following areas; procedures, emergencies, prioritising and out-patient work.

From the results above we can ascertain that consultants and SHO's have answered similarly with regards their ability/preparation to perform for the skills of clinical examination and history taking. However, they answered the questions on procedures, teamwork and out-patient work significantly differently.

Conclusion There is a discrepancy between consultant opinion of ability and SHO's feeling of preparedness for some of the same skills. The reason for this difference in opinion should be explored further in future studies.

SHO's have identified areas of initial weakness which they feel could have been improved by better preparation. More work, focusing on these specific aspects of undergraduate paediatric education needs to be done to improve graduates preparedness for the role of paediatric SHO.

P255

BUILDING RESUSCITATION CAPABILITY IN LOW RESOURCE SETTINGS; DEVELOPMENT OF THE PAIRS COURSE (OUTLINING THE DEVELOPMENT OF A TAILORED PAEDIATRIC RESUSCITATION PROGRAMME FOR LOW RESOURCE HEALTHCARE SETTINGS)

¹Rachel MacDonell*, ²Stanley Koe, ³Ikechukwu Okafor, ⁴Adam James, ³Claire Ahern, ⁵Trish Scanlan. ¹RCPI, Dublin, Ireland; ²Tallaght University Hospital, Dublin, Ireland; ³Children's University Hospital, Dublin, Ireland; ⁴Our Lady's Children's Hospital, Dublin, Ireland; ⁵Muhimbili National Hospital, Dar Es Salaam, Tanzania, United Republic of

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We have developed and tested a dynamic, context-specific paediatric resuscitation course with tiered level of complexity with targeting different levels of healthcare workers in limited resource healthcare settings. The PAIRS course is now established in Dar Es Salaam, Tanzania with a plan for spread to Uganda and Nigeria in 2019.

In 2012, under a joint initiative between the Paediatric Oncology Unit at Muhimbili National Hospital and the Tanzanian children's cancer charity, Their Lives Matter (TLM), a team of Irish paediatric resuscitation specialists was invited to train the oncology staff. This early enterprise has matured into provision of an annual training programme by a dedicated paediatric faculty, with course content specifically designed for use in a limited resource setting and expanded to involve clinical staff from any specialty, with interest from all paediatric settings and from adult, maternity and neonatal specialties.

Children on the paediatric oncology ward were experiencing poor clinical outcomes after common oncological emergencies and inter-current illnesses. Deterioration was sometimes slow to detect with 100% mortality rates for any child requiring CPR. Multifactorial issues were identified including:

- Poor team approach to resuscitation
- Low knowledge of basic and advanced life support
 - Non-availability of emergency equipment
 - No access to paediatric intensive care support
- Additional hurdles related to culture, communication and infrastructure

Established internationally recognised resuscitation courses were trialled over the years, but none was deemed appropriate for the setting.

The one-day Paediatric Assessment of Illness, Recognition and Resuscitation (PAIRS) course was designed to build foundational skills and knowledge of any nurse or doctor working with children in a limited resource setting. A further one-day PAIRS⁺ module was developed for paediatric doctors and senior nurses.

The three-pronged implementation strategy consists of

1. a massive rollout of the course, targeting the entire paediatric community of the hospital, championed by local nursing and medical management
2. local endorsement and accreditation
3. establishment of local faculty and national accreditation of the course with the aim of handing over to the local faculty after 5 years of sustained annual training.

A variety of engagement strategies are necessary to influence behaviour and drive change. In order to achieve active buy-in for sustainability, it is essential to engage with local stakeholders, foster cooperative relationships and adapt, adopt or generate training programmes that reflect the real-life needs of the clinical team and setting are critical success factors that influence sustainability, scale and spread.

P256

SCHOOL GATES – TOBACCO AND SMOKE FREE ZONES

Claire Duffy*. NIPC, GALWAY, Ireland

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Background Smoking is the leading cause of preventable death in Ireland. 5,200 smokers die every year. 8% of Irish 10–17-year olds smoke. Tobacco Free Ireland has set a target of < 5% smoking prevalence by 2025. 80% of smokers start before they reach 18 years of age and they become addicted very quickly. 19% of under 25-year olds smoke. Tobacco free policies inside and outside all education settings and at school gates will reduce smoking rates.

Aim The aim of this project was to examine the evidence to support smoke free schools and, explore ways of promoting a smoke free environment both within and outside the school gate parameter.

Results Smoke free policies help to educate the community about environmental tobacco smoke. Smoking has effects on the pregnant mother and the unborn child. Cigarette smoke trigger asthma, glue ear and chest infections. Liquid nicotine containers are appealing to children and may be lethal if ingested. Smoking is more prevalent in schools without anti-smoking policies. Enforcement of school tobacco policies is associated with fewer observations of tobacco use by minors on school grounds as well as lower rates of current smoking among students. Properly implemented school programs to prevent tobacco use and addiction can lower smoking prevalence by up to 60%. School-based tobacco use prevention programs are largely effective for most tobacco use related outcomes. Comprehensive tobacco-free policies are effective in reducing exposure and intention to smoke on campus. Non-college educated young adults smoke at twice the rate of college-educated adults.

Evaluation National campaigns relating to smoking cessation both nationally and internationally were reviewed. 'A Health Promoting School can be characterised as a school which is constantly strengthening its capacity as a healthy place in which to live, learn and work.'

Conclusion Introduction of tobacco free policies in all educational buildings and at school gate parameters will create a completely smoke-free environment for children.

