cause. An orthopaedic, blind to the parents’ answers to the questionnaire, evaluated the children. A researcher estimated the score of each one of the completed questionnaires and reviewed the orthopaedic’s clinical chart.

Results 35 questionnaires were completed. According to orthopaedics, 21 children had GP, while according to questionnaire, 13 children did so. When the cut-off point was reset at 7, sensitivity was 91.3% and specificity 95.4%.

Conclusions The questionnaire quantifies parental answers and may assist clinicians in GP diagnosis.

Abstract PO-0970 Table 1 Questionnaire

<table>
<thead>
<tr>
<th>Select the answer that best describes your child’s limb pain attack:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Occurs during late afternoon or evening.</td>
</tr>
<tr>
<td>2. Is still present next morning.</td>
</tr>
<tr>
<td>3. Is bilateral.</td>
</tr>
<tr>
<td>4. Occurs always in the same limb.</td>
</tr>
<tr>
<td>5. Is located in muscles (thigh, calf, posterior knee, foot)</td>
</tr>
<tr>
<td>6. Resolves spontaneously or with massage of the affected area.</td>
</tr>
<tr>
<td>7. Is persistent and doesn’t resolve.</td>
</tr>
<tr>
<td>8. The child awakes at night because of pain.</td>
</tr>
<tr>
<td>9. The child is otherwise well.</td>
</tr>
</tbody>
</table>

YES to questions 1, 3, 5, 6, 8, 9 and NO to questions 2, 4, 7 are rated 1 and are indicative of GP. The cut-off value for the diagnosis had been set at ≥ 8.

PO-0971 MEDICAL STUDENT, AN AUDIT AND CLINICAL GOVERNANCE

Aims To assess if paediatric undergraduate students can improve their knowledge and understanding of clinical governance when undertaking an audit as part of their clinical placement.

Methods The students were broken into 2 groups (2–3 in each group). Each group was given a topic to assess (growth charts and post-take ward round documentation) and asked to design a prospectus. A 10 chart audit was undertaken and the results presented to the clinical team. This project will run from August 2013 until Jan 2014.

A questionnaire was filled out at the start and at the end of the placement and used as an indicator of the student’s progress. The questionnaire comprised of yes and no answers as well as a rating scale from 1–5.

Results No student had undertaken an audit or quality improvement project previously (n = 17).

There was increased in mean score regarding their understanding of clinical governance (pre 2, post 3.2), understanding of the audit cycle (pre 1.9, post 3.9) and in the importance of clinician governance in modern medicine (pre 3.5, post 4.3).

All students (100%) felt this project helped improve their c.v. and that it would be beneficial for all undergraduates to participate in an audit.

Conclusions The results identified a self-rated improvement in knowledge of clinical governance and the audit cycle as well as support for undergraduates undertaking a quality improvement project.

PO-0972 LONGITUDINAL RELATIONSHIP BETWEEN NURSES’ AND PHYSICIANS’ PERCEIVED APPROPRIATENESS OF CARE AND MORAL DISTRESS IN A NEONATAL INTENSIVE CARE

Aims To assess if paediatric undergraduate students can improve their knowledge and understanding of clinical governance when undertaking an audit as part of their clinical placement.

Methods The students were broken into 2 groups (2–3 in each group). Each group was given a topic to assess (growth charts and post-take ward round documentation) and asked to design a prospectus. A 10 chart audit was undertaken and the results presented to the clinical team. This project will run from August 2013 until Jan 2014.

A questionnaire was filled out at the start and at the end of the placement and used as an indicator of the student’s progress. The questionnaire comprised of yes and no answers as well as a rating scale from 1–5.

Results No student had undertaken an audit or quality improvement project previously (n = 17).

The students rated their undergraduate teaching in clinical governance a mean mark of 1.6 (self-rating scale marked 1–5).

There was an increased in mean score regarding their understanding of clinical governance (pre 2, post 3.2), understanding of the audit cycle (pre 1.9, post 3.9) and in the importance of clinician governance in modern medicine (pre 3.5, post 4.3).

All students (100%) felt this project helped improve their c.v. and that it would be beneficial for all undergraduates to participate in an audit.

Conclusions The results identified a self-rated improvement in knowledge of clinical governance and the audit cycle as well as support for undergraduates undertaking a quality improvement project.
LIFESTYLES, EATING AND ACTIVITY FOR FAMILIES (LEAF) PROGRAMME: DEVELOPING A TIER 3 INTERVENTION FOR WEIGHT MANAGEMENT IN THE EARLY YEARS

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Aim To develop a Tier 3, family-focused weight management intervention for the early years.

Background In the UK roughly 1 in 4 children are overweight or obese by the time they start primary school. According to the literature there are no proven models for working with children under 6 years with extreme obesity. We were required to develop a Tier 3 weight management intervention as part of the Care Pathway for Children's Weight Management in Cornwall.

Methodology A review of national guidance and both nationally and locally run programmes for children aged 6–12 years of appropriate for the early years, were identified. A pilot programme was then developed by our team.

Results Successful programmes were already running for children aged 7–13 years The LEAF (Lifestyles, Eating and Activity for Families) clinic was developed for children 6 years and under. It comprises a multi-disciplinary clinic with Community Paediatrician, Specialist Children Dietician and Specialist Activity Advisor, followed by a group intervention in a community setting, before multi-disciplinary follow-up. The intervention covers a broad range of topics that aim to help empower parents to make changes that ultimately improve the body mass index of their children. After completion of the programme families are discharged, with the specialist team providing support to primary care professionals. Co-morbidities identified including raised LFTs, deranged lipids and sleep apnoea have been improved with this intervention.

Conclusion Initial results are promising but full evaluations of the outcomes of our programme are needed.