G184(P) HOSPITAL CLASSROOMS: A NOVEL CONCEPT IN THE DEVELOPING WORLD

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Introduction Though most tertiary paediatric centres in UK have been running hospital schooling programmes for years, the idea is almost non-existent in developing countries. It seems that schooling hospitalised children is either non-existent or forgotten, or remains a very low priority for families in the developing world. Even where it does exist, most parents, attending doctors and health care staff seems to be unaware of its benefits. Education is a fundamental right of all children including those in a hospital.

Place of study We are a tertiary paediatric centre, amongst the first in the sub-continent to start a hospital teaching programme with specially appointed teaching staff.

Outcome The initial response to this initiative was not very encouraging with an average daily attendance of 5.6% of admitted children. Overtime it has improved but still remains to less than 16% of admitted children. 92% of children attending the classroom are between 4 to 7 years of age. Children above 10 years were reluctant to attend and surprisingly their parents also supported them. When we tried to ascertain the reasons for the reluctance, 71% stated that their child is resting and needs to recover and 62% stated that they do not want to burden their children with studies during illness. When we looked at awareness about the existing hospital teaching programme, 55% of the attending health care workers including doctors and nurses throughout the hospital were not aware of such an initiative provided by the hospital and 85% of parents were unaware about such facilities provided by the hospital. We are now in the process of remedying this deficiency with parental and staff awareness programmes. Till date hospital classroom initiative has helped us to identify 14 cases of learning difficulties.

Conclusion As paediatricians, we should take responsibility to ensure that all children have access to appropriate education, even while they are hospitalised. For children undergoing treatment, school can offer a familiar and reassuring routine, as well as a feeling of being in step with their peers in the outside world. This concept needs to be popularised further specially in the developing world.

G185(P) DESIGNING TRANSFORMATIVE OSCES: LESSONS FROM AN ADOLESCENT SMOKING CESSATION STATION

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Background Working with patients to improve medical education can help align training with real clinical practice and empower patients to influence attributes of newly qualified doctors, including their communication skills. The benefits of effective patient-centred communication include higher patient and doctor satisfaction, shared decision making, treatment adherence and improved health outcomes. Half of the most common health problems in adults arise from behaviours that are established during adolescence; 40% of adult smokers in

the UK starting smoking before the age of 16 years (Rise Above Programme, 2017).

Aim To co-design a transformative OSCE station to assess medical student's ability to motivate adolescents to stop smoking, with adolescent smokers being involved in this process from inception to final assessment.

Methods We organised a workshop with medical educators and adolescent smokers to co-create the consultation narrative for a smoking cessation OSCE. The station was designed to assess the ability of medical students to practice motivational interviewing, a behavioural change technique taught in their curriculum. This OSCE station was included in the summative assessment of 364 penultimate year medical students in 2017. We recruited 12 examiners and 6 adolescent actors for this OSCE station and both examiners and actors gave written feedback to each candidate. We had ethical permission to obtain copies of this information and although we gave the students the option to opt out none did.

Results Although the pass rates were similar amongst different groups, there were significant differences in the scores of students assessed by distinct examiner and role-player combinations. These differences were also reflected by the quality of written feedback provided to students. Importantly, students who received full marks from the adolescent role-player were significantly more likely to get a high overall score in the OSCE station, with substantial agreement between role-players and examiners' marks. Most students (85.7%) were competent in employing motivational interviewing techniques, but only half were proficient in gathering sufficient information to offer a personalised management plan.

Conclusion Involving adolescent patients in medical education can increase the validity of assessments and assist in identifying ways to further improve the communication skills of medical students.

G186(P) 'PAEDIATRIC PITSTOP' GENERAL ACADEMIC PAEDIATRIC RESEARCH WORKSHOP

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Aims Research and audit activity is mandatory for Paediatric trainees with one annual audit the minimum expected standard. Senior support has been shown to be helpful in facilitating successful project completion. With this aim a General Paediatric research workshop was established, providing a supportive forum for discussion and advice on individual projects. This paper will describe the development and outcomes of this project.

Methods An open, monthly, Consultant-supported, breakfast meeting was convened facilitating junior doctor attendance. Participants were allocated 5 min to provide a short focused presentation, noting progress and highlighting difficulties in research projects. Group input and structured feedback was encouraged to optimise ideas and solutions. Deadlines and targeted publications were advised with an aim to ensure project success. Attendances were recorded, weekly logs kept of each project with recommended advice and timelines for completion.

