

Implementing the clinic on a wider scale is required to assess its effectiveness.

Admission Clerking- Inpatient Adult Psychiatric Unit - a Quality Improvement Project

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Aims. To improve the clerking proforma and physical healthcare for General Adult Psychiatric inpatients in Heddfan Psychiatric Unit, Wrexham by 100% within 18 months period with a long term goal of continuous improvement.

Methods. We started the project with a baseline audit which showed the incompleteness of vital data when clerking a patient in adult psychiatric inpatient unit. This was compared with various standards from Core competencies for a trainee in Psychiatry, NICE guidelines and Local trust policy from our own trust BCUHB for physical health monitoring and Department of Health Guideline for VTE.

With the findings obtained, we went ahead to create a proforma encompassing all the details.

The use of various Quality improvement tools such as Fishbone diagram, Drivers diagram and PDSA cycles gave as overwhelming results

Results. The baseline audit, repeat audits and PDSA cycles have shown tremendous and overwhelming results in terms of completion of the proforma. This has resulted in mandatory details being inputted sufficiently in the patient's notes.

Many of the important details such as medication details, allergy status, legal and forensic status, mental state examination, risk assessment, VTE assessment, investigation details and documentation have shown to have improved during this 1 year

Conclusion. This QIP has been patient centred as this is the main goal. Following the PDSA cycle, we have identified that it has been efficient and effective. It has been safe and also reduced the chances of patient neglect. The structure of the proforma used does not discriminate or show any inequalities and is timesaving too.

The SWOT analysis has been completed, which has shown that the teamwork and support from the Consultants and other stakeholders have been a major strength. There are a few weaknesses such as unavailability of ECG machine, missing documentation of investigations despite completing them but however with timely education to the junior doctors, we are hoping for improvement further. This QIP has opened up doors for various opportunities, such as including nursing and pharmacy admission forms into this proforma. Though there are few threats in achieving 100% success, we are hoping for the best

An Evaluation of Higher Trainee Views on Clinical Posts in West, North and East Yorkshire Psychiatry Trainee Scheme

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Aims. Gathering honest feedback is challenging as trainees are often reluctant to do so due to the perceived impact on their reputation, future careers, and professional relationships. A lack of constructive feedback severely impacts future trainees and can prevent necessary improvements. There is considerable variation over collection of feedback. The aim of the project was to allow higher trainees and newly appointed consultants within two years of completing training, provide feedback on previous training posts in a confidential manner. The information obtained would be used to improve trainee experience, support a change in culture around feedback and highlight posts in need of input from Training Programme. Directors (TPDs).

Methods. Anonymised questionnaires were sent to higher trainees and newly appointed consultants using a survey monkey link left open for a month. Reminders were sent via Medical Education, text messages, chats, and informal conversations. There were three basic open questions asked with free-text boxes. The questions were: What things were good about this post? What things could be improved? Would you recommend this post to a colleague? The data collected were in quantitative and qualitative formats.

Results. We received 22 responses of 46 higher trainee posts within the scheme. The general themes from the project were that trainees wanted more focus on training rather than service provision, more independent working while still having good clinical support/supervision; based on their level of experience, better support to meet non-clinical Intended Learning Outcomes (ILOs) and ensuring a good balance of being busy while not finding it overwhelming. Trainees in community settings suggested allocation of selected cases focused on training experience, the opportunity to manage complex situations with supervision, being able to shadow and have joint reviews with consultants. The themes highlighted in the inpatient settings included having protected time to develop non-clinical ILOs, assuming greater leadership of clinical meetings, and having the opportunity to manage a patient from admission to discharge. A total of 4 posts were not recommended for reasons outlined above.

Conclusion. Clearly there is a balance to be made between appropriate levels of independence and supervision. The vast majority of training posts reviewed have got the balance about right, however there are still some posts that require improvements. Careful consideration by both trainers and trainees needs to be given to various aspects of training, to achieve required ILOs, as not everyone fits the mould. This highlights the importance of creating individualised frameworks for trainee support and supervision.

