illness and healthcare provision. The positive examples of individual leaders who had observed shortfalls and designed solutions to respond to the health needs of their local population inspired us to adopt similarly proactive approaches in our own clinical practice. Living and working in Sierra Leone developed our personal resilience and was emotionally impactful. Overall, a short-term program like GH-QEP not only benefits trainees personally and professionally, it might help increase specialty trainee application and retention. Furthermore, it could be expanded to incorporate a binational exchange program.

G451(P) BLOOD TRANSFUSION SAFETY; KNOWLEDGE OF AMONG MEDICAL STAFFS PRE AND POST EDUCATIONAL INTERVENTION

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The serious hazards of blood transfusion report showed that most of the errors reported in 2015 resulted from human factors and only 10% of them were not preventable, thus staff training on safe blood transfusion was strongly recommended.

Aim To assess blood transfusion safety knowledge among medical staffs and how much it improves after intervention.

Methods A quasi-experimental study was conducted on 190 participants most of them were working on a tertiary non-teaching hospital for more than 8 years. A questionnaire was designed and validated through a pilot study after which all participants were invited to fill it pre and post educational intervention. The educational material has been prepared based on the WHO blood transfusion safety guidelines (WHO/EHT/10.05) in the form of leaflets and short power point presentations prepared by the researcher and reviewed by external experts in the field.

Results Near miss was identified by only half of the participants and around 78.3%, 63.2%, and 60% of them correctly identified the indication of red blood cells, fresh frozen plasma, and platelet transfusion. These percentages were significantly improved post education. Only 50% knew that it's not allowed to co-administrate drugs or IV fluids with the transfused blood and that rose to almost 80% after intervention. Consent information and correct patient identification were well known among most of the staff. Only 18.4% knew the pre transfusion screening protocol, which was increased to 85.8% post education. Almost 65.3% correctly responded to the transfusion reaction quiz with no marked change after intervention. Age and work experience were significant independent risk factors for poor knowledge of safety transfusion.

Conclusion Transfusion safety knowledge needs further enhancement with more tailored training programs focusing on the topics that didn't show a significant change after our educational training such as the various transfusion reactions.

G452(P) 'COUNTING THE UNCOUNTED': A DESCRIPTIVE STUDY OF THE DIAGNOSES PRESENTING TO A COMMUNITY PAEDIATRIC CLINIC IN ODISHA STATE, INDIA

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Introduction Odisha State had the third worst health index ranking among Indian states in 2017–2018. Relative to India as a whole, it has significantly worse infant mortality rate, under 5 mortality rate, and vaccination coverage. Although free public healthcare should be provided for those living below the poverty line, poor and vulnerable children are often denied medical treatment due to institutional bias.

Our charity provides free healthcare, childcare and education for poor and underprivileged children. The clinic provides primary health care for children enrolled in the charity's school and preschools; and Paediatric care for children with disabilities or chronic disease. A disproportionately high number have significant medical conditions, as they are unable to access quality health care via conventional means.

Aims To describe the epidemiology of our patients and the range of conditions seen.

Methods The notes of all Paediatric patients who attended the clinic from September 2018 to August 2019 were reviewed.

Results Over the year, there were 1008 patient encounters. 57% were by males. The age range was from 1 month to 15 years (median 6 years). 63% of encounters were for management of acute illness, 11% were due to trauma, and 23% were related to chronic disease management. The most common diagnoses were lower respiratory tract infection, viral upper respiratory tract infection, tonsillitis, gastroenteritis and dental problems. Of the acute infections, it was presumed that 49% were bacterial, 39% viral, 9% parasitic and 5% fungal. 'Tropical' infections encountered include typhoid, TB, dengue fever and HIV. Of the patient encounters that related to chronic diseases, the most common underlying diagnosis was cerebral palsy. Other significant long-term conditions include: sickle cell disease, thalassaemia, spina bifida, hydrocephalus, congenital heart disease, diabetes mellitus and hepatocellular carcinoma.

Conclusion Without this clinic, many of the children would have been unable to access healthcare, and may have experienced increased long-term morbidity or mortality. Children, including those with disabilities, are now able to access appropriate and prompt management of acute and chronic illness. We have demonstrated the impact a low-resource clinic can have, and hope to replicate this model across the state.

G453(P) MODIFIED SPIKES, A NOVEL APPROACH TO COUNSELLING PARENTS OF PREMATURE BABIES

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Introduction Counselling of parents expecting a preterm baby is a challenging experience that requires special expertise and knowledge. Despite its importance, there is no standard approved approach to conduct it.

