Aims. As part of a wider quality improvement project (QIP) aiming to improve trainees' experiences with 'Raising Concerns' in a large mental health trust, we sought to improve the trainee representative (rep) structure. This would give trainees more transparent processes and provide intermediaries by which to raise concerns. Based on change ideas generated from our driver diagram, roles were created to coordinate meetings and represent specific groups of trainees and on-call rotas.
Methods. Prior to August 2022, there were an undefined number of 'Senior House Officer' (SHO) reps who were recruited informally by the Post-Graduate Medical Education Team. The duties of these reps were not clearly detailed. As part of our first 'Plan, Do, Study, Act' (PDSA) cycle, we identified groups of trainees that needed additional representation (International Medical Graduates [IMGs], Less than Full Time trainees [LTFT]) and introduced a Wellbeing Rep to cover all training grades. Specifically for SHOs, we introduced three core roles (Rota/Placement, Inclusion, and Social) and individual roles for the six on-call rotas. Following the implementation of this rep structure, we gathered quantitative data, including whether trainees had utilised the reps and how effective they were in raising concerns, and qualitative feedback. We gathered data from both the reps and the whole cohort of trainees. We then started another PDSA cycle in August 2023.
Results. On a 1–5 scale (5 = very effective), the average response from trainees for how effective the trust reps were in supporting raising concerns was 3.8 (5 responders), with no trainees who responded feeling that any of the rep roles needed restructuring. However, the rep survey highlighted that the following roles needed restructuring: Rota/Placement rep, Social rep, and Rota reps. The Rota/Placement role was highlighted as being unnecessary due to the existence of individual rota reps, but there was a need for a 'lead' rep to coordinate rep meetings and induction. Unfortunately, a Social rep was not recruited, however it was identified that due to the importance of the role more than one trainee may be required to arrange social events.
Conclusion. Overall, the trainee response to the new rep structure has been neutral/effective, but we hope to obtain more responses in the next PDSA cycle. The rep feedback highlighted the need for coordinator roles to improve cohesion. The results have informed change ideas which we implemented in August 2023. The second PDSA cycle will be completed in July 2024.

QIP Improving Trainee Confidence in Male Sexual Dysfunction History-Taking in an Acute Inpatient Unit

Dr Alice Humphrys* and Dr Rahul Mehta

West London NHS Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.383

Aims. Trainees on the psychiatry on-call rota at a London acute inpatient unit reported a lack of confidence in asking male patients about sexual dysfunction during clerking. Research shows that history-taking barriers include embarrassment, time shortage and task prioritisation. Sexual dysfunction is prevalent amongst the general population, markedly so amongst people with mental health diagnoses.

In response, we designed a quality improvement project (QIP) to improve confidence by addressing the need for good history-taking and the technique for doing so.
Methods. To gauge trainee confidence, we produced and disseminated an online questionnaire with a mixture of qualitative and quantitative questions.

Based on the data collected, we contacted a local sexual health consultant and requested a teaching session on the importance of sexual history-taking, the impact of not doing so, barriers to history-taking and how to ask about sexual dysfunction.

A follow-up questionnaire was produced and disseminated.
Results. The results of the first questionnaire showed that 100% of respondents (n = 10) did not ask male patients questions about their sexual function, on admission. The main reasons for this were embarrassment for themselves (25%) and the patient (66.7%), lack of confidence on how to word these questions (50%), lack of time (58.3%) and feeling that these questions are not relevant (33.3%).

Following the teaching session, 71.4% of respondents said that they would ask male patients questions about symptoms of sexual dysfunction on admission. The majority of responses quoted that the teaching had increased their confidence, decreased their embarrassment in asking these questions, and helped them to understand the relevance of asking these questions. Two respondents queried the appropriateness of asking acutely unwell patients these questions on admission and if these questions could be asked during a patient's admission instead.

Limitations: Small sample size of results; slight drop in responses from first questionnaire to second questionnaire; questionnaire only asking questions about male patients, not female patients.
Conclusion. This QIP shows that a single, simple intervention can improve trainee confidence in the short term. This intervention can be applied across the UK. Online teaching can improve access to the expertise of local sexual health consultants. This QIP also provides a basis for further analysis: whether single interventions can improve trainee confidence in the long term, when is the best time to ask questions about sexual function and applying this intervention to female sexual function history-taking.

Complex PTSD Pathway for Kingfisher Mother and Baby Unit

Dr Jemima Jackson*

Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.384

Aims. When Kingfisher Mother and Baby Unit (MBU) opened in 2019 personality disorder and severe self-harming behaviours were exclusion criteria for admission. Complex Post Traumatic Stress Disorder (C-PTSD) with its emotional dysregulation, interpersonal difficulties and common presence of self-harm was similarly categorised.

Currently, C-PTSD presentations are frequently admitted to the MBU, making up around 45.9% of admissions. There is increasing understanding of the importance of effective and trauma informed treatment in admission outcomes, particularly