Result Respondents (n=532) were male (50.8%) and female (49.2%) whose age ranged from 13-18 years Prevalence of physical activity was 49.59%, while sedentary lifestyle was 71.34%. We found that 39.9% of the respondents spend over 10 hours daily in school and at lessons with majority of their parents working away from home; respondents’ mother whose job required them staying away from home most of the time in a day were 72.0% while 81.6% of respondents’ fathers had jobs that warrant them being away from their home majority of the time in a day. The study showed a significant relationship between levels of physical activity and personal-level disposition (R-value 0.205) and environmental-level disposition (R-value 0.395) respectively at P=0.0001.

Conclusion Considering the low prevalence rate for physical activity among adolescents and the health risk of sedentary lifestyle, it is important to adopt a more intentional approach to intervention using health promotion tested theories adopted in this study. Such interventions should be aimed at harnessing individual interest and environmental dispositions within the context of school, home and neighbourhood.

Aims Developing self-management skills is part of growing up for many young people with long-term conditions (LTCs) such as chronic kidney disease (CKD). However, young people can find it challenging to become independent at managing their LTC and there is limited evidence for how health-care professionals (HCPs) can support this process. This study aimed to find out how young people take on responsibility from their parents for managing their CKD and the HCP’s role during this process.

Methods A qualitative study, using a grounded theory approach. In-depth individual and dyad interviews were conducted with nine young people aged 13-17 years old with CKD, 11 parents and ten HCPs from renal multidisciplinary teams. Participants were recruited from two UK children’s renal units. Participants were recruited from two UK children’s renal units.

Results The transfer of self-management responsibility between young people, parents and HCPs is a fluid and bi-directional process. Both parents and HCPs view it as their ‘job’ and believe they have a responsibility to support the young person to become more involved in their health-care. Opposing tensions contribute to the complexity of the process, including: 1) Timing: parents consider the process of handing over self-management responsibility within a wider context of their child growing up and gaining independence. However, transition frameworks and statutory responsibilities impact on how HCPs support the transfer of responsibility and means that timing is service-led, rather than based on family’s needs. 2) Approach: young people, parents and HCPs appear to have different priorities and approaches; families initially focus on what self-management activities the child can ‘do’, whereas HCP’s starting point looks at what the child ‘knows’. 3) Outcome: differing understandings and expectations around ‘effective’ self-management and what it means to be responsible can impact on what young people, parents and HCPs each hope to achieve.

Conclusion The parent-to-child transfer of self-management responsibility is a complex process, shaped by various tensions. Establishing positive relationships between young people, parents and HCPs through building and maintaining trust appears essential in supporting young people to develop independence in managing their LTC.

Evaluation of a 2-day training programme aiming at improving communication skills with adolescents (age 17 to 21) in military healthcare settings of: 1. Doctors of military recruitment centers (MRC); 2. Medical students of the Israeli Medical Corp.

Methods The programme focused on health issues typical to adolescents in military service: risk behaviours; pregnancy; birth control; depression; suicide; eating disorders, as well as on communication emphasizing a dignifying approach. The first day consisted of theoretical discussions. In the second day trainees exercised communication with patients regarding the topics addressed during the first day, utilizing simulation-based workshops. The trainees encountered simulated soldiers (actors) presenting 8 different health concerns. These trainee-actor encounters were video-recorded to be screened during debriefing sessions. At the end of the training workshop trainees completed a 6-grade-Likert-scale questionnaire rating the programme’s quality (actors’ performance, video recordings, facilitators’ contribution) and value (learning communication and clinical skills). They also rated their recommendation to include the programme in future educational courses for military doctors.

Results 118 MRC doctors were trained between 2007 and 2016. Comparing questionnaires of the first and second 5 years’ periods, demonstrated increased ratings: Average rates for the workshop’s quality were 4.6 and 5.4 respectively (p=0.00) and for its value 4.2 and 5.3 respectively (p=0.002). Average rates for including the programme in future courses were 4.6 and 5.5 respectively (p=0.01). The increase in military doctors’ recognition of the significance of training in doctor-patient communication in military healthcare settings led to the implementation of such training to 4th year medical students of the Israeli Medical Corp. 184 students were trained between 2014 and 2017. The average rates for the workshop’s quality and value were 5.4 and 5.1 respectively. The students suggested further similar training when they become military doctors.

Conclusions The simulation-based training programme for improving communication skills with adolescents in military healthcare settings is well appreciated by military doctors.