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

monthly e-newsletter. A free online design and publishing platform was utilised to allow for input from multiple editors and contributors. It was co-ordinated by a senior registrar with supervision from a consultant. The broad sections included:

- Learning from cases – the case-mix ranged from common paediatric presentations to tertiary-level retrieval cases. Content included examples of excellent clinical practice, current guidelines, theoretical knowledge, practical skills refreshers and MRCPCH exam tips.
- Public Health information – featuring a 'Health Promotion Post-it'.
- Self-care and resilience – useful tips to thrive and enjoy work.
- Positivity and team celebrations – compliments were published directly from the 'Gold Star' board, a positivity board where any staff member's everyday achievements can be highlighted. Departmental events and socials were advertised.

Results Over a twelve month period, eleven ACE e-newsletters were created and disseminated across the Trust's two sites. In the latest edition, medical students were supported by the editorial team to have features in the newsletter. Other departments are expressing an interest in producing their own e-newsletter. After encouraging informal feedback following each edition, the team are currently collecting more formalised feedback via survey.

Conclusion Empowering trainees to lead on projects like the ACE e-newsletter enables them to educate and inspire others through shared learning. The newsletters have attracted significant praise from other departments within and across the Trust. Trainees are leading their Paediatric department through a cultural change by utilising Appreciate Inquiry techniques (learning by recognising 'the things that go well' rather than solely identifying errors) thereby learning more holistically from patient safety issues or events.

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G380 A TRAINEE-LED INDUCTION DAY FOR NEW FIRST YEAR PAEDIATRIC TRAINEES

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Aims One training region offers a free Induction Day, designed and led by paediatric trainees, to new ST1 trainees annually. It aims to prepare trainees to start training, whilst instilling them with confidence and enthusiasm.

Methods The optional Induction Day occurs on the Friday before training commences. The programme includes topics which trainees are apprehensive about, including paediatric emergencies and neonatal medicine, and topics which are important to them, such as sleep and ePortfolio. Pocket cards are distributed detailing normal parameters, Newborn Life Support (NLS) and emergency calculations. Trainees can

network, and free Headspace subscriptions are provided to support their wellbeing. The region provides NLS training at cost, targeting those starting on neonatal units. Attendees are invited to complete a feedback questionnaire.

Results 85 (81.7%) new ST1s attended the 2019 Induction Day. 62.4% provided feedback. Table 1 shows trainees' fears before the Induction Day.

Abstract G380 Table 1 Trainees' fears

	Number	%
Lacking knowledge/experience	15	28.3%
Emergencies	14	26.4%
Neonatal medicine	11	20.8%
New environment	8	15.1%
ePortfolio and exams	7	13.2%
Being unsupported	5	9.4%
Rota	4	7.5%

Abstract G380 Table 2 Most useful aspects

	Number	%
ePortfolio	22	41.5%
Prescribing	19	35.8%
IT and apps	17	32.1%
Assessment of the sick child	12	22.6%
Structure and assessments	12	22.6%
Sleep	6	11.3%
Safeguarding	4	7.5%
Surviving ST1	4	7.5%
Neonatal medicine	3	5.7%

50 trainees (94.3%) felt more prepared to start training following the Induction Day. Table 2 shows the sessions trainees found the most useful.

Trainees requested additional time for ePortfolio and competencies, and further opportunities to identify trainees at the same Trust.

Attendees said:

- 'Excellent all round. Well organised, lovely atmosphere, informative and engaging.'
- 'Fantastic day, really appreciated the focus on looking after ourselves, and also the huge amount of enthusiasm and positivity surrounding the training programme'
- 'Really nice to see how excited and supportive everyone is!'

Conclusions The Induction Day is an effective way to support trainees starting paediatric training, preparing them and increasing their understanding of the training pathway. They enter training with a supportive network of colleagues and an emphasis on self care.

G381(P) AN UNUSUAL CASE OF MYCOBACTERIUM

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