

the population) for the region was 3.3% and consistent with national data, but rates within individual hospitals varied between 1.5% and 5.7% over the three year period. Bed days per 1000 population ('standardised bed days') per year varied almost fourfold, from 34.5 to 122.3 in different hospitals. Corrected length of stay showed high discordance when compared to average length of stay.

Conclusions The average length of stay is substantially affected by admission rates, with hospitals who admit a greater proportion of infants appearing to have a shorter uncorrected length of stay. We propose that a single corrected measure for length of stay should be used when assessing the efficiency of care because it is unaffected by variations in local admission rates and is adjusted for local population size.

0-197 HEALTH SCHOOL FOR PARENTS

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Background In addition to looking after the physical and mental health of our patients, paediatricians have an educational role towards the population we attend.

Objective Health education towards adults who are usually in charge of children: parents, grandparents and childminders.

Material and methods - Antenatal and postnatal talks ABOUT childcare topics.

- Paediatric Hospital Talks: sleep, feeding, teething, Internet and health.

- Paediatric Cardiopulmonary Resuscitation (CPR) Workshop.
- Breastfeeding Group:

- Talks in Schools: Accident Prevention and First Aid, Infant Feeding.

- Paediatric files: available at *Hospital de Nens de Barcelona's* web: an easy reference about childcare, feeding, common infections.

Results Attendance during these 6 years has increased: 42 people attended our activities during the first year (2008–09), compared to 900 during the last academic year (2012–13). Participants actively proposed new subjects. We detected a positive appreciation in surveys after workshops and lectures. 99.3% of respondents (year 2012/13) rated as high or very high their degree of satisfaction after the activities. 86.9% of the participants answered the survey. All those who attended the CPR workshop believed that it should be extended to all citizens in contact with children because it had helped them acquire important new skills.

Conclusions Active and increasing participation rate.

We believe that the paediatric team has the duty, in these days where access to information is easy but not always truthful, of counselling families about common health problems and helping to improve the quality of life of their patients.

0-198 CULTURAL DIFFERENCES IMPACT PAEDIATRIC RESIDENT EDUCATION IN COMMUNICATION AND PROFESSIONALISM

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Background and aims Effective communication and strong professional conduct are essential to the practice of medicine. Differences across cultures are likely to impact education in these areas. We conducted a cross-sectional survey of paediatric residents in United States (US) and Singapore to study these differences.

Methods A 108-item written questionnaire was developed, addressing residents' perceptions and attitudes towards communication/professionalism using five-point Likert scales. Reliability was analysed using Cronbach's alpha.

Results Response rate was 64% (89/139). Median age 29 years (28–30). Cronbach's alpha for professionalism ($r = 0.94$) and communication ($r = 0.96$) were excellent. Residents in both countries rated the top three principles of professionalism and communication similarly: 1) shared decision making with patients, 2) compassion/empathy, and 3) competency, and 1) breaking bad news, 2) dealing with difficult parents, and 3) discussing end of life issues, respectively. However, Singapore residents perceived self-awareness more importantly than US residents. Role modelling was the most useful teaching method on both sides. Residents in Singapore placed more emphasis on didactic lectures for teaching professionalism and standardised patients with role-play for communication. Top barriers and promoters to learning were similar on both sides. However, Singapore residents highlighted negative culture and role-modelling within the department as additional barriers, and formal education through lectures and feedback on personal behaviour as additional promoters.

Conclusion Although residents from both countries view the various components of professionalism and communication similarly, preferred teaching methods, barriers, and promoters differ across cultures. These cultural differences are important considerations in developing the curricula for professionalism and communication.

0-199 EVALUATION OF HOME HEALTH CARE SERVICES

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Objective To evaluate the status and results of home health care services conducted for paediatric patients in our hospital and to identify the medical needs of patients for a better quality of service delivery.

Materials and methods Paediatric patients recorded by our hospital's Home Health Services Unit (HHSU) and followed-up regularly for one year were included. Demographic data like age, gender, diagnosis, number of doctor visits, non-physician health care visits and the reasons of requested visits were collected retrospectively between November 2012–December 2013.

Results A total of 63 patients were included in the study. 54% of patients were male, 46% were female. The mean age of the patients was 8.87 ± 4.6 . Diagnose of the patients was 58.7% of cerebral palsy (CP) and motor mental retardation (MMR) followed by subacute sclerosing panencephalitis (SSPE) in 11% of