

**Aims.** To increase staff confidence about identifying Domestic Abuse (DA), particularly regarding 'how to ask' to encourage disclosure and the pathways available for appropriately safeguarding survivors; in a Community Mental Health Team (CMHT) setting.

**Background.** DA is bi-directionally associated with mental health (MH) disorders; 1:4 women in contact with MH services are currently experiencing DA. MH professionals (MHPs) are in a privileged position to identify DA and support survivors. However, this is dependent on MHPs receiving adequate training about DA. For this, we collaborated with Pathfinder, a national pilot project run by a consortium of five expert partners that aims to establish comprehensive health practice in relation to DA and Violence Against Women & Girls in Acute Hospital Trusts, MH Trusts and Primary Care. In Southampton, Pathfinder has funded two domestic and sexual abuse (DSA) advocates to both train MH staff and take a small caseload of MH service users who are experiencing abuse.

**Method.** We conducted a baseline survey of staff confidence across the following domains:

- Knowing the legal definition of DA,
- The process used to escalate a DA concern,
- How to make a referral,
- How to complete DASH forms,
- How and when to refer to Pathfinder,
- What the following acronyms mean: PIPPA, MAPPA, MARAC, IDVA, DASH,
- What HRDA and MASH mean,
- How to ask about DA,
- Who to signpost service users to if they make a disclosure, and when to involve the police.

We presented the survey results at the regional Pathfinder strategic group, with Trust management representatives present. This project fits within the strategic group's sustainability aims to increase DA awareness and safeguarding processes across the Trust.

The Pathfinder funded DSA Advisors delivered a four-hour training package targeting the surveyed questions and wider information on DA. We then re-surveyed to see if staff confidence had increased. We are currently analyzing the number of referrals to the Pathfinder service pre- and post-training.

**Result.** Staff confidence increased across all domains following the training (% mean increase): Qs1 (35%), Qs2 (9%), Qs3 (45%), Qs4 (81%), Qs5 (25%), Qs6 (49%), Qs7 (89%), Qs8 (62%) and Qs9 (48%).

We have now arranged a bi-monthly drop-in at the CMHT by the DSA advisor who provided the training, to embed the link between the services and maintain staff confidence. We will circulate these results to advocate that this training is provided across the Trust.

### Physical Health Simulation Based Education (SBE) for psychiatrists in the first COVID-19 wave: improving the competence and confidence of the medical workforce

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**Aims.** At the start of the COVID-19 pandemic there was significant uncertainty for the NHS and its workforce. Within psychiatry, there was an expectation that junior doctors would be

redeployed, with senior psychiatrists stepping down to cover physical health and on-call duties.

Senior leadership in mental health trusts were also preparing for COVID-19 outbreaks on psychiatric wards and were developing strategies for managing a novel illness with a poorly understood clinical course. Many psychiatrists expressed anxieties around their competency in assessing and managing acutely physically unwell patients in a mental health setting.

This project aimed to improve confidence of psychiatrists in core physical health competencies through devising and delivering an evolving SBE package.

**Method.** Sussex Partnership Foundation Trust redeployed two higher trainees from their simulation faculty to work full time on developing a SBE package. This was requested by senior leadership to deliver training about assessing and managing physically unwell patients in the context of COVID-19. This training was devised as a 90 minute didactic lecture following by 90 minutes of SBE.

This was delivered at 6 sites through 10 opt-in sessions available to all doctors in the trust over 4 weeks. Pre and post-course questionnaires were given to all participants to measure the effect.

**Result.** 102 medical staff attended the SBE workshops. Feedback was completed by 93 (91%) doctors prior to the course and 97 (95%) post. Before the workshop, 33% did not feel they had a structured approach for assessing an acutely unwell patient, which reduced to 0% after completing the course.

On a 5-point Likert scale, confidence in managing COVID-19 symptoms increased from 2.54/5 to 4.07/5 overall with 89% of doctors feeling "confident" or "very confident". There were similar increases in confidence in managing critically unwell patients (2.7/5 pre; 3.95/5 post) and in identifying alternative causes for acutely unwell patients (2.63/5 pre; 4.02/5 post).

**Conclusion.** This project demonstrates that SBE is an effective way to rapidly develop effective interventions for the medical workforce, increasing confidence in the face of significant uncertainty and reducing anxiety within the system to meet the learning needs identified by medical leadership.

As part of this project Sussex Partnership Medical Education freely shared the workshop materials, which were later adopted and used by psychiatry departments internationally.

### Responding to a pandemic with Simulation Based Education (SBE)? Sharing lessons learned from Sussex Partnership Foundation Trust (SPFT)

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**Aims.** In March 2020 SPFT was preparing for the first wave of the COVID-19 pandemic. Senior medical leadership supported the rapid development and delivery of SBE workshop for assessment and management of physically unwell patients in a psychiatric setting in the context of COVID-19. The training was delivered to 102 psychiatrists across 10 sessions over 4 weeks.

A learning review was completed to identify lessons learned from the delivery of this SBE workshop.

