

relating to OOH work and re-evaluation after the interventions implemented in the latest induction.

#### Methods.

- A short survey using Likert scale was designed to capture HTs' experience and knowledge in relation to OOH work plus free text feedback at the end of each question.
- An online survey link was disseminated by email in May 2023 among HTs who joined LYPFT between August 2022 to Feb 2023.
- Interventions: a) A face to face induction in August 2023 to replace the online induction; b) 'A walkabout tour at Crisis office' led by Crisis consultant as part of the induction programme.
- Re-survey link was sent out in October 2023 to HTs who joined in August 2023.

#### Results.

1st Survey: 11 out of 16 new HTs completed the survey. 5 out of 11 had never worked in LYPFT.

2nd Survey: 11 out of 19 new HTs completed the survey. 8 out of 11 had never worked in LYPFT.

2nd Survey showed significant improvement in HTs' level of familiarity to on-call office environment, awareness of the multi-agency S136 pathway and local policy as well as alternative local crisis provisions other than hospital admission, and the relevant referral procedures. HTs' confidence of navigating OOH local care pathway was markedly enhanced.

Overwhelming positive feedback were received regarding the 'Walkabout tour' as part of the Induction programme.

#### Conclusion.

- Simple interventions at Induction programme can significantly improve HTs' confidence for OOH work.
- HTs valued high on practical support such as the 'Walkabout tour at Crisis office' and would like it to be expanded to other OOH services such as Seclusion unit and Acute Liaise Psychiatry Service.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Making It PEACHY: Creation of an Innovative Immersive Simulation Day Promoting Empathetic, Attentive Communication for Holistic Care for Year 4 Medical Students

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**Aims.** This team of simulation fellows and a final-year medical student at a London teaching hospital created an innovative simulation course for fourth-year medical students with the aim to supplement existing undergraduate psychiatry teaching by providing additional opportunity to practice clinical skills. The course allowed students to practice and improve advanced communication skills across a range of inpatient and community settings across GP, A&E, medical and psychiatric environments, with themes exploring psychiatry, heightened emotional states and biopsychosocial influences on mental and physical health in a safe, ethical manner, supplementing the teaching provided on clinical placements.

**Methods.** The course was fully mapped to the university curriculum as well as the Health Education England Future Doctor Vision and the Medical Licensing Assessment content map. Scenarios were written by trained simulation faculty in conjunction with specialty experts across all core specialties for fourth year medical students including obstetrics and gynaecology, paediatrics, psychiatry, and healthcare of the elderly. Scenarios were created to reflect local demographics with addition of detailed social history and population health information. This involved creation of simulated patients from multicultural backgrounds, with limited English or other communication needs, and representation of numerous gender expressions, sexual orientations, and a range of mental health and neurodevelopmental needs.

**Results.** The pilot course took place on May 2nd with 7 student participants following approval from senior education stakeholders. During debriefs, participants differentiated between psychiatric symptoms and non-pathological human experiences, and reflected on how and why the patient in front of them is presenting the way that they are, with regards to social determinants of physical and mental health. They were also guided to reflect upon the technical and non-technical learning objectives of each scenario including use of Crisis Resource Management principles. Quantitative and qualitative feedback was collected through use of Likert-scales and white space questions; feedback showed heightened confidence and competence in core skills including psychiatric history taking, mental state examination and risk assessment, as well as core communication skills such as explaining a new diagnosis and managing heightened emotion.

**Conclusion.** Feedback shows the pilot successfully met its aims and enhanced undergraduate training, filling an educational need. Next steps would include formally approaching the university to discuss implementation of the course into the core curriculum. Additional refinements would include further consultation with service users and people with lived experience and consideration around use of actors to ensure complex subjects such as immigration and neurodivergence are portrayed ethically and accurately.

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### Physical Issues in Mental Health Settings – Implementation of a New Immersive Course for Core Psychiatry Trainees

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**Aims.** This team of simulation fellows at a London teaching hospital created an immersive simulation course for core psychiatry trainees to explore the intersection between physical and mental health and impact on provision of care. The course was fully mapped to the updated Royal College Core Training Curriculum as well as Crisis Resource Management principles, and focusses on the integration of care across mental and physical health provisions. Scenarios are set in a range of inpatient and community environments to allow participants to consider differences in delivery of holistic care, prioritisation, ethical and legal considerations across settings. This would be particularly relevant for participants early in training with limited prior exposure who

may be unfamiliar with handling emergencies on psychiatric wards and the nuanced limitations in providing medical care.

