Results Participants included nineteen children. Median age was 7.9 years (range 0.6 years – 18.1 years). Majority were female (n=14, 74%). Median age at diagnosis was 2.5 weeks (range birth – 2.7 years). Growth Hormone treatment was in place for the majority (n=14, 74%) commenced at median age of 2.6 years. Of the reporting parents, 89% (n=17) were mothers, 37% (n=7) reported to be homemakers. All children were living in 2 parent households.

QOL family impact Families reported 'Worry' about medical treatment, the future, others reactions to their child's condition and impact on other family members as impacting most significantly on the family.

Significant negative correlations between family QOL and age/weight were observed across many domains, the strongest apparent in the area of family functioning and family relationships.

QOL parent proxy reports PWS was perceived by parents to impact most significantly on their child's School functioning. Significant negative correlations with age and weight were observed. Parents identified psychosocial health and social functioning to be most notably affected.

Burden Various areas were identified as significantly adding to caregiver burden such as concerns regarding long-term health and disruptions to family routines.

Conclusion PWS impacts significantly on QOL for the affected child and the entire family.

GP145 TEN MINUTE TALKS – A NOVEL APPROACH TO DELIVERING TEACHING IN A BUSY MEDICAL UNIT

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10.1136/archdischild-2019-epa.209

Introduction It can be challenging to deliver teaching for trainees in busy medical units. One of us (NP) came up with the idea of brief, ten minute teaching sessions following morning handover. The aim was to achieve focused teaching for day and night shift staff in a brief period without impacting upon clinical duties.

Methods Ten minute talks (TMTs) are delivered by consultants on topics of their choosing after morning handover three days a week. The speaker simply talks to the group, usually without visual aids. A kitchen timer is used to alert the group when ten minutes is up ensuring night staff get away promptly and day staff are free to start their duties. Feedback was collated from trainees (anonymously) and consultants to assess success of this new method.

Results/Discussion The development of TMTs has been well received. A wide range of topics have been covered including clinical subjects, items relating to governance and to practical procedures. Trainees have rated TMTs as their favourite method of teaching when compared to more traditional methods such as grand round, journal club and structured 1 hour teaching presentations. On a ten-point scale (1 poor, 10 excellent) they rated TMTs a mean score of 9.7 compared to our other educational activities, which scored 5, 8.3, & 8 respectively. Similarly, consultants gave a positive review of TMTs rating them 8.5 in terms of effective teaching.

Conclusion We believe TMTs have proved a popular and effective addition to the education programme in our unit and

have ensured that focused relevant teaching is delivered thrice weekly to both day and night shift staff in a time pressured environment with a minimum of resources or preparation. We believe this format could easily be adapted to be used in other medical departments to complement their existing teaching.

GP146 THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF AN INNOVATIVE NEAR-PEER MENTORING PROGRAMME FOR DOCTORS IN A TERTIARY NEONATAL UNIT

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10.1136/archdischild-2019-epa.210

Introduction Near-Peer Mentoring is a validated educational model for personal and professional development ¹. The European Working Time Directive has resulted in reduced, fragmented working hours for Non-Consultant Hospital Doctors (NCHDs) in Ireland. As a result, sustained professional relationships with experienced colleagues may be harder to establish, and mentoring relationships less likely to develop. We aimed to develop and implement a Near-Peer Mentoring Programme for NCHDs in a tertiary neonatal unit.

Methods This was a prospective, questionnaire-based, quality improvement initiative. An Education Session on Mentoring was held for all NCHDs working within the unit. Prospective Mentors were asked to meet formally with their Mentees at least four times over a 3-month period. A Mentoring Template was developed to provide a framework for both the Mentors (Registrars/Specialist Registrars) and Mentees (Senior House Officers). This Template was based on four key themes – Paediatric Training in Ireland, Career Development, Professional Skills and Work-Life Balance. Validated, anonymous questionnaires were distributed prior to and following the period of mentorship.

Results All NCHDs wished to be included in the programme, a total of 9 Mentors and 9 Mentees. There was a 100% response rate to the questionnaires. Three Mentors (33%) had received prior mentoring training. Prior to participation, eight Mentors (89%) felt at least moderately skilled in each of the core mentoring skills outlined in the validated Mentor Competency Assessment Tool.

Mentors and Mentees met on average three times over the study period. 100% of the Mentees and eight of the Mentors (89%) felt that the programme contributed to a more positive work environment for NCHDs. Seven Mentees (78%) felt that their clinical skills and knowledge had improved, that their exposure to clinical activities in the NICU was increased, and that a supportive environment was developed. Six Mentees (67%) noted an improvement in their procedural skills. Eight (89%) agreed that their Mentor was accessible and supportive, provided appropriate career guidance and motivated them to reach their objectives.

Conclusion Although mentoring is a core skill specified by the Royal College of Physicians in Ireland for Higher Specialist Trainees in Paediatrics, there is a paucity of formal Mentoring Programmes for NCHDs. This study has highlighted the benefits of a successful Near-Peer Mentorship Programme for Paediatric trainees.