

Aims. Wales is the only member of the home nations without Specialist Eating Disorders Training (SEDT) and does not currently have any Specialist Eating Disorder Units (SEDU). This has resulted in varied exposure and experience to eating disorder (ED) psychiatry within psychiatrists working in Wales. Patients with ED have the highest mortality out of all conditions in psychiatry and with hospital admissions for ED on the rise it is important that we understand current attitudes towards ED and use this data to improve understanding and services provided for these patients.

The aims of this project are to

1. Gauge the experience and knowledge of eating disorders of psychiatrists in Wales.
2. Examine attitudes towards management of different risks and which individuals should manage what aspects of care regarding eating disorders.
3. Identify future avenues of development for eating disorders services in Wales.

Methods. An online survey was sent to the 518 members in the Royal College of Psychiatrists in Wales mailing list identifying their current position within psychiatry, experience in working with ED patients and then different questions regarding their attitudes towards ED, ED management, their opinions on development of SEDT posts and their opinions on the development of SEDU in Wales.

There were 36 anonymous responses from doctors working in or around psychiatry in Wales. Responses were collected between March and April 2022 with the survey taking on average less than 5 minutes to complete.

Results. 36 individuals answered the survey with consultant/SAS (Senior) level doctors making up 69% of responses, the remaining 31% being psychiatry or GP trainees. Senior doctors mostly comprised general adult or CAHMS specialists, but other specialities were also present. 75% of responses reported some expertise in ED. 50% reported they were confident in the management of ED however there were varying responses when asked about the management of physical health in ED. 89% of responses indicated they would like to see the development of ED psychiatry posts and 78% of responses would like to see the development of SEDU in Wales for severely ill patients.

Conclusion. Many of the responses indicated some exposure to ED however 50% of responders did not feel confident in the management of ED. The development of ED psychiatry posts and SEDU would likely aid in increasing confidence of ED management.

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.

From Virtual to In-Person Teaching After COVID – Face-to-Face Simulation Gives Greater Improvement in Confidence and Satisfaction

Dr Daniel Di Francesco^{1*} and Dr Alexandra Colombo-Sansom²

¹Sussex Partnership NHS Foundation Trust, Hailsham, United Kingdom and ²Sussex Partnership NHS Foundation Trust, Brighton, United Kingdom

*Presenting author.

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Aims. To adapt a virtual simulation training session for junior doctors, developed during COVID, to an in-person format.

To compare self-reported differences in knowledge and usefulness of the session across the two formats.

Methods. Initially a virtual simulation training session was developed and run in the induction program for junior doctors rotating onto psychiatry. This involved a series of 10-minute simulations tackling 5 emergency scenarios:

Using section 5(2); Acutely agitated patient and rapid tranquilisation; Neuroleptic malignant syndrome; Alcohol withdrawal and detoxification; ligature injury.

Written briefs were constructed and standardised actors delivered the content through a video call with the doctors. A facilitator was able to provide key data, including NEWS scores and exam findings. This was followed by a ten minute debrief, giving feedback on communication, and discussion around the key learning points.

After COVID restrictions were eased, this programme was adapted to a face-to-face format. New, Trust-specific, resources were developed – paper NEWS charts, drug charts, alcohol detoxification pro-forma, and section 5(2) paperwork, which were made available to the candidate during the scenario.

Self-reported scores were collected in the virtual (N = 117) and face-to-face (N = 19) sessions across several domains: in the usefulness and relevance, improvement in knowledge, and overall benefit of the teaching programme, as well as free-text feedback.

Results. Scores were collected on a 5-point Likert scale, (from 1 - strongly disagree, to 5 - strongly agree) and a mean score was calculated, and p value calculated with a two-tailed Mann Whitney U test. The scores showed improved ratings in the face-to-face sessions across all domains - improvement in knowledge (from 4.2 to 4.6; p = 0.0005), and overall satisfaction (from 4.18 to 4.63; p = 0.00036), usefulness and relevance (from 4.06 to 4.68; p = 0.053, though this last domain did not reach statistical significance).

Free text feedback highlighted the positive aspects of the pacing, organisation and delivery of feedback from actors and facilitators.

There were also suggestions for improvement - to adapt the scenarios to better capture the wide variation in doctors' previous experience of psychiatry, and to reduce the group sizes.

Conclusion. A simulation teaching session developed during COVID was successfully transitioned to a face-to-face format. This allowed a higher-fidelity environment with trust specific scenario materials and enabled more realistic communication with the actors. The face-to-face session was found to deliver higher improvement in self-reported knowledge and satisfaction, compared with the virtual session.

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Elevating Interest and Expertise: Integrating Co-Design and Co-Production Into Foundation Year Development Initiatives During Psychiatry Rotations

Dr Hassan Aquil Mallick, Dr Mana Doyama*, Dr Itunuayo Ayeni and Dr Isaac Obeng

CNWL, London, United Kingdom

*Presenting author.

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Aims. To provide a bespoke development program for foundation year (FY) trainees on rotation at CNWL NHS trust.

To increase interest in foundation trainees in choosing Psychiatry as a career.

