between 01/01/2017 to 31/12/2018. Statistical analysis was completed using Microsoft Excel 2011.

**Results** We identified 52 patients, 33 males (63%) and 19 females (37%). The median age of the patients was 12 years. 33 patients (63%) were under ‘shared care’ with a tertiary centre. During the study period, the median number of OPD appointments was 4 (with a standard deviation of 2.2).

The International Society for Paediatric and Adolescent Diabetes (ISPAD) Clinical Practice Consensus Guidelines 2014 Compendium recommends an HbA1c target of < 7.5% (58 mmol/mol) for all patients younger than 18 years of age. ‘Good control’ was achieved by 8 (15%) patients. 15 (29%) patients had ‘poor control’ (HbA1c > 80 mmol/mol). 13 (25%) patients did not have a lab HbA1c measured during the study period.

ISPAD recommends screening thyroid function every second year in asymptomatic individuals and screening for celiac disease every 1–2 years. 8 patients (15%) did not undergo thyroid function screening during the study period. 9 patients (17%) did not undergo screening for celiac disease during the study period.

**Conclusion** The results of this study highlight ‘good glycemic control’ was less frequent and ‘poor glycemic control’ was more frequent in our patient population. Further, this study highlights a lack of consistency in screening for diabetes-associated conditions. Currently, children and young people with T1DM attend a general paediatrics outpatient clinic at our hospital. This patient population would benefit greatly from a paediatrics diabetes specific clinic. Additional ways to improve the service locally include adding a ‘T1DM care’ performa to charts for all clinics visits. This would ensure a systematic approach to the assessment and management of children and young people with T1DM.

**References**

**P241 DETERMINING ADOLESCENTS, PARENTS AND PROFESSIONALS’ VIEWS CONCERNING THE EDUCATIONAL NEEDS OF ADOLESCENTS WITH TYPE 1 DIABETES AND CONTENT PREFERENCES FOR SHORT SELF-MANAGEMENT VIDEOS AND A QUESTION PROMPT SHEET**

Adolescents with Type 1 diabetes mellitus (T1DM) are a high risk group due to relatively poor metabolic control and frequent attendance at healthcare appointments. Many have difficulty in establishing and maintaining self-care routines which can lead to serious complications and hospitalisations. Furthermore the transition from paediatric to adult services is a high-risk period associated with poor glycaemic control, disengagement with healthcare, and increased risk of complications. To improve the quality of care for adolescents they need to be prepared for self-management, to become wholly responsible for their treatment regimen, make autonomous healthcare decisions, and interact with their healthcare providers. Current guidelines emphasise that paediatric diabetes services need to be patient-centred and should promote self-management[1, 2]. The PACE (Promoting Adolescents Communication and Engagement) study aims to develop and test an intervention to promote adolescents’ active engagement and self-advocacy skills in clinic interactions with healthcare providers.

For work package 1, we conducted separate focus groups with adolescents with T1DM, parents and providers from two clinics in Ireland. The objectives were: a) to obtain views of the educational needs of adolescents with T1DM; b) how to involve adolescents more during paediatric diabetes visits; c)
identify content preferences for an educational video; d) and what to include in a question prompt list. All focus groups were audio-tape recorded and transcribed. Identifiers were removed and replaced with a numerical code. The qualitative analysis software package NVivo version 11.0 assisted in the data analysis. Ethical approval was obtained from the two relevant ethics committees.

The data from the focus groups will inform the development of the intervention (video and question prompt sheet) which is based on Bandura’s Social Cognitive Theory, as self-efficacy is a central component of SCT. Self-efficacy is the belief that an individual has the ability to create change by personal actions. Enhanced diabetes self-efficacy has been linked to improved diabetes self-management and glycaemic control and is an important indicator of health behaviour changes in adolescents. The issues which arose from the focus groups will be outlined and discussed in terms of self-efficacy and development of the intervention.

