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A NEW SPECIALIST APPROACH TO DEALING WITH PAEDIATRIC DIABETES IN THE COMMUNITY – THE HILLINGDON HOSPITAL PAEDIATRIC DIABETES INNOVATIVE SCHOOL MDT CLINICS

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Background/purpose Traditionally, children and young people with Diabetes (CYPD) attend hospital clinics at least 4 times a year to see the Diabetic Multidisciplinary Team (MDT) for their regular reviews. Attendances in those patients who are in secondary school in the 11–16 year age group have been very poor at Hillingdon Hospital during 2012/13. There are multiple factors that can influence clinic non-attendance including the CYPD being reluctant to come to hospital due to the perceived burden of illness and the need for time off school during a critical period (GCSEs exams) as well as parental factors such as the need for time off work and practicalities such as difficult parking. To address these issues we decided to develop an innovative clinic model based on taking the MDT clinic out to local schools.

Material/Methods The Paediatric Diabetes MDT underwent 3 monthly visits to 4 schools in the Hillingdon borough that had 5 or more CYPD enrolled between April 2013 and the present day. The team included a Paediatric Diabetes Consultant, Specialist nurse and Dietician. Outcomes measured included number of missed appointments, patient quality of life and parents' satisfaction measured using Patient Reported Experience Measures (PREMs).

Results Our innovative approach to dealing with CYPD MDT reviews revealed: a significant reduction in missed appointments from 30% to only 2%, improved patient quality of life and parent satisfaction and decreased admissions to hospital with diabetes related complications. Awareness of diabetes in school welfare officers was increased during the project.

Conclusion Our innovative approach to improving Diabetes MDT clinic attendance has had a positive impact on patients' health and quality of life. This approach could be rolled out across the UK to improve both the health and educational attainment of this vulnerable group of children.

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ABSTRACT WITHDRAWN

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A NOVEL THREE-TIERED APPROACH TO IMPROVING PAEDIATRIC EDUCATION FOR GENERAL PRACTICE DOCTORS AND TRAINEES

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Context Recent recommendations from the RCPC and the RCGP have highlighted the need for General Practice curricula to include more focused paediatric training.

Problem Children comprise 40% of a typical GP's workload yet only 55% of GP trainees undertake hospital-based paediatric placements.

Assessment of problem and analysis of its causes We carried out a questionnaire of GP trainees in our region to assess confidence with Paediatrics and interest in focused paediatric education.

Intervention We hypothesised a novel three-tiered education programme would address this imbalance.

Study design We designed a curriculum-mapped educational programme for qualified GPs and GP trainees. The programme focuses on acute Paediatrics and is delivered using a variety of modalities:

Strategy for change

1. CCAP: A Crash Course in Acute Paediatrics – 2 day course for GP trainees: an overview of acute Paediatrics.
2. STrAP: Simulation Training in Acute Paediatrics – in-situ simulation for GP trainees during hospital paediatric placements.
3. GP Paediatric Refresher Days – Simulation for qualified GPs.

1. A Crash Course in Acute Paediatrics An intensive 2-day Crash Course in Acute Paediatrics (CCAP). Delivered by Paediatric registrars and nurses, this uses tutorials, workshops, skills stations and simulation to cover essential knowledge and skills. It offers an overview of assessment, and common presentations, as well as the opportunity to consolidate knowledge with relevant practical skills. The course has a strong focus on effective assessment, initial management within a primary care setting and safe transfer of patients to secondary care.

2. STrAP: Simulation Training in Acute Paediatrics A simulation programme covering common acute paediatric presentations delivered to trainees weekly and run real-time in ward areas. Simulations utilise all members of the multidisciplinary team with high-situational fidelity being achieved through use of a mannikin and visual media. This gives trainees realistic exposure to assessment, diagnosis and management of an acutely unwell child.

3. GP Refresher days A Paediatric simulation programme delivered to qualified GPs at regional Refresher days. Delivered by Paediatric registrars, the programme comprises acute paediatric simulations run in real-time using equipment available in a GP surgery. The focus is on assessment, initial management and communication within the primary care environment.

Measurement of improvement CCAP candidates completed feedback questionnaires immediately following the course. All candidates felt the content was appropriate for their future careers and reported increased confidence. Feedback was almost unanimously positive, with candidates enjoying the mix of theoretical and practical learning.

STrAP candidates completed confidence questionnaires after scenarios and a basic knowledge questionnaire before and after their placements. The same questionnaires were completed with a control group of candidates not undergoing regular simulation-training. Our results showed candidate's confidence scores increased by an average of 2 points (Likert scale 1–5) following simulation-training. Overall confidence scores reached a higher plateau 6–8 weeks sooner than the control group. Knowledge assessment results showed greater appreciation of non-specific presenting features of acute illness in the intervention group, and clearer ability with managing acute paediatric illness.

Feedback from the pilot GP simulation refresher day showed that 100% of candidates agreed or strongly agreed that the scenarios were useful and increased confidence and knowledge of acute paediatric presentations.

Effects of changes We feel our novel three-tiered education programme and its unique cross-specialty, cross-discipline delivery has improved the ability of our qualified GPs and trainees to manage acutely unwell children.