P259 INTERPROFESSIONAL TEACHING ON EATING DISORDERS IN CHILDREN: A QUALITATIVE FEEDBACK STUDY

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Background We report on an interdisciplinary training day regarding the acute assessment and management of eating disorders in paediatric settings. The Centre for Advancement of Interprofessional education defines Interprofessional education (IPE) as 'occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care'.

Aim Our aim was to assess the response to IPE teaching session on Eating disorders, a condition requiring management by a wide multidisciplinary team.

Methods An electronic survey on Survey Monkey was distributed to all registered attendees following a teaching seminar on Eating Disorders in University Hospital Limerick in November 2018. As this was an educational survey of adult learners it was deemed ethics approval was not required.

Results 41.5% (47/113) people completed the online survey. There were seven different professional groups represented. The largest group were acute setting paediatric nurses 23.4% (11/47). The majority of respondents (58.97% 23/47) work in acute paediatric services while another 30% (12/47) work in CAMHS. Over 95% (45/47) felt their learning needs were met. On a Likert scale all professional groups gave positive responses regarding their understanding of other professionals' roles in management of Eating disorders. While 44.7% (21/47) felt it changed their understanding of other professionals' role a little, a further 40.45% (19/47) felt it changed their understanding a lot. 86% (37/43) were extremely satisfied with the study day.

Conclusion The study day was well received and had a positive impact on most attendees regarding interprofessional working. In addition, other learning needs regarding eating disorders were met. Good interprofessional communication and management is the cornerstone of patient care. It is important to provide multidisciplinary education sessions which highlight the unique role each professional group brings to the management of the patient and helps to improve the understanding of the interface between different professional groups in the management of a condition.

P260 PARENTAL SATISFACTION WITH JUNIOR DOCTOR CONSULTATIONS

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Aims To determine parental satisfaction of a consultation with a junior doctor in a paediatric hospital, with reference to the affective aspects of the medical council's domains of good professional practice.

Methods Administering a five-point Likert scale questionnaire (1= strongly disagree, 5= strongly agree) to a sample of

parents of paediatric patients' following a once-off consultation with a junior doctor.

The questionnaire comprised five questions which examined the doctors perceived; empathy, professionalism communication, confidence and the parent's overall satisfaction with the consultation.

We sought to determine whether the gender, age or prior hospital experience has an effect on parents perceived satisfaction.

Results 102 questionnaires were completed.

Abstract 260 Table 1 Likert response to each item on the parental satisfaction questionnaire

Likert scale	1	2	3	4	5
1. Empathy (n=)	3	1	3	19	75
2. Professionalism (n=)	3	0	1	18	79
3. Communication (n=)	3	0	2	18	78
4. Confidence (n=)	4	0	2	13	82
5. Satisfaction (n=)	4	0	1	16	80

A Cronbach's alpha of 0.986 was achieved for the whole questionnaire which demonstrates a near-perfect internal consistency and thus reliable test results.

Almost 80% of responses were rated 'highly agree' with regards to all five questions and approximately 95% of all responses were rated at least 'agree'.

There was no statistically significant difference in responses dependent on the gender of the parent or whether they had prior experience of attending the hospital with their child (Mann Whitney U, $p > 0.05$ for all of the questions).

There was no statistically significant difference in responses dependent on the age of the parent (Kruskal Wallis, $p > 0.05$ for all of the questions).

Conclusion Parents are overwhelmingly positive in their overall satisfaction with the paediatric consultation and also each 'affective' aspect of it.

There was no significant difference in responses depending on age, gender or previous experience of the hospital.

These results are reassuring with regards to trainee performance within the affective aspects of the Medical Council's domains of good professional practice.

P261 ARE NON-SCHEME PAEDIATRIC JUNIOR DOCTORS GETTING ACCESS TO CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) IN IRELAND?

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Aim To determine if paediatric doctors who are not basic (BST) or higher (HST) specialist trainees, get adequate opportunities to maintain their CPD.

Methods A survey of 18 questions (survey monkey) was created that included 17 closed and one open question. Surveys were circulated to paediatric NCHDs by: Email through HR departments, and by lead author via Whatsapp and Facebook. Responses were collected between 27th May and 3rd July 2018.

