BJPsych Open S117

Results. The survey indicated that 92% of participants had not received formal training on DV screening. In addition, 88% lacked guidance on responding to disclosures in a trauma-informed manner and only 8% believed they had training on responding to DV within diverse cultural contexts. The key themes were 'Addressing Training Gaps and Challenges', 'Practical Skills Enhancement', 'Cultural Competency and Diversity' and 'Comprehensive Understanding of Domestic Violence and Abuse'. Students expressed concerns about the lack of clear, direct education on escalating domestic violence cases. Furthermore, some medical students expressed apprehension about inadvertently re-traumatising or offending patients with a different cultural background.

Conclusion. The study highlights deficiencies in the current domestic violence screening training, emphasizing the urgent need for a more comprehensive, trauma-informed, and culturally sensitive curriculum. Recommendations include the incorporation of domestic violence education within the core curriculum and interprofessional education, survivor engagement, and challenging biases through adopting a critical pedagogy approach. These changes aim to enhance the understanding, attitudes, and practical skills of medical students in addressing domestic violence, ultimately contributing to a more inclusive and responsive medical education system.

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.

Royal College of Psychiatrists Paediatric Liaison Network: Training Initiative, 2021–2024

Dr Ashy Rengit*

Paediatric Liaison Network, England, United Kingdom *Presenting author.

doi: 10.1192/bjo.2024.323

Aims. The primary objective of this project was to gather information from psychiatric trainees across the UK regarding paediatric liaison psychiatry training. It was envisioned that a national survey would yield important information regarding trainee awareness of this sub-specialty, and their training experiences.

The secondary objective of this project was to build an online resource, that could practically address unmet training needs in this area.

Methods. A national survey was undertaken between 29th November 2021 and 17th January 2022, with trainees from RCPsych Liaison Psychiatry, and Child & Adolescent Psychiatry faculties, invited to participate.

Following this survey, the predominant themes in trainee feed-back informed the design of an online resource for psychiatry trainees interested in paediatric liaison psychiatry.

Results. Overall, 40 trainees across the UK completed the survey, detailing their views and experiences of paediatric liaison psychiatry training.

While 65% of trainees were aware of paediatric liaison psychiatry as a field, only 37.5% had exposure to the specialty. Approximately 48% of respondents were in training programs that included paediatric liaison psychiatry placements.

Common challenges in accessing paediatric liaison training included; lack of qualified trainers, limited paediatric liaison psychiatry services locally, and competing training commitments. Trainees highlighted the need for a wider network to raise

awareness of this sub-specialty, and advertise formal clinical/research opportunities.

Following this survey, an online resource was constructed with input from the wider Paediatric Liaison Network (PLN) membership, including the following features –

- Clinical opportunities Paediatric liaison psychiatry department contacts for trainees to access training opportunities.
- Research & Education Resources useful for trainees interested in paediatric liaison psychiatry.
- Careers Articles on different career pathways in paediatric liaison psychiatry.

Conclusion. Trainees predominantly reported systemic issues with accessing experience in paediatric liaison psychiatry, especially regarding training program structure and local clinical systems. It is likely that time, and the involvement of health and training providers, is required to address these issues.

However, it is hoped that building this digitally accessible initiative is a step forward in raising awareness, and supporting trainees in building positive experiences within paediatric liaison psychiatry.

Many thanks to all the psychiatry trainees, and members of the Paediatric Liaison Network, who supported this digital project with their feedback. For further details on this initiative, please visit – https://sites.google.com/view/plntrainees/pln-home.

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.

Enhancing On-Call Preparedness Among Junior Doctors in Psychiatry: A Comprehensive Bootcamp Approach

Dr Ananya Santosh*, Dr Praveen Kumar and Dr Susan Brown New Craig's Psychiatric Hospital, Inverness, United Kingdom *Presenting author.

doi: 10.1192/bjo.2024.324

Aims. The Psychiatry Bootcamp at a psychiatric hospital was developed to address the unique and diverse challenges faced by new trainees, including Foundation Year Doctors, General Practitioner Specialty Trainees, Core Psychiatry trainees and Broad-Based Trainees, during their rotations in psychiatry in the Highlands, Scotland. The aim was to enhance their core skills and confidence levels, ensuring they are well-prepared for their first on-call shift. This initiative seeks to complement the existing induction program, specifically targeting areas of acute medical and psychiatric emergencies and care, that are critical for on-call duties.

Methods. Since its launch in 2022, the Psychiatry Bootcamp has been conducted quarterly, aligning with new doctor rotations. Held at the Medical Education Centre/Psychiatry Hospital, this one-day intensive training accommodates an average of 10 participants per session. The program, delivered by consultants, specialist nurses, and senior trainees, comprises tutorials, practical skills sessions, and simulated scenarios, focusing on key areas like the Mental Health Act, psychiatric risk assessment, wound management, resuscitation guidelines, and rapid tranquilisation.

A pre-test is administered to gauge participants' baseline knowledge and skills. Feedback is also collected immediately after the session and 3–4 months later. This ongoing feedback,