reading of relevant literature and in discussion with a medical librarian.

Results Seven breakthrough pain tools were identified, only one of these - The Breakthrough Pain Questionnaire for Children - was designed for use in children. This tool, however, has not been validated to date. A further 40 studies were identified that used bespoke breakthrough pain assessment tools.

Conclusion There is a lack of validated tools for assessing breakthrough pain, particularly in infants, children and young people. These are urgently needed so that the assessment and management of this distressing symptom can be further improved.

G373(P) WHEN PARENTS AND PROFESSIONALS AGREE: AN EXAMPLE OF SHARED DECISION MAKING IN A CASE OF SPINAL MUSCULAR ATROPHY TYPE 1

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Introduction The media has covered many cases on when parents disagree with the opinions of healthcare professionals, most notably in the case of Charlie Gard.

This particular case of a female infant with spinal muscular atrophy (SMA) type 1 is an example of when the decisions of parents align with the advice of healthcare professionals and attempts to uncover what factors may have contributed to this cohesion.

SMA is the term given for a group of genetic disorders leading to muscle atrophy and weakness. Type 1 is the most severe phenotype, presenting under 6 months of age and with a 68% mortality rate within 2 years of life.

Case Synopsis Female infant M was born at term, with no concerns, to consanguineous parents. At 7 weeks old, her mother took her to the GP with concerns of a lack of limb movement. Examination found multiple neurological abnormalities, including absent rooting reflex, global hypotonia and upgoing Babinski reflexes. M was thus diagnosed with SMA Type 1.

At 16 weeks old, M was admitted to the Paediatric Intensive Care Unit with respiratory deterioration requiring intubation. M's parents decided that a tracheostomy would make her quality of life worse, even if it did prove life-prolonging. They opted to palliate on non-invasive ventilation.

Discussion The decision to palliate a patient is burdensome to all involved and is influenced by many factors.

Evidence shows that parents of those with SMA assess success of care not on outcome, but on factors including positive communication with the healthcare team. Furthermore, those who highly rate their experience of this communication have lower levels of long-term grief.

Ensuring parental understanding at each stage is crucial for shared decision-making. The parents of this patient were involved in every step. Their refusal of a tracheostomy despite the potential for added life is not a common decision and as both parental and professional opinions here aligned, reflects the honest and realistic communication between both parties.

Conclusion This case shows how effective communication between the medical team and parents can improve the parental experience of paediatric palliation and help attain shared decision-making.

G374(P) ABSTRACT WITHDRAWN

G375(P) ABSTRACT WITHDRAWN

Trainees

G376 UK PAEDIATRIC TRAINEE TRANSITION TO REGISTRAR SURVEY

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The transition from paediatric level 1 trainee to registrar can be a turbulent time for trainees given the significant 'step-up' in responsibility, variation in preceding clinical experience, and limited opportunities to develop leadership and management skills during level 1 training.

Aims To explore paediatric trainees' experiences of transitioning to registrar at a national level, to identify challenges and training needs during this period.

Methods All UK paediatric trainees working on the middle-grade rota were invited to complete an online survey designed using Survey Monkey over a four-week period between September and October 2019. Questions specifically focused on; experience and confidence in conducting registrar-level tasks, support available to facilitate transition, and views on how trainees could be better prepared and supported during this period.

Results A total of 79 responses were received from 8 deaneries. 10 incomplete responses were excluded. 43% of respondents did not feel that overall they were adequately prepared for becoming a registrar. Registrar-level tasks that respondents felt most confident about were: supporting junior colleagues and knowing when to call the consultant. Since becoming a registrar, the most challenging aspects of the role identified were leading resuscitations and managing safeguarding cases. With regards to mandatory Level 1 training procedures, respondents were least confident at intubation, and most confident at cannulation.

Regarding interventions intended to facilitate transition: 23% had stepped-up in the same department where they had spent the previous 6 months working as an SHO; 42% had done a step-up simulation course; 39% had supervised acting-up experience; and 17% had done registrar-level clinics. Respondents felt that the most helpful interventions to aid in transition would be: supervised acting-up experience and more exposure to safeguarding cases during level 1 training.

Conclusion Results from our survey suggest that a significant proportion of paediatric trainees do not feel prepared for stepping-up to the paediatric registrar role. It also highlights poor utilisation of learning experiences aimed at developing

senior decision-making skills which may reflect service provision demands. This emphasises the need for further interventions and trainee support to facilitate this transition both at a local and national level.

