

1770 "YOU'LL BE FINE" (PLEASE DON'T DIE!); THE EXPERIENCE OF UNCERTAINTY AMONG GP TRAINEES

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Background and Aims Uncertainty is at the heart of clinical practice. The learning curve leading from apprentice to expert brings us into contact with uncertainty on a daily basis yet there is relatively little emphasis on it in medical training.

This project aimed to explore GP trainees' experience of uncertainty, its impact, and the skills required to counter it.

Methods An eight question survey was distributed to trainees on the Western Training Programme in General Practice exploring their decisiveness, their experience of uncertainty, and the resources they employed to deal with it. Results were analysed with Excel.

Results 45 questionnaires were returned (78% response rate).

In terms of combating uncertainty, experience and knowledge of "red flags" ranked highest. Clinical knowledge and experience had the biggest impact on decision making, with fear of making a mistake more pronounced among trainees reporting higher degrees of uncertainty (94% said it influenced their decisions compared to 58% of the occasionally uncertain). Patients' anxieties and expectations impacted to a lesser extent (74%).

Conclusion How often trainees experience uncertainty may lessen with advancing clinical knowledge and experience. Support from senior colleagues is important, as is fear of making mistakes. Building personal resilience (emotional support, good lifestyle), and developing self-awareness didn't rank as highly in terms of what trainees found helpful in dealing with uncertainty; perhaps a reflection of a lack of emphasis on these in general in medical training and something that could be explored as a basis for student education in coping with uncertainty.

1771 USE OF OXIMETER IN CLINICAL ASSESSMENT OF INFANTS AT BIRTH IN LOW RISK DELIVERIES AFTER HOME BIRTH IN THE NETHERLANDS

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Background Objective assessment of infant's condition at birth by oximeter is now recommended in resuscitation guidelines. However, midwives supervising home birth in primary care still use color and count heart rate for evaluation.

Aim To evaluate the additional value of an oximeter when assessing term infants after birth in a home birth setting.

Methods During ten months 27 midwives supervising (home) births used a Masimo oximeter directly after birth for ten consecutive minutes. Data were obtained concerning outcomes, interventions, usefulness, applicability and decision-making.

Results During the study period the oximeter was used in 153 uncomplicated births in primary care. Only one infant received supplemental oxygen and one infant received bag and mask, which was the only hospital referral after birth.

The majority of midwives (88%) found the oximeter easy to use, but in their clinical judgment was not influenced by the use of the oximeter (in 97 % of births). In 5 cases (3%), the midwife felt uncertain about the infant's condition and the oximeter gave reassurance in all cases and it was decided not to refer.

Forty percent of midwives indicated to use the monitor again if they had one available and in case of suboptimal neonatal condition, all midwives would use it.

Conclusions It is feasible to use an oximeter during low-risk deliveries at home or in hospital, but was not considered an important contribution for evaluation in majority of the cases. However, midwives would prefer the availability of this device in case of suboptimal neonatal condition.

1772 ALKALINE PHOSPHATASE ACTIVITY IN HUMAN COLOSTRUMS AS A VALUABLE PREDICTIVE BIOMARKER FOR LACTATING MASTITIS IN NURSING MOTHERS

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Mastitis is defined as an inflammation of the mammary gland. It often presents with the disease already at an advanced stage when the treatment is less effective and the health consequences for nursing mothers and their newborn babies are more severe.

From the pediatric viewpoint it is extremely important to predict occurrence of lactating mastitis as early as possible in order to prevent vertical transmission of infections from mother to infant as well as to prevent stopping of newborn breast feeding.

Biochemical investigations have shown that indigenous milk enzyme such as alkaline phosphatase (ALP) which is detectable in the cuboidal (epithelial) mammary gland cells, plays a very important diagnostic role in clinical medicine, since its activity varies in different tissues and serves as a specific indicator of diseased states.

The purpose of this study was to evaluate ALP activity in human colostrum as a possible early predictive biomarker for lactating mastitis in nursing mothers.

During a period from May to July 2010, a total of 60 healthy nursing mothers were prospectively followed from day 1 postpartum to the end of their lactation.

There was a significant difference in colostrum ALP activity ($p < 0.001$) from the breast with mastitis when compared with both the contralateral asymptomatic breast and "healthy" breasts.

In our opinion, determining ALP activity in colostrums could be a valuable biochemical marker for an early prediction of mastitis in nursing mothers.

1773 CHEST DRAIN INSERTION AND TRAINING OF NEONATAL DOCTORS: USE OF AN ANIMAL MODEL

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Background and Aims Neonatal pneumothorax is a potentially fatal condition if not managed promptly and effectively. The little training in chest drain insertion is highlighted by doctors regularly. This is compounded by various factors including decreased incidence of pneumothorax and decreased working hours.

The animal models have been used for such training. We started and tested such training model in our unit to improve the skills and confidence of junior doctors in chest drain insertion.

Methods The workshop included presentation (theoretical), videos of procedure and then the hands on experience on dead rabbits. The rabbits were prepared by the local butchers and were easily available. The training was delivered (2 hour) as part of regular departmental teaching programme and was conducted in the first few weeks of start of job. A three point likert scale was used to record the feedback.