secondary care by using SAIL as a framework in a district general hospital setting.

Methods: 200 OPC letters dictated by consultants and middle grade doctors in training were randomly assessed using SAIL by 3 assessors. Data was analysed using Microsoft excel.

Results: Documentation of history and examination was appropriate in most letters (96% and 81% respectively). 85% of letters contained a medical problems list. In only 34% letters, all doses of medication were clearly stated in formal units. An adequately justified clear plan to investigate (or not to investigate) was evident in ~50% of the letters. Follow up were recorded in 99% of letters. The mean of the checklist score was 14.8 for Consultants and 14.9 for middle grade doctors. (P = not significant).

Conclusion: Further improvement in clear documentation of medication/doses as well as information shared with the families is warranted. SAIL can be used as a valuable tool to assess effective written communication. SAIL can be used as one of the assessment tools for paediatric trainees as well as part of revalidation kit for Paediatricians in future.

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EVALUATION OF A KNOWLEDGE-BASED TEACHING MODEL FOR STUDENTS AND NURSES IN NEONATAL UNIT RELATED TO CHILDREN WITH CONGENITAL HEART DISEASE

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Object of study: In Norway 550-600 children are born with congenital heart disease (CHD) each year. The purpose of this project is to evaluate a knowledge-based teaching model for students and nurses in the neonatal intensive care unit (NICU). The model includes theory, teaching, independent study and structured guidance in the clinical field. This model emphasizes nurses' knowledge, observations and assessments regarding newborn with CHD. Research questions were:

1. What physiological factors and clinical observations do students and nurses perceive when assessing of newborns with CHD in pretest versus posttest?

2. Which cognitive level of knowledge do students and nurses report after participating in the project?

Method: Evaluation study, pre-and post-test design with the use of a questionnaire. The questionnaire includes physiological and clinical observations used in assessments of nursing care to newborns with CHD. The sample is 19 students and 21 nurses at NICU.

Results: Primary results show that the model has contributed to increased cooperation between college staff and nurses in the clinical field. Additionally the model has positive impact on students' and nurses' clinical learning. Students and nurses have strengthened their observation and assessment ability. Final results will be presented at the conference.

Conclusions: Knowledge-based teaching model with theory embedded in structured practice guidance and reflection provides a very positive learning outcome for students and nursing staff in the NICU.

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PARENTS' PERSPECTIVES ON THEIR CHILDREN'S HEALTH INSURANCE

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Objective: To ascertain the prevalence of underinsurance among families within the Southwestern Ohio Ambulatory Research Network (SOAR-Net).

Methods: Cross-sectional study of English-speaking parents whose child had health insurance completed surveys during Summer 2009 at SOAR-Net practices.

Results: 1978 parents completed the survey and 186 refused. Overall, 84.9% were mothers, 75.4% were Euro-American, 91.2% reported at least a high school education, 61.2% of study children had private insurance. During the 12 months prior to the survey, 5.5% of index children did not see a recommended specialist, 4.7% did not have a test and 8.7% did not fill a prescription because of parents' trouble paying for it. 7.8% reported that their child's health had suffered due to the cost of care. Compared to three years ago, 16.7% of parents reported it was

more difficult to obtain the health care their children needed; this was more likely to occur in private vs public insurance subgroups (17.8% vs 12.8%, $p < 0.0001$) and middle income (about 20%) vs lowest and highest income subgroups (about 13% $p < 0.0001$). Overall, 13.1% of parents reported not being able to comply with AT LEAST one of their child's clinician's recommendations in the past 12 months due to trouble paying for it.

Conclusions: About one in six parents reported more difficulty obtaining health care for their children over the past three years. The lowest and highest income subgroups of parents were less likely to report increasing difficulty. Children's underinsurance in the United States has become a major public health issue

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IMPACT OF INTEGRATION OF WHO ELECTRONIC GROWTH CHARTS INTO EMR SYSTEM OF A PEDIATRIC PRIMARY CARE DEPARTMENT

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Background: Studies have shown that pediatricians readily adopted electronic growth charts when the charts were integrated into an EMR system.

Objective: To evaluate the impact of integration of WHO electronic growth charts into EMR system of a Pediatric Primary Care Department on the frequency of recording and interpretation of anthropometric measurements.

Methods: We performed a retrospective review of electronic medical records of pediatricians working in two centers of a Pediatric Primary Care Department over a 6 month period. In the first center clinicians had access to an EMR system, in the second center physicians had access to the same EMR system + WHO electronic growth charts (ANTHRO software downloaded on their computers). We evaluated the frequency with which clinicians recorded and interpreted growth measurements in EMR during health maintenance visits. We compared the results from the two centers.

Results: Rates of recording of growth parameters were significantly lower in the center where

pediatricians did not have access to electronic growth charts. Introduction of electronic growth charts improved recording, plotting and correctly interpreting the growth measurements by pediatricians in our organization.

Conclusions: Integrating WHO electronic growth charts (using ANTHRO software) into the EMR system of our Pediatric

Department represent potential area for quality improvement in pediatric prevention.

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A NESTED CASE-CONTROL STUDY FOR RISK FACTORS OF INFANTILE COLIC

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Background and aims: To analyse infantile (birth characteristics, feeding type) and environmental (maternal smoking, nutrition and psychological status, mother-child bonding, family structure, support to mother, familial atopy) risk factors for infantile colic and to follow up infants with respect to physical growth, sleeping status up to 8 months of age in a nested case-control study.

Methods: 660 mothers who delivered at Dr. Zekai Tahir Burak Maternity Hospital, were enrolled within postpartum 3-72 hours. Infants with insoluble-persistent crying and subsequent four infants with no crying episodes were invited to Hacettepe University Ihsan Doğramacı Children's Hospital at postpartum 30-45 days by phone. At postpartum 40-55 days, infants were examined; 47 infants were diagnosed as colic cases and 142 as noncolic. When the infants were 7-8 month old, another interview was done.

Results: Colic group had higher percentages of less educated (≤ 8 years) and smoking mothers, extended family, families with domestic violence than noncolic group. Colic group had significantly higher rates of "impaired bonding" in Postpartum Bonding Questionnaire, higher scores of Edinburgh Postpartum Depression Scale, higher scores for hostility subscales of Brief Symptom Inventory and