

Aims. Wales is the only member of the home nations without Specialist Eating Disorders Training (SED_T) and does not currently have any Specialist Eating Disorder Units (SED_U). 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 SED_T posts and their opinions on the development of SED_U 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 SED_U 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 SED_U 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

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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

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