

may be unfamiliar with handling emergencies on psychiatric wards and the nuanced limitations in providing medical care.

**Methods.** Scenarios were written in consultation with speciality experts and allied health professionals including mental health nursing, dietetics, and pharmacy. The course is written to enable participants to explore the intersection between physical and mental health, and the practical and social implications of an individual's mental and physical condition on provision of care. Alongside debriefing technical and non-technical learning objectives, participants reflected upon the wider determinants of each patient's current physical and mental state and discussed ethico-legal considerations such as patients' legal status, capacity to consent, and practicalities of transferring patients between services and facilitating holistic care.

**Results.** The pilot course took place on July 4<sup>th</sup> following consultation with stakeholders including senior simulation and education leads within the Trust, and deanery Training Programme Directors, to ensure the course was formally endorsed to allow participants to apply for study leave to attend. Post-course feedback was collected through use of Likert-scales and white space questions; the response was highly positive and showed the programme met its aims and filled a training need. Feedback showed increased confidence managing integrated physical and mental health issues and balancing conflicting priorities with increased understanding of practical and social implications of mental and physical condition on provision of care.

**Conclusion.** Next steps involve collaboration with service users to allow accurate representation of the unique needs of a diverse population, and potential use of actors to sensitively and ethically portray simulated patients. Local psychiatry training schools could be approached to consider formal implementation of the course within academic programmes, in addition to potential reformulation of scenarios for use in established courses at the host site such as Undergraduate or Foundation training days.

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## Evaluation of the Extended Induction Programme for International Medical Graduate Core Psychiatry Trainees in CNWL

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doi: 10.1192/bjo.2024.315

**Aims.** International Medical Graduate (IMG) doctors make up a significant proportion of the British medical workforce. In 2022, 26% of doctors in training graduated outside the UK. Psychiatry was one of the most frequently chosen specialties by IMGs. Doctors joining the NHS face several challenges such as differential attainment and discrimination. Increasing recognition of such issues led to the recent publication of a national guidance for IMG induction. In 2021, CNWL appointed an IMG lead to design and implement a comprehensive induction and ongoing support programme for all IMG doctors joining the trust. The first induction for new IMG core trainees consisted of six sessions and included a mixture of communication skills workshops and tutorials. It started in February 2021 and was delivered over four weeks. Since then, the programme has run twice a year with each intake of new core trainee doctors.

**Methods.** Nineteen CNWL IMG core trainees who participated in the induction programme between 2021 and 2023 were invited to complete an online survey. The data was collected between December 2023 and January 2024. It consisted of Likert scale ratings of the content of the programme, its relevance, and its impact on trainees' confidence. The usefulness of each session was also measured. Trainees were encouraged to provide free-text comments with suggestions for improvements.

**Results.** Sixteen out of nineteen trainees submitted responses. There was a consensus amongst all trainees that the induction covered essential topics. Fifteen out of sixteen participants felt more confident in their role after the sessions. The first communication skills workshop covering history taking and mental state examination was considered to be the most useful with twelve participants rating it as excellent. The workshop on managing conflict with simulation scenarios was ranked second most helpful. Tutorials on NHS structure and a training portfolio did not receive as high ratings. Areas for improvement highlighted in free-text answers were: adding more face-to-face sessions and discussions about on-call scenarios.

**Conclusion.** Transition into NHS can be a challenging experience for doctors at all stages of their careers. However, early intervention and a comprehensive induction programme appear to have had a positive impact on new trainee doctors' confidence and preparedness for work. The programme's structure and the sessions content were modified in response to feedback. Additionally, individual support sessions and a writing group were organised for trainees and SAS doctors.

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## Enhancing Educational and Clinical Trainer's Support and Experience: A Quality Improvement Initiative

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doi: 10.1192/bjo.2024.316

**Aims.** The GMC Trainer's survey 2022 identified nearly two in ten (18%) trainers do not agree that their employer provides a supportive environment for everyone regardless of background, beliefs, or identity. A striking 52% of doctors working as trainers are identified as being at moderate to high risk of burnout. Surrey and Borders Partnership NHS Foundation Trust (SABP) has 63 active educational and clinical trainers.

We aim to enhance the overall experience of Educational and Clinical Trainers in SABP by gaining insights into their views and experiences and identifying key areas for improvement to support trainers in their roles, thereby contributing to a more resilient healthcare workforce.

**Methods.** We devised a 16 item questionnaire to gather anonymous data on trainers' experiences and views in their roles. Our study utilised an observational quantitative and qualitative cross-sectional design. Data capture was done on Microsoft Forms and analysed using Excel.