Results The total number of respondents was 57, with 65% of questionnaires (n=38) completed. Responses came from 17 different hospitals and 18 different graduation countries, 52% (n=30) non EU. 28% (n=13) worked at SHO level and the remainder as registrars. 57% (n=33) were eligible for training schemes. 55% (n=32) did not have a supervisor or named trainer. 86% had the opportunity to avail of internal CPD points and 83% for external, with 83% able to complete an audit every year. Only 34% (n=28) were given an opportunity to undertake research each year, 68% are planning to stay in Ireland long-term. Open ended answers indicated that doctors don't like being excluded from training and it causes them to either switch to GP or leave Ireland altogether to complete their paediatric training.

Conclusion The majority of doctors who are not on a BST/HST scheme have the opportunity to perform an audit yearly and to get the required internal/external CPD points. Access to a named trainer/mentor was patchy and those eligible for training schemes have a more positive response and tend to have a much higher preference to stay in Ireland long-term than non-eligible doctors.

With EWTD pressures we may need to consider more sustainable ways of recruiting and retaining this vital workforce.

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ORGANISATIONAL AND INDIVIDUAL TRAINEE LEARNING FROM INCIDENTS AND ADVERSE EVENTS

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Background Trainee surveys and feedback to trainee representatives suggest that few trainees have gained feedback on systems outcomes from Datix (adverse event reporting forms) or Significant Event Analyses.

Thus creating a barrier to systems learning, personal reflection and empowerment that trainees can influence and improve the system in their healthcare setting.

Aim To develop a learning adaptive system that utilises current infrastructures and innovation, where required; in order to improve trainee learning and feedback from DATIX, significant event analysis and paediatric emergency team calls.

Methods Learning outcomes from anonymised DATIX reports and completed Significant Event Analysis Reviews were studied and presented quarterly at the paediatric trainee regional teaching with a key focus on non-technical skills, systems changes and limiting risk.

Paediatric emergency team calls are infrequent in paediatrics and therefore these are presented less frequently on a 6 monthly basis in conjunction with the resuscitation officer.

Results Through working closely with management and senior nursing staff it has been possible to increase trainee feedback whilst encompassing the RCPCH Quality Improvement Program Learning Outcomes.

A survey of the eleven trainees attending the most recent feedback session unanimously agreed/strongly agreed that these sessions have been very useful for their training and development in patient safety and management within healthcare. All trainees agreed that this was useful learning within the regional teaching programme which ensures attendance.

Conclusions At times, trainees have described feeling like passengers or passive recipients of 'the system' they work in. Our

small initiative is the first step in challenging the current status quo and changing the narrative around trainee engagement within the NHS. It was low cost but had a positive impact on perception. Key next stages are to embed this feedback and training for other groups of staff and to build an infrastructure linked to clinical management teams that enables true organisational learning.

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INVESTIGATION OF THE FIRST AFEBRILE SEIZURE IN THE PAEDIATRIC ED: A SYSTEMATIC REVIEW

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Background There is currently no consensus on investigations required in the paediatric emergency department following a first afebrile seizure. This systematic review aims to compare investigations commonly used and to evaluate their effectiveness and diagnostic value.

Methods In this systematic review keywords such as 'afebrile', 'seizure', 'paediatric' and 'emergency department' were searched for in numerous databases (SCOPUS, MEDLINE, ProQuest, EMBASE, CINAHL, Cochrane and Grey Literature). The resulting titles and abstracts were manually reviewed to exclude irrelevant articles. Finally, the studies that met our inclusion and exclusion criteria were selected to undergo further analysis.

Results A total of eleven articles of the initial 9946 were analysed. Five of these evaluated blood tests (n=303) including full blood count, sodium, potassium, calcium, glucose and leucocytes with no consistent findings. Seven studies evaluated CT or MRI (n=1208). Cumulatively, abnormal results were present in 12.3% of these neuroimaging studies. EEG was also performed in three of the seven studies that performed neuroimaging (n=420) with abnormalities in 37.1% of these.

Discussion In patients presenting to the paediatric emergency department with a first afebrile seizure, thorough history and examination are essential. In unison with the American Academy of Neurology's guidelines, EEG proves to be the most valuable investigation to perform. Neuroimaging may be warranted in some cases to exclude underlying CNS pathology or if structural abnormalities are suspected. Laboratory studies are a necessary adjunct but have limited diagnostic value.

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IMPACT OF HOMELESSNESS ON CHILDREN PRESENTING TO A TERTIARY EMERGENCY DEPARTMENT

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Introduction Of 53,000 children (aged 0 – 16 years) seen in the Emergency Department (ED) of Temple Street Children's University Hospital (TSCUH), a tertiary Paediatric hospital in