that they did not need support at the time. 35 (88%) of Paediatric trainees had not received any formal training on how to deal with many of these situations. All respondents agreed that further training on dealing with these issues was as important as their clinical training in paediatrics.

Conclusion Whilst many paediatric trainees felt well supported when dealing these events, many were not. It was evident that the School had to provide more robust, uniform support to all trainees. Since the survey dedicated monthly management seminars have been established, a mentoring scheme has been launched and specific legal training days have been offered. Consultants willing to offer such support have been signposted to trainees.

G100 FEEDBACK IN PAEDIATRICS: IDENTIFYING ATTITUDES, PERCEPTIONS AND BARRIERS TO HIGH QUALITY EDUCATIONAL FEEDBACK WITHIN REGIONAL PAEDIATRIC TRAINING

Paediatrics as a speciality has previously been a red outlier for the feedback category within the annual GMC training survey. This suggests that trainees at least, feel that feedback within their training is insufficient.

We wished to assess perceptions of feedback and identify both real and perceived barriers to successful feedback by sampling current trainees and supervisors within the Severn Deanery on their experiences.

The topic was introduced at a workshop during the Severn Deanery Paediatric Conference in 2016. Copies of the trainee questionnaire were distributed and subsequently an online version was sent via deanery email and the Severn Paediatrics Facebook group. Trainers were surveyed via an online form disseminated via email. We had a response rate of 65% for the trainee survey and 40% for the trainers’ survey.

72% of trainees reported feeling that they did not receive enough feedback, with several recurring themes identified, including lack of time, workload and staff shortages. This was also reflected in the trainers’ survey but additionally the perception of feedback was cited as an issue, with trainees not always able to recognise ‘feedback’ in more informal situations, leading to a mismatch between the amount trainers felt was given versus the amount trainees acknowledged.

83% of trainees wanted feedback integrated into daily practice, however only 34% of trainers felt that daily feedback was necessary. There was concern over trainee resilience and the ability to give constructive feedback to trainees; ‘It does seem ‘unfair’ when they are busting a gut to keep the show on the road to give them any kind of negative feedback’, however a recurring theme from trainees was to reduce the perceived stress of feedback by increasing its regularity; ‘I think this should be normalised, i.e. recognising that there are always things we could do better, it’s not a criticism’.

The barriers we identified to regular feedback are well recognised within current medical training. However, our responses suggest a cultural issue within paediatrics regarding the perceived resilience of paediatric trainees. Our next step is to challenge the culture of feedback locally to improve clinical training within our region.