

8 academic staff and focus groups with 14 pre-registration Children's Nursing students were undertaken.

Analysis Descriptive analysis of questionnaire data.

Thematic analysis of focus group and interview transcripts.

Key findings Young people identified factors (such as nurses' communication and clinical skills) which they considered to be important to the care they receive in OOH settings.

There is a wide variation in pre-registration Children's Nursing students' OOH clinical experiences.

There is a lack of consensus within and between HEIs, and nursing staff, in relation to the nature, duration and intended learning outcomes of OOH clinical experiences.

There is limited opportunity for post-qualification education.

There are significant challenges associated with the appointment of newly registered Children's Nurses to posts within OOH settings.

The presentation will be illustrated with participants' quotes.

G13(P)

A PROSPECTIVE REVIEW OF PSYCHOSOCIAL FUNCTIONING IN PARENTS OF INFANTS WITH COMPLEX CONGENITAL HEART DISEASE GOING HOME FOR THE FIRST TIME FOLLOWING FIRST STAGE CARDIAC SURGERY

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Aim The study presented here prospectively explores psychosocial adaptation and adjustment in parents going home for the first time with their infants following first stage cardiac surgery for complex congenital heart disease (CHD). Preliminary review of psychosocial functioning (anxiety, depression and confidence) and parent demographics in 15 parents (12 mothers, 3 fathers of 12 infants) enrolled into a feasibility study exploring the efficacy of home monitoring for infants born with complex CHD, will be presented.

Method Parents of infants being discharged from a specialist cardiac centre in the UK are recruited into a feasibility study, which commenced in August 2013 and ends in February 2015. The study is split into 3 randomisation arms: Group A were discharged home with weighing scales, a saturation monitor and a Congenital Heart Assessment Tool (CHAT); Group B were discharged home with the CHAT tool only and Group C were randomised to normal standard care. The parents are interviewed at 4 time points: T0 before discharge, T1 2 weeks post discharge, T2 8 weeks post discharge and T3 following the second surgical intervention (approximately 4–6 months post discharge). Baseline demographic data (family demographics, time of diagnosis, distance of specialist cardiac centre from home) is collected and parents are asked to complete the PHQ9, GAD7 and Maternal Confidence score (MCS) at each of the interviews.

Results A preliminary review of the data collected from 15 parents, has demonstrated an improvement in anxiety, depression and confidence scores for all parents. Whereas some scores showed significant improvement a minority have shown a minimal increase in confidence scores. A more in depth analysis is currently being undertaken and these results will be available for display at the conference.

Conclusion This is the first study of its kind to prospectively explore parents' psychosocial adaptation and adjustment during

the transition from hospital to home following first stage cardiac surgery. Despite the small number of families recruited into the study so far, the results provide an important insight into the discharge care and support these parents require. Implications for practice will be discussed.

Acknowledgement Study in collaboration with Little Hearts Matter, Heart Research UK and Coventry University (sponsors).

G14(P)

A COLLABORATIVE EDUCATIVE APPROACH TO INVEST IN ENABLEMENT OF TRANSITION: CLOSING THE GAP BETWEEN CHILDREN'S AND ADULT SERVICES

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Aims An overview of the creation, delivery, evaluation and impact of a collaboratively designed health professional degree and master's module supporting establishment, augmentation and enhancement of transitional services across long term conditions, life threatening illnesses, learning disability and mental health provision.

Methods A collaborative engaged multi-disciplinary module team with a combined vision to develop practitioners' knowledge, skills and abilities concerning effective transition opportunities worked together. We designed an interactive blended-learning module supported by nationally recognised experts in the field, on-line resources and access to the RCPCH Adolescent health module.

The module was delivered and evaluated exceptionally well. Students were assessed design and presentation of their proposals to change and develop their services to be more 'adolescent and transition friendly'. The written assessment was a report to be delivered within the students areas of practice to facilitate the changes intended to realise development of effective transition services accordingly.

The module was delivered at level 6 and level 7 to support a multi-disciplinary team approach to embracing transition. Local Education Training Board (LETB) funding supported student attendance.

Results Students included Nurses, Doctors, Dietitians, Psychologists and Youth Workers evaluated the module excellently and highlighted opportunities realised within their own practices and specialisms. This demonstrated a change in thinking, renewed energy to face change and tackle potential challenges to providing effective transition. Synergistic opportunities were also realised by managers and commissioners attending the students' presentations and 'signing up' to supporting the fresh approaches and ideas within their services to enable effective transition to be appreciated.

Key outcomes for students and practice Developing a clearer vision through action planning, thus developing a wealth of knowledge and resources to stimulate change. Heightened motivation and confidence facilitated renewed energy to initiate practice communication with adult service colleagues.

Students had 'a voice' rather than hierarchy intimidating their vision for their team. The action plans met patients' needs for improvement and development to close service gaps.

Conclusion Quality transition services can be realised rather than just 'talked about'. Practitioners are engaged in critical