

improved training and education in Intellectual Disability and Autism. Simulation training facilitated by actors with intellectual disability has been shown to improve connection with people with intellectual disability (Attoe et al 2017). The aim of this project was to develop a simulation-based training course, focused on topics in mental health, intellectual disability and autism, to improve participant confidence in clinical knowledge and skills, as well as support leadership and professionalism training. Here we evaluate the impact of the training on participants' confidence, and the longer-term effect on attitudes and working practice after attendance.

Methods. A novel simulation-based training course, directed at Specialty Trainees, was developed based on the Specialty Training in Learning Disability curriculum. The course was co-delivered by a person with intellectual disability. Participants who attended the simulation training completed general feedback, pre-course and post-course confidence questionnaires and attended a semi-structured group interview at 2 months. Questionnaire data were analysed using descriptive and inferential statistics. Group interview data were analysed using open & axial coding, and thematic analysis of content. The project was approved by East London NHS Foundation Trust Governance and Ethics Committee for Studies and Evaluations.

Results. Eight psychiatrists participated in the training and completed the pre-course and post-course questionnaires. Independent t-test found significant increase in confidence for all scores from pre-course ($M = 6.54$, $SE 0.24$) to post-course ($M = 7.81$, $SE = 0.36$), $t = -2.93$ $p = 0.01$. This included ratings of confidence in knowledge in areas such as mental health legislation, and improved confidence in skills such as communication with families of people with intellectual disability and difficult conversations with senior supervisors. In follow-up interviews we elucidated themes of the importance of supported, structured training opportunities with people with intellectual disability, and the value of connection with peers and supervisors.

Conclusion. Simulation based training in psychiatry, co-delivered with actors with intellectual disability, was reported to be an engaging and enjoyable form of learning. The evaluation suggests such training is effective in increasing trainee confidence in knowledge and skills at the time of training as well as resulting in a lasting change in attitudes after the training. We recommend such training be further developed and delivered at both post-graduate and undergraduate level.

Expanding the Scope of Mentoring for Psychiatry Trainees in Northern Ireland

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Aims. The Northern Ireland psychiatry mentoring scheme, in which higher trainees mentor core trainee year 1 (CT1) doctors, has been running for four years. In this year's scheme, implemented in August 2021, we have expanded the scope of the scheme and implemented an online platform to match and connect mentors and mentees. Our aim was to gather baseline data regarding the experiences of mentors and mentees and to capture

information regarding the content of mentoring meetings and attitudes towards format of meetings.

Methods. Higher psychiatry trainees were invited to sign up as mentors through the Northern Ireland Medical and Dental Training Agency (NIMDTA) and Royal College of Psychiatry Northern Ireland (RCPsych NI) mailing lists. Mentors were obliged to complete a theoretical module on training before meeting their mentees. Core trainees in the first and second year of training were asked to opt-out of the scheme if they preferred not to be involved. CT3 trainees were offered the opportunity to opt-in to the scheme. There were a total of 16 mentors and 22 mentees at the outset. The NIMDTA Professional Support Unit provided an online platform, Mentornet, which allowed mentors and mentees to complete a profile, for mentees to rank their preferences for mentor, and to facilitate meetings. One of the authors (M.M.) presented the developments in the scheme to a nationwide audience in the RCPsych webinar on mentoring.

Results. Six mentors and two mentees responded to the call to complete a baseline online questionnaire. 83% of mentors responded that they had found their role enjoyable and rewarding, whilst 67% of mentors indicated that their role had helped them develop in other skill areas. Both mentees responded that they had found the scheme beneficial and would recommend participation to other trainees.

Conclusion. Mentorship is a valuable opportunity for senior psychiatry trainees to facilitate the professional development of junior trainees and to pass on their experience. This is the first year that all core trainees have been invited to participate and that a new web platform has been used to facilitate meetings. Baseline feedback response numbers have been limited although the responses were universally positive. We intend to obtain further feedback at the end of this year in order to devise quality improvement measures for the 2022/2023 cohort.

Virtual Simulation Programme Improves Junior Doctor Confidence and Knowledge for Psychiatry Rotation

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Aims. To design a virtual simulation training session for junior doctors starting their psychiatry rotation, to be delivered virtually at induction. To measure how this changes doctors' confidence and knowledge about the rotation.

Methods. A small committee of experienced psychiatric trainees decided on a set of 5 common on call scenarios. Focus was given to clinical scenarios that involve the use of good communication skills with patients and with other clinical staff encountered on call such as Nurses and HCAs.

The 5 stations focused on:

- Using section 5(2), risk assessment
- rapid tranquilisation
- neuroleptic malignant syndrome
- alcohol detoxification
- managing self harm and ligatures.