**Results.** We had 70% response rate, 90% agreed or strongly agreed they had adequate support and training, 95% feel able to fulfil educational CPD for appraisal however only 83% were able to complete reflections on trainee feedback. 93% agreed or strongly

agreed that they enjoy being a trainer but only 67% agreed or strongly agreed that they knew how to access support if they felt burnt out. Only 43% felt that they had adequate time in their schedule to provide supervision. Analysis of responses stratifying International medical graduates and years of experience being a trainer did not identify additional needs.

**Conclusion.** Effective trainers are fundamental in shaping future doctors. Our survey results highlighted that a high percentage of trainers enjoy their role. Based on the results, strategies were identified to improve support that can be implemented through trainers' drop-in sessions, advertising trainers' training sessions with more notice and developing the resources on the intranet including improving content and adding videos of training sessions. We also identified that appraisal and revalidation requirements for trainers, trainee surveys needed to be better advertised to improve feedback rates. We recommended that a document on the online appraisal platform (SARD) be added to clarify the requirements for appraisal and revalidation, and how these can be met. We suggested that Associate Medical Directors consider the need to ring-fence time for educational and clinical trainers in their job plans.

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### Addressing an Identified Need: Training in Serious Incidents Investigations and Coroner's Inquests for Psychiatric Trainees in Kent and Medway NHS and Social Care Partnership Trust (KMPT)

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doi: 10.1192/bjo.2024.317

**Aims.** Navigating a Serious Incident (SI) investigation and participating in a Coroner's Court proceedings can pose challenges for psychiatry trainees. The Higher Training curriculum emphasizes active participation in activities that enhance patient safety and care quality. This project aims to enhance patient safety and trainee confidence by improving training on SI investigations and Coroners Court proceedings.

**Methods.** Using Quality Improvement (QI) methodology, in the first cycle an initial survey was distributed to all psychiatry trainees and middle grade doctors working in Kent and Medway (n = 67) to establish baseline knowledge and confidence levels in areas related to risk assessment & management, SI investigations and Coroner's Inquests.

In response to the identified need for training, we organized the Initial Training Event with support from Deputy Chief Medical Officer for Quality and Safety, Patient Safety Team and Medical Education Department. The half-day, in-person event was opened to all doctors and featured 5 sessions: Serious Incident Investigation Process, Thematic Review of Suicides, Systems Engineering and Human Factors in Patient Safety, Learning from Mortality and Structured Judgement Review along with 'Being Involved in Investigation – An Investigator's Guide'. Data from a survey of attendees (n = 47) informed the development of a tailored training session for psychiatry Core and Higher Trainees.

**Results.** The initial survey received 32 responses (response rate: 47.76%). 71.88% of respondents had little to no understanding

of SI investigation processes. Remarkably, 87.5% expressed strong interest in receiving training on conducting SI investigations. 90.62% were extremely or very interested in receiving training on participating in a Coroner's Inquest.

47 doctors attended the Initial Training Event. 30 responded to the feedback questionnaire (47.76%). All doctors found the training useful, with over 90% rating it 'very' or 'extremely' useful. 97% felt that the training would improve their clinical practice in terms of patients' safety. After the training, 60% understood the process of conducting an SI investigation a moderate amount; 33.33% understood the process a lot or to a great extent. Nevertheless 92.86% felt a need for additional training in SI investigations. 63.33% suggested making training available yearly, and 36.67% favoured making it mandatory training.

**Conclusion.** This project identified a significant need for training in SI investigations and Coroner's Court proceedings among psychiatric trainees. An Initial Training Event developed from the first QI cycle survey data received positive feedback. The next phase involves developing a tailored training program that addresses identified knowledge gaps. Further considerations include making this training a regular event.

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### Evaluating the Training the Trainer Course for Psychiatry Higher Trainees in the West Midlands

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doi: 10.1192/bjo.2024.318

**Aims.** The Royal College of Psychiatrists sets out 'Education and Training' as one of the High Level Outcomes (HLOs) in its GMC approved curriculum for higher speciality trainees in Psychiatry. The West Midlands (WM) School of Psychiatry runs a well-established 3-day Training the Trainer (TTT) course to support acquisition of teaching skills and key capabilities to help prepare trainees to become trainers as Consultants.

We aim to explore the views and attitudes held by WM Psychiatry higher trainees towards the current TTT course and other teaching opportunities available across the region.

**Methods.** An anonymous online scoping survey was sent to all WM Psychiatry higher trainees, via Microsoft Forms, in January 2023. This comprehensive survey included questions on the trainees' awareness of the TTT course and available teaching opportunities, as well as support and barriers in accessing these. We designed dichotomous, rating and free text questions to generate both quantitative and qualitative data.

**Results.** Key findings of the survey included:

- 27 out of 40 trainees responded. All subspecialty training programmes were represented.
- Many trainees were aware of the WM TTT course (81%). No trainees had accessed private TTT courses.
- Most trainees felt the current available opportunities allowed them to meet the curriculum requirements (82%) and felt their supervisor could provide support in gaining teaching experiences (93%).