learning, and linked to each learning outcome. This was accessible to all emergency medicine trainees. Anonymised and voluntary feedback was collected following a period of use.

**Results** A total of 31 trainees completed the online survey. 9.6% felt it was impossible to stay up to date with resources, and 61.3% felt it was extremely difficult. 29.0% knew of some resources but found it difficult to organise and remember the location of the most important. 87.1% of trainees felt it would be helpful to have online resources collated and mapped to the sub-specialty syllabus. Implementation of the Trello board has allowed trainees across the UK to input FOAMd resources. In addition, centres across the UK have engaged with the Trello board, sharing their local teaching sessions, capitalising on the use of online forums. Feedback has been extremely positive.

**Conclusions** With the movement to online teaching during lockdown, this has made specialty teaching more accessible. But with this comes increasing difficulty in managing multiple media sources of teaching. The Trello board collates resources, making it more accessible and easier to navigate relevant FOAMd. It allows for local teaching to be shared at a national level and promotes team ethos within the national specialty. In addition, by organising resources to key capabilities specific to PEM syllabus, user experience was greatly improved.

**British Academy of Childhood Disability**

**1210 IMPROVING THE MANAGEMENT OF MENSTRUAL PROBLEMS IN YOUNG PEOPLE WITH PHYSICAL DISABILITIES OR LEARNING DIFFICULTIES – INITIAL INSIGHTS FROM A PILOT SURVEY**

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**Background** Puberty and menarche can be a challenging time for young people with additional needs resulting from physical disabilities or learning difficulties. Patients and carers often turn to clinicians for advice on managing anything from normal menstruation to problems including dysmenorrhea and menorrhagia. It is important that doctors who see young people with disabilities have a good understanding of these issues, recognising the distress they may cause. Paediatricians should have skills and knowledge to initially assess and manage these problems and an awareness of where to signpost or refer to locally.

**Objectives** To assess current knowledge and understanding of the management of menstruation difficulties in young people including the Child Behaviour Check List (CBCL), the Strengths and Difficulties Questionnaire, and the Development and Well-Being Assessment.

**Results** Out of more than 300 children invited to the study, the carers of nearly 100 children were initially screened for attachment difficulties using questionnaires, with 67 completing the Disturbances of Attachment Interview. Of these, 30 families proceeded to be recruited into the RCT, from which baseline data was collected (including the measures of children’s emotional-behavioural functioning). Approximately one third of children met criteria for RAD, according to the interview data. However, it is unclear if the prevalence in this sample is representative of the population of children in foster care in the UK due to low response rate and potential random non-response. Analyses of the remaining findings are still ongoing, but the CBCL results, for example, reveal high levels of emotional-behavioural problems, with many subscales in the clinical range, such as Externalising and Total problems.

**Conclusions** The study brings to light the challenges of completing research in the foster care context in the UK. However, stakeholders were unanimous that research of this kind is urgently needed. The high levels of social, emotional and behavioural difficulties found highlight the vulnerability of children in care and the need for evidence-based interventions to address them. Feasibility insights for a future trial of the current intervention will be discussed. Regarding children’s psychopathology results, first, the significance of the prevalence of RAD symptoms that we found will be discussed in relation to existing data from children in foster and institutional care worldwide, as well as the limitations of a RAD ‘research diagnosis’ and the difficulties around the RAD clinical diagnosis more broadly. Second, the significance of children’s level of difficulties in the other scales and association between their psychopathology symptoms and attachment problems will be discussed.