

We were keen to offer a varied program within the broad domains affecting engagement and we were delighted to be able to secure an exciting line-up of speakers both from within the Trent region and from further afield.

Results. The conference proved so popular to sign up to that it had to be closed early. The conference gathered excellent feedback from participants, with 100% of trainees rating the conference overall as “good” or “excellent.”

Conclusion. The Trent PTC hopes to run the conference again in the coming year, we hope it will become a regular fixture in the RCPsych Trent calendar, to ensure that trainees are kept at the heart of division planning. This project spearheaded by trainees for trainees to improve trainee engagement and support exemplifies collaborative leadership.

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Provision of Climate Emergency Teaching for Psychiatry Trainees: A Deanery Wide Quality Improvement Project

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Aims. In 2021, The Royal College of Psychiatrists declared a climate emergency, stating that “The disruption to life posed by climate and ecological degradation is a crisis which presents an unprecedented threat to human health”. In 2022 the College released an updated curriculum for both Core Trainees and Higher Trainees, which included the requirement that trainees “demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice”. We aimed both to understand whether Core Psychiatry Trainees (CTs) are meeting the new sustainability curriculum requirements and to increase awareness of the connections between the climate crisis and mental health.

Methods. We used an electronic questionnaire to survey CTs baseline understanding of the climate emergency and sustainable practices in psychiatry, with reference to clauses included in the 2022 curriculum and Silver Guide. An educational module on the climate emergency was planned and delivered to CTs in 2022 and 2023. Content included sustainable practices in psychiatry and the relevance of the climate crisis to mental healthcare. Feedback was gathered afterwards.

Results. The questionnaire showed 44% of CTs surveyed disagreed or felt neutral that they could demonstrate an understanding of the principles of sustainability and 56% disagreed or strongly disagreed that they understand how the mental healthcare system can work to reduce potential negative impacts of healthcare on the environment. Feedback from the initial teaching day in 2022 included the following suggested improvements 1) Highlighting the relevance to psychiatry 2) Holding the day in person 3) Avoiding sessions with too many facts. These suggestions were incorporated into the second teaching day, along with the new College Silver guide curriculum requirements. 32 CTs attended the second teaching day (16 in person and 16 online), with some overlap in attendees from the previous year. Feedback from the second day was very positive. Respondents particularly found the session on young people and eco-distress

useful, and reported finding the day ‘educational’, ‘insightful’, ‘practical’ and ‘accessible’. Further suggested improvements were to incorporate a nature based intervention into the day.

Conclusion. Our findings showed psychiatry trainees find educational sessions on the climate crisis and psychiatry necessary and useful for their practice. This project gives an insight into how to provide this teaching in way that is reflective of the scale and urgency of the issue whilst also providing practical advice, optimism and active hope for the future.

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Supporting Well-being and Resilience: Delivering Interactive Workshops for Psychiatry Core Trainees

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Aims. Stress and burnout is increasingly recognised as an issue for doctors in training. The 2022 General Medical Council (GMC) National Training Survey revealed that 39% of respondents were suffering from burnout to a ‘high’ or ‘very high’ degree. 51% felt their work is emotionally exhausting. There are multiple sources of stress for psychiatry trainees, including clinical demands, adverse events, the impact of emotional labour and moral injury. The Royal College of Psychiatrists recognises the importance of supporting trainees’ well-being; this has been reflected with the inclusion of personal well-being-focused key capabilities in the new Core Psychiatry Training curriculum.

Methods. To meet these needs, we developed and delivered two interactive face-to-face workshops for Year 1 Core Psychiatry Trainees (CT1s) in the West of Scotland. Training is embedded within the CT1 educational programme and facilitated by higher trainees. The sessions cover key aspects of well-being, including the physiology of stress, risk factors for burnout and the evidence base for developing resilience. We explore the impact of errors on doctors and the health service, relevant clinical governance systems and regulatory policies, focussing on psychiatry training issues. Feedback was obtained immediately after each session via anonymous questionnaire with a mixture of Likert scale and free text responses.

Results. There were 27 responses for workshop one and 21 for workshop two. 14 respondents felt the teaching should be mandatory for core training. There was mixed opinion regarding the overall benefit and optimum timing of the sessions within the training year. Overall, CT1s valued group discussions and wanted more time for this with less focus on GMC policy. There was also split opinion on the value of discussing institutional responses to errors, including significant adverse event reviews and Datix reporting.

