

Induction shouldn't be painful: improving psychiatry local induction for junior doctors across the South West

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Aims. The GMC recommends that organisations ensure learners have an induction in preparation for each placement. We aimed to ensure that high quality induction was being delivered in psychiatry posts across the whole of the Severn Deanery. This included multiple localities (Bristol, Bath, Swindon, Devizes, Weston-Super-Mare, Gloucester, Cheltenham, Taunton and Yeovil) across three NHS trusts.

Background. Induction plays a vital role in preparing doctors for their new roles. Crucially, some doctors are not only new to the specific role and site, but also new to the specialty (for example, Foundation Doctors and GP Trainees). In Severn, each locality takes responsibility for providing Junior Doctors with a locality-specific induction; these occur four times per year. Previous feedback from trainees in Severn was poor; as demonstrated by informal feedback and the August 2018's GMC survey results, showing some localities 'required improvement'.

Method. Pre- and post-intervention measurements were ascertained by written questionnaires for Foundation Doctors, GP Trainees and Core Trainees in Psychiatry. Baseline questionnaires were completed in August/September 2019. Five 'Plan, Do, Study, Act' Cycles were completed over the following eighteen months. Examples of the changes made included incorporating 'missed' topics (such as well-being, seclusion reviews and exception reporting) and specific information to on-call responsibilities, reducing replicated information, and touring clinical sites. These changes were coordinated via monthly meetings between Locality Trainee Leads (LTLs).

Result. There was an overall improvement in trainee's satisfaction with induction. Outcomes also included the development of an induction checklist specific to each locality and a 'gold standard' list for what local induction should involve. This is hopefully soon to be ratified by the Medical Education department and Severn Deanery.

Conclusion. Having worked on this project for over 18 months, sustainability of change remains a crucial issue. In response to this, we have established several recommendations: the LTL job role needs to be revised to include updating the written induction handbook in each locality and delivering face-to-face induction. Outgoing and incoming LTLs will plan each induction together, at least 4 to 8 weeks before the start date. Support from Medical Education regarding attendees at each induction is to be put in place. Handbooks will be shared across localities, so that the 'core' information is consistent. Ongoing feedback will ensure that Junior Doctors continue to receive a high quality and relevant induction.

Completed audit of the use of seclusion in the Approved Centre in Tallaght University Hospital following the introduction of an Integrated Care Pathway

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Aims. The Mental Health Commission (MHC) is an independent body in Ireland, set up in 2002, to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted. Guidelines on the rules governing the use of seclusion are published by the MHC. These guidelines must be followed and recorded in the patient's clinical file during each seclusion episode. A Seclusion Integrated Care Pathway (ICP) was devised in 2012 for use in the Approved Centre in Tallaght University Hospital. This ICP was developed in conjunction with the MHC guidelines to assist in the recording and monitoring of each seclusion episode. Since its introduction in 2012, this ICP has become an established tool used in the Approved Centre in Tallaght University Hospital.

The aim of this audit was to assess adherence to MHC guidelines on the use of seclusion in the Approved Centre in Tallaght University Hospital 8 years after the introduction of an ICP and compare it to adherence prior to its introduction and immediately after its introduction.

Method. Thirteen rules governing the use of seclusion have been published by the MHC. These include the responsibility of registered medical practitioners (RMP), nursing staff and the levels of observations and frequency of reviews that must take place during each seclusion episode. Using the seclusion register we identified a total of 50 seclusion episodes between August 2019 and July 2020. A retrospective chart review was conducted to assess documentation of each seclusion episode.

Result. There was an overall improvement in adherence with MHC guidelines compared to adherence prior to the introduction of the ICP and immediately after its introduction. Areas of improvement included medical reviews, nursing reviews, informing patient of reasons for, likely duration of and circumstances that could end seclusion, and informing next of kin. The range of compliance levels across the thirteen MHC guidelines improved from 3–100% to 69–100%. Post intervention there was 100% compliance with five of the thirteen guidelines.

Conclusion. The introduction of an ICP led to an overall improvement in compliance with MHC guidelines. The ICP has ensured that many of the rules governing seclusion are explicitly stated; however adjustments and revisions to the document and ongoing staff training are needed to ensure full adherence to MHC guidelines.

Preparing students for psychiatry OSCE's in the COVID-19 pandemic. How can PsychSocs help?

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Aims. The need for social distancing during the COVID-19 pandemic has led medical schools to make use of video conferencing platforms in their Objective Structured Clinical Exams (OSCE) for the first time. Additionally the suspension of OSCE's in 2020 due to the pandemic, has meant this cohort of final year students have never been examined on psychiatry skills. Our aims were to assess if our student psychiatry society (PsychSoc) run OSCE could help to prepare medical students for novel virtual stations ahead of their final examinations, and how this format of mock examination could be improved in the future.