Each scenario utilised real world documentation as tools for the candidate to utilise (drug charts, NEWS charts etc) to increase fidelity. Detailed actor briefs were drawn up with instructions for the facilitators.

During delivery of the sessions, a 'safe learning space' was set before individual learners took on the scenarios. 'Time outs' were utilised to allow the candidate to think through the scenario with the facilitator.

After each scenario, the facilitator then used crib sheets to lead 'mini tutorials' for 10 minutes around each scenario to flesh out the theoretical and practical learning points. The simulation-trained actors gave feedback on communication skills. Candidates were provided with feedback forms at the conclusion. **Results.** Feedback from the sessions was overwhelmingly positive. Every single candidate (n = 30) either agreed or strongly agreed that the session met the learning outcomes of increasing confidence, creating a realistic setting, being a fun and enjoyable introduction to psychiatric services.

Blank space feedback was also excellent, with many doctors asking for further expansion of the development of the session into a rolling program, and expansion of the scenarios to include more complex clinical situations that involve other members of the MDT.

Conclusion. The virtual simulation programme is an effective way to improve confidence and knowledge of common scenarios faced for junior doctors new to a psychiatry rotation. Further development will involve a transition to a face-to-face programme and integration of the wider MDT, including nurses, support workers and pharmacists.

A Quality Improvement (Pilot) Project: Psychiatric Medical Education for Foundation Trainees

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Aims. Foundation Doctors are exposed to a range of specialties within the Foundation Programme, with 20.9% completing a psychiatry rotation. Those who do not have a psychiatry rotation may have little experience other than what was acquired in undergraduate training, despite being expected to care for patients with mental health problems. According to Mind (2017), one in four people will experience a mental health problem each year thus essential that our medical workforce know and understand the basic principles of psychiatry to aid their management of core psychiatric conditions. The aim of this project was to improve mental health literacy among Foundation Doctors by improving their communication, formulation and risk management skills. Another objective was to encourage uptake to Psychiatry and help plug the high number of unfilled Consultant posts.

Methods. The initial pilot was carried out between January and June 2021 over zoom and the sessions were optional. A survey was completed to find out which topics were most relevant and common themes included MCA/MHA interface, risk

management and treatment of various conditions. These themes were incorporated into 90-minute sessions which included interactive case-based discussion in small breakout groups and some didactic teaching. The six session topics were EUPD, Dementia, Depression, Delirium, Substance Misuse and Alcohol Misuse. The sessions were facilitated by clinicians of mixed experience from Foundation Doctors to Consultants. Participant knowledge was tested using pre- and post-session quizzes and a working group reviewed feedback, making relevant changes subsequently. **Results.** Feedback was majorly positive, and attendees valued the interactivity, breakout rooms, case studies and choice of topics. Suggested areas of improvement were having more time for discussion, technical difficulties, and less psychiatric 'jargon', but these tended to be isolated comments. Five out of six sessions showed an improvement in assessment scores afterwards, with an average improvement of 12.6% (average pre-session score of 70% and average post-session score of 82.6%). One session showed a decrease in the post-session quiz scores which on reflection showed that the questions in the assessment covered material not included in the session.

Conclusion. The virtual programme was an effective way of improving knowledge and confidence in psychiatry. Whilst the sessions were positively received and showed improvements in post-session scores, there were some limitations which will be addressed and used to develop future training. There is now more mental health woven throughout the new Foundation curriculum and expected that much of this content will be covered during Foundation Training.

Psychodynamic Psychiatry Education and Training for Doctors

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Aims. Background and Aim: Psychodynamic psychiatry training seminars are a blended supervision and experiential style approach to training health care professionals in reflective practice and formulation. They apply psychodynamic theory through case formulations, seminars, and Balint groups so that health care staff can improve their communication style, formulation skills and enhance their appreciation for patients with complex mental health problems. Our aim is to evaluate the provision of our psychodynamic psychiatry training sessions for doctors in psychiatry, gastroenterology, and emergency medicine, and to evaluate the perceived benefits of attending in terms of personal and professional development.

Methods. Methods: The evaluation used a standardized mixed-methods approach, with the sample consisting of psychiatry core trainees (n = 9), gastroenterology higher trainees (n = 4), and emergency medicine doctors (n = 10). The evaluation period was between October 2021 and January 2022. Data were gathered via a survey tool, adapted from the literature using Likert scales and free text questions to identify barriers and facilitators to the sessions. **Results.** Results: All participants (n = 23) scored the group highly across the board in terms of acceptability, clinical impact, and fidelity measures. All participants reported that they have a better appreciation of group dynamics, the impact of the doctor's