

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