitative evaluation data concerned with the student's experience of the simulation.

**Results and conclusion** Overwhelmingly, the results showed that this was a positive experience for the students, demonstrating a number of perceived improvements in the application of their clinical skills. These included: development of specific management skills; enhanced confidence; development of self-awareness; and the transferability of skills to practice. Students also demonstrated strong agreement in terms of the realism of the experience.