aged in 2 to 6 years and in 6 to 12 years. Fracture was the leading cause of adolescents aged in 12 to 18 years. Congenital anomaly decrease in infant stage but pneumonia still threatened children aged in 2 to 6 years and 6 to 12 years.

Conclusions The characteristics of major health problems were different among age variables in children. All health promotion programs and policies should effectively provide the respective services and measure the outcome efficiently.

PO-0959 UNDERSTANDING PARENT-PAEDIATRICIAN PARTNERSHIPS: THE FACTOR STRUCTURE OF THE PARENT PAEDIATRICIAN PARTNERSHIP SCALE (PPPS)

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10.1136/archdischild-2014-307384.1578

Background and aims This study was conducted as the second phase in the development of the Parent Paediatrician Partnership Scale (PPPS). Our objective was to identify the latent factor structure among thirty-two items relating to partnership between parents and paediatricians and identify the parent/child characteristics that were associated with each factor.

Methods Thirty-two items relating to partnership were administered to three-hundred and twenty five parents. The sample population was White (70.4%), had a family income of over \$35,000 (50.6%), had at least some college education (70.4%), and the index child was male (61.3%). About one-half of the parents were interviewed in a community practice (n = 157; 48.3%) and the remainder in sub-specialty clinics located in a children's hospital (n = 168; 51.7%). The 32 items were entered in a factor analysis that produced five clearly defined factors.

Results The factors included Parental Involvement (PI, 4 items), Paediatrician Sensitivity (PS, 7 items), Communication (Co, 4 items), Access (Ac, 2 items) and a broad Comprehensive factor (BC, 13 items). Parent/child characteristics and their use of the practice or clinic were examined for their bivariate relationships with each factor. Although several characteristics were associated with factors, setting (community practice or sub-specialty clinic) was the most robust characteristic, associated with four of five factors.

Conclusion Partnership between parents and their children's paediatrician involves several elements, including a paediatrician's willingness to provide a parent with the opportunity to be involved and a paediatrician's ability to have a non-judgmental attitude, treat parent and child with dignity, and have sensitivity to a parent's moods.

PO-0960 HOW ARE CLINICAL PRACTICE GUIDELINES PERCEIVED BY PHYSICIANS IN A MIDDLE EASTERN COUNTRY?

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10.1136/archdischild-2014-307384.1579

Background Clinical practice guidelines (CPGs) are proposals for clinicians about the care of patients and are usually described as 'systematically developed statements to assist practitioners and patients' decisions about appropriate health care for specific circumstances'.

Aims The aim of this study was to investigate the paediatricians' perceptions towards clinical practice guidelines at Hamad Medical Corporation (HMC) in Qatar.

Method A cross-sectional study was conducted at HMC between May and August 2013 using a validated self-administered questionnaire that was distributed to 240 paediatricians.

Results A total of 169 questionnaires were completed (response rate 70.4%). Our main finding was that paediatricians at all levels are familiar with CPGs and use them. In addition, our doctors believe that CPGs lead to good quality of care, are practical, provide standardised patient care, will keep them up to date, decrease the rate of litigation, are evidence based, do not restrict continuity of self-education, do not alter physician esteem, lead to improvement of outcome, and are practical. However, the perceived barriers are that they affect clinical judgment, don't match with paediatricians' practice style, and that they don't reduce healthcare cost.

Conclusions Paediatricians at HMC have positive practice and perception towards CPGs. The results of our study suggest that CPGs are likely to be implemented if more counselling and education are provided to paediatricians regarding the usefulness of evidence based guidelines. In addition a program should be initialized to remove barriers, while simultaneously addressing physicians' concerns.

PO-0961 PATIENT FEEDBACK MATTERS-FACILITATING IN A PAEDIATRIC AMBULATORY UNIT SETTING

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10.1136/archdischild-2014-307384.1580

Background and aims Service review work in 2013 revealed that Ulster Hospital paediatric ambulatory unit was receiving low numbers of written feedback from families compared to paediatric and neonatal wards. Aims were to improve patient feedback in paediatric ambulatory unit and to utilise feedback to aid delivery of safe, high quality care.

Methods An anonymised feedback and comment card was given to all patients attending the unit over a 4 week period in December 2013. This card allowed parents and patients to rate 5 aspects of care (staff attitude, communication, response to / disruption to child's needs and respect) from 1(least satisfied) to 5 (most satisfied). Organisational strategies were put in place following the initial audit and cycle completed by re-auditing for 4 weeks in February 2014.

Abstract PO-0961 Figure 1

Results During the initial 4 week period, 24 cards were received and during the period of re-audit, 28 cards were received. This compared with 1 letter of feedback every 4 weeks prior to introduction of the card. 94% of feedback was in the most satisfied category. Written feedback has been instrumental in structuring and planning of service delivery.

