P248 '99 VOICES, ONE STORY – SUPPORTING MENTAL HEALTH IN PAEDIATRIC PATIENTS' A NATIONAL SURVEY OF PAEDIATRIC TRAINEES

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Objective The primary aim of this study was to evaluate among paediatric trainees their attitudes, perceived barriers, perceived skill level, and training needs in the management of child and adolescent mental health disorders.

Methods An online survey link was sent out to paediatric trainees with the Royal College of physicians, Ireland. Responses were analysed on SPSS.

Results There were a total of 99 respondents at different training stages. The responses represented 92% of Irish paediatric hospitals. 84% of trainees reported being involved in the management of a child with a mental health disorder. The most common reasons cited for referral to psychiatry was for suicidal ideation, deliberate self-harm, eating disorders and mood/anxiety disorders with 37% of trainees making referrals more than once a month. Reported Barriers to referral included service capacity, a lack of awareness of referral pathway and lack of prioritisation of mental health needs of children and adolescents. Although the vast majority of trainees (96%) reported seeing an increase in the number of children and young people presenting to hospital with a mental health component to their presentation only 8% of trainees felt well prepared in dealing with child and adolescent mental health issues. They expressed a general lack of adequate amount of education and teaching in child and adolescent mental health with 64% of trainees also expressing a lack of support in dealing with presentations to their local hospital. All respondents expressed interest in having more educational and training opportunities for mental health disorders introduced as part of their paediatric training. There was no statistically significant difference between responses from early stage and late stage trainees.

Conclusion Mental health disorders affect 10–20% of children and adolescents worldwide and is projected to become one of the worlds' leading disabilities in the future. Suicide is the second most common cause of death in adolescents with more young people presenting to paediatric hospitals with mental illness as a presenting complaint or as a component of their presentation. With limited numbers of trained clinicians for the relatively large number of children with mental health problems, there is need for paediatricians to have good skills in mental health in both acute and chronic illness settings. The current curriculum contains mental health education but trainees report their needs are not being adequately met. The results of this study indicates needs for more supports around training in this area given the changing epidemiology.

P249 RAPID ONSET OBESITY WITH HYPOTHALAMIC DYSFUNCTION, HYPOVENTILATION, AND AUTONOMIC DYSREGULATION(ROHHAD) IN CHILDREN: A SAUDI PERSPECTIVE

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Background Patients with ROHHAD are usually reported to be healthy prior to a characteristic rapid weight gain associated with autonomic and hypothalamic dysfunction and fatal central hypoventilation in the absence of mutations in the paired-like homeobox 2B (PHOX2B) gene. To our knowledge, this is the first case series report of ROHAAD syndrome from Saudi Arabia comprising four children with different clinical manifestations.

Aims and Objectives To establish diagnostic pathway for patients with ROHHAD in Saudi Arabia

To establish services suited to the needs of this population

To educate physicians about early recognition, referral to expert service and instigate prompt management pathway.

Methods This was a prospective analysis of cases referred from all over Saudi Arabia to our center. The patients were picked up by our sleep service and evaluated by our inpatient and outpatient's department.

Results

Abstract P249 Table 1

	Case 1	Case 2	Case 3	Case 4
Age at onset of weight gain (years)	6–7	3–4	3–4	8–9
Hypothalamic dysfunction	Precocious puberty	Hypothyroidism	Polyphagia; clinical symptoms of DI in the form of polyuria and polydipsia	Polyphagia; increased PTH and prolactin
Hypoventilation	Present	Present with cardiopulmonary arrest	Present with cardiopulmonary arrest	Present with cardiopulmonary arrest
Autonomic dysfunction	Unstable blood pressure and impairment of pain sensation and thirst	Thermal instability	Thermal instability	Excessive sweating
Neural crest tumors	Suprarenal ganglioneuroma	Not found	Not found	Not found
PHOX2B	Not done	Negative	Negative	Negative
Obstructive sleep apnea (OSA)	Not detected	Present	Present	Present

Conclusions Early recognition by the clinician of a child with rapid, dramatic weight gain and investigations for hypothalamic dysfunction, hypo-ventilation, autonomic dysfunction and tumours of neural crest origin are critical in achieving a diagnosis of ROHHAD syndrome; however, this is complicated by the overlap with other well-characterised disease entities. Multidisciplinary care with input from a centre with expertise in ROHHAD is crucial to the successful management of these patients. Mortality associated with the high incidence of cardiopulmonary arrest may be prevented by early ventilatory support.

