

One of the main themes of the survey that came up repeatedly was that trainees are struggling with clinical workload that sometimes overspilled to their personal time, which means family time is affected. More than half of the trainees reported that they do not know how to access well-being support in the trust. While the result was split in half when the trainees were asked if they have a well-being concern whilst working for the trust. Trainees said that there is very little support given to attend any non-related work engagement and they made grievance on the difficulty of accessing the trust occupational health and well-being services.

Conclusion. Since the inception of the survey, several recommendations were trialled. This include raising awareness among clinical supervisors, where a video was uploaded on to the Trust intranet outlining the tips of becoming a good clinical supervisor. A well-being booklet was introduced as part of trainees' induction, and this was also made available on the intranet. Lastly, an awareness on ST representative role was also highlighted so that they can continue to facilitate an ST forum meeting as platform to raise concerns.

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Service Evaluation of Medical Undergraduate Psychiatry Placement

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Aims. There are no clear guidelines for the optimal organisation of psychiatry placements for medical undergraduates. Moreover, the UK needs to enrol more psychiatry trainees. This service evaluation aimed to show that an efficient psychiatry placement can improve attitudes of students towards psychiatry and increase their likelihood to choose psychiatry.

Methods. We evaluated the efficacy of a new strategy for the psychiatry placement of 24 fourth-year medical students from the University of East Anglia during the academic year 2021/2022. The strategy consisted of having a 4-week placement in one of 3 wards at the Norfolk and Suffolk Foundation Trust Woodlands Unit (PICU, acute male and female wards) with brief (one- to two-day) rotations across the wards, as well as the community team and individual areas of interest. This afforded students exposure to different settings, pathologies and levels of severity, with enough time in one service to allow integration into the team, participation in clinical and therapeutic activities and most important, observation of patient longitudinal improvement. Multidisciplinary teams were included by presenting the training as a win-win, and we relied on a good teaching culture at our Trust. We also offered a programmed induction day, a mid-placement meeting and an end-of-placement debrief. We evaluated the efficacy of the strategy using the Attitude Towards Psychiatry Questionnaire before and after the placement, as well as measuring overall satisfaction.

Results. The overall satisfaction score on a 5 point Likert scale was very good (M = 4.58; SD = 0.58). Mean ATP total score significantly improved from 116.50 (SD 9.49) to 133.00 (SD 8.68) over a

maximum attainable score of 150 (F(1;23) = 69.70, $p < .001$, $\eta^2 = .75$), with 23 out of the 30 items having significantly improved individually as well. The reliability of the scale was high with a Cronbach's alpha of .81 before and .84 after the psychiatry placement. The question "I would like to be a psychiatrist" improved significantly from 2.54 to 3.25 on the 5 point Likert scale (F(1, 23) = 16.33, $p < .001$, $\eta^2 = .42$) with an increase in students answering "agree" or "strongly agree" from 16.7% to 45.8%. This improvement was significantly positively correlated with the overall satisfaction score (R = .528, $p < .01$).

Conclusion. Psychiatry placement for medical undergraduates is a valuable opportunity to improve their attitudes towards psychiatry and their likelihood of choosing psychiatry as a specialty. We present our strategy as a model toward these goals.

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Research

Identification of Cognitive Impairment in Cardiovascular Rehabilitation: A Pilot Cross-Sectional Study

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Aims. Cardiac Rehabilitation (CR) is a multidisciplinary intervention for people after an adverse cardiac event to improve their physical, psychological and social functioning. The risk factors of cardiac disease and dementia are similar. This cross sectional study aims to determine whether adding memory assessment to a CR program would improve early detection of cognitive impairment. Therefore, the research question is- "Can adding a memory assessment to the cardiac rehabilitation program improve early detection of cognitive impairment in people with cardiac disease?"

Methods. Study ethical approval was granted by Yorkshire & The Humber - Sheffield Research Ethics Committee (reference 20/YH/0146) and the NHS Health Research Authority (project reference 273763). The Lancashire & South Cumbria NHS Foundation Trust accepted the role and responsibilities of study sponsorship. Participants underwent cognitive screening and the data obtained was divided into: - 1- History of memory problems before and after the adverse cardiac event. 2- No memory problems before but presents after. 3- No memory problems before and after.

Results. During the study period, 48 participants who were at the cardiac rehabilitation program expressed their interest to participate in the study. Out of 48 participants who expressed their interest in participating in the study, 30 of them did not engage beyond expressing their interest and 18 out of 48 completed the assessment. The studied sample was categorized into three groups according to the relation between the onset of the cognitive decline and the onset of the cardiac condition: those with no history of cognitive decline (22.2%), cognitive decline following the onset of the cardiac condition (27.8 %) and cognitive decline before and after the onset of the cardiac condition (50 %). Comparing the number of the participants in the studied sample who has history of cognitive decline revealed that there was