

agreed that they enjoy being a trainer but only 67% agreed or strongly agreed that they knew how to access support if they felt burnt out. Only 43% felt that they had adequate time in their schedule to provide supervision. Analysis of responses stratifying International medical graduates and years of experience being a trainer did not identify additional needs.

Conclusion. Effective trainers are fundamental in shaping future doctors. Our survey results highlighted that a high percentage of trainers enjoy their role. Based on the results, strategies were identified to improve support that can be implemented through trainers' drop-in sessions, advertising trainers' training sessions with more notice and developing the resources on the intranet including improving content and adding videos of training sessions. We also identified that appraisal and revalidation requirements for trainers, trainee surveys needed to be better advertised to improve feedback rates. We recommended that a document on the online appraisal platform (SARD) be added to clarify the requirements for appraisal and revalidation, and how these can be met. We suggested that Associate Medical Directors consider the need to ring-fence time for educational and clinical trainers in their job plans.

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Addressing an Identified Need: Training in Serious Incidents Investigations and Coroner's Inquests for Psychiatric Trainees in Kent and Medway NHS and Social Care Partnership Trust (KMPT)

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Aims. Navigating a Serious Incident (SI) investigation and participating in a Coroner's Court proceedings can pose challenges for psychiatry trainees. The Higher Training curriculum emphasizes active participation in activities that enhance patient safety and care quality. This project aims to enhance patient safety and trainee confidence by improving training on SI investigations and Coroners Court proceedings.

Methods. Using Quality Improvement (QI) methodology, in the first cycle an initial survey was distributed to all psychiatry trainees and middle grade doctors working in Kent and Medway (n = 67) to establish baseline knowledge and confidence levels in areas related to risk assessment & management, SI investigations and Coroner's Inquests.

In response to the identified need for training, we organized the Initial Training Event with support from Deputy Chief Medical Officer for Quality and Safety, Patient Safety Team and Medical Education Department. The half-day, in-person event was opened to all doctors and featured 5 sessions: Serious Incident Investigation Process, Thematic Review of Suicides, Systems Engineering and Human Factors in Patient Safety, Learning from Mortality and Structured Judgement Review along with 'Being Involved in Investigation – An Investigator's Guide'. Data from a survey of attendees (n = 47) informed the development of a tailored training session for psychiatry Core and Higher Trainees.

Results. The initial survey received 32 responses (response rate: 47.76%). 71.88% of respondents had little to no understanding

of SI investigation processes. Remarkably, 87.5% expressed strong interest in receiving training on conducting SI investigations. 90.62% were extremely or very interested in receiving training on participating in a Coroner's Inquest.

47 doctors attended the Initial Training Event. 30 responded to the feedback questionnaire (47.76%). All doctors found the training useful, with over 90% rating it 'very' or 'extremely' useful. 97% felt that the training would improve their clinical practice in terms of patients' safety. After the training, 60% understood the process of conducting an SI investigation a moderate amount; 33.33% understood the process a lot or to a great extent. Nevertheless 92.86% felt a need for additional training in SI investigations. 63.33% suggested making training available yearly, and 36.67% favoured making it mandatory training.

Conclusion. This project identified a significant need for training in SI investigations and Coroner's Court proceedings among psychiatric trainees. An Initial Training Event developed from the first QI cycle survey data received positive feedback. The next phase involves developing a tailored training program that addresses identified knowledge gaps. Further considerations include making this training a regular event.

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Evaluating the Training the Trainer Course for Psychiatry Higher Trainees in the West Midlands

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Aims. The Royal College of Psychiatrists sets out 'Education and Training' as one of the High Level Outcomes (HLOs) in its GMC approved curriculum for higher speciality trainees in Psychiatry. The West Midlands (WM) School of Psychiatry runs a well-established 3-day Training the Trainer (TTT) course to support acquisition of teaching skills and key capabilities to help prepare trainees to become trainers as Consultants.

We aim to explore the views and attitudes held by WM Psychiatry higher trainees towards the current TTT course and other teaching opportunities available across the region.

Methods. An anonymous online scoping survey was sent to all WM Psychiatry higher trainees, via Microsoft Forms, in January 2023. This comprehensive survey included questions on the trainees' awareness of the TTT course and available teaching opportunities, as well as support and barriers in accessing these. We designed dichotomous, rating and free text questions to generate both quantitative and qualitative data.

Results. Key findings of the survey included:

- 27 out of 40 trainees responded. All subspecialty training programmes were represented.
- Many trainees were aware of the WM TTT course (81%). No trainees had accessed private TTT courses.
- Most trainees felt the current available opportunities allowed them to meet the curriculum requirements (82%) and felt their supervisor could provide support in gaining teaching experiences (93%).

