children's nursing students and occupational therapy students, and children's nursing students and fourth-year medical students. Each had a different focus: the first is based upon assessment of a child in a community simulation, whilst the second focused on the inter-professional assessment of the acutely ill child.

I will present the results of these two successful inter-professional simulation innovations and then discuss the future of inter-professional education. I will conclude by presenting our current project which is a practice-based inter-professional education intervention involving up to eight professional groups.

OC39 – The efficacy of a participatory approach in reducing pain related to venepuncture in children

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Theme: Ethical issues: dignity and humanity.

Keywords: Children, ice, illustration, pain, venepuncture.

Introduction: Venepuncture represents traumatic experience in childhood due to pain and discomfort.

Aims: To compare the efficacy of a participatory approach with preliminary ice application to the skin.

Methods: Two age-groups (respectively 3-7 and ≥8 years) were considered during day-hospital, hospitalization, and ER accesses. Venepuncture was described to patients with fables or illustration according to the age-group. Ice or cool-water-pack was randomly applied to skin for one minute before venepuncture. Pain measurement scales were Wong-Baker and VAS.

Results: Preliminary data (55 patients) showed that the 3-7 years age group had better pain tolerance with a participatory approach, whilst ice was better in the older group. Generally previous venepunctures seem to worsen pain feeling.

Discussion: Imagination seems to influence pain feeling in the 3-7 age group, while ice is more important in the older group. Previous experiences mark negatively successive venepunctures.

Conclusions: Participatory approaches can be cost-effective and influences positively venepuncture in the future.