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?

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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.

Abstract P244 Table 1

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. Inter-active 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

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Since 2011 recording of Continuing Professional Development (CPD) activities is mandatory in Ireland.Doctors must partici-pate 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

evidence of participation. Preferred types of CPD activities included attending conferences (71%) and on line courses (57%).

Conclusions Whilst the proportion of participants achieving CPD requirements has increased, we must further promote the need to resource and facilitate engagement with CPD, provide relevant learning activities along with continuing development of electronic platforms to facilitate recording of data.

Further research and support is required particularly in relation to the vulnerable group of Non Consultant Hospital Doctors not in training posts.

P246   THE NEW ERA OF MEDICAL EDUCATION

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Background Medical education is an evolving specialty. Educating the doctors of the tomorrow is investment in our own future and should capitalise on all available technologies.

Education is more challenging in recent years due to the increased work load of doctors and increased number of students. It is recognised that students need to be prepared not only from a cognitive and clinical perspective, but also in the affective domain.

Neonatology is a complex area, and students have limited background understanding of the specialty. Many different modalities of teaching have been trialled. The use of video in medical education dates back as far as 1960 (1), and students engage with video technology to enhance their learning experience (2). Video provides an opportunity to give a voice to parents and families which is not always available in clinical interactions.

Aims We aim to assess the impact of video footage of parental NICU experiences on student attitudes towards prematurity.

Methods We introduced video technology into our 2018 undergraduate education programme. Each student was asked to complete a 3 question 'Classroom Assessment Techniques' (CAT) questionnaire before and after watching a video. The video described the 'parental experience' of having an extremely premature infant.

Results and Discussion The completion of the CAT before and after the video was feasible, and 100% response rate was obtained. Some students elected not to answer each question. After watching the video students had a greater appreciation for the possibility of morbidity and mortality for premature infants. The area that had the greatest impact on the students was the importance of explaining to the parents what they should expect after the baby is born.

Parental anxiety featured strongly as an issue after watching the video. This is an important concept for medical students to grasp and a difficult one to communicate in didactic form. This understanding could improve communication with parents and may promote empathy for families dealing with illness across different specialties.

Conclusion The significance of the patient/parent experience is a concept that is challenging to teach. Appreciating the impact neonatal illness has on both the patient and parent is essential. Providing students with insight into the consequences of prematurity will equip them with holistic skills that will be vital for their future practice. Video has a potential role to play in improving student understanding of these issues, as demonstrated by feasible and user-friendly CATs.

P247   FIRST IMPRESSIONS – THE FIRST 6 MONTHS OF THE OUTCOME BASED MEDICAL EDUCATION PILOT IN BASIC SPECIALIST TRAINING FOR PAEDIATRICS

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Background The Royal College of Physicians of Ireland (RCPI) recently reviewed medical education programmes in light of the international trend towards demonstrable measures of progress. Outcome Based Education (OBE) was selected as the most appropriate for the Irish system and the Paediatric Basic Specialist Training (BST) was chosen to be the pilot scheme. A curriculum was drafted after systematic review and surveying of trainers regarding the importance and frequency of tasks and focus groups. The existing ePortfolio used by BST trainees for recording training was overhauled to reflect the changes made to the curriculum and facilitate recording along the OBE model.

Aim To evaluate the initial experience of Paediatric BST trainees of the OBE model and their interaction with the new ePortfolio.

Methods At the beginning of the term all trainees were required to attend an induction day where the changes and model of training were outlined. Each trainee present also received training on how to use the ePortfolio system and incentives to promote engagement with the system discussed. RCPI first year Paediatric trainees were subsequently surveyed using a surveymonkey© questionnaire towards the end of their first post of training in December 2018. The individual timelines were also reviewed to assess engagement with the Kaizen ePortfolio.

Results At the end of rotation 33/40 (82.5%) of trainees had completed a Personal Goal form and 32/40 had completed an End of Post form. During the 6 months 35/40 (87.5%) had completed a Directly Observed Procedure (DOPs) form with 195 separate DOPs recorded by this group. Trainers have signed off 88/195 (45%) of the submitted forms. 12 trainees had no work signed off by their trainers and 2 trainees have not submitted anything to be signed off. 19/40 (47.5%) of trainees responded to the questionnaire. The majority of responders recognise what is required of them to progress in the programme and the training opportunities available to them in the work place. The ePortfolio was most often accessed monthly to record activities.

Conclusion Early data indicates that using OBE is an effective method of facilitating better workplace feedback and evaluation in post graduate training. These findings demonstrate a successful introduction to the workplace and it has been well received. More training of Trainers appears to be needed and support for Trainees in using the ePortfolio and recognising their training opportunities. This will help to further improve the project before rolling out to other specialties.