

homelessness. Programmes involved students in health screening, education programmes, and street psychiatry placements. These have been shown to reduce bias and improve student preparedness.

Based on the overlap between literature and the author's own experiences, three focuses for curriculum improvement are proposed: supported exposure, compulsory education, and advocacy. Supported exposure would involve students having formal face-to-face contact with homeless populations, supported by supervision and debriefing. To prepare for these interactions and their potential challenges, students should receive trauma-informed training alongside teaching on inclusion health and social determinants of health. This should be emphasised by medical schools as mandatory, rather than a 'special-interest' topic that many students will not engage with. Finally, students should be encouraged to advocate for vulnerable patients both within the clinic, and on a broader systemic level.

Conclusion. This project stresses the urgent need for addressing homelessness within medical education. The proposed focuses aim to cultivate a deeper understanding among medical students about the health challenges faced by homeless populations, fostering empathy and competence in future healthcare professionals.

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INSIGHT: Integrating Social Determinants of Health in Medical Education During Psychiatry Prison Placements

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doi: 10.1192/bjo.2024.321

Aims.

Background. The importance of the social determinants of health (SDOH) is increasingly recognised. However, medical students are taught about them as epidemiological facts. We established a programme in North Wales involving prison placements for medical students, accompanied by specific teaching to contextualise SDOH to individual patients' mental health problems. This is being evaluated over a four-year follow-up. We report findings of qualitative evaluation of the second-year cohort.

Methods. Individual interviews with students and free text data from questionnaires were analysed thematically.

Results.

Previous teaching about SDOH:

- "You do not understand until you see it in your own life. Lectures do not always deliver a point."
- "Mentioned but not very explicit session like here."

Baseline knowledge and attitudes to SDOH

- "I knew mental health and social determinants are a lot intertwined, but I would not have thought of it in such depth before coming here."
- "I knew what SDOH were, but I have not seen it on this scale."
- "Some students related the teaching to their personal experience of hardship."

Prison placement

"I think the prison placement has given invaluable teaching about psychiatric conditions."

"I...think it helps widen experiences in medicine, seeing a different perspective of healthcare."

"I enjoyed the prison experience. It gave me the social aspects of health, and especially in the prison, it is clear and visible."

Impact of the placements

"Humbling experience. A lot of patients I saw had some sort of childhood trauma."

"Maybe I will be treating someone that is not as privileged or someone who's been in prison, so it's important..."

"Learned to have confidence when taking patient history. Do not feel awkward when asking medical questions such as suicide."

SDOH incorporation into medical education

"Introducing the modules in medical school would be good before the students meet the patients, as the social aspect is a big part of the history."

"These sessions need to be integrated throughout the module rather than at one point as social determinants also play a role in other specialities, not only psychiatry."

Conclusion. In previous publications, we reported positive responses to prison placements. By integrating a module about SDOH, students can develop a broader understanding of health and gain the awareness needed to address these factors in clinical practice.

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Incorporating Trauma-Informed and Culturally Competent Care Within Domestic Violence Screening Training for Medical Students

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doi: 10.1192/bjo.2024.322

Aims. The link between domestic violence and poor mental health outcomes is well-established, with victims often experiencing anxiety, depression, and post-traumatic stress disorder (PTSD). This study aims to evaluate the current state of Domestic Violence (DV) screening training within the medical curriculum at King's College London, focusing on trauma-informed and culturally competent approaches. The objective is to identify gaps and propose recommendations for a comprehensive and inclusive training program.

Methods. Approved by the King's College London Research Ethics Office, this qualitative study was conducted using an online questionnaire that adopted a 5-point Likert-type scale. The study was conducted among KCL Medical Students (n = 25) to gather opinions on DV screening training, and the responses underwent thematic analysis.

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.

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Royal College of Psychiatrists Paediatric Liaison Network: Training Initiative, 2021–2024

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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>.

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Enhancing On-Call Preparedness Among Junior Doctors in Psychiatry: A Comprehensive Bootcamp Approach

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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,