REFERENCE

1. Akinla O, Hagan P, Atiomo W. A systematic review of the literature describing the outcomes of near-peer mentoring programs for first year medical students. *BMC Med Educ.* 2018;**18**(1):98.

GP147

LOST IN THE SCENARIO: LOSING SIGHT OF THE PATIENT WHEN USING A STRUCTURED PRESCRIPTION CHART

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Background Insulin is a dangerous medication and prescribing errors associated with its use can have life-threatening consequences. Holistic prescribing requires involvement of the patient and their family in the process as well as prescribing the medication safely. An insulin prescribing chart structures the task of prescribing insulin but there is a lack of research on its impact on the doctor's behaviour.

Aim To explore how a prescription chart structures the task of prescribing insulin

Methods Qualitative study involving interviews with seven doctors who routinely prescribe insulin for children. Two phase interview: phase one 'free association' interview where doctors described their approach to insulin prescribing; and simulated prescribing task using 'think-aloud' methodology, where doctors verbalised their reasoning while completing an insulin prescription. Interview transcripts were thematically analysed, guided by existing published prescribing frameworks. Doctors' approaches during each interview phase were compared, supported by content analysis of coded data.

Results The introduction of the prescription chart changed the behaviour of doctors while prescribing. Their behaviour moved from a holistic approach to a much narrower, task focused approach to prescribing. Fewer doctors verbalised any intent to interact with the patient while prescribing for them and checked fewer aspects of their prescription when presented with the chart. They moved from a holistic approach to a goal orientated one.

Conclusion This study has shown that the use of a prescribing chart changes doctors' behaviours. Training doctors to use prescribing charts in isolation may de-emphasise the importance of patient engagement. We recommend patient centred prescribing education for medical students and doctors. This may involve a staged progression from prescribing in the classroom setting, to prescribing with a simulated patient, to opportunities to prescribe in the clinical context with supervision.

GP148

DIFFERENCES IN HOSPITAL ADMISSIONS OF REFUGEE AND LOCAL PEDIATRIC POPULATION IN ISRAEL

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Background The ongoing refugee crises around the world have raised significant concerns among medical communities worldwide. By the end of 2016, there were 40,274

registered refugees residing in Israel according to immigration authorities. It is estimated that among them, are 5500 children.

Aim To examine and identify the differences between refugee and Israeli children admitted to the pediatric department.

Methods All data relevant to admissions to the pediatric department at 'Wolfson Medical Center' in Israel, between the years 2013–2017 was collected. We then compared the data between two groups; refugees and local Israeli children.

Results During our study, there were 654 refugee and 11,858 Israeli children admitted to the pediatric department from the Pediatric Emergency Department (admissions rate of 28.3% and 13.8% respectively); average age of admission was 1.2 among refugees and 4.7 years in the local group ($P<0.01$); average duration for a single hospital stay was 3.13 days in the refugee group and 2.49 days in the local group ($P<0.01$), with prolonged stay (i.e. longer than 14 days) also found to be significantly different with 2.7% of all admissions in the refugee group, whereas the control group had 2.3% prolonged admissions; We further found differences in common diagnoses leading to hospitalization, with leading cause among refugees being skin infections whilst the gastrointestinal system was the predominant cause for admissions in the local group. Important information emerged regarding healthcare coverage. While refugee children had a coverage percentage of 76.76%, among Israeli children health care program coverage was of 98.35%.

Conclusions In this retrospective study we found evidence of significant morbidity in children of refugees as compared to local Israeli pediatric population. This is supported by higher admissions rates, younger age of admission and higher percentage in long duration of stay. Furthermore, there are major differences between the two populations in diagnosis leading to admission. With the ever growing global refugee crises generating an ever growing number of displaced children, these findings should prompt further study in order to benefit refugee children in welcoming communities worldwide.

GP149

INTRODUCING A MINIMUM ACCEPTED COMPETENCY (MAC) EXAM FOR COMMENCING SUPERVISED PAEDIATRIC PRACTICE

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Aims To determine if undergraduate students and paediatric trainee doctors level of knowledge meet a non-faculty clinician-determined minimum accepted competency (MAC).

Methods A 30-item multiple-choice (MCQ) paper (MAC exam) was created, formed of questions proposed by practising non-academic consultant paediatricians, which are deemed as 'must know' for paediatric trainees prior to commencing clinical work.

A 'passing score' was determined using the Angoff technique by the paediatric faculty.

The paper was given to undergraduate students following their formal paediatric teaching and also paediatric senior house officers (SHO's).