

improving knowledge of mental health, including its interactions with people's physical and social backgrounds. Targeting foundation doctors rotating into psychiatry posts is a good opportunity to achieve these objectives, as they will be the cross-speciality doctors of the future, and have specific learning needs given their unique rotations and new medical careers.

Method. On one Wednesday morning per month Foundation Doctors had a specific teaching session for them. The sessions consisted of four 30-minute teaching blocks which, crucially, were given by foundation doctors. They were facilitated by a core psychiatry trainee, and the topics were decided by the doctor teaching each 30-minute block. The foundation doctors were able to teach on any topic related to psychiatry that interested them. Feedback forms were developed and provided at the end of each session for the foundation doctors, as well as at the end of each recent foundation rotation, to get feedback on the overall quality of the course delivered.

Result. The programme has now had 6 complete cohorts of foundation doctors. We have built a varied topic bank from past sessions, including the Mental Health Act, dementia, the Mind-Body Problem, psychiatry in video games and sociology of psychiatric illness, amongst other topics. All foundation doctors questioned have agreed or strongly agreed that the sessions were helpful for their psychiatric rotation and general medical training. Particularly praised aspects were the ability to discuss psychiatric topics that weren't normally discussed in an academic environment, being able to take ownership over learning and practicing giving teaching. Vitally, core trainee facilitators also found the sessions inspiring for their training.

Conclusion. The Foundation Teaching Programme has increased doctors' knowledge of a range of psychiatric topics, the breadth of which and agency in choosing topics has increased engagement with psychiatry, regardless of planned medical training speciality. Areas to explore in the future include potentially opening attendance to medical students and physician associate students, and to other regions of the deanery. Evaluating the long-term impact of this training is also warranted.

A survey of the level of knowledge and understanding of members of the inpatient team on the role of the physician associate on the general adult psychiatric wards

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Aims. Physician Associates (PAs) are healthcare professionals with a general medical education background, having completed a two-year postgraduate degree. Whilst the number of PAs employed in healthcare trusts continues to increase, the number working in mental health settings remains small.

Mersey Care NHS Foundation Trust employed two PAs two years ago. In August 2019, a third PA was recruited to work at Clock View Hospital, a general adult inpatient unit.

This survey aims to establish what level of understanding different members of the inpatient teams across the inpatient wards have of the tasks PAs are permitted to undertake and those they are not.

Method. A survey was designed, listing 37 tasks, e.g. completing an admission clerking. For each task, the participant was asked

whether a PA is allowed to complete it or not, with three options provided – “can carry out the task”, “cannot carry out the task” and “do not know.” A score of +1 was awarded if the correct answer was provided, -1 for an incorrect answer and 0 if the respondent didn't know. The highest possible score for a completed survey was +37 points; the lowest possible score was -37 points.

A sample of survey respondents was identified from the three general adult inpatient wards at Clock View Hospital and the Psychiatric Intensive Care Unit (PICU), comprising: senior doctors, junior trainees, Ward Manager, Deputy Ward Manager, Band 5 nurse and Assistant Practitioner.

Result. Twenty-four members of staff completed the survey – 3 senior doctors, 4 junior trainees, 4 Ward Managers, 4 Deputy Ward Managers, 5 Band 5 nurses and 4 Assistant Practitioners. The respondents were distributed equally across the three general adult wards and the PICU. The highest survey score was 36 out of 37 (a Consultant); the lowest was 18 (a junior trainee). The lowest mean score was variable across the different grades of staff, with Consultants scoring highest at 29 and Assistant Practitioners and Ward Managers both scoring lowest at 25. There was little variability in mean score (only 2 points) across the three wards and PICU.

Conclusion. The results from this survey demonstrate that different members of the inpatient team have a good understanding of what tasks PAs are and are not permitted to. There is still a need to provide further education to inpatient staff to ensure they utilise the PA at Clock View Hospital appropriately and that the PA is able to develop his skill set.

An analysis of the views of different members of the inpatient team on the role of the physician associate on the general adult psychiatric wards

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Mersey Care NHS Foundation Trust employed two PAs two years ago. In August 2019, a third PA was recruited to work at Clock View Hospital, a general adult inpatient unit.

This analysis aimed to establish the views of different members of the team across the three general adult wards and the Psychiatric Care Unit (PICU) at Clock View Hospital on the role of the PA.

Method. A sample of members of staff was identified from across the three general adult inpatient wards at and the PICU, comprising: senior doctors (Consultants and Specialty Doctor), junior trainees (Core Trainee and Foundation Trainees), Ward Manager, Deputy Ward Manager, Band 5 nurse and Assistant Practitioner. Each member of staff was asked to answer the question “On a scale of 1 to 10 (with “1” being completely unhappy, “10” being completely happy), how happy are you to have a PA working on your ward?” Each staff member was then asked to provide comments on their views on the role of the PA.