Improving the Training Experience of International Medical Graduates (Imgs): A Survey of Psychiatry Trainees in the Yorkshire & Humber Deanery (West/East/North)

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Aims. There are over 72 000 licensed IMGs in the UK who fill up crucial shortages in the NHS and provide diversity. In 2020 there were more IMGs than local graduates joining the General Medical Council register with over half (54%) identifying as Black and Minority Ethnic doctors. There are ongoing and extensive conversations about the best approach to tackle differential attainment between IMGs and local graduates. The aims were to identify what the perceived differences were between local graduates and IMGs in various domains and recognise what measures could be taken to improve the issues identified.

Methods. This survey utilised the Typeform survey software to ask 23 questions and was left open for 3 months. Participation in the survey was voluntary and anonymized and included feedback from both Core Trainees and Higher Trainees. Initial emails, texts and chats with the survey link and reminders were sent to the Medical Education departments and trainee groups. The qualitative and quantitative data from all 33 respondents were analysed.

Results. 90.9% (30) of participants felt there were issues of differential attainment between IMGs and local graduates and felt that the gaps in differential attainment could be addressed by mentoring, networking, IMG lead roles, education of trainers and better support systems. 57.6% (19) of IMGs stated that they had felt bullied, undermined, treated unfairly, or intimidated; with only 29% (9) attempting to challenge this due to the fear of retribution, concerns about accountable, cultural and communication barriers. All respondents felt induction programmes, focusing on IMGs and cultural diversity would be helpful for all trainees, with 93.9% (31) of respondents recommending that more education was needed for trainers. 57.6% (19) stated that they had considered relocating outside the UK after training because they felt they would be better valued elsewhere. 90.9% (30) suggested that a book for IMGs would be a welcomed development. 87.9% (29) recommended that having IMG leads was important for offering well-being support, play a safeguarding role, offer pastoral care, and contribute to induction and education; with 68.8% (22) recommending the person was a College trainer.

Conclusion. These findings highlight several challenges IMGs training in the UK face and must navigate to be successful. A greater awareness of their hurdles is critical to maximising what potentials lie within. As the numbers of IMGs within the system continue to rise, there is an even greater need to support and address the concerns this survey underscores.

A Quality Improvement Project to Evaluate Satisfaction With Alternatives to Face to Face Consultation in a Learning Disability Service

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Aims. COVID-19 pandemic has had a great impact on all groups in society. People with intellectual disability (ID)/learning

disability (LD) are especially vulnerable. As a result, restrictions were put in place to protect this group, including limiting face to face visits/consultations. Restrictions on usual activities of people with learning disability are likely to induce stress leading to an escalation in challenging behaviors. Regular assessments and follow-ups are essential to evaluate the patients and provide the best care, so virtual consultations (via telephone or video call) were identified as a potential alternative to face-to-face consultations

Aim: Evaluation of the service provided during the COVID-19 pandemic including virtual clinics.

Methods. A questionnaire was designed to evaluate the patients and their carers' satisfaction with the virtual clinics, seeking their feedback about positives and limitations of the service and exploring their preferences for future clinical contact. Data were collected during May 2021. Different professions including (psychiatrists, psychologists, nurses, occupational therapists and speech and language therapists) in community services for adults with learning disabilities in Aneurin Bevan University Health Board have participated in the survey. The questionnaires were filled by service users, their carers or by the service provider.

Numbers of DNA (Did not attend) across the whole service during May 2021 were compared to DNAs in May 2018, 2019 and 2020.

Results. 140 surveys were completed. Patients and their carers were happy with many aspects of the service provided through the pandemic. It was reported that virtual clinics are an efficient way to meet with professional carers and families where there are difficulties bringing patients to clinics, however home visits were preferred for assessing patients.

No noticeable change in DNA rates has been identified.

Conclusion. Virtual clinics have been well tolerated by patients and their carers during the pandemic and have provided an extremely efficient tool to overcome the restrictions which were imposed.

Carers and patients expressed satisfaction with clinic appointments provided remotely.

Introduction of the Buddy Scheme to First Year Core Trainees (CT1s) in the West Midlands Deanery

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Aims. Following a reflective session in the Birmingham MRCPSYCH course organized by West Midlands Deanery, CT1s identified the need for an informal peer support mechanism that bridged the gap between what is expected of them and the challenges of adjusting to the training scheme. This need became even more apparent during the COVID-19 era. This led to the creation of the buddy scheme. The main aims of the scheme are to design and develop a sustainable mechanism by which core trainees in higher years can support their year 1 counterparts informally, ease the transition of CT1 trainees into training and eliminate obstacles to success and reduce the differential