Specific: 100% self-reported satisfaction with the FY development program by April 2024.

50% increase from baseline of self-reported interest in choosing psychiatry as a specialty by April 2024.

Methods. We designed an online, 12 session teaching program for each 4 month cohort of foundation year doctors on rotation at St Charles Hospital, CNWL. We collect data at baseline, after each teaching session and at exit via online questionnaires. These are reviewed at PDSA meetings (including nominees from foundation cohort) by team quarterly. First cohort started in May 2023, we are currently in our 3rd cohort of this project. Each cohort has approximately 15 Foundation year Trainees. Our curricula integrates principles of Co-Design: 2 of the 12 teaching slot topics are voted by each cohort of foundation trainees. Co-Production: 2 of the 12 slots are always for a carer, service user or expert by experience. Bespoke: Each teacher is provided a written guide outlining the training grade of foundation trainees and highlights the needs for transferrable skills as FY trainees may not pursue psychiatry as a career. Quality Improvement: iterative learning from each cohort, with robust data collection methods (dedicated time set aside for feedback completion) and regular reviews by team. Teachers are canvassed via trust emails, trainee Whatsapp groups and patient liaison services at CNWL.

Results. Cohort 1= no data collected. Data collection methods required improvement.

Cohort 2= data collection of 3 responses (23% completion rate). Data collected insufficient. Data collection method improved.

Cohort 3= data collection of 13 responses (87% completion rate).

Self-reported satisfaction with training program: 95.3% Interest in choosing psychiatry as a specialty: 30.4% at baseline to 76.2% at time of submission.

Conclusion. This Foundation Year Development initiative provides a well-liked, bespoke and innovative approach to train foundation year doctors on placement at NHS trusts.

The majority of Foundation doctors (some surveys show 60%) are undecided on their specialty during foundation training and this is a unique opportunity to increase recruitment into psychiatry.

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Child and Adolescent Mental Health Conditions and Crisis Management: Bespoke Education of Local Police Forces

Dr Michael Foster* and Dr Haya Nadir

North Staffordshire Combined Healthcare NHS Trust, Stoke-On-Trent, United Kingdom

*Presenting author.

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Aims. The aim of this work was to improve police force understanding of the mental health difficulties of children and their management in challenging situations.

Nationally, approximately 18% of children aged 6–16 years are likely to have a mental disorder, with the frequency increasing in regions such as North Staffordshire where there are areas of significant deprivation. During the COVID pandemic, children's

wellbeing, school attendance, and isolation all worsened resulting in a tripling of urgent referrals to some crisis mental health services. Owing to underfunding and reduced resources in the NHS, the police services have had to spend more time dealing with children's mental health crises, with some forces identifying insufficient training for understanding and de-escalating these emergencies.

It was hypothesized that the preparation and delivery of bespoke training sessions, coupled with pre- and post-assessments, would help enhance police understanding of the conditions and strategies in managing these crises.

Methods. Extending previous approaches, each teaching session covered the presentation, diagnosis, and management of autism, conduct disorder, and emotional dysregulation in children, along with de-escalation. A pre- and post-session quiz was completed addressing each of the four topics. Data collection took place in October 2023 with 19 pairs of quizzes completed by local police and community support officers. Given the size and nature of the data, a non-parametric bootstrap resampling method was used to assess whether the teaching produced a statistically significant improvement in each topic and overall score.

Results. Mean differences in scores with 95% confidence intervals (CIs) were obtained for the 19 pairs of quizzes for each mental health condition and all conditions taken together. With maximum of 16 marks possible in each condition, there were statistically significant improvements in mean scores for autism, 1.9, CI: [1.6, 2.3]; conduct disorder, 2.2, CI: [1.7, 2.7]; emotional dysregulation, 2.4, CI: [2.0, 2.7]; and de-escalation, 0.9, CI: [0.5, 1.4], and for all conditions 7.4, CI: [6.5, 8.5].

Conclusion. Bespoke children's mental health training sessions were found to deliver significant improvements in police knowledge of crisis management and de-escalation in children affected by autism, conduct disorder, and emotional dysregulation. Given the unprecedented demands on police services, training sessions of this kind could serve as a training tool to reduce both the intensity and duration of crises they have to handle. More sessions have already been requested within the authors' local NHS Trust.

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Dealing With Discrimination, Harassment and Bullying in Mental Health Settings: A Qualitative Evaluation of Training

Dr Lachlan Fotheringham^{1,2*} and Dr Katie Munro¹

¹Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle Upon Tyne, United Kingdom and ²Newcastle University, Newcastle Upon Tyne, United Kingdom

*Presenting author.

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Aims. This is a qualitative evaluation of a simulation/debrief based training session to address discrimination in an NHS workplace, delivered to psychiatry trainees. Videos portraying discrimination acted as the simulation, followed by a diamond model informed debrief.

This evaluation aimed to:

- assess the effectiveness of this training session in terms raising awareness of discrimination, problematising discrimination, empowerment to act and skills building
- explore the extent to which these stated aims are relevant to participants' experience of discrimination, harassment and bullying at work