REFERENCES
2. National Clinical Programmes for Diabetes and Paediatrics, Model of Care for All Children and Young People with Type 1 Diabetes. 2015, Faculty of Paediatrics, Royal College of Physicians of Ireland Dublin

P242 KIDS INFECTIOUS DISEASES SIMULATION ‘KIDS’ – DESIGNING AND EVALUATING THE IMPACT ON BEHAVIOURS IN CLINICAL PRACTICE OF A MULTIDISCIPLINARY SIMULATION BASED EDUCATION PROGRAMME IN CHILDHOOD INFECTIOUS DISEASES FOR PAEDIATRIC TRAINEES

1Lisa Dann*, 1Ethel Ryan, 2,3Bronwyn Reid-McDermott, 2,3Aine Delthubh, 2,3Dara Byrne. 1Department of Paediatrics, University Hospital Galway, Galway, Ireland, 2,3Inch Centre for Applied Patient Safety and Simulation, Galway, Ireland, 3Saolta University Health Care Group, Galway, Ireland; 4National University of Ireland Galway, Galway, Ireland

Background Up to 50% of paediatric hospital admissions are for infectious diseases. The vast majority are managed by General Paediatricians and General Physicians (GPs). It is therefore vital that Paediatric and GP trainees have sufficient knowledge/exposure to these illnesses during their training. The recent outbreak of Measles in Europe emphasises the need for simulated training as many current trainees will not have managed this disease previously.

‘KIDS’ is a simulation based education programme (SBE) for paediatric trainees involved in the management of children with infectious diseases from prevention to delivery of acute care.

Aim/Objectives The aim of the programme was to change the behaviours of the learners in the identification and management of Measles, Rotavirus, Meningitis and Pertussis.

Secondary objectives were identify the participant’s learning needs; design a programme addressing those needs; and evaluate the programme for satisfaction/acceptability levels.

Methods We employed a mixed methods study design and the programme was designed using an iterative approach with a multidisciplinary stakeholder input.

Paediatric SHOs (n=8) in a large teaching hospital were recruited. Pre-programme questionnaires were distributed to identify knowledge gaps and learners’ needs.

The programme was designed to address the learners’ needs through 4 complex scenarios designed by subject matter experts; meningococcal septicaemia with fluid resistant shock; measles with a secondary pneumonia; pertussis with associated apnoeas and finally rotavirus gastroenteritis and hypoglycaemia. These scenarios were delivered using hi-fidelity manikin based simulation in an on-site simulation centre. Post-training satisfaction surveys were distributed.

Semi-structured interviews were conducted with participants at 4 weeks to determine if the programme impacted on their behaviours when managing similar cases in clinical practice.

Results Pre-programme questionnaire (n=10) used to determine the content of the scenarios.

Post-programme questionnaire (n=8) identified a high satisfaction rate with the programme with 100% reporting that the programme addressed their needs and that they would like more training of this type. At delayed post-training interviews (n=8), all interviewees reported that they had benefitted from the programme and it had impacted their behaviours in clinical practice; 80% of the participants had changed the way they communicate with patients/parents, 50% reported more awareness of sick children and 50% reported adopting a more systematic approach to the unwell child.

Conclusion A well-designed SBE programme targeting learning needs can result in more than a well-received educational experience. It can result in a change in behaviour, communication and approach to paediatric care in clinical practice.

P243 MEDICAL STUDENT TRAINING FOR THE ELECTRONIC MEDICAL RECORD: A QUALITY IMPROVEMENT INITIATIVE

1Ciara Terry*, 2Dermot Wildes, 3Nedim Bussmann, 1,2Naomi McCallion, 1,2Michael A Boyle. 1Rotunda Hospital, Dublin, Ireland; 2Royal College of Surgeons, Dublin, Ireland

Background The Maternal & Newborn Clinical Management System (MN-CMS) project is a national electronic health record (EHR) that is being introduced to all 19 maternity units in the Republic of Ireland. Currently 4 units are operating with the MN-CMS electronic record. Medical students do not routinely receive training on using EHR’s prior to commencing clinical practice and this may serve as a barrier to accessing important clinical information required for education during their rotations.

Aim We sought to develop an online training module to serve as an induction to the MN-CMS record and seek feedback from the medical students about its use to further improve the module.

Methods Royal College of Surgeons Medical students undergoing an Obstetrics & Gynaecology/Neonatology rotation at the Rotunda Hospital were surveyed as to their familiarity and preparedness for using an EHR. The initial group had a classroom based powerpoint presentation and a post presentation paper questionnaire. A video induction module for the EHR was created using Panopto™ software and hosted on their Moodle education platform. A repeat survey was conducted of a new group of students using a surveymonkey© questionnaire.

Results In the initial group (n=58) 57% of students had heard of the MN-CMS project and 62% had used an EHR previously. 93% found the induction lecture relevant with 79%