

Abstracts

tored for matches. At each season end, data was transferred to a spreadsheet and identifiers removed

RESULTS: There were 181 admissions for RSV (all ages and gestations), mostly in previously healthy term and late preterm infants.

Two hundred twenty-six infants, gestational age 29-32 wks and eligible for prophylaxis by both CPS and AAP guidelines were followed: 41 (18%) were eligible and received PVZ according to BC guidelines: There were six admissions in this group, but five contracted RSV prior to receiving PVZ. There were four admissions from the remaining 185 infants who did not receive PVZ.

CONCLUSIONS: Most infants admitted for RSV would not have received prophylaxis by any published guidelines. For the 29-32 wks group, our re-admission rate for BC-ineligible infants of 2.2 % [95% CI: 0.65-5.6%] was similar to Canadian Registry data [1.25%]. A risk factor approach appears to be effective in discriminating infants at this gestational age to either low or high chance for readmission with RSV. Optimal results require all eligible infants to receive prophylaxis at season start. Subgroup selection based on risk factors may be applicable to other newborn categories at higher risk for RSV admission.

Tracking May1-Mar31	Total tracked	# RSV in program	Program RSV+ admissions	Non program RSV+ admissions	% 29-32 Program Admissions	% 29-32 Non Program Admissions
06-07	46	15	4	2	27	6.5
07-08	38	10	0	0	0	0
08-09	50	10	2	0	20	0
09-10	48	5	0	0	0	4.6
10-11	66	1	0	2	0	0
Total	220	41	6	4	15	2.2

VGH RSV Program Statistics 2006-2011 for 29-32 wks gestation infants

*Not eligible by BC guidelines or no request

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ROBOTICS IN HEALTH CARE: REDUCING CHILD DISTRESS DURING FLU VACCINATION

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BACKGROUND: Distress (combination of pain and anxiety) during vaccination is common among children, reported at a rate as high as 50% (Jacobson et al 2001). Methods of reducing distress during vaccinations are clearly desirable for children, their families, and health care professionals.

OBJECTIVES: Our goal was to determine whether children's interaction with a pre-programmed robot, compared to no robot interaction, could decrease their distress and increase coping during administration of a flu vaccination.

DESIGN/METHODS: Recruitment was conducted through physician referral and posters placed at various hospital clinics informing parents that they can obtain their child's yearly flu vaccination at the infectious diseases clinic within the hospital. Fifty-seven children (29 male, 28 female; mean age = 6.87 years, SD = 1.34) were randomly assigned to: (1) the robot condition consisted of a three-foot tall humanoid robot NAO (Aldebaran Robotics) sitting on a bed facing each child and using distractions such as playing music, talking about movies, picking up toys, and asking the child to blow during the vaccination; (2) comparison condition consisted of minimal distractions given by a nurse (eg, "I'm going to count to five."). All children were accompanied by at least one parent and were vaccinated by a pediatric nurse. Sessions were videotaped and coded using the Behavioral Approach-Avoidance Distress Scale. It consists of two subscales with scores ranging from 1-5. Higher scores indicate more distress on one subscale and more coping behaviours on the other subscale. Intraclass correlation coefficients are 0.78 for and 0.89, respectively, indicating good inter-rater reliability from two raters of all 57 videos.

RESULTS: A multivariate analysis of variance was conducted using researcher ratings of distress and coping. Results indicate that distress was significantly lower for the robot (M = 1.71, SD = 0.96) than the comparison condition (M = 2.47, SD = 1.18), $F(1, 50) = 6.42, p < 0.05$. Also, coping was significantly higher for the robot condition (M = 3.58, SD = 0.78) than the comparison condition (M = 3.03, SD = 1.17), $F(1, 50) = 3.86, p < 0.05$. The effect sizes are moderate.

CONCLUSIONS: Children's interaction with a robot during a vaccination provides an effective distraction which significantly reduces distress and may be beneficial for children during other painful medical procedures.

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'HELP US, HELP YOU': A NEEDS-BASED ASSESSMENT OF PEDIATRIC RESIDENT KNOWLEDGE OF PHYSICIAN HEALTH RESOURCES AND BARRIERS TO ACCESS

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BACKGROUND: Residents are uniquely affected by the demands of their current training environment. 'A commitment to physician health and sustainable practice' is an essential component of the CanMEDS Professional role. There is a multitude of resources at local, provincial and national levels, although it is unknown whether residents are familiar with these resources so they may seek assistance if required.

OBJECTIVES: To assess the knowledge of pediatric residents about physician health and wellbeing resources, as well as to identify barriers to access.

DESIGN/METHODS: All pediatric, medical genetics and pediatric neurology residents in a Canadian training program were invited to complete an anonymous, descriptive survey consisting of 20 questions. There were seven survey dimensions: knowledge of current physician health and well-being resources; current utilization; satisfaction; barriers to access; level of interest; program development; and demographics.

RESULTS: The survey response rate was 84% (43/51). Ninety-three percent of residents rated their current knowledge of physician health and well-being resources as none or minimal. One-third of residents have thought of contacting at least one of the available resources, while another one-third have utilized one and found it useful at that time. Almost half of the residents have known a colleague who has used a resource. Personal satisfaction with knowledge of health resources was rated as: none (34.9%), little (32.6%), or moderate (25.6%). Only 2.3% were greatly satisfied with their knowledge. The rate of dissatisfaction with the delivery of information was 81.4%. Satisfaction with the emphasis on health and wellbeing in the curriculum was: not at all (30.2%), to a small extent (44.2%), to a moderate extent (20.9%), and to a great extent (4.7%). The highest rated barriers to access were lack of time, unpredictable/hectic schedules, and lack of awareness. Eighty-six percent of residents were moderately or greatly interested in improving their knowledge, and 74.4% felt they would moderately or greatly benefit from having easier access to physician health and wellbeing resources.

CONCLUSIONS: This needs-based survey identifies both a lack of knowledge of physician health and wellbeing resources, as well as a self-defined need of surveyed residents to improve this knowledge. It also identifies a desire for increased emphasis on health and well-being in the curriculum. Future goals are to establish and evaluate a resident-led initiative focusing on resident health and well-being.

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EXPLORING BEHAVIOURAL INTENTIONS OF PEDIATRIC RESIDENTS REGARDING CHILDHOOD OBESITY COUNSELLING

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BACKGROUND: Childhood obesity is increasing at an alarming rate in North America. Physicians recognize the importance of providing obesity counselling to patients and their families. Yet, there is evidence showing that current guidelines related to obesity prevention are not routinely applied in clinical practice.

In order to improve the adherence of pediatric residents to these guidelines, a Resident-led initiative for Healthy Active Living in Youth (RHALY) is being developed at our institution. The factors influencing a resident's behavioural intentions to provide obesity counselling could be explored using the Theory of Planned Behaviour.

OBJECTIVES: The objectives of our study are 1) to describe the current state of behavioural intentions among pediatric residents around counselling on childhood obesity and 2) to determine if the behavioural intentions differ in relation to the level of residency training.