



Abstract PS-119 Figure 1

This study was designed to determine the impact of the internship experience on the BSTP.

The survey evaluated job allocations, intern education, clinical skills development, and exposure to patient care. A combination of binary responses (yes, no) and Likert scoring (ranging from 1 never/disagree, and at 6 always/strongly agree) were used to code responses.

Thirty five trainees responded (all those present at a study day), representing 60% of all trainees. These trainees undertook approximately 130 rotations, with 12 (34%) undertaking a paediatric rotation.

Relating to intern education; only 10 (28%) of trainees had a mentor. Education was frequently provided as scheduled (Likert mean (LM) 3.82). The preferred method of teaching was bedside delivered.

Interns strongly agreed that time management (LM 5.0, Positive skew (PS) 82%) and communication skills (LM 4.9, PS 71%) were clinical skills developed during intern year.

Relating to exposure to patient care; Interns were frequently out of their comfort zone in dealing with patients (LM 4.3, PS 41%). Most said they had never been debriefed after attending an emergency situation (LM 1.7, PS 3%). An elevated Early Warning Score (EWS) in Irish hospitals precludes intern assessment however this rule is frequently ignored (LM 4.9, PS 80%). Interns infrequently clerked patients in the emergency department (LM 2.6, PS 14%), although many agreed that interns should be clerking patients (LM 4.4, PS 55%).

This survey highlights the variability of the internship experience in Ireland, and highlights some areas where direct improvements could be made.

Background and aims The cognitive processes underlying diagnostic thinking are complex and the strategies used by paediatricians to arrive at a diagnosis are poorly described. The aim of this study is to identify the most frequently used diagnostic strategies in hospital paediatrics.

Methods The online survey employed a 7-point Likert scale and was designed using a three-stage model of diagnostic reasoning. It was pre-tested and administered using SurveyMonkey, an online survey tool. Participants were invited to participate by email.

Results The overall response rate was 38% (118/310). Respondents included paediatric consultants (31.6%), registrars (44.5%) and senior house officers (21.4%). Respondents were practicing paediatrics for a median of 7 years.

Figure 1 summarises the frequency of use of different diagnostic strategies. Diagnostic strategies are frequently combined within a single consultation to both initiate and refine a diagnosis. Diagnostic strategies were generally equally utilised among different groups, regardless of level of experience. Trainees use a 'test of treatment' more frequently to define a diagnosis compared to consultants (0 = 0.35).

Conclusion Restricted rule-outs, a strategy aimed at preventing errors in clinical practice, is commonly used to refine a diagnosis. Probabilistic reasoning, using a clinical sign or test to 'rule in' or 'rule out' a diagnosis, is also frequently utilised but is prone to diagnostic error. It requires awareness of the diagnostic accuracy of tests and the impact of false positive and false negative results on the probability of disease. Understanding the cognitive processes underlying diagnostic thinking can improve decision-making and decrease diagnostic error.

PS-119 DIAGNOSTIC DECISION MAKING IN PAEDIATRICS

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PS-120 DIAGNOSTIC ERROR IN PAEDIATRICS – A NATIONAL SURVEY

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