QT, Wolf Parkinson White and normal). This was followed by a 40 minutes lecture. Participants were then asked to re-report the same 3 ECGs. Participants also completed questionnaires pre and post the study, including self-rating their ability to report paediatric ECGs on a Likert Scale from 1(poor) to 6 (expert).

Results 25 NCHDs completed the study. The pre-teaching accuracy for ECG1 (long QT), ECG 2 (Wolf Parkinson White) and ECG 3 (normal) was 37%, 32% and 24% respectively. Following the teaching intervention these figures rose to 76%, 40% and 44%. There was a statistically significant improvement in the combined before and after accuracy of ECG interpretation (31% v 53%) ($p=0.02$). There was also an improvement in participant self-rated ability to report paediatric ECG following the study. The mean pre-lecture score on the 1 (Poor)-6(Expert) Likert Scale was 2.84, the mean post lecture score on was 3.8 with the same scale. All participants found the teaching intervention helpful and reported that they would like further teaching on the topic.

Discussion The initial accuracy of paediatric ECG interpretation amongst participants was lower than reported in the literature.² Lectures were shown to be an effective teaching method to improve short-term ECG accuracy rates among participants.

Conclusion There is currently no structured post-graduate teaching for paediatric ECG interpretation resulting in a varied knowledge base. This study shows that further education on ECG's is required.

REFERENCES

1. Jheeta J, et al. Accuracy in interpreting the paediatric ECG: a UK-wide study and the need for improvement. *Arch Dis Child* 2014;**99**:646-.
2. Auseon AJ, et al. Methods of teaching and evaluating electrocardiogram interpretation skills among cardiology fellowship programs in the United States. *J Electrocardiol* 2009;**42**(4):339-44.

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CHILDREN DEPENDENT ON MEDICAL TECHNOLOGY: KNOWLEDGE & CHALLENGES FOR ADVANCED HOMECARE NURSES

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Background In 1981, a child in the US was discharged home dependent on medical technology. Since then, it is widely acknowledged this cohort of children should live at home. However, most countries are still reactive in their approach to care.

Aim The aim of this research proposal is to gain a better understanding of nurses' knowledge and the challenges they encounter caring for children who are dependent on medical technology living at home.

Method As this is an evolving area of paediatric nursing, a survey was sent to advanced home care nurses. This had 10 multiple choice questions about tracheostomy tube and enteral feeding. There was an addition 10 questions that were free text to gain an insight into the challenges nurses' face working in the home care setting. These challenges were further discussed in focus groups.

Findings/Results There was 67% return rate on the questionnaires and following 3 focus groups the common themes identified were the 'nurse parent relationship', 'family dependency' on services and nurses in the home and 'competency and care planning'.

Conclusion Advanced home care nurses' find working in the home care setting both rewarding and challenging in equal measures. Education and training is vital to ensure nurses are competent to care for a child who is dependent on medical technology which will help build a trusting relationship with the family.

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'TWO'S COMPANY'. TRANSITIONING FROM ONE TO TWO ON-CALL REGISTRARS IN AN IRISH PAEDIATRIC TERTIARY HOSPITAL, THE NON-CONSULTANT HOSPITAL DOCTOR'S PERSPECTIVE

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Introduction This study was conducted in a 154 bed Tertiary Paediatric Hospital where the medical on-call NCHD (Non-Consultant Hospital Doctor) team of one Registrar and one SHO both a 25 hour shift. NCHDs had expressed their concerns regarding their workload and fatigue levels on-call, coupled with a significant number coming off the on call rota due to stress and fatigue.

Aims This study aims to assess the impact of introducing a second registrar to the on-call team had on NCHD experience of on-call work.

Methodology NCHDs working the Paediatric medical on-call rota were invited to complete an online survey exploring their experiences of being on-call. These results were discussed with the hospital directorate and a second registrar was introduced into the 25hour on-call team. Three months following the introduction of the second registrar the same survey was repeated.

Results 18 NCHDs (8 Registrars, 10 SHOs) took part in the initial survey and 16 NCHDs (10 Registrars, 6 SHOs) took part follow up survey. Prior to the introduction of the second registrar, 66% and 33% of NCHDs reported getting less than 1 hour and between 1-3 hours of uninterrupted rest on call respective. Following the introduction of the second registrar, 6% reported less than one hour, 44% reported 1-3 hrs and 50% reported 3-5 hrs of uninterrupted rest on call.

In the initial survey one participant (5%) reported having adequate time to eat on call, this figure rose to 63% (10 participants) following the introduction of the second registrar.

In the initial survey all participants reported fatigue levels as unmanageable or overwhelming by the end of their 25 hour shift. Following the introduction of the second registrar 50% of participants reported manageable fatigue levels by the end of their shift, the remaining 50% reported fatigue levels as unmanageable or overwhelming.

Discussion The introduction of a second registrar on call resulted in marked improvement in the on-call experience of the participants, there was an improvement in uninterrupted rest and lower levels of reported fatigue. Despite the presence of a second registrar 50% of participants still reported fatigue levels as unmanageable or overwhelming by the end of their shift.

Conclusion Paediatrics is recognised as a satisfying speciality albeit a difficult one with a high workload and a high rate of attrition and burnout. Interventions such as addition staff on-call may protect junior staff from burnout and result in higher staff retention in the speciality.