

intervention to improve emotional regulation and to reduce violence.

11. Triangle of Care: Carers strongly encouraged to attend ward rounds and care planning from the very beginning of a patient's journey at Nile Ward using a triangle of care approach.

Results. Between December 2019 - December 2020, Nile Ward reduced violence in the ward by 35% and the MDT continued to make further innovations to reduce violence further, as demonstrated in this poster.

Between December 2020 - December 2021, Nile Ward reduced violence in the ward by 51%.

Further details about the results will be published in the poster.

Conclusion. Nile Ward has successfully implemented innovative interventions using a QI methodology to successfully reduce the level of violence and serious incidents in the ward by 51%. The number of rapid tranquillisations and use of restrictive interventions such as restraints has reduced significantly. Our patients are able to recover in a safe environment and their feedback is testament to their positive patient experience during their inpatient stay. Reduced verbal and physical assaults on staff have improved staff confidence, retention, well-being and overall satisfaction. Our work has been recognised internationally through the delivery of keynote presentations at conferences National Association of Intensive Care Unit (NAPICU) National Conference 2021 & the Royal College of Psychiatrists National QNPICU Conference 2021 to discuss their Violence Reduction best practices with mental health teams in the United Kingdom and abroad.

A Survey Exploring Gendered Racism Experienced by Junior Doctors Working in Psychiatry

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Aims. To measure rates of racism experienced and witnessed by Junior Doctors working at Derbyshire Healthcare NHS Foundation Trust.

Methods. Surveys were sent out via e-mail and WhatsApp to all Junior Doctors from 22 November 2021 to 1 December 2021.

Questions asked about personal experiences of racism, witnessing racism to/from patients and/or staff whilst working in Derbyshire, knowledge of how to report incidents and if routinely reported. Doctor race and gender recorded.

Results. 88 Junior Doctors contacted. Response rate 55% (48 out of 88). 63% female, 35% male and 2% gender undisclosed. 37.5% White, 12.5% Black, 37.5% Asian, 6.3% Mixed-race, 4.2% Arab or other ethnic group and 2% Race undisclosed. 13% of doctors experienced racism from staff: 75% of the Black female population, 50% of the Black male population, 8% of the Asian female population and 17% of the Asian male population. 27% of doctors experienced racism from patients: 50% Black female population, 50% Black male population, 58% Asian female population, 16% Asian male population, 100% Mixed-race female population and 1 Race unspecified male. 13% of doctors witnessed racism from staff to other staff: 75% Black female population, 50% Black male population, 11% Asian female population and 16% Asian male population. 63% of doctors witnessed racism from patients towards staff: 75% Black female population, 50% Black male population, 67% Asian female population, 33% Asian

male population, 100% of the Mixed-race population, 58% White female population, 83% of the White male population and by 1 male Race unspecified. Two reports of racism witnessed from staff towards patients. 50% of doctors do not know how to report racism. 54% of doctors would report racism if they knew how.

Conclusion. Black, Asian, and Minority Ethnic (BAME) Junior Doctors are disproportionately affected by racism with female gender as an additional vulnerability. Mixed-race females, Asian females, and Black doctors gave highest reported experience of racism from patients. Black doctors gave a higher reported experience of racism from staff and reported witnessing the most racism from staff towards other staff. Mixed-race and White male doctors represent a high number of those that witness patients be racist towards staff. Additional support is required in encouraging allyship, confidence and ability to report racism.

Co-Produced for Use: Developing an Information and Symptom Self-Management Resource for People With Functional Neurological Disorder (FND)

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Aims. Patients with Functional Neurological Disorder (FND) often endure low quality of life. Understanding the diagnosis is critical to management, but patients with FND do not always receive appropriate information about their condition. The patient journey through healthcare services can be complex, with often long waits for specialist attention. Creating psychoeducation resources for patients is important to improve patient experience and outcomes. We developed a symptom self-management patient education booklet with an FND symptom recording template, using a co-production model, in a community neuropsychiatry setting.

Methods. We used co-production as part of a quality improvement project (QIP) at East Kent Neuropsychiatry Service, to produce a patient education booklet with symptom self-management information and a symptom recording template. The QIP cycle involved input from 11 participants. Initially, 3 medical students and 4 multi-disciplinary team members adapted an existing booklet, removing medical jargon and simplifying diagrams. The adapted booklet was distributed to patients with FND who were attending psychoeducation/Cognitive Behavioural Therapy group sessions. One week later, four patients discussed the booklet with a medical student facilitator; both quantitative and qualitative feedback was obtained. Feedback was gathered using an adapted 20 point Ensuring Quality of Information for Patients (EQIP) tool. Patient responses were recorded, and qualitative themes identified.

Results. Four themes were found from qualitative feedback during co-production: need for a glossary; an expanded resource list; more diagrams to simplify text; and for the booklet to also address family, friends, and carers. The EQIP questionnaire feedback emphasised that the booklet contained too much medical jargon and that it didn't personally address the reader. On average