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### NEW FRENCH STUDY OF CHILDREN'S SELF-ESTEEM AFTER PARENTAL SEPARATION

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After a first survey realized in 1995-1996 on the self-esteem of 3098 children at school in 6ème (grade 7) in an area of France, a new survey realized in 2008-2009 has shown the evolution of the characteristics for the same population.

2017 children between 11 and 13 years old have answered to a questionnaire including the Coopersmith Self-Esteem Inventory (SEI), completed by 5 questions about the existence of daily conflicts between parents, the guilt and ill-being felt by the children when their parents are quarrelling, and their alignment with the anger of the father or the mother. The situation of the family was asked (single-home family, deceased parents, separated parents) and, in case of separated parents, the housing mode.

24.49% of the children have separated parents.

Among them, 72.4% live mainly at mother's home, and 16.7% do not see anymore their father. 7.5% live mainly at the father's home, 20.1% have a shared custody.

9.1% say that their parents are quarrelling.

13.7% feel guilty and 65.5% feel bad during the quarrels.

The SEI score of the children are higher when the parents live together and when the children have a shared custody.

This score is very low when the children have parents quarrelling whether they stay together or they get separated.

The conflicts have a very negative influence on the children self-esteem. When there is no conflict, the separation of the parents decreases the self-esteem of the children, but to a lesser level.

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### COMMUNITY PAEDIATRIC TRAINING - IMPROVING THE EXPERIENCE

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**Introduction:** Community paediatrics is an essential component of Level 2 ("core") Paediatric training. The transition from acute paediatric wards with a structured routine and close supervision to community paediatrics is often a difficult one for trainees. The trainee's daily timetable will have some fixed sessions and is expected to fill rest of the week according to objectives agreed at initial appraisal with often an unclear idea of opportunities that exist. Some trainees find this disorientating and are disillusioned by the whole experience.

**Objective:** To evaluate training opportunities provided during our attachment through a structured feedback questionnaire and to use this information as template for training in our department.

**Methods:** A structured feedback questionnaire was distributed to 5 specialist registrars at end of community paediatric training in august 2009.

**Results:** All trainees attended a good variety of community specialty clinics and found them to be relevant and extremely useful. They attended similar number of school clinics, child protection on calls and felt that the induction programme could be improved to be more detailed and relevant.

**Recommendations:** As a result a structured induction day was planned with redesigned sessions. A comprehensive list of opportunities and contact instructions was compiled. We trialled an interactive session between new trainees and experienced trainees.

**Conclusion:** The key to successful training in community paediatrics is organisation and planning. Awareness of the different learning environment is essential. A combination of good supervision and trainee self-direction is needed to optimise the experience.