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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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.