**Method.** The intervention was reviewed using open-space feedback from attendees, interviews with facilitators and medical leadership, and SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.

**Result.** Overall, the simulation project met its pre-determined objectives of increasing confidence and competence in the medical workforce in the context of COVID-19 and physical health. Development and delivery of the workshop was rapid, with request to delivery taking 4 days.

A summary of the key lessons include:

An existing simulation faculty within the trust was essential, allowing for rapid identification of key stakeholders and those able to deliver the project.

A “direct-line” relationship to senior leadership enabled the project to be dynamic and responsive to changing demands as COVID-19 guidelines and objectives evolved.

Redeploying higher trainees with SBE experience to develop the project as a focussed team allowed for rapid delivery which was resource-effective.

The workforce found reassurance from understanding what was not expected of them, as much as what was. For example, making clear that Arterial Blood Gases would not be introduced to the psychiatric setting.

There is an ongoing learning need for physical health training through SBE in non-covid scenarios.

SBE can be an effective intervention for a range of medical grades and covering a large geographical area.

There are opportunities for developing multi-disciplinary training on physical health in psychiatry.

**Conclusion.** We have outlined some of the key learning outcomes from a successfully implemented SBE project during the first COVID-19 wave in spring 2020. The project has cemented the role of the relatively new simulation faculty within the trust and highlighted the effectiveness of close collaboration between leadership and a small, dedicated group of facilitators. The project has continued to be used for training new staff members and the resources have been widely shared, used by other NHS trusts and also internationally.

### Psychoeducation for the Frontline: Ealing Liaison Psychiatry Service (ELPS) pilot training day for London Ambulance Service (LAS)

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**Aims.** To host the first ELPS training day specifically for LAS staff to improve their knowledge and understanding about mental health issues and the role of ELPS.

On average 13,000 calls are received by LAS relating to mental health issues every month. Many patients seen by ELPS will have multiple interactions with LAS. ELPS has previously held training for the Emergency Department team but this innovative day was designed to extend this training commitment to pre-hospital clinicians

**Method.** LAS training needs were initially assessed by a bespoke questionnaire and ELPS attending another LAS training event held by the new mental health joint response car team.

We then developed a training programme to match the identified training needs and which utilised the specific expertise of individual ELPS staff.

14 members of the local LAS stations attended including both Paramedics and Emergency Ambulance Clinicians. The presentations covered mental state examination, suicide, risk assessment, substance misuse, legal frameworks and then a ‘challenging cases’ session to bring it all together.

Pre and post course questionnaires were completed by participants, exploring attitudes and knowledge.

**Result.** There was a statistically significant improvement in the average self-ratings for all of the categories assessed including attitudes to mental health, confidence in assessment and knowledge relating to the process the patient will experience in the emergency department.

The knowledge about the pathway and role of liaison psychiatry showed the greatest improvement with an average 4.25 increase in pre and post course rating.

Almost all participants (9.2/10) would recommend this training day to a colleague

**Conclusion.** We met our objective of improving LAS staff knowledge and understanding about mental health issues and the role of ELPS. We plan to build on this successful pilot and expand our training programme for LAS with the ultimate aim of improving patient care.

### The Malaysian Northern Stars (supervision, training, and reflective system) project: a multi-facet ecosystem of producing local talents

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**Aims.** The MRCPsych (Membership of the Royal College of Psychiatrists, United Kingdom) parallel training pathway has been introduced in Malaysia to produce competent psychiatrists to deliver evidence-based psychiatric care. Certain training centres faced specific challenges during the process of implementation, including the lacking of supervisors with experience in the MRCPsych examination, over-reliance on self-study and existing continuous medical education (CME), logistic difficulty in accessing specific training courses, the sustainability of local training, and loss of manpower due to frequent mobilisation of trainees. This article is aimed to illustrate the Northern STARS (Supervision, Training, and Reflective System) project, i.e. a project implemented as a solution for those challenges and an effort to develop a sustainable model of training for the local talents in Perlis, a northern state in Malaysia.

**Method.** The Northern STARS initiatives included: setting up a library with more MRCPsych-related materials; introducing trainees to virtual MRCPsych support groups; organizing both physical and virtual training locally, collaborating with local and international experts for consultation and teaching, and the introduction of protected study time. Virtual platforms were used innovatively to minimise cost. Ongoing data were collected for programme evaluation and quality improvement. Trainees were actively involved in the process to facilitate the development of leadership and administrative skills.

**Result.** A total of seven courses covering both skill and theory training had been organised: Ultra-brief Psychological Intervention Workshop, Dialectic Behavioural Therapy workshop, Personality Disorder Workshop, Critical Appraisal Workshop, MRCPsych Lecture Series, Addiction Psychiatry Lecture, and Basic Revision Course on Electroconvulsive Therapy. An estimated amount of twenty thousand Malaysian Ringgit had been generated and channelled into the community mental health centre, accounting for the indirect cost of a subscription to Zoom™ and the intangible cost of labour effort. Overall feedback revealed a high level of satisfaction together with some specific suggestions on areas of