Result. Twenty-three members of staff participated – 3 x senior doctors, 4 x junior trainees, 4 Ward Managers, 4 Deputy Ward

Managers, 4 x Band 5 nurses and 4 x Assistant Practitioners. The respondents were distributed equally across the three general adult wards and the PICU. All 23 members of staff provided a score of 10 out of 10 to the question about how happy they were to have a PA working on the ward. Many of the staff members provided some very positive comments on their respective views about the role of the PA at Clock View Hospital. No negative comments were provided by any members of staff.

Conclusion. It is clear from the large sample of members of staff of different grade at Clock View Hospital that were surveyed that the PA has been a warmly received and welcome addition to the inpatient team and that the PA is viewed as having become an important and valued member of the inpatient team. This provides a strong argument for both Mersey Care NHS Foundation Trust, and other mental health trusts across the U.K., to consider employing more PAs to work in their inpatient units.

Innovative psychiatry medical education initiative: empowering and supervising trainees for future teaching in psychiatry training program establishment in Somaliland

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Aims. Somaliland is a de facto state in the horn of Africa. It unilaterally declared independence from rest of Somalia in 1991. Medical education in Somaliland started in the year 2000.

Aim of the study is to explore the feasibility of teaching program for the country by its future potential psychiatry educators. The initiative started in 2019 to seek trainees with interest in academic psychiatry and support them with medical education skills. This is intended to prepare them for leading future teaching roles in both undergraduate and residency/fellowship in psychiatry

Amoud University wanted to empower junior doctors at the university to have teaching skills needed to set up residency program. The Somaliland government asked Ethiopian ministry of health to offer psychiatry residency program for general practitioners in Somaliland to have future residency and fellowship in psychiatry. Several psychiatry trainees worked with the visiting professor from the United Kingdom who joined Somaliland medical school as visiting professor in psychiatry

Method. The visiting professor supported the trainee in setting up a psychiatry undergraduate training curriculum in line with Somaliland medical school curriculum. Before the teaching methods were didactic and role play based. The faculty introduced different teaching methods including flipchart, small/large group teaching which was student centered education. Students received a online survey to reflect on psychiatry teaching they received. post course survey was conducted at the end of the teaching to evaluate the teaching initiative.

Result. Survey revealed interesting pattern that students preferred class room based teaching in comparison to online teaching. 90

percent of the attendees showed interest in flipchart teaching compared to didactic model. They expressed increasing understanding of the subject matter when they read and discuss among themselves instead of lectures. 70% of students prefer more clinical teaching compared to online sessions.

52% liked the new teaching module compared to the lecturing style.

Conclusion. Supervision of early career psychiatrists to undertake future academic psychiatry roles is an important step in building psychiatry faculty in medical schools. As the case of Somaliland this retains trainees in teaching roles in the future to teach undergraduates mental health courses. The other benefit is empowering them to set up psychiatry training program to close the service delivery gap with skilled psychiatrists in the future. Somaliland plans to set up its psychiatry residency/fellowship programs soon after this initiative.

Core psychiatry trainees views on MRCPsych course structure and delivery at East Midlands Deanery

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Aims. The RCPsych curriculum for core training in Psychiatry (2013) requires each Deanery to run regional MRCPsych teaching programme.

The East Midlands School of Psychiatry run a local MRCPsych course aimed at all core psychiatry trainees in the deanery. Before the pandemic, the course took place between two venues – Nottingham and Leicester. During the pandemic, the course was delivered via Microsoft teams. We aimed to collect the feedback from trainees regarding the course to help shape the MRCPsych Course programme according to their training needs.

Method. We devised an online Microsoft forms questionnaire which included:

Level of training

Number of exams passed

Relevance of MRCPsych content to clinical practice and membership exam

Usefulness of mock exams, simulation scenarios and workshops towards clinical and exam practice

Overall experience of the course

Which additional sessions they would like to be included

The effect of COVID-19 on their ability to attend in MRCPsych programme

These forms were sent to all the trainees in the region via email.

Result. Out of 44 trainees, 9 responded. 66.6% of the trainees who responded were CT1 and 33.3% CT2. 45% had passed Paper A and 55% had not passed any exams. 78% of them agreed and 11% strongly agreed that course was relevant to the clinical practice. 55.6% agreed that course was relevant to membership course. 44.4% agreed and 11% strongly agreed that mock exams were useful. 66.7% agreed and 11% strongly agreed that simulation case scenarios and workshops were useful for exam and clinical practice. 22.2% strongly agreed and 33.3% agreed that sessions were engaging and motivating. Overall experience of MRCPsych exam was rated as excellent (11%), good (55%), satisfactory (22%) and poor (11%).

Suggestions to add additional sessions included antiracism in psychiatry, more mock exams, practical management of cases, to organise more interactive sessions on Microsoft teams,