

Workplace culture and lack of senior support: The healthcare curriculum, and the manner of its delivery were found to propagate ideas encouraging racial microaggressions. Seniors behaving as role-models by challenging microaggressions could encourage an open and accountable environment. Supervision was a tool for allyship that reduced the threat of negative race-related incidents.

Intervention: Acknowledging racial microaggressions within healthcare, as well as quantifying their presence with tools, encouraged a stronger and more effective response from institutions. Teaching curriculum also served as a useful platform to teach and address microaggressions.

Conclusion. Racial microaggressions were experienced as having a detrimental impact on healthcare professionals' well-being and mental health. Consequently, this affected the efficiency, the workplace culture, patient outcomes and job satisfaction. Given the multifaceted nature of racial microaggressions, tackling them requires a complex and wide-ranging response from institutions.

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.

What Factors Influence the Outcome of Psychiatry Postgraduate Written Exams, MRCPsych Paper a and B? a Qualitative Analysis From Trainees' Perspective in West Midlands School of Psychiatry in UK

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Aims. Analysis of the Annual Report of Examination Results published by General Medical Council (GMC, 2020) revealed that trainees of West Midlands School of Psychiatry didn't perform well in written components of MRCPsych exams and showed pass rate between 2014 and 2019 as 54.6%. Therefore, this qualitative study was conducted to assess West Midlands School of Psychiatry core psychiatry trainees' perception of factors that influence the outcome of MRCPsych Paper A and Paper B.

Methods. Qualitative research methodology with a grounded theory approach was used to systematically analyse the data and to evolve the theory rather than appraising the existing theory. The purposive and theoretical sampling strategies were used. Study population included all core psychiatry trainees in the West Midlands School of Psychiatry in 2021 who were invited via email for a semi-structured focus group interview. The participants' information sheet and consent forms were sent with the interview invite. A total of 38 participants contributed. The data were collected through 3 focus groups and 2 one-to-one interviews. The interviews were recorded using the recording and transcription feature of Microsoft Teams. The transcription was checked manually for accuracy. The data were collected and analysed simultaneously till the point of theoretical saturation, thereafter a thematic analysis was conducted.

Results. Themes emerged were grouped under challenges faced by the participants such as work and time pressures, financial constraints, and lack of family support. Other challenges were related to virtual learning, a mismatch between local teaching course and exam schedule and lack of contextualisation in local course content. Most of the trainees had to rely on private courses which

were adding financial burden. The majority felt that social isolation due to COVID-19 had a negative impact on their well-being. Participants suggested various recommendations for their local course content and delivery.

Conclusion. The study highlighted the need for the local course content to be contextualised and tailored to the examination course. This could be achieved by including a variety of multiple-choice questions, case-based discussion, and small group teaching for the purpose of preparing and practising examination questions/scenarios. It also highlighted trainees' need to utilise the study leave budget for private courses to ease financial burden. The International Medical Graduates (IMG) cohort identified that they need extra support and feedback about the examination preparation from the early beginning of the training to overcome differential attainment.

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The Prevalence of Traumatic Brain Injury and ADHD in Secure Settings

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Aims. Traumatic brain injury (TBI) is highly prevalent in prison populations, with an estimated prevalence of 51%-82% according to a 2018 review. TBI has been linked to higher rates of interpersonal violence, recidivism, suicide, higher drop-out rates in rehabilitation programmes, and lower age of first conviction. Attention deficit hyperactivity disorder (ADHD) has been shown to be associated with an increased risk of interpersonal violence, and previous TBI. Little is known about prevalence of TBI or ADHD amongst inpatients in secure psychiatric settings in the UK. We aimed to estimate the prevalence of TBI and ADHD in inpatients admitted to a psychiatric intensive care unit (PICU) and to low and medium secure units across three London mental health NHS trusts.

Methods. 60 male participants were identified through prospective purposive sampling. Three questionnaires were administered: the Brain Injury screening Index (BISI); Adult ADHD Self-Report Scale v1.1 (ASRS); and the Brief-Barkley Adult ADHD Rating scale (B-BAARS). We also reviewed medical records of participants, age, psychiatric diagnoses, level of education, and convictions for violent and/or non-violent offences, number of admissions, and length of current admission. Ethical approval was granted by the local research ethics committee

Results. 67.8% of participants screened positive for a history of head injury, and 68.3% and 32.2% screened positive on the ASRS and B-BAARS respectively. 38.33% recorded greater than one head injury on the BISI. The most commonly recorded psychiatric diagnoses were schizophrenia (43.33%), schizoaffective disorder (23.33%), Bipolar Affective Disorder (11.67%), and Unspecified Non-Organic Psychosis (10.00%). Screening positive on ASRS was associated with screening positive for previous head injuries BISI ($p = 0.01$, $\square 2$). No other statistical associations were identified.