

- Resources (finance)-Expensive to support Simulated patients. We used COVID-19 recovery funds and constructed purpose-built SIM rooms in education centre, which adds to fidelity

Conclusion. Feedback: Excellent feedback received with positive comments about supportive learning, SIM facilities and debriefing.

Despite being highly resource intensive, simulation is a powerful, unique, and valuable method of training in Psychiatry. Availability of resource will continue to pose challenges, but use of digital Immersive technology and focussing on relevant areas in line with National vision strategy and with identified groups- Induction, SuppoRTT, new to NHS, Remediation, CASC preparation and enhancing capacity of learning environment where there are gaps may be a good starting point. Use of MDT integrated scenarios can offer more fidelity.

Future identified areas will be

- CTIs-Physical health skills (refresher), history taking, MSE, handover. Emergency scenarios- NMS, lithium toxicity, cardiac complications due to clozapine
- Higher trainees- Mental health act assessments, supervising doctors in training/members of MDT. Charing team meeting, handover, breaking bad news, presenting in a coroner's court

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Learning From Serious Incidents - Support Programme for Trainees

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Aims. A significant number of Psychiatrists will experience a serious incident (SI) whilst in training. CNTW Trainee Led Implementation Committee (TLiC) felt that the trust SI reporting process and support offered for trainees was inconsistent, anxiety provoking and at times insensitive. We decided to review existing processes to support trainees through SIs and develop a programme that addresses these areas.

Aims of programme. Improve trainers' confidence in supporting a trainee involved in SI. Establish robust mechanisms to support trainees involved in SI

Methods. The SI medical education quality team with a trainee representative, set up a comprehensive programme to address above objectives.

- Process: System for weekly notifications of incidents from trust safety team and producing a useful algorithm to decide thresholds for reporting to Live flow (Health Education North East). Trainee notification of incidents via their named Clinical and Educational supervisors.
- Trainers support: Produced a template that would form basis of discussion with trainee covering educational and governance areas, resources and support offered- uploaded to trainee's portfolio/form R for ARCP review. Workshop conducted for trainers to enhance their knowledge in supporting trainees.
- Trainee support: Rolling training programme for trainees- sessions from trust SI team, trainee sharing personal experience of involvement in SI, Coroners Inquest by trust Legal department and Interactive Human factor approach-based case studies. Ongoing support from trust safety team- immediate (team

debriefing, after action reviews) and long-term support (SI panel and legal representation) offered to all trainees. Learning opportunities offered - observing coroners and joining SI panels.

Results. We have run 5 trainee days since 2019- attended by 79 trainees in total.

- All sessions rated excellent. Sessions of trainee's perspective, legal perspective and case study discussions being rated the best.
- Almost all trainees felt that the session would have a significant impact on their clinical practice- in particular contemporaneous documentation reflecting decision making. Many felt the need for an informal peer support group that they could access.
- Workshop for trainers was also rated good/excellent

Conclusion. Creating a culture which supports reporting concerns around safety and focuses on learning is crucial. Trainers often feel ill equipped to support a trainee. Our programme which now includes a peer support group provides a comprehensive and systematic package to help address all these areas and promote a culture of openness with quality and safety being the top priorities, right from a grass root level.

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Improvement of Trainee Engagement With the Royal College of Psychiatrists (Trent Division)

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Aims. The Psychiatric Trainees Committee (PTC) is a national community of psychiatric trainees comprised of representatives from all College areas. Over our recent term, Dr Deepa Krishnan, Dr Kris Roberts and Dr Emma McPhail covered the Trent region. In addition to national roles, we were keen to encourage trainees to engage with the PTC to improve trainee advocacy in line with National PTC strategy. Engaged and supported trainees are vital for ensuring good standards of patient care, and for safeguarding the future of the workforce in terms of recruitment and retention, which further intersects with ongoing quality and provision of patient care. The agreed aims, which were agreed with the RCPsych Trent Executive Committee, were formulated in-line with the national PTC priorities for 2021–2022: 1, to enhance communication, visibility and reach of the RCPsych within trainees in the Trent region; and 2, being mindful of challenges around recruitment and retention in psychiatry training posts, to improve education and support for trainees.

Methods. Using quality improvement methodology, we hypothesised there to be two aspects to trainee engagement. These were conceptualised in two ways: emotional engagement (meaning feeling supported, valued, and promotion of well-being); and intellectual engagement (meaning cognitive stimulation, recognition, and access to opportunities to develop knowledge).

A free, online trainee-specific conference, the first of its kind in the Trent Division, was agreed as an intervention to address trainee engagement across both domains. Because it was run "for trainees by trainees", we were able to tailor the content to be specifically helpful and relevant to trainees.