treatment that then has to be taken care of by the department staff. Decisions are also made on the continued level of care. At the ward, the staff will continuously assess the child as documented in a monitoring sheet, common to the Children's Hospital. A follow up is done later by the PICU doctor and / or nurse. Together with the physician at the ward they will decide when the patient is assessed as stabilized and the time for extended observation can be completed.

Result: From its inception in spring 2008, 218 nurses and doctors at Children's hospital has been trained. Every training session of 12 persons was led by 2 - 4 instructors.

Contents:

- Lecture in acutely ill children Physiology
- Assessment as in ABCDE
- Airway Management
- CPR training
- Scenario Exercises

Conclusion: Nurses and doctors who have received training in assessment and treatment of acutely ill children express that increased knowledge will led to higher security and reduce stress in emergency situations.

1120

EVIDENCE BASED PRACTICE OR RATHER KNOWLEDGE BASED PRACTICE - HOW TO GET THERE

S. Treider¹, S. Steinnes²

¹Neonatal Intensive Care Unit, Oslo University Hospital, Ullevål, ²Neonatal Intensive Unit, Oslo University Hospital, Oslo, Norway

Background and aims: Neonatal Intensive Care Units (NICU) are highly specialized wards that require specially trained and highly qualified nurses focused on ensuring the best possible outcome for their patients. The areas of neonatology and neonatal nursing are constantly developing, therefore it is imperative that nurses keep up to date with research and development of best practice guidelines

Methods and results: The need for knowledge based practice comes both from clinical practice

and hospital administration. Clinical practice generates a need for new knowledge and clinical development. Increased clinical competency and academic development is also advantageous from the point of view of unit administration, and thus the Oslo University Hospital administration requires all wards to implement evidence based practice. These different needs are met with a well organised competency development program, and to ensure knowledge based practice in the NICU, the organisation plays a crucial part. NICU, Oslo University Hospital provides three professional and clinical development study days per 18 week roster including teaching, medical simulation, staff certification of medical technical equipment and implementation of new procedures. To ensure professional development, the NICU provide Professional Development Nurses, Clinical Tutors and a Medical Technical Nurse. These key elements facilitates integration of knowledge based practice into the daily lives and routines of NICU nurses.

Conclusions: Today's clinical practice requires optimal quality of care and effective use of resources. Knowledge based practice focuses on patient safety and building knowledge in the individual nurse and in the nursing staff.

1121

QUALITY REGISTRATION OF NURSES WHIM OR NECESSITY

C. van Velden

Dutch Association of Paediatric Nurses, Hoogland, The Netherlands

Aim: To describe the added value of quality registration of nurses. How can registration make a contribution to improvement of quality of care. There has been a search to scientific outcomes of advantages en disadvantages of quality registration in general and particularly of nurses.

Methods: Enlarged research of literature and a Delphi survey.

Results: The subject has not been fully researched before. So none scientific supported criteria for quality registration of nurses were found. The literature shows that continuous education the quality of care promotes. Continuous education is supported and stimulated by registration and accreditation.

Conclusion: The outcomes show that continuous education of nurses contributes to quality of care. Continuous education must be stimulated. It is clear that the registration system of the Dutch law is not sufficient at the moment. The Dutch quality register of nurses is a first and good step on the way. One of the main advantages of this register is the criterion for continuous education. There are also some shortcomings, like the number of mandatory hours of continuous education, which are not enough and the inadequate accreditation of the training institutes.

In 2009 the quality registration of nurses has expanded on registration in the different field of expertise, like paediatrics and intensive care. The pro's en cons of the used method for this extra registration will also be discussed.

1122

WORK PROFILE OF BELGIAN HOSPITAL PAEDIATRICIANS AS ASSESSED BY THE HEAD OF THE DEPARTMENT OF PAEDIATRICS

P.L. Alliet^{1,2}, G. Verellen², M. Alexander², D. Delière³, C. Artoisenet³

¹Dept of Paediatrics, Jessa Hospital, Hasselt,
²Belgian Academy of Paediatrics, ³School of Public Health, University of Louvain, Brussels, Belgium

Introduction: As in other European countries, Belgian hospitals encounter difficulties in recruiting paediatricians. In order to better understand the underlying problem and the needs, it is mandatory to have an insight in the work profile.

Methods: In 2007, a questionnaire was sent to the head of the department of paediatrics in all Belgian hospitals. Characteristics about the intra- and extra-hospital medical activities were collected. Data were encoded by two separate persons and compared through a software program.

Results: The response rate was 80 %. The mean total medical activity is 9.4 half days a week. The mean number of week- and weekend days being on call is almost twice as high in a regional hospital compared to an university hospital. There is no gender difference in the time spent in the different types of medical activity in the hospital. Male paediatricians do spent more time in clinical activity outside the hospital compared to their female colleagues (2.8 vs 1.95 half days). The mean clinical hospital activity of male paediatricians decreases at

the age of 60-64, compared to 55 for their female colleagues.

Conclusion: The number of days on-call per paediatrician is much higher in regional vs university hospitals. The mean medical activity of male and female paediatricians is only different for the clinical activity outside the hospital. The hospital activity of female paediatricians decreases at an earlier age than that of their male colleagues. These findings could be important in the view of the increasing feminization in paediatrics.

1123

SICKNESS ABSENCE AMONG PAEDIATRIC DOCTORS

M. Ahmed¹, R. Chakurakal¹, T. Reynolds²

¹Paediatrics, ²Biochemistry, Burton Hospitals NHS Foundation Trust, Burton Upon Trent, UK

Background: Personal health, behavioural risks, stress and working conditions are some of the key factors responsible for sickness absence among personnel of an organisation. Staff sickness absence has a significant impact on the National Health Service, costing money, taking up time and ultimately affecting the quality of patient care. It is estimated that doctors have lower rate of long term absence compared to other medical personnel and manual workers.

Aim: To assess the sick leave rates within the department of paediatrics and to investigate its specific prototypes.

Methods: Retrospective analysis was undertaken of all sick leave taken by the doctors working in the department of paediatrics over a period of 4½ years.

Results: 46% of all the doctors called in off sick on 132 occasions (mean = 29/year). 2/3 of these requests were for one day only. 1/4 of all sick leave was taken when the doctor was supposed to be doing his/her on call duties. The majority of the sick leave were taken between December and April. Almost 1/8 of all sick leave requests were made immediately prior to or after annual leave or bank holidays.

Conclusion: This is a comprehensive overview of sickness absence among doctors working in the paediatric department in a district general hospital setting. Further research is needed to evaluate