**Methods.** Scenarios were written in consultation with speciality experts and allied health professionals including mental health nursing, dietetics, and pharmacy. The course is written to enable participants to explore the intersection between physical and mental health, and the practical and social implications of an individual's mental and physical condition on provision of care. Alongside debriefing technical and non-technical learning objectives, participants reflected upon the wider determinants of each patient's current physical and mental state and discussed ethico-legal considerations such as patients' legal status, capacity to consent, and practicalities of transferring patients between services and facilitating holistic care.

**Results.** The pilot course took place on July 4<sup>th</sup> following consultation with stakeholders including senior simulation and education leads within the Trust, and deanery Training Programme Directors, to ensure the course was formally endorsed to allow participants to apply for study leave to attend. Post-course feedback was collected through use of Likert-scales and white space questions; the response was highly positive and showed the programme met its aims and filled a training need. Feedback showed increased confidence managing integrated physical and mental health issues and balancing conflicting priorities with increased understanding of practical and social implications of mental and physical condition on provision of care.

**Conclusion.** Next steps involve collaboration with service users to allow accurate representation of the unique needs of a diverse population, and potential use of actors to sensitively and ethically portray simulated patients. Local psychiatry training schools could be approached to consider formal implementation of the course within academic programmes, in addition to potential reformulation of scenarios for use in established courses at the host site such as Undergraduate or Foundation training days.

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## Evaluation of the Extended Induction Programme for International Medical Graduate Core Psychiatry Trainees in CNWL

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**Aims.** International Medical Graduate (IMG) doctors make up a significant proportion of the British medical workforce. In 2022, 26% of doctors in training graduated outside the UK. Psychiatry was one of the most frequently chosen specialties by IMGs. Doctors joining the NHS face several challenges such as differential attainment and discrimination. Increasing recognition of such issues led to the recent publication of a national guidance for IMG induction. In 2021, CNWL appointed an IMG lead to design and implement a comprehensive induction and ongoing support programme for all IMG doctors joining the trust. The first induction for new IMG core trainees consisted of six sessions and included a mixture of communication skills workshops and tutorials. It started in February 2021 and was delivered over four weeks. Since then, the programme has run twice a year with each intake of new core trainee doctors.

**Methods.** Nineteen CNWL IMG core trainees who participated in the induction programme between 2021 and 2023 were invited to complete an online survey. The data was collected between December 2023 and January 2024. It consisted of Likert scale ratings of the content of the programme, its relevance, and its impact on trainees' confidence. The usefulness of each session was also measured. Trainees were encouraged to provide free-text comments with suggestions for improvements.

**Results.** Sixteen out of nineteen trainees submitted responses. There was a consensus amongst all trainees that the induction covered essential topics. Fifteen out of sixteen participants felt more confident in their role after the sessions. The first communication skills workshop covering history taking and mental state examination was considered to be the most useful with twelve participants rating it as excellent. The workshop on managing conflict with simulation scenarios was ranked second most helpful. Tutorials on NHS structure and a training portfolio did not receive as high ratings. Areas for improvement highlighted in free-text answers were: adding more face-to-face sessions and discussions about on-call scenarios.

**Conclusion.** Transition into NHS can be a challenging experience for doctors at all stages of their careers. However, early intervention and a comprehensive induction programme appear to have had a positive impact on new trainee doctors' confidence and preparedness for work. The programme's structure and the sessions content were modified in response to feedback. Additionally, individual support sessions and a writing group were organised for trainees and SAS doctors.

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## Enhancing Educational and Clinical Trainer's Support and Experience: A Quality Improvement Initiative

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**Aims.** The GMC Trainer's survey 2022 identified nearly two in ten (18%) trainers do not agree that their employer provides a supportive environment for everyone regardless of background, beliefs, or identity. A striking 52% of doctors working as trainers are identified as being at moderate to high risk of burnout. Surrey and Borders Partnership NHS Foundation Trust (SABP) has 63 active educational and clinical trainers.

We aim to enhance the overall experience of Educational and Clinical Trainers in SABP by gaining insights into their views and experiences and identifying key areas for improvement to support trainers in their roles, thereby contributing to a more resilient healthcare workforce.

**Methods.** We devised a 16 item questionnaire to gather anonymous data on trainers' experiences and views in their roles. Our study utilised an observational quantitative and qualitative cross-sectional design. Data capture was done on Microsoft Forms and analysed using Excel.

**Results.** We had 70% response rate, 90% agreed or strongly agreed they had adequate support and training, 95% feel able to fulfil educational CPD for appraisal however only 83% were able to complete reflections on trainee feedback. 93% agreed or strongly