

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-traumatizing 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 feedback 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,

systematically gathered since 2022, has been pivotal in continuously refining the curriculum and teaching methods, ensuring they remain up-to-date and effective.

Results. The bootcamp demonstrated notable success in enhancing the preparedness of new psychiatry trainees for on-call duties. Post-course evaluations revealed an improvement in participants' confidence levels when managing psychiatric emergencies and various on-call situations. Through the practical and interactive nature of the training, trainees reported a deeper understanding of acute psychiatric care and an increased ability to apply theoretical knowledge in real-life scenarios. The hands-on experience with simulated scenarios was particularly effective in bridging the gap between classroom learning and clinical practice. Trainees expressed greater comfort in handling challenging situations, such as rapid tranquilisation and emergency detention under the Mental Health Act, which were previously areas of concern.

Conclusion. The Psychiatry Bootcamp represents a targeted and effective approach to preparing new psychiatry trainees for the demands of on-call duties. By focusing on key areas of need and employing a variety of teaching methods tailored to enhance practical skills and confidence, the bootcamp successfully addresses the gap between theoretical knowledge and clinical application. Preliminary feedback underscores the value of such programs in psychiatric education, suggesting that this model could be beneficial for similar settings seeking to improve trainee preparedness and overall patient care quality.

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.

Bringing Simulation-Based Education in Psychiatry Into the Virtual Sphere

Dr Thomas Scurr^{1*}, Dr Abdallah Abdelkerim², Dr Jessica Scott³ and Mr Stephen Haupt¹

¹Devon Partnership Trust, Exeter, United Kingdom; ²Devon Partnership Trust, Barnstaple, United Kingdom and ³Livewell Southwest, Plymouth, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.325

Aims. Simulation-based education (SBE) is widespread in both undergraduate and postgraduate medical education, but less frequently in psychiatry. Despite this, the relatively small evidence base suggests high levels of participant satisfaction and educational benefit from SBE in psychiatry. Bringing SBE into the virtual environment presents another set of challenges we identified both through current medical education research and through our own experience. Our poster will demonstrate our current model of virtual simulation, the evidence base we used to develop this, and the feedback we have had from this new venture.

Methods. Background – As part of our undergraduate CAMHS teaching, where students spend 1 week within our service as part of a 3-week psychiatry clinical placement, we provide a single session of CAMHS SBE. This is delivered by 2 facilitators and a professional medical actor providing the role of the adolescent patient. Our virtual simulation teaching session has now been integrated into our teaching program. We have developed this session in line with current medical education research, and have presented this at the Annual Medical Education Conference and integrated feedback on our session into the current model.

Results. We have successfully adapted this session to be delivered remotely, and have received overwhelmingly positive feedback from our students, citing improvements in their confidence and learning after our session. Along with the challenges to engagement, participation, and patient involvement of remote teaching, we further adapted our session to accommodate increased numbers of students attending – a national trend. However, from current research and our experience, there are also benefits to both educators and students from virtual SBE.

Conclusion. Our results show that simulation can be used effectively in psychiatry through virtual media to expand student clinical experience and provide excellent educational opportunities. We present our model for virtual SBE and the evidence base we have used to develop this session, along with the feedback we have had from students, staff, and teams across the country.

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.

Tailored CAMHS Educational Sessions for Primary Care Staff

Dr Anna Sherratt^{1*} and Dr Michael Foster²

¹Midlands Partnership NHS Foundation Trust, Telford, United Kingdom and ²North Staffordshire Combined Healthcare NHS Trust, Stoke-on-Trent, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.326

Aims. To develop and evaluate a tailored teaching session for local non-medical primary care staff on common CAMHS (Child and Adolescent Mental Health) conditions. It was hypothesised that quizzes administered before and after the educational session would evidence an improvement in clinician's knowledge of these clinical presentations.

Methods. Invitations were extended to all local PCNs to attend educational sessions held on four separate occasions in December 2022 and January 2023. Multiple choice quizzes were administered before and after a presentation on four common CAMHS conditions. The presentation and quizzes covered the presentation, diagnosis, and management of autism, eating disorders, depression and emotional dysregulation. Quizzes were scored out of a maximum 16 points with four questions per clinical condition. A paired T-test (following tests for normal variance) was performed using JASP software to compare the before and after scores.

Results. A total of 22 non-medical clinical staff attended the sessions. This included physician associates (n = 1), allied health professionals (n = 5), practice nurse (n = 3), care coordinator (n = 3), health care assistant (n = 4), social prescriber (n = 1), mental health practitioner (n = 3), advanced clinical practitioner (n = 1) and advanced nurse practitioner (n = 1). For the 22 pairs of quizzes, mean differences and 95% confidence intervals (CIs) were calculated between before-and-after scores. The mean difference between total score was 6.9 CI [6.1, 7.7] which was statistically significant (p < 0.001).

Conclusion. More than 31,000 additional staff have been recruited into healthcare roles at general practices across the country since 2019 to meet soaring demand for primary care services. Since the pandemic record numbers of children and adolescents are presenting with mental health difficulties, therefore, it is likely that primary care clinicians will encounter these