Aims

- To highlight the importance of effective communication with parents.
- To suggest a structured approach for counselling.

Methods The presentation will provide an overview of principles and contents of the counselling session. Although this has been the subject of several reviews and statements, there is a lack of a structured approach for conducting the consultation.

Colleagues in Oncology have suggested several protocols to disclose and discuss the details of the clinical condition of their patients. Some of these protocols appear to be suitable to be adopted for use in counselling parents.

This paper will advocate the adoption of the SPIKES protocol (with permission) that was originally described to disclose unfavourable clinical information to patients with cancer.

The six steps of Modified SPIKES:

S—Setting up the interview

P—Assessing the parents' Perception

I—Obtaining the parents' Invitation

K—Giving Knowledge and information

E—Addressing the parents' Emotions with empathic responses

S—Strategy and Summary

Clips demonstrating the above steps of counselling will be shown. The video was recorded with real parents of a premature baby.

Conclusion A structured standard approach will help the healthcare professional to perform such a stressful task efficiently in a reproducible model. This may serve as a training tool too. To my knowledge, the counselling video of this presentation is the first of its kind in utilising a structured approach with the participation of real parents.

G454(P) NEONATAL AMOEBIASIS MAY NOT BE AS RARE AS WE THOUGHT

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Introduction Amoebiasis is a parasitic infection caused by a protozoan called *Entamoeba Histolytica* (EH). It is responsible for up to 100,000 deaths every year worldwide. Only a handful of cases of neonatal and infantile amoebiasis has been reported.

Aims

- To highlight the incidence of this infection in the neonatal age group.
- To demonstrate the use of rapid antigen detection as a tool for diagnosis in areas with limited resources.

Methods A total of six babies presented to the Neonatal Intensive Care Unit (NICU) over a period of 24 months. All of them but one shared a universal symptom of passing stool mixed with fresh blood.

The first baby was born at 25 weeks of gestation. At the age of 2 weeks, he developed bloody stool associated with abdominal distension. He could not maintain adequate spontaneous breathing effort. Therefore, he had to be ventilated.

Other two babies were preterm babies born at 26 and 25 weeks. However, they developed the infection at a corrected gestation of 38 and 44 weeks respectively. They remained well with no other associated symptoms.

The other two babies were term well babies. They were reported to pass fresh blood mixed with their stool shortly after birth while on the postnatal ward. Interestingly, with one of these two babies, there was a history of confirmed neonatal amoebiasis with his older sibling. The sibling was born two years ago in a different country.

The last baby was born at 23 weeks and 6 days of gestation. He developed small bowel perforation as a complication of Necrotising Enterocolitis. His infection has manifested by

sudden increase in his ileostomy output associated with raised C-reactive protein.

The diagnosis of amoebiasis was confirmed by the detection of EH antigens in stool (chromatographic immunoassay) in all babies.

Conclusion Neonatal amoebiasis appears to be commoner than previously reported. In areas with high prevalence, It should be suspected in babies presenting with passing fresh blood in their stool.

The diagnosis may be reliably made using rapid EH antigen detecting test.

G455(P) ABSTRACT WITHDRAWN

G456(P) ABSTRACT WITHDRAWN

G457(P) ADMISSION PROCESSES IN HPA-AN GENERAL HOSPITAL, MYANMAR

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Background Myanmar faces challenges of rising patient numbers, with state and district hospitals particularly feeling the strain. In Kayin state 78% of the population live in rural areas. Affected by recent conflict and economic migration of the working-age population, children under 15 make up 36% of the population. The hospital presented here is a 200-bedded state hospital, serving a population close to 800,000. There is little data describing patterns in acute paediatric admissions to state hospitals in Myanmar.

Aim To describe the processes of paediatric admission to state hospital and the characteristics of admitted children by age, referral source and rates of admissions.

Methods Logbook records from the emergency department (OPD) and Child Ward (CW) were reviewed for the period March 2018–February 2019. OPD attendances were analysed by age and outcome. Records were reviewed to establish the proportion of admitted patients referred from other hospitals.

Results Potential outcomes from OPD assessment were discharge, daily OPD review, clinic referral or admission. Children <12 y with medical problems are admitted to CW; children >12 y and those <12 y with surgical problems are admitted to adult wards, under adult teams.

Children accounted for 27% of OPD attendances. On average, 1475 children attended OPD each month. 40.3% of children attending OPD were admitted to CW on average, rising significantly to 48.8% (p<0.001) in the rainy season (June to September). Admissions were highest in children <2 years. Referrals from other hospitals represented 4.7% of admissions and this figure rose throughout the year.