Results 11 workshops have been held to date; involving Consultants, junior hospital doctors, Nurse Specialists, Dieticians

and Physiotherapists. 17 projects have been submitted as presentations for the upcoming Irish Paediatric Association (IPA) Conference. In addition a further 10 projects are due for presentation at a variety of European Meetings in 2017, 1 project is now informing National UTI Guidelines and 1 project has been submitted for publication at a peer-reviewed Journal. In the year prior to the Research workshop initiative; 2 oral presentations and 9 (P) presentations were accepted at the IPA Conference. The feedback to date is overwhelmingly positive with Junior Doctors reporting greater support, interest and involvement in research.

Conclusions The workshops continue and have expanded to include the General Paediatric Departments of Dublin's 2 other Children's Hospitals. The opening of Ireland's new National Paediatric Hospital in 2022 will provide great opportunities for further development of the Academic Department of General Paediatrics.

The goal is that this initiative will contribute to a structured template for further Research workshops across all Paediatric centres in Ireland and provide a collaborative Network for General Paediatric Research in the future.

G187(P) SAFEGUARDING CHILDREN WHO DISPLAY SEXUALLY HARMFUL BEHAVIOUR- ARE WE UP TO SCRATCH? RESULTS FROM A MULTIAGENCY AUDIT

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Background Children and young people who develop sexually harmful behaviour (SHB) have usually experienced abuse and neglect themselves.¹ Multiagency procedures acknowledge that the perpetrators of SHB need active management to reduce the impact of on-going harm to themselves and others.

An LSCB audit in 2013 demonstrated that the needs of these children were not being recognised and procedures were not being followed.

Objectives Re-audit of management of alleged child perpetrators to establish whether guidance is being followed across 2 Local Authorities.

Methodology Children presenting as victims of sexual abuse during 2015 were identified where both victim and perpetrator were under 18. Cases analysed using the 2013 audit tool collecting data from health, children's services, police, Barnados, NSPCC and Youth Offending Services. Anonymised case histories were obtained from Children's Services to provide qualitative data.

Results Of 47 cases, there was an improvement in the number of strategy meetings/discussions with one LA increasing its numbers from 41% to 77%. There was also an increase from 75% to 86% in the other LA. However, there were 6 children across both LA's that did not have a strategy meeting or a discussion. One LA proactively involved YOS in strategy meetings to develop multiagency plans to protect children and enable them to return to school. However not all children benefitted from multiagency planning, some children reoffended and there was limited involvement by specialist services.

Conclusion Re-audit demonstrated improvement compared to 2013, however, services are still failing these children. Case studies demonstrated their complex lives and background of adverse childhood experiences. These children, despite having

the highest level of need can be the most challenging to help and engage. More should be done to meet the needs of this vulnerable group which may, in turn, help to transform the direction of their lives.

REFERENCE

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G188(P) A SURVEY OF COMMUNITY PAEDIATRIC TRAINEES' CAMHS EXPERIENCE

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Aim It is difficult for Level 3/GRID CCH (Community Child Health) trainees to obtain mental health competencies in the curriculum. With Community Paediatrics facing increasing mental health challenges due to stretched CAMHS (Child and Adolescent Mental Health Service) services, the aim of our project was to survey the educational value of CAMHS posts for CCH trainees and ask: 'Are training posts in CAMHS of benefit?'

Method Two surveys were hosted on Survey Monkey; one for CCH trainees who had completed a training post in CAMHS and a second for those who had not. The surveys were distributed UK-wide via the BACCH Trainee Group and Regional Coordinators.

Results 18 CCH trainees who had not done CAMHS, and six who had, completed the survey. Four of the six CAMHS posts were split with community paediatrics. Feedback from these trainees suggested that this limited the educational value of the post. The two trainees who did a full-time CAMHS post rated their experience very highly and recommended the post. Trainees who had experienced CAMHS rated themselves as more confident at assessing for anxiety and depression and in risk-assessing for self-harm and suicide compared to trainees who had not. Average self-ratings for behaviour management, managing ADHD medication and recognising reactions to stress and bereavement were not clearly increased following the CAMHS posts.

Of the 18 CCH trainees with no experience in CAMHS, 50% reported that they planned to do a post in CAMHS. Of those who did not, 71% stated it was due to a lack of provision and 28% stated they had no interest in doing so.

Conclusion Most CCH trainees in the survey wished to have training in CAMHS and those who have, rated the experience highly. The educational value is limited by split posts. It is, therefore, recommended that deaneries develop full-time training posts for CCH trainees.

G189(P) CHILDREN WITH TRACHEOSTOMIES: THE IMPACT ON FAMILY LIFE

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