G377 BALINT GROUP IN THE NEONATAL UNIT: AN OPPORTUNITY FOR ENGAGED REFLECTION

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Background The NICU is recognised as an area of especially potent moral distress and compassion fatigue. Balint Groups are named after the psychoanalysts Michael and Enid Balint, who began work in the 1950s to help General Practitioners reach a better understanding of the emotional content of the doctor-patient and inter-professional relationships, in order to improve the therapeutic potential and effectiveness of these relationships.

Methods We initiated weekly Balint Sessions for junior medical staff working in a tertiary Newborn Intensive Care Unit in Cardiff. The sessions were co-facilitated by a psychiatrist and a neonatal intensive care doctor. Each week, a participant in the group is invited to present 'a case' for 10 minutes, followed by a short period for questions of clarification. Next, the presenter 'pushes back' from the circle, and the other participants respond to what they have heard. Responses take various forms. There may be questions, advice, emotional reactions induced by the story and speculations about what else might be going on. The facilitator gently discourages too much interrogation of the presenter. The presenter is allowed to have her say and respond to what she has heard when she is invited to join in again later.

Results The cases presented have been drawn from a number of themes: for example, challenging clinical situations (such as difficult resuscitations), responding to disability, dying or death, challenging families and difficult interactions with colleagues and peers. 100% of participants (22 professionals) report a greater sense of well-being having attended the group. The other benefits reported included an improved engagement with reflective practice (both personal and written for e-portfolio), increased team cohesiveness and an increased awareness of their own emotional responses (positive and negative) to clinical practice.

Conclusions Balint groups represent a low-cost, high-benefit intervention for trainee well-being. By mobilising local resources from across disciplines, we are able to support and facilitate a weekly group session that enables the provision of emotional support, reflective practice and a setting in which to explore how professional and personal responses to work are associated, and the consequences one may have for the other.

G378 'THE PAEDIATRIC FAMILY PROJECT': AN EVOLVING PAEDIATRIC MENTORING SYSTEM

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Aims To maximise retention we must ensure that our paediatric trainees feel valued and supported. As part of our retention strategy, in 2014–2015, we initiated The Paediatric Family Project, based upon university buddying systems. It was designed to support new trainees during a recognised challenging period of training.

Methods ST4–ST8 trainees (the 'parents') are recruited through the local paediatric school website for each academic year and matched with a new ST1 trainee (the 'child'). A Typeform survey sent to participants nine months later reviewed experiences of the project. Project improvements are made for the following cohort. As part of an evolving Quality Improvement Project, changes included: matching within the same hospital, providing support for 'parents' throughout the year, online mentor training and social events.

Results The survey was sent to approximately 180 paediatric family members each year. Response rates were 25–29% each year.

The proportion of paediatric family members meeting has increased steadily each year from 33% in 2014–2015 to 87% in 2018–2019. Reasons for not meeting have remained similar and include: lack of interest from other family members and rota incompatibility.

In 2015–2016 we introduced the 'Top ten Tips' guide for all new parents and regular email contact. 86% of them found it helpful.

In 2016–2017 we introduced free online mentoring training for paediatric parents in response to feedback. Only 13% of trainees have completed this training.

Conclusion The paediatric family project is an innovative, practical approach to supporting junior trainees. The improved rate of paediatric families meeting, suggests that the location of the family members is vital for the success of the project and that the project is becoming imbedded within the deanery training structure.

The paediatric family project is an ongoing and continually improving venture, which is responsive to the dynamic requirement of paediatric training and evolves with frequent trainee feedback. Feedback from the 2018–2019 cohort has been encouraging: 'My parent was so friendly and helpful, they supported me both pastorally and also with exams, career development and general training questions. I felt more reassured with her support.'

G379 ACHIEVING CLINICAL EXCELLENCE EDUCATIONAL NEWSLETTER

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Aims Achieving Clinical Excellence (ACE) meetings replaced the traditional morbidity and mortality meetings in a local paediatric department in 2018. This allowed learning to be drawn from positive aspects of care and to develop a Safety-II¹ approach to patient safety. This project utilised an e-newsletter to disseminate the learning from ACE meetings with supplementary educational content. A secondary goal was to boost staff morale through celebrating excellence in the workplace.

Methods A trainee-led editorial team was established at induction to create content for a celebratory and educational