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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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.

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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%

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satisfied with the teaching provided. In the group with access to the Moodle induction tutorial there was a 51% response to the surveymonkey (22/43) 36% had heard of the MN-CMS project, 59% had used and EHR, but only 22% were aware of the induction tutorial. 76% were satisfied with the teaching provided. The students polled after access to the Moodle induction video were more likely to want access to a pre-course induction (50% vs 40%) as opposed to a first day classroom induction (50% vs 60%). Half of the students in the second group wished for an expanded Moodle induction.

Conclusion Comments from the first group suggested that it would be valuable to have the induction online. When accessed the Moodle hosted induction tutorial was well received and students found the material useful. There was a disappointing response to the surveymonkey questionnaire as compared to the paper classroom version which may under-score the benefit of the online tutorial. Based on these findings incoming students will receive precourse email notification of the tutorial and a repeat assessment will be performed.

P244 PAEDIATRIC LIAISON PSYCHIATRY – ARE STUDENTS AWARE OF THE OVERLAP WITH MENTAL AND PHYSICAL HEALTH?

¹SC Richardson*, ¹ON Oketah, ¹H Negm, ^{1,2}E Barrett. ¹Temple Street University Hospital, Dublin, Ireland; ²University College Dublin, Dublin, Ireland

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Aim To assess medical students' knowledge and expectations pre and post a structured teaching session regarding mental health needs of young people in hospital. The objective is to analyse the effectiveness of the teaching session and to modify the teaching pack accordingly.

Methods Fifth year medical students were given a survey to complete at the start of a 3 hour teaching session on mental health needs of children in hospital. Students were asked basic knowledge questions and their learning objectives. The students were surveyed again at the end of the teaching to review if the learning outcomes were met and if basic knowledge had improved.

Results 87% (34/39) of the pre-teaching questionnaires and 77% (30/39) post teaching were completed. Fourteen students were graduate entry while the remainder were undergraduates. Several learning objectives were identified including understanding and management of Eating Disorders, understanding the differences between presentations in adults and children, and management of suicidal ideation and self-harm. Clinical questions and accurate response rate are outlined in table 1.

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Clinical questions	Correct Answer pre-teaching	Correct answer post teaching
Definition of Liaison Psychiatry	41% (14/34)	83% (25/30)
Definition of Psychosomatic disorder	61.7% (21/34)	96% (27/28)
Physical symptoms of severe weight loss	29% (10/34)	65.5% (19/29)
Physical symptoms of depression	94% (32/34)	96% (27/28)
Most common method of self-harm	6.6% (2/30)	78.5% (22/28)

In terms of qualitative feedback, most students found their learning objectives had been met. Case based discussion and interaction were valued. However, others reported overlaps with the adult psychiatry curriculum and disliked aspects of the format.

Conclusion Despite subject topics being available in advance, there was an evident lack of knowledge in some areas. Interactive case base approaches were preferred by students. Qualitative feedback highlighted aspects of the teaching which students found unhelpful and has led to modification of the lectures for further groups and a change in structure of the session for future medical students in the medical school.

P245 ENHANCING CPD, QUALITY IMPROVEMENT AND BEST PRACTICE

^{1,2}Hilary Hoey*, ¹Holly Hanlon, ¹Thelma Russell, ¹Deirdre Donegan, ¹Lucia Prihodova, ¹Ann O'Shaughnessy. ¹Royal College of Physicians of Ireland, Dublin, Ireland; ²University of Dublin Trinity College, Dublin, Ireland

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Since 2011 recording of Continuing Professional Development (CPD) activities is mandatory in Ireland. Doctors must participate in a range of learning activities reflecting their scope of practice and include the 8 Domains of Good Professional Practice. Each year they must achieve 50 CPD credits (20 External, 20 Internal, 5 Personal Learning and 5 flexible) along with conducting a Clinical Audit. Construction of a Personal Development Plan (PDP) is recommended, but not mandatory.

The Royal College of Physicians of Ireland provides a Professional Competence Programme in Paediatrics, Medicine, Obstetrics and Gynaecology, Pathology, Public Health and Occupational Medicine.

Purpose of the study Assess CPD credits achieved and percentage of participants who performed an audit. Identify areas of good practice and barriers preventing engagement in order to enhance CPD and engage participants.

Methods Data submitted electronically from 2011 to 2018 were analysed using SPSS. In 2018, participants were requested to complete a 28 item questionnaire regarding perceived barriers, their recommendations to improve engagement and their desired relevant learning activities.

Results Number of participants enrolled increased each year from 2738 in 2012 to 4446 in 2018. Age range in 2018: 25–91 yrs (49% aged 35–55 yrs; 5% over 65 yrs), 54% male.

CPD credits achieved along with completion of an audit increased each year. In 2017, 88% of RCPI Fellows achieved >50 CPD Credits fulfilling all categories along with submitting an audit.

In 2016, 1381 (40.3%) physicians completed a PDP. Those who completed a PDP were more likely to achieve ≥50 credits ($p \leq 0.001$) and complete an audit ($p \leq 0.001$). Since 2017 early completion of a PDP has been incentivised with 2 Internal credits and the number completing a PDP increased from 1369 in 2016 to 1824 in 2018.

Physicians reported very positive perceptions regarding CPD with only 7% reporting it as a bad idea. Major barriers included time and finances to engage in CPD activities along with time required to record learning activities and obtain