Introduction Clinical Research Nurses (CRN) are registered nurses who are employed in industry, charitable and academic healthcare institutions working as part of an infrastructure to support the conduct of clinical research. The CRN role is a well-established role within the United States healthcare system and the role is seen as pivotal when responding to the clinical needs of the participant alongside ensuring the integrity of the research study. Hastings et al (2012) highlight that despite the fact that the CRN role is widely recognized as being an important part of the participant's research journey there, remains a lack of clarity surrounding the standardization and definition of the CRN role.

Aim The purpose of this study is to improve understanding and describe the impact of the role of the clinical research nurse (CRN) on the paediatric participant experience while on a research trial.

Methods This qualitative study used focus groups to explore CRNs, perception of the clinical research nurses impact is on the paediatric participant experience while on a research trial. Data was synthesised using thematic analysis (Braun & Clark 2006).

Findings Data was collected from 3 sites with a total of 7 focus groups and 33 Participants.

Research Nurses identified 4 key areas of impact (staff, organization, external and participant& family) with subsequent themes incl compassionate care, family centered care, safety, advocacy.

Conclusions This work clearly demonstrates the CRN value and the impact they have on the participant experience. It highlights the key role nurses play in ensuring participant safety and the responsibilities this entails. This work will enhance the understanding of the role of the CRN and their impact. This will support workforce planning and be used to continually develop and improve the paediatric research participant experience.

35 ESTABLISHING A CHIEF NURSE JUNIOR FELLOW PROGRAMME @ GOSH

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Background This initiative was established as part of a 2019 Florence Nightingale Leadership Scholarship, leadership project. Following discussions with the Chief Nurse it was agreed that the project would focus on engaging and developing our band 5 nursing work force. The Chief Nurse Junior Fellow Programme aligns with the recruitment and retention strategy and the GOSH People Strategy.

Aim To introduce a Chief Nurse Junior Fellowship (CNJF) Programme to GOSH. The programme was open to all band 5 nurses who are at the end of their 18 month rotation programme or band 5 nurses new to GOSH with similar post registration experience.

The programme provides an opportunity for band5 nurses to develop their leadership skills and gain an insight into the senior nursing leadership roles within an NHS organisation through working alongside a senior nurse. In addition it supports a cohort of nurses with the development and acquisition of new leadership skills that they are able to take back into the clinical environment and share with their colleagues.

Method In collaboration with the GOSH Learning Academy a 12 month Chief Nurse Junior Fellow Programme was developed, providing 23 hrs per month protected time for participation along with support from senior nurse mentors across the organisation.

The programme consisted of 3 elements

- Taught Element
- Shadow 'Insight' Opportunities
- Undertake an evidence-based QI project linked to an organisational priority

Outcome 6 Chief Nurse Junior Fellows were appointed in May 2020 and the programme commenced in September 2020. To date they have attended 3 taught study days alongside regular mentor meetings to establish their QI project focus. Quarterly QI progress reports will be submitted alongside pre and post programme leadership evaluations.

36 FEASIBILITY, ACCEPTABILITY, AND IMPACT OF A COMPUTER-GUIDED GROWTH MINDSET SINGLE-SESSION INTERVENTION FOR CHILDREN AND YOUNG PEOPLE WITH CHRONIC ILLNESS: A MIXED METHODS STUDY

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Digital single-session interventions (SSIs) may be an accessible treatment option for children and young people with symptoms of depression and anxiety during COVID-19. The growth mindset SSI is an evidence-based digital SSI designed to enhance beliefs about the malleability of one's traits and problems. A mixed methods case series design was used to assess the feasibility and acceptability of a growth mindset SSI in patients on waiting lists for treatment with the Psychological Medicine team at Great Ormond Street Hospital. It was delivered as an online CAMHS appointment, as part of the treatment offered by the team. Recruitment, treatment completion, and retention rates were collected, and semi-structured interviews were conducted at post-treatment. Preliminary data on the intervention's impact on symptoms of depression and anxiety, perceived control, and personality mindset were collected. Quantitative measures were collected at baseline, post-treatment, and 1-month follow-up. Recruitment and treatment completion rates were high, but retention was moderate. Data from quantitative measures ($n = 25$) showed that patients experienced significantly improved personality mindset (Cohen's $d = 0.56$) from baseline to post-treatment but not at 1-month follow-up. Changes in symptoms of depression and anxiety and perceived control were non-significant at post-treatment and 1-month follow-up. From the interview data ($n = 17$), three clusters of themes were identified: overall accessibility and interest, specific components of intervention, and potential impact of intervention. Many patients found learning about neuroplasticity and hearing stories from other young people interesting and instilled a hope for change. Findings suggest the growth mindset SSI is feasible and acceptable for children and young people with chronic illness. The appointment's online format was welcomed by patients and families during the pandemic. The little-to-no