- Only two-thirds of trainees felt the current opportunities prepared them to be an effective Consultant trainer (67%). Some were also uncertain of teaching opportunities available in the deanery (41%).
- Trainees expressed a preference of learning through small group tutorials, interactive workshops and experiential learning.
- Trainees requested incorporating content around innovative technology in medical education including artificial intelligence and simulation as well as formal qualifications in medical education.

Conclusion. The project has shown that the current TTT course is effective in supporting Psychiatry higher trainees meet their curriculum requirements, however there is a scope to adjust the content to meet their changing needs and align with digital advancements in medical education. We suggest the course should be delivered in a more interactive and engaging manner for example using breakout rooms and workshops. To ensure all trainees are aware of the course and teaching opportunities available, an information leaflet outlining the TTT course will be sent out as part of the induction process. It is hoped that with these improvements, the needs of Psychiatry higher trainees will be better met as they move forwards in their careers and become Consultant trainers.

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Live the Experience: Mental Health Simulation Training for New Starters to Psychiatry in East London NHS Foundation Trust (ELFT)

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Aims. This project aimed to create and deliver a simulation-based course to improve trainees' knowledge, practical skills and confidence as well as leadership and multidisciplinary-team working. We evaluated the effectiveness of this training and simulation as a learning experience. Simulation in psychiatry is a relatively new field compared with other specialities. Literature shows that experiential learning in psychiatry is effective for developing clinical and communication skills for doctors, and confidence in leadership. It is vital we work towards the National Health Service Long Term Plan for improving mental health care for those with serious mental illness which includes better training for doctors. This course was designed to enhance the ELFT training programme focusing on applications of theoretical knowledge.

Methods. A simulation-based course was delivered to core trainees and general practitioner trainees at induction to psychiatry. This was based on the Royal College of Psychiatrists curriculum and input from our People Participation team to ensure authenticity of scenarios. We surveyed trainees to inform the development of our pilot in February 2022 and subsequently developed two half-day courses facilitated in August 2022 following feedback. The scenarios we created were: risk assessment, section 5 (2) Mental Health Act (MHA) assessment, managing agitation and violence, escalating concerns to a senior, section 136 MHA assessment, seclusion review, discussion with medical registrar

for physical health concerns, collateral history and information-giving in child psychiatry. We used a structured debrief model (what went well, what could you have done differently, what was the 'golden moment?') and provided relevant teaching. Service users joined the debrief to share their perspectives and lived experiences. We collected and analysed quantitative and qualitative feedback.

Results. Ten trainees attended the pilot course, followed by eleven on day 1 and nine on day 2 in August 2022. Results from questionnaires revealed post-course, 100% of participants felt more confident in their psychiatric skills and found this experience to be valuable for clinical practice. 100% would recommend this simulation to others. Qualitative data showed participants thought scenarios were realistic, the environment was supportive and feedback was comprehensive. They also appreciated the service user involvement.

Conclusion. Trainees reported simulation provided a safe and engaging environment to learn practical skills which better prepared them for work. This course is now embedded into the ELFT induction programme and enables doctors to develop their confidence and have a better understanding of service user perspectives. Future development of this course will involve allied health professionals.

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Home Is Where the Health Is: Developing Medical Students' Understanding of Homeless Health

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Aims. Mental and physical ill-health are both causes and consequences of homelessness. As the cost-of-living crisis forces more people out of their homes, it is imperative that medical students are informed and prepared for this health crisis. Discussions with or about homeless populations are largely absent from the current medical school experience, and are rarely accompanied by homelessness-specific on-the-ground exposure. This project aims to use contemporary literature and the personal experience of a UK medical student to formulate suggestions on how the curriculum can better address homeless health.

Methods. A literature search was performed, including recent work on medical education, inclusion health, and homelessness. Reflection on the author's personal experience at medical school was conducted and compared with existing literature to ascertain validity.

Results. Whilst many students will walk past rough-sleepers on their way into university/hospital, homelessness is a seldom-addressed topic at medical school. In the author's personal experience, there can be a cognitive disconnect between the theoretical principles (e.g. social determinants of health, inclusion health) covered in lectures, and the on-the-ground realities of the isolation, discrimination, and violence that homeless populations face. Since medical students disproportionately come from privileged socioeconomic backgrounds, this disconnect may be due to a lack of exposure underpinned by the assumption that homelessness will never directly affect them.

A review of literature highlighted several worldwide initiatives aiming to develop medical students' understanding of