



## An Interprofessional Case-Based Teaching Programme for the Multidisciplinary Team of an Acute Adult Inpatient Psychiatric Unit

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**Aims:** An interprofessional educational intervention integrating case-based teaching was introduced to the multidisciplinary team (MDT) of two acute adult inpatient wards aiming to improve understanding, compassion and team dynamics through protected time for reflection, learning and social collaboration.

**Methods:** All MDT members were invited to a monthly 90-minute teaching session for a period of 7 months. Attendees could join in person or online. Sessions were primarily led by 2–3 MDT members from different professional backgrounds e.g. doctor, psychologist, and pharmacist. Two of the sessions included external presenters on specialist topics including eating disorders and substance misuse.

Sessions were split into: A Case Presentation on a current inpatient; A Topic Presentation on a subject linked to the case.

Feedback was collected anonymously on paper forms and emailed to online attendees following each session. Likert and free-text questions were used to gather feedback on teaching content, style, quality, relevance, and value. Following the final session, feedback was collected about the overall programme and presenters were asked to provide feedback on their experiences collaborating with colleagues. Likert items were analysed using Microsoft Excel and a basic thematic analysis was undertaken for free-text questions.

**Results:** On average, 13 professionals attended in-person and 3 online per session. Attendees included resident doctors, consultant psychiatrists, nursing staff, physical health nurse practitioners, psychologists, pharmacists, occupational therapists, support workers, activity coordinators and speech and language therapists. The average session ratings were 9.8/10 (1 – poor, 10 – excellent) for usefulness and 9.75/10 for content, relevance, and teaching skill. Attendees who provided feedback on the overall programme (n=13) found it *extremely valuable* and wished for the sessions to continue. Five themes were identified: improved accessibility to teaching, shared perspectives, better understanding of professional roles, improved patient understanding via case-focussed teaching and reflection, and team building. Presenters (n=7) found the experience *very* or *extremely valuable* and they would recommend it to colleagues.

**Conclusion:** This interprofessional case-based teaching programme was successfully integrated within the acute inpatient setting. Effective interprofessional collaboration can be a key mechanism for improving service delivery, patient care and safety, and enhancing teams. Attendees found it beneficial discussing challenging/complex cases, improving their understanding of patients' difficulties and colleagues' roles. The sessions allowed attendees to reflect on cases with colleagues, sharing experiences and learning from one another positively impacting professional relationships. It would be useful for objective measures to be integrated within future research design to quantitatively measure changes in outcomes such as compassion, empathy, burn-out and teamwork.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Learnings From a Mixed Model Communication Skills Training for International Medical Graduates

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**Aims:** International Medical Graduates (IMGs) make up more than half of new recruits in the NHS and recent data shows that there is an increased likelihood of IMGs being referred to the General Medical Council (GMC) for fitness to practice investigations. Analysis of these complaints highlighted communication skills as an area of concern. We wanted to support relatively new IMGs, who started practicing in the country within the last 2 years, by enhancing their communication skills.

**Methods:** To deliver this initiative, medical education department, trust IMG tutor and two higher trainees (with recent lived experience as an IMG in the NHS) partnered with Talking Allowed (communication skills training company for healthcare professionals). 12 IMGs registered and were offered 5 half day online and 1 day face to face training using a mixed model of activities related to all aspects of communication – verbal, non-verbal and written. We ran role plays on: 'Managing an upset relative', 'Breaking Bad News', 'Misunderstandings and Colloquialism', 'Dealing with disagreement/ conflict within the team' and 'Challenges to professional boundaries'.

During role plays, prior to candidates' attempt, a 'how not to do it' version was acted out by the higher trainees followed by the enrolled participants going next. Each role play was further followed by reflective feedback sessions facilitated by PM, LH & RB to identify and reflect on positive as well as areas for improvement. Through the course one session focused on written communication, with homework and best practice guidance provided prior to the session. At the last session, there was a didactic presentation and discussion on acculturation with opportunities to reflect. Feedback was gathered at every session from the attending IMGs. 7–8 trainees engaged through the process, 2 dropouts and 2 non-engagements.

**Results:** 97.1% (n=35) rated the sessions as 'highly engaging' (on a scale of 1 to 4), 100% rated the sessions as 'highly relevant' (n=36); 91.4% (n=35) rated the course as 'highly useful'. Compared with at the start of the course, subjective confidence in communication of participants improved by 2 points in a scale of 0 to 10. Initial score 6.8 and final score 8.8 (signifying 20% increase).

**Conclusion:** Focused communication skills training involving a mixed method of role play using simulation principles, complemented by general reflective exercises on communication especially in a cultural and emotional context as well as some reflection on the personal experience and the known intelligence on immigration and acculturation can be an invaluable tool for IMGs.

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## A CAMHing Influence: Can a Recruitment Event Inspire Resident Doctors to Train in Child and Adolescent Psychiatry?

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