movement disorders and also helps in identifying the underlying causes.

Objectives The objectives of study are to classify the types of movement disorders, to identify the underlying cause and to assess the short term outcomes of children with movement disorders.

Methods Cross sectional descriptive study was conducted in all children with movement disorders attending hospital during one year period. Phenomenology of movement disorders were classified by visual pattern recognition or recorded home based videos using smartphone. Relevant clinical examination and laboratory investigations including EEG and imaging were done. Underlying causes and short term outcomes were found out.

Results Of 102 patients, types of movement disorders were dystonia (n=39) followed by chorea and athetosis (n=32), tics (n=12), tremor (n=8), stereotypes (n=5), myoclonus (n=4) and bradykinesia (n=2). Sixty per cent of the cases were older than 5 years of age. Nearly 60% of children were male. Age of onset of movement disorders more than 5 years of age is 46% of children. The median duration of abnormal movements were 345 days. The main causes of dystonia were birth asphyxia (n=13) and infection (n=9). The major causes for chorea and athetosis were infection (n=12) and kernicterus (n=12). Common cause of infections were encephalitis. Among study population, 74% of dystonic children, 53% chorea and athetosis, 25% of tics, 62.5% of tremor, 50% of myoclonus and bradykinesia were improved. Twenty-six percent of dystonia, 31% of chorea and athetosis, 75% of tics, 37.5% children with tremor and 50% of myoclonus had persistent symptoms. Only 16% of chorea and athetosis and 50% of bradykinesia had completely recovered. Dystonia with underlying CNS infection, chorea and athetosis due to Sydenham's Chorea and Wilson disease, tics, tremor due to drug-induced cases, autoimmune encephalitis and paroxysmal tremor and myoclonus of infectious encephalitis and autoimmune encephalitis were improved. Dystonia and choreo-athetosis due to cerebral palsy, all cases of stereotypes, tremor due to ALL with CNS metastasis and neurometabolic disease were persisted.

Conclusions Phenomenology plays the key role in diagnosis of specific movement disorders and also helps in identifying the underlying causes. Understanding to phenomenology and clinical profile of movement disorder in children is very crucial for correct diagnosis and management. This study pointed out that childhood movement disorders are common and most of the common movement disorders are preventable or treatable cause such as neuroinfections, immune aetiologies, hypoxic injury at birth, kernicterus and drug induced movement disorders. Because of diverse aetiologies pose a diagnostic challenge to pediatrician, emphasis on phenomenology plays a role. Focusing on those factors, diagnosis approach of pediatric movement disorders can be simplified.

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THE POSITIVE THINKING PROJECT – CAN WE IMPROVE TRAINEE MORALE?

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Background Doctor's health and wellbeing are critical to the quality of care they provide, both to their patients and to

themselves.¹ Thirty percent of doctors in the UK are not satisfied with their day to day work and in 2019 eighteen percent of doctors in training reported having to take time off work due to stress.² It is also acknowledged that doctors in training are more positive about their experiences when working in a supportive workplace.²

GMC National Training Survey results for the last three years show that there has been a fall in trainee satisfaction with feedback received in the Paediatric Department at Hull University Teaching Hospitals.³

Objectives The Positive Thinking Project aimed to improve trainee feedback from Consultants, through a weekly positive feedback statement and a point for development.

Secondary objective was to demonstrate the role of trainee feedback in improving trainee morale within a paediatric department.

Methods A proforma with name, grade and photograph of all trainee doctors and advanced nurse practitioners was circulated to the Consultant of the Week (COW) every week. The COW was asked to provide a positive feedback statement and point for development for each trainee who had been at work in the department during their COW week. The completed proformas were collated confidentially, and trainees received their personalised feedback via email every three months.

Trainees were then asked to give feedback on the positive thinking project, either verbally or by email. Feedback was collated over a 12 month period and anonymised. Analysis was carried out using an inductive approach and open coding.

Results Seven codes were identified, with three overriding themes. Data saturation was reached.

Abstract 217 Table 1

Codes	Theme	Examples
Gratitude/Thanks	Positivity	'really does brighten my day'
Positive emotions		'thank you so much'
Project positivity		'it is lovely to receive.'
Receiving feedback	Development	'very positive feedback'
Personal/career development		'constructive'
Feedback as evidence		'evidence in our portfolio'
Element of Surprise	Surprise	'very unexpected'
		'so rarely happens'

Conclusions Feeling valued is a cornerstone of improved morale and motivation within the NHS.⁴ The Positive Thinking Project aimed to focus on the provision of regular, positive feedback for trainees from Paediatric Consultants, praising what has been done well and giving an area for development. We have demonstrated that trainees feel feedback has been positive, constructive and helpful for development and that this project gave trainees feedback that they do not feel they would have otherwise received.

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