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P250 IMPROVING E-LEARNING ENVIRONMENTS FOR TOMORROW'S PAEDIATRICIANS

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Introduction Students presently rely on the internet both as a data source and for educational needs; therefore, medical education should embrace changes in the learning landscape in light of technological advancements [1]. The RCSI Paediatrics undergraduate programme utilises an e-learning platform to support and reinforce didactic teaching.

A quality audit of RCSI's Paediatric e-learning platform was conducted 2015 to 2018. In 2015, 75% of students surveyed reported poor platform accessibility, difficulty finding the desired information, and out-dated content.

Aim To identify effective ways of utilising an e-learning platform and improve support for learning and teaching online.

Methods Students were surveyed (n=330) and stakeholder meetings (n=20) were conducted to discuss and better understand our learners and their learning needs. User reports from the e-learning platform indicated changes in users' frequency of access and duration online.

Results Feedback in 2015 showed student engagement and satisfaction were poor. To address this problem, students were surveyed and asked to identify aspects of the e-learning environment they liked and which could be improved.

Effort were made to identify e-learning platform areas requiring attention. By 2018 following implementation of platform improvements, there was a 79% increase in student visits.

Improvements included usability, making the e-learning platform layout and organisation more user friendly; compatibility, improving compatibility across interfaces for better access on mobile devices; diversity, creating multimedia content allowing users to select the media options that best suit their learning needs; medical educational videos, created to demonstrate how to conduct a physical exam, take patient history, and communicate and interact with patients and their parents; and self-directed learning, students take increasing responsibility for their learning [2]. Gaining independent learning skills aid students in becoming lifelong, self-directed learners [3].

Conclusion This audit aimed to improve medical students' user experience and create a helpful e-learning environment to prepare future paediatricians. The 2018 user reports and student feedback showed greater student satisfaction and higher e-learning engagement.

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P251 IT'S A KNOCK OUT! – DENTAL TRAUMA

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Introduction By 14 years of age, 30% of children have experienced a dental injury (1). Sports-related accidents account for 10–39% of all dental injuries (2). Wearing a properly fitted mouthguard during high risk sports has been shown to significantly reduce the risk of dental injury (3). In the United Kingdom, for many high risks sports mouthguard wear is still not compulsory. As a result, participants are at significant risk of traumatic dental injury. One of the more serious dental injuries is an Avulsion. This often results in multiple appointments over years, missing many days of work and school and a cost burden to the NHS. The average total cost of treating one patient with one traumatic injury has been cited as £856 (4). It is known that immediate management of this kind of dental injury is critical for improved outcomes. We therefore proposed 'It's a Knock Out!' project.

Aims Improve dental trauma outcomes via improving knowledge and education of dental trauma prevention and management in higher risk groups. Subsequently aims included expansion of the training sessions out with Greater Glasgow.

Method Questionnaires were given before and after a presentation, practical and prevention session. These were aimed at educating non-dental care givers including coaches and management of sporting teams, youth groups and higher PE Student. Posters and leaflets were donated as memory aids. Local dental contacts were made in case of trauma.

Results Initial knowledge of management was poor. Attendees found the practical training most useful. Knowledge regarding time limits and who to attend was improved on. We received positive feedback from all groups approached. The attendees were more confident in dealing with dental avulsion.

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P252 STUDENT AND TEACHER EXPERIENCE OF CASE-BASED E-LEARNING IN PAEDIATRICS

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Introduction Case-based learning teaches clinical reasoning, while the online environment allows flexibility of access and encourages self-directed learning. The use of virtual patients allows students to experience clinical decision-making in a safe environment and to learn about rare clinical presentation. Our aim was to explore the feasibility of designing a self-directed, case-based online learning module for undergraduate medical students in paediatrics.