Outcomes The local health promotion department supported the implementation of smoke-free schools gates. Links were made with the Tobacco Free Ireland programme. <https://hse.ie/eng/about/Who/TobaccoControl>. The first Smoke Free School Gates in the Republic of Ireland was launched in April 2018 in Ballina, Co. Mayo. The local Foroige youth group in conjunction with X-Hale created a documentary about the local school. Outcomes were evaluated since tobacco and smoke free school gates was implemented <https://youtu.be/jINcfxdoKeI>.

P257 AFTERNOON TEA-CHING – TO TEACH OR NOT TO TEACH

Nicola Hanlon*, Karen Cunningham, Suzanne Kernan. *Renal Service, Temple Street Childrens University Hospital, Dublin, Ireland*

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Nicola Hanlon, Clinical Educational Facilitator & Karen Cunningham Clinical Nurse Manager 2, SMC/Renal unit TSCUH. **Background** Workforce deficiencies and variations within the health care system have called for a significant evaluation on how nurses are trained to deal with challenges within the health care setting. Despite these changes nurses must advance and develop in order to provide practice that is safe, reliable, of high quality and evidence based. An effective clinical learning environment is crucial for the development of specific clinical skills and competencies through theoretical, practical knowledge and understanding (Chuan & Barnett 2012, Cibulka 2011, Roxburgh et al 2008, Heath 2002). In order to improve current practices, reliable inter professional collaboration is essential. Health professionals from all backgrounds should work together as a team in order to improve patient outcomes, provide a standard of care that is evidence based leading to an enhancement of the quality of the service (Lestari et al 2018).

Aims and objectives To Explore the feasibility of afternoon teaching sessions and examine methods of increasing the MDT's knowledge whilst portraying the development and effectiveness of IPE through the use of daily 'Afternoon TEA-ching sessions' at ward level with a multi-disciplinary approach to teaching.

Methods/Interventions 2–4 planned weekly teaching sessions. Organised on a monthly basis by the clinical educational facilitator, facilitated at ward level.

Results/Findings After 3 months of teaching sessions (62 sessions including unplanned sessions) questionnaires were distributed to participants (n=16). 100% of those questioned felt that all teaching sessions were valuable to their practice. 100% agreed that the sessions were facilitated effectively. 94% suggested areas in which they would like teaching sessions such as arterial line, peritoneal dialysis, resus scenarios. 100% questioned had attended a variety of sessions at ward level.

Conclusions Clinical Educators and Department managers have a fundamental role in facilitating Inter professional Education (IPE). Our data shows that all staff found teaching sessions accessible, relevant, practical, inclusive. All staff indicated an interest in sustaining teaching sessions as a form of IPE on an

ongoing basis at ward level. IPE is a cost effective, feasible and beneficial method of enhancing MDT knowledge on all relevant topics.

P258 ATTITUDES, BENEFITS AND BARRIERS TO PARTICIPATING IN MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT SCHEMES IN PAEDIATRICIANS IN IRELAND

Holly Rose Hanlon*, Lucia Prihodova, Thelma Russell, Deirdre ~Donegan, Ann O'Shaughnessy, Hilary Hoey. *RCPI, Dublin, Ireland*

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Background A formal mandatory system of continuous professional development (CPD) in the form of Professional Competence Schemes (PCS) was introduced for all doctors working in Ireland in 2011 and who are not enrolled in a postgraduate paediatric training programme. The Royal College of Physicians of Ireland (RCPI) provides general and specialist schemes for Paediatricians working in Ireland.

Purpose of study: To explore their attitudes, perceived benefits and barriers to participation in PCS in order to improve their future CPD engagement.

Methods All doctors (n=456), Fellows (generally consultants) n=150 (33%), Non-Fellows (generally junior doctors not in training programmes) n=306 (67%), registered in the paediatrics RCPI PCS in 2017/18 were invited to complete an anonymous online survey exploring their attitudes, perceived benefits and barriers in participating in PCS. Descriptive statistics and ANOVA were used to analyse the data.

Results The survey was completed by 187 paediatricians (41% response rate; 41.7% male, 58.3% female,) Fellows n = 44 (24%), Non Fellows n= 141 (76%). All PCS requirements were met by 91% of Fellows and by 57% of Non Fellows. A further 14.4% were new entrants to the scheme. Majority had positive view on participation in PCS: only 5% reported it as being a bad idea, with those meeting requirements having significantly more positive attitudes than new starters (F=3.76, p<0.05). The positive impact of CPD was reported predominantly on patient care related skills: patient care (85%), patient safety (81.6%), and teaching (75.6%). The main challenges included difficulty accessing quality CPD activities (32.2%), time to participate in CPD activities (29.9%) and time to record their CPD activities (23.3%). Those who met PCS requirements reported significantly fewer barriers compared to those who did not (F=5.44, p<0.01), however no differences were observed in terms of perceived benefits of PCS participation.

Conclusions and recommendations The findings indicate that while Irish paediatricians value CPD and perceive various benefits from their participation, they also experience various barriers to meeting PCS requirement. This was particularly observed in junior hospital doctors and in those who have recently joined the PCS. Nonetheless, all doctors attributed multiple benefits from taking part in PCS, especially in relation to improving patient care. Paediatricians in Ireland view participation in mandatory CPD as positive and beneficial, however they also encounter barriers, possibly preventing them from deriving the full benefits of their CPD engagement. Greater support is required for junior doctors and new entrants.