Conclusion. Our feedback showed differing opinions on which topics should be covered during the training and their level of detail. Overall, the opportunity for group discussion – in order to share experiences with peers – appeared to be valued most. We feel the sessions provide new CT1s with an opportunity to explore problems they may encounter in a safe and supportive environment.

We aim to provide trainees with a ‘toolkit’ to support their personal well-being within the workplace, as well as demystifying

clinical governance systems. We plan to further develop our course materials based on our feedback, and deliver the workshops again in 2023.

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Improving the Interface Between Substance Misuse and Mental Health Services by Equipping Junior Doctors Working Within Mental Health Services, With Tools to Help Improve Competence in Assessment and Management of Dual Diagnosis (co-Occurrence of Substance Misuse and Mental Health problems)

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Aims. Dual diagnosis (i.e. co-occurrence of substance misuse and mental health problems) is a norm rather a rarity making it vital for service users to receive high quality, patient focused and integrated care. That being said, patients with dual diagnosis often feel excluded from services with neither of the services taking overall responsibility. Lack of broad spectrum of expertise required to treat both conditions, has been identified as reason for gaps in service provision where NICE guidance emphasizes the need for staff training and supervision. This was highlighted during survey with doctors in LPT as baseline assessment to assess training needs. This project aims to upskill junior doctors in the assessment and management of patients with Dual Diagnosis by delivery of a training package to each round of junior doctors during the induction period. The training package includes an ebook as pre-requisite for attending induction followed by teaching and short video clip. The training module aims to: 1) afford junior doctors the opportunity to assess and manage patients with dual diagnosis effectively. 2) minimise prescription errors, missed diagnosis and missed referrals to substance misuse services 3) improve compassion and reduce stigma

Methods. Training package was delivered to new cohort of junior doctors Jan 2023 during their induction period.

We used pre teaching and post teaching questionnaires a means to measure the change in level of confidence that the junior doctors experienced across three domains:

1. Assessment of service users for substance misuse
2. Using validated tools for screening of service users for substance misuse
3. Making referrals to appropriate services using substance misuse pathway.

Results. 14 responses have been collected from junior doctors to date.

There was an improvement in level of confidence from across the three main domains.

In carrying out assessment for substance misuse, 86% reported "somewhat confident" (after teaching) compared to 7.1% (before teaching).

In using validated tools, 78% reported "somewhat confident" (after teaching) compared to 7.1% (before teaching).

In making referral to substance misuse services, 64% "somewhat confident" (after teaching) compared to 14% (before teaching).

Conclusion. The training package helped in improving the confidence level of junior doctors in carrying out assessment, using validated tools and making referral to substance misuse services. However, whether this translates to making them adept at assessment and management of substance misuse will need to be corroborated by measuring prescription errors and number of referrals to substance misuse services.

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Improving Emergency Psychiatric Training Experience for Core Trainees in Southwest London

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Aims. To improve emergency psychiatry experience for Core Trainee doctors in Southwest London in accordance with the Royal College of Psychiatrists curriculum requirements.

Methods. A scoping questionnaire was sent to all core trainees over a 3-month period (February 2022-March 2022) regarding on-call commitments. This incorporated evaluation of emergency psychiatry experience which was provided through Crisis Assessment Team (CAT) on-call shifts. Direct responses were utilised in conjunction with the feedback from the Junior Doctor Forum and engagement with trust senior management to promptly identify and implement alternative provision of this training need. This resulted in On-call Core Trainee emergency cover being changed from CAT to the Liaison service.

A second questionnaire was then sent over a further 3-month period (November 2022-January 2023) to trainees participating in liaison shifts to evidence outcome.

Results. From the initial questionnaire a total of 93 responses were collected, with 19 from CAT shifts. Of these, 42.1% indicated they found it was useful in meeting the training need of emergency experience. 47.3% reported no assessments or admissions to the unit over the shift.

From the second questionnaire a total of 22 responses were collected from liaison shifts. 77.3% reported the shift to have been useful in meeting the training need of emergency experience. 100% of respondents reported exposure to a wide range of emergency psychiatric presentations over their shift. 63.6% also reported feeling their confidence had improved in managing emergency psychiatric scenarios independently in the future.

Overall, this showed a 35.2% increase in trainee satisfaction that their emergency psychiatric training need was being met following the change to on-call arrangements.

Conclusion. Emergency Psychiatric experience is a curriculum requirement and is vital in preparing for higher training. Consultation with trainees has been used to drive change with evidence of improved exposure to emergency psychiatry, increased trainee satisfaction and enhanced clinical confidence. This has highlighted the benefit of involving trainees in devising provision of training opportunities in this trust and would be recommended in training schemes nationally.

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