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.

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P242 KIDS INFECTIOUS DISEASES SIMULATION 'KIDS' – DESIGNING AND EVALUATING THE IMPACT ON BEHAVIOURS IN CLINICAL PRACTICE OF A MULTI-DISCIPLINARY SIMULATION BASED EDUCATION PROGRAMME IN CHILDHOOD INFECTIOUS DISEASES FOR PAEDIATRIC TRAINEES

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

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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

¹Ciarra Terry*, ²Dermot Wildes, ²Neidin Bussmann, ^{1,2}Naomi McCallion, ^{1,2}Michael A Boyle. ¹Rotunda Hospital, Dublin, Ireland; ²Royal College of Surgeons, Dublin, Ireland

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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%