Introduction
Early identification and management of oral feeding difficulties in medically fragile infants is key in preventing/reducing respiratory morbidity, growth faltering, and longer term aversive oral feeding. The R.O.S.E. Infant Oral Feeding Screening Tool was developed by the SLT department in conjunction with Nurse Practice Development OLCHC and Trinity College Dublin to facilitate evidence-based management of infant oral feeding difficulties in an acute paediatric setting. The face, content and ecological validity of the R.O.S.E. have previously been established and nurse training needs identified. This study evaluates a pilot programme developed to train nurses in administering the R.O.S.E.

Methods
The SLT Department developed and piloted a short 20 minute training session covering: identification of risk, physiological indicators of Readiness to feed, Oral skills, measures of Swallow safety and feeding Efficiency. Three training workshops were carried out in June 2017. Theory was presented first and then attendees practised using the R.O.S.E. by evaluating 3 case vignettes. Following training, attendees completed an evaluation form regarding ROSE format and several training session variables including the length of the s-training session, the amount of information presented, how confident they would feel using the ROSE after that training session.

Results
There were 25 participants across 3 training sessions (Table 1) 92% reported they liked the R.O.S.E. format. 96% were happy with the amount of information provided. 52% were happy with length of training. 44% felt it was too short. 20% felt very confident to use the R.O.S.E., and 80% felt reasonably confident that they would be able to use it following the training session. Only 20% said they would be very confident using the ROSE.

Discussion
Similar to previous research, the R.O.S.E screening tool format was acceptable to nursing staff and its value in nursing practice is recognised. This study suggests a short 20 minute training may be adequate to ensure the nurses feel reasonably confident to use the R.O.S.E. However a large proportion of nurses felt the training was too short and only 20% felt very confident to administer the R.O.S.E. Mechanisms for assuring on-ward competency in administration need further development in conjunction with nurse practice development. Training platforms including face to face and digital online platforms with built in competency measures need to be explored in order to make the training accessible to the wider staff cohort.

Conclusion
A longer training session and competency measures now need to be developed in order for the ROSE training programme to be progressed.