

(IMF)/CESR Fellowships) in the United Kingdom and to understand shared themes.

Method. Three psychiatrists with the experience of being part of MTI/IMF program, for a minimum of 1 year, participated in theme guided, focussed discussions to understand common experiences. These discussions were limited to 3 broad headings. Opportunities to grow, what we wish the college knew and what we wished the trusts and supervisors knew. The experiential accounts were captured and circulated among a group of 20 MTI/IMF/CESR fellowship doctors and rated on a 5 point Likert scale varying between strongly agree to strongly disagree.

Result. The findings suggest that the expectations and experiences of the psychiatrists on such programs share some common themes. Most of them had varied experiences under the theme 'opportunities to grow'. The suggestions for what these doctors 'wished the trusts, college and supervisors knew' had a good concordance among the 20 doctors who reviewed the themes and suggestions. The details of the themes and commonalities will be discussed at the conference.

Conclusion. The expectations and experiences of the doctors on MTI/equivalent program share common themes. Bridging the gap between MTI experience to an excellent MTI experience would involve identifying such shared experiences, that could potentially guide development of processes, thereby making these training fellowships better tailored to each trainee.

Regional survey into trainee experience of core psychotherapy training

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Aims. This project aims to assess the experience of psychiatry core trainees who have undertaken core psychotherapy training (CPT), to identify what is experienced positively and potential areas of improvement.

Background. Psychotherapy is an necessary part of core psychiatry training, requiring one short and one long case to complete core training.

Method. An anonymous online survey was drafted, containing both qualitative and quantitative questions, to assess trainees experiences of CPT. It was circulated via Trust email (locally) and Twitter (nationally).

Result. A total of 35 responses were received: 21 core trainees, 12 higher trainees, 1 consultant, and 1 staff grade doctor. 6 respondents had completed a short case only; 2 a long case only; 25 both; and 2 neither.

Confidence in psychotherapy knowledge was rated on a 1–5 scale (1: significantly below average to 5: significantly above average). Theoretical knowledge improved from a 2.57 average before CPT to 3.63 following, and clinical application improved from 2.43 before to 3.66 following.

Knowledge prior to delivering CPT was most commonly obtained from Balint group (71.4% of respondents) and MRCPsych courses (65.7%).

The main barriers to obtaining psychotherapy experience were: accessing supervision (60.0% of respondents); not enough patients (53.3%); and a lack of guidelines on accessing supervision and patients (43.3%). Additionally, getting time away from day jobs was identified as a concern, particularly among LTFT trainees.

Important learning points from CPT identified by trainees were:

knowledge of psychoanalytic concepts, such as transference and counter-transference; differences between the theoretical models; an alternative approach to formulation; and how these skills can be useful in all clinical encounters, such as maintaining rapport, boundaries, and time-keeping. The useful role of supervision was also highlighted.

Conclusion. This project serves as an introductory look into how trainees view their experience of CPT, and potential areas for improvement.

Themes for improvement, arising from qualitative responses, are: clear reading list, including introductory materials; clear guidelines at induction, including supervisor contact details; improved access to supervision; patients to be allocated; protected time for psychotherapy, with extra support for LTFTs; shadowing; increased choice of modality; and more formal teaching on psychotherapy. These are key areas to be targeted to improve the trainee experience, particularly for those who risk delays in their training.

West Midlands general adult psychiatry higher trainees' peer group wellbeing away day

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Aims. The main aim of the wellbeing day was to increase the sense of wellbeing amongst psychiatry higher trainees in the West Midlands. We first wanted to understand the wellbeing needs of the trainees and what