Conclusions The introduction of feedback card led to significant increase in written feedback and helped in re-shaping delivery of care by working with patients. Ongoing use of the feedback card will ensure continued restructuring of the service and review of training needs taking into account patients perspectives and placing patients at the heart of delivery of safe, effective care.

PO-0962 **DIAGNOSTICS AND WAYS OF PREVENTIVE MAINTENANCE OF A SYNDROME OF PEDAGOGICAL VIOLENCE V. GANUZIN THE YAROSLAVL STATE MEDICAL ACADEMY, YAROSLAVL, RUSSIA**

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10.1136/archdischild-2014-307384.1581

We offer the term – a syndrome of pedagogical violence – which designates occurrence of a complex of deviations in a state of health of schoolchildren under the influence of inadequate pedagogical methods, actions and curriculum.

Classification of a syndrome of pedagogical violence (V. Ganuzin, 2011):

1. A syndrome of the legitimate (legalised) pedagogical violence.
2. A syndrome of administrative pedagogical violence.
3. A syndrome of authoritative pedagogical violence.

The express method has been developed for revealing of a syndrome of authoritative pedagogical violence by means of the questionnaire. By the given technique we spend questioning 220 students, trained before receipt in academy at comprehensive schools of various regions of Russia.

According to questioned, 58,6% of students marked the presence of conflicts with the teachers during school training; 51,8% – were afraid of the teachers; 35,1% – were exposed to humiliation by teachers; 75,7% were insult by the teachers.

According to poll data, such mutual relations worsen the pupil's health. Thus, at 67,1% of schoolchildren neurotic frustration were marked; at 52,7% - mood oppression; at 22,5% - a depression; at 14,4% -belly-aches; at 47,5% - headaches; at 14,9% - aggravations of chronic diseases.

Thus, the syndrome of pedagogical violence is one of the significant factors, influencing physical and mental health of schoolboys.

PO-0963 **DESCRIPTIVE ANALYSIS OF READMISSIONS IN A BRAZILIAN PAEDIATRIC EMERGENCY DEPARTMENT**

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10.1136/archdischild-2014-307384.1582

Background Emergency department (ED) use has increased, resulting in overcrowding, longer wait periods and the decreased productivity of health care workers. The primary objective of

this study was to describe the patients characteristics and the reasons for the readmission after an initial visit.

Methods This was a cross-sectional analysis of ED return admissions within 15 days after an initial visit, from August 1, 2013 to September 1, 2013. Patients aged 16 years or younger were enrolled in the study.

Results A total of 1418 children were seen in the ED during the study period and the return admission rate was 3.74% (n = 53). Patients had a mean age of 52.44 months (52.44 + 43.94). Respiratory conditions were more likely to return (48%), laboratory tests or X-ray were necessary in 54.9%, complications due to the primary condition was present in 45.1% and 88.2% of the patients were regular followed by private doctors.

Conclusions This study suggests that readmissions are frequently, costly and contributes to emergency room crowding. Like other analyses, child's age, infection diseases and respiratory illness were the most important reasons for the readmissions. Further studies should be performed to understand this phenomenon and to test specific interventions to parental education and improvement of information system.

PO-0964 **TRAINING UPCOMING LEADERS IN PAEDIATRIC SCIENCE (TULIPS), A SUCCESSFUL TRAINING PROGRAM FOR CLINICAL SCIENTISTS**

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10.1136/archdischild-2014-307384.1583

Background and aims The quality of research and collaboration between researchers within the field of child health needs to be improved. Bringing together and training young researchers has the potential to increase the quality of research and improve the care for sick children.

Methods In the Netherlands, a training program named TULIPS was set up by young scientists to stimulate other talented young researchers in paediatric science. The program aims to stimulate the research career and network of the participants to improve the quality of research and collaborations within child health.

Results During the last seven years TULIPS has organised an annual day for young investigators, grant writing and presenting weekends and bi-annual training programs for selected PhD students and post-doc researchers in the Netherlands. The training programs consist of interactive sessions on topics tailored to the phase in the scientific career of the participants and are hosted by experts in the field. A large network of child health researchers is part of TULIPS (197 members). The TULIPS program has been supported by numerous stakeholders, including the heads of all academic centres in the Netherlands. Scientific outcomes of the program will be evaluated by following the careers of participants after completion of the curricula.

Conclusions TULIPS has become a successful, broadly supported non-profit foundation to stimulate young clinician scientists during their careers. Extension of TULIPS across Europe would be a next step to create international networks of young researchers with the aim and potential to further improve child health.