Method. Our PsychSoc (QUB Mind Matters) hosted a virtual mock psychiatry OSCE for 24 final year medical students using the video conference platform Zoom, approximately 1 month

before their finals. The OSCE comprised 4 stations each lasting 8 minutes, and covered psychiatric history taking, risk assessment and drug counselling. Stations were marked by psychiatry trainees in individual breakout rooms to closely simulate real examination conditions. A post-event online questionnaire was distributed to all participants. 5-point Likert scales and free text responses were used to gather feedback regarding the content and delivery of the mock. A response rate of 100% was achieved ($n = 24$).

Result. The feedback from students was overwhelmingly positive, with 100% ($n = 24$) agreeing/strongly agreeing that the mock OSCE left them feeling more prepared for their final exam. 95.8% ($n = 23$) agreed that the opportunity to practice virtual OSCE stations improved their confidence, and all 24 students agreed/strongly agreed that they would like more practice of virtual OSCE stations. A common theme that emerged when asked how our mock could have been improved was the need for a group feedback session covering common pitfalls in addition to individual feedback.

Conclusion. The lack of clinical experience and shift towards online learning has led to increased stress around clinical exams in the student population. PsychSocs can supplement formal teaching by providing students the opportunity to practice virtual communication and history taking skills that are not always covered in their undergraduate curriculum. However, as a psychiatry society our mock only assessed psychiatry skills, many of which may be relatively well suited to an online format. We would welcome further evaluation of the applicability of student run virtual mock OSCE's to other specialties. We have demonstrated that PsychSocs can offer much needed practice for students through mock OSCE's and have highlighted ways to enhance their delivery.

To identify errors in prescribing practice in an inpatient psychiatric unit and improve compliance with Mental Health Commission of Ireland regulations relating to prescribing

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Aims. Prescribing errors can lead to patient harm and are a patient safety issue. In 2019 the Acute Psychiatric Unit in Tallaght Hospital was identified by the Mental Health Commission of Ireland as non-compliant with regulation 23 of the Mental Health Act pertaining to the Ordering, Prescribing, Storing and Administration of Medication. Compliance with regulation 23 is a mandatory condition for the registration of the Unit as an Approved Centre to provide treatment for mental illness in Ireland. Regular auditing was performed to identify areas of non-compliance in prescribing practices and where identified to improve upon these practices per Mental Health Commission standards.

Method. A cross sectional review of 14–18 medication Kardexes was completed monthly from August – December 2020. Kardexes were audited against 20 standards set by the Mental Health Commission. An electronic audit tool was used to collect data. Medical teams were informed of any incidences of non-compliance. Education sessions delivered by both medical staff and the ward pharmacist were provided to junior doctors and consultants regarding the Mental Health Commission regulations for prescribing. We developed information leaflets that were placed at the front of Kardex folders highlighting key

areas where errors were regularly made. Monthly staff emails were sent reminding prescribers of the importance of adhering to guidelines and updating them on the most recent audit results.

Result. Improvements were noted in all aspects of prescribing over the five-month period. Prescriptions of non-proprietary medication improved from 40% of Kardexes to 87% over the five-month period. Recording of prescriber medical registration number improved from 80% to 87% of Kardexes. Documentation of the dates of initiation and discontinuation of a medication improved from 40% to 67%. The use of appropriate patient identifiers on Kardexes improved from 93% to 100%.

Conclusion. Targeting staff across multiple domains including emails, information leaflets and education sessions resulted in consistent improvements in medication prescribing. The Mental Health Commission has since inspected the Acute Psychiatric Unit in Tallaght Hospital in 2020 and deemed it fully compliant with regulation 23 pertaining to medication prescribing.

Investigation of physician burnout and the development of symptoms of anxiety and depression: burnout in consultant doctors in Ireland study (BICDIS)

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Aims. The objectives of this study were to investigate burnout in a sample of Irish Hospital Consultants and its association with psychopathology (symptoms of depression and anxiety). We examined the effect of personality factors on the development of psychopathology in response to burnout and in relation to work-related stress among the participants.

Method. This is a cross-sectional survey, utilising validated psychometric measures. Self-reported online questionnaires were distributed to all hospital consultants registered with the Irish Hospital Consultants Association distribution list and were completed between September to December 2016. Questionnaires sought to determine demographic information; work-related characteristics; burnout related phenomena: emotional exhaustion, depersonalization, and a reduced sense of personal effectiveness (Maslach Burnout Inventory [MBI-GS]); symptoms of depression and anxiety (Depressive Anxiety Stress Scale [DASS]); and personality characteristics (Big Five Inventory [BFI-10]).

Result. A total of 477 hospital consultants (Male = 56.6%) from hospitals in Ireland took part in the study. Of those studied, 42% reported high levels of burnout. The Depression and Anxiety Stress Scale revealed that Consultants were experiencing high levels of stress symptoms but comparatively low levels of anxiety symptoms. The study population scored highest on the conscientiousness and agreeableness subscales and lowest on the neuroticism subscale. Those who scored higher in the neuroticism subtype appeared to be at an increased risk of burnout.

Conclusion. The prevalence of work-related burnout in consultants is of concern. The psychological burden of burnout is reflected in reported symptoms of stress and depression.