

Aims.

- To improve the quality and consistency of medical seclusion reviews at St Charles Hospital and across the Trust.
- To ensure at least 80% compliance with minimum standards for seclusion review documentation by the end of December 2020.
- To increase doctors' mean perceived competence and confidence scores to 4.5/5 by the end of December 2020

Method. Seclusion is commonly used to manage patients at high risk of aggression or violence, but is a high risk and very restrictive intervention. As such, it requires regular nursing and medical reviews. Work has been done recently at St Charles to improve the timeliness and effectiveness of nursing reviews including detailed guidance. Medical reviews are usually performed by junior doctors, many with limited experience in psychiatry. There is

- A lack of consistent local or national guidance for junior doctors undertaking seclusion reviews
- The quality and scope of these reviews is not consistent
- There may be a need to ensure that there is more standardization and to improve junior doctors' confidence – and therefore patient safety and experience – overall.
- The following interventions were used to improve the quality of seclusion reviews at the hospital:
 - Minimum standard guidelines
 - Presenting in Restrictive interventions meeting.
 - Feedback from PICU consultants for guidelines
 - Changing guidelines

Future plans:

- Guidelines teaching (Early November)
- Re-audit and new survey (Early November)
- Simulation training (Mid November)
- Seclusion teaching video (Early December- to be ready for Induction)
- Re-audit and new survey (Beginning of April)

Result. Surveys were conducted before and after quality improvement interventions were put in place. The average confidence levels of junior doctors increased from 38.5% to 87% following these interventions.

Conclusion. Revision of seclusion guidelines, junior doctor teaching and simulation training are effective interventions to improve junior doctor confidence levels in conducting seclusion reviews.

Impact of mental health and addiction NIMHANS ECHO on primary care physicians: study from a rural state of India

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Aims. As per National Mental Health Survey-2015-16, 83 out of 100 people having mental health problems do not have access to care in India. Further, primary health care providers (PCPs) have

not been adequately trained in the screening, diagnosis, and initial management of common mental health conditions. There is thus a need to train health care providers at the State level to incorporate mental health into primary health care. In this paper, we report the findings of a collaborative project between the National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore India, and the state of Chhattisgarh incorporating mental health into primary care and addressing urban-rural disparities through tele-mentoring.

Method. We assessed the impact of the NIMHANS Extended Community Health Care Outcome (ECHO), an online, blended training program on participants' knowledge and competence (primary outcome) and commitment, satisfaction, and performance (Secondary outcomes) using Moore's evaluation framework. Primary and secondary outcomes were determined through a pre-post evaluation, assessment of trainee participation in the quarterly tele ECHO clinic as well as periodic assignments, respectively.

Result. Over ten months of the NIMHANS ECHO program, there was a significant improvement in the participants' knowledge post-ECHO ($p < 0.05$, $t = -3.52$). Self-efficacy in diagnosis and management of mental health problems approached significance; $p < 0.001$. Increased engagement in tele-ECHO sessions was associated with better performance for declarative and procedural knowledge. The attrition rate was low (5 out of 30 dropped out), and satisfaction ratings of the course were high across all fields. The participants reported a 10-fold increase in the number of patients with mental health problems they had seen, following the training. A statistically significant increase in the number of psychotropic drugs prescribed post ECHO with $t = -3.295$, $p = 0.01$.

Conclusion. The outcomes indicate that the NIMHANS ECHO with high participant commitment is a model with capacity building potential in mental health and addiction for remote and rural areas by leveraging technology. This model has the potential to be expanded to other states in the country in providing mental health care to persons in need of care.

Core Trainees' study budget and study leave: a survey exploring trainees' needs and understanding of local processes in place within the North West

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Aims. Health Education England launched a new system for study leave and study budget on 1st April 2018, in response to trainees' concerns regarding the previous system. According to this, Health Education England would manage the study leave budget through its local offices, making the process of accessing study 'more transparent, equitable and streamlined' for all trainees. At the RAP Oversight Committee meeting of the North West Deanery in 2019, trainees' uncertainties over the process was discussed by the local reps. It was aimed that there was a need to gather information on trainees' needs and understanding of local processes in place by the deanery to access study leave and study budget

Method. A cross sectional survey was sent out to all the trainees by the Core Trainees year 1 RAP rep. A total of 6 relevant questions were designed and sent out to the trainees, allowing them 2 weeks' time to respond. There were a total of 66 trainees who were sent the survey. The guidance mentioned in the 2016 Gold guide was used for reference to ensure the questions are relevant.

Result. Of the total of 66 trainees who were sent the survey, there were 48 respondents. The results indicated that all 48 responders

preferred study budget and leave process explained at induction. 47 of 48 responders sought access to their study budget, 46 of 48 responders sought use of budget for external course and exam fees funding, 27 of the 48 responders struggled to get study leave and 27 of 48 responders felt the current leave process was not satisfactory with 14 opining that there was scope for improvement.

Conclusion. The responses were collated by the trainee rep as a PowerPoint presentation containing graphical representation of trainees' views regarding their study leaves and budget access. The survey results were made aware to the local board at the subsequent RAP Oversight Committee meeting to seek response and new guidance. There is a new system in place for study leave and study budgets, overseen by Health Education England. Overall, the survey attempted to understand and collate trainees' wants and needs, in effect improving trainee experiences.

Developing a virtual mock casc for trainees

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Aims. The restrictions experienced due to the COVID-19 pandemic had impacts on how clinical teaching and assessment is conducted. The Royal College of Psychiatrists decided to run the final part of the membership exam, the Clinical Assessment of Skills and Competencies (CASC) online for the first time in September 2020. We aimed to prepare candidates in the Northern Ireland deanery for this by developing a virtual mock examination using the Zoom platform.

Method. In previous years, higher psychiatry trainees in the Northern Ireland deanery have run successful face to face mock examinations to help pre-membership trainees prepare for the CASC. We adapted some of this material to our virtual examination. 16 stations were run in total, in two circuits of eight. These stations were mapped to the Royal College CASC blueprint. Higher trainees were recruited to act as examiners, with core trainees acting as simulated patients. The mock examination was advertised through the local deanery and all candidates sitting in September availed of the opportunity (a total of 8 trainees).

Zoom was used as the platform due to ease of use, familiarity and breakout room function. Each station formed one breakout room, and a facilitator moved candidates between rooms and provided timing prompts. Instructions were emailed to candidates in advance.

A comfort break was provided between circuits. At the end of the mock examination, everyone was returned to the main room and examiners gave general feedback and tips. Individual feedback was provided by collating mark schemes for each candidate, which included free text feedback, and sending these via email.

Result. Despite the evident challenges involved, the mock CASC ran smoothly. There was one minor delay of approximately 3 minutes due to technical difficulties, which was easily recouped. We obtained qualitative feedback from candidates which was positive, with trainees commenting that they felt "more at ease ... less worried" about a digital exam, and that it was "efficient and effective".

All candidates who sat the mock examination were successful in the face to face CASC sitting which followed in September.

Conclusion. We were able to successfully adapt what was previously an in-person mock CASC exam to the new digital format in a way that reflected how the actual CASC exam will run, and it was considered beneficial preparation by the candidates who sat this mock. This has improved trainee experience at a time when many teaching opportunities have been suspended.

The use of drama and theatre in enhancing communication skills of psychiatry trainees: a pilot study

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Aims. Various methods have been employed in the development of communication skills. This pilot study was designed to assess the acceptability, feasibility and cost-effectiveness of a specially designed workshop exploring the use of drama and theatre in enhancing the self-reported communication skills of psychiatry trainees. As a secondary aim, it assessed if the value of the improvements translated both into clinical practice and to training situations, including success in the Royal College of Psychiatrists (RCPsych) Clinical Assessment of Skills and Competencies (CASC) examination.

Method. A three-day drama and theatre workshop was organised in the West Midlands Deanery in conjunction with specialist instructors from performing arts at the Hearth Centre, Birmingham. The Tension State technique developed by Jacques Lecoq and Forum Theatre approach, were some of the methods employed to enable participants to develop the softer, but essential communication skills required for effective practice. Work was also undertaken focussing on self-regulation. Fourteen trainees completed the first day of the workshop. This pilot study utilised a mixed methodology to evaluate participants' views of the perceived impact of using drama and theatre to enhance their communication skills. Feedback was obtained from organisers and facilitators specifically relating to feasibility and cost effectiveness. Data were collected from participants using pre and post-workshop questionnaires and focus groups.

Result. All participants reported a positive and enjoyable experience, indicating that the approach was acceptable to those involved. The facilitators deemed this more novel approach to enhancing communication skills feasible, and cost effective and concluded that there was scope to incorporate it into routine psychiatry training in the area. It was however identified that the content of the workshop could be condensed, reducing the length therefore to two days. There was a notable increase in participants' self-reported confidence in their communication skills post compared to pre-workshop. Trainees reported utilising the techniques in day-to-day practice. All of those participants who undertook the CASC examination during the workshop were successful, although it would be too presumptive to assume a causative effect. The workshop was completed without any adverse events and there were no concerns from a safety perspective.

Conclusion. Drama and theatre, as a novel approach, appears to have noticeable benefits in enhancing the communication skills of psychiatry trainees. The success of this pilot study in demonstrating acceptability, feasibility and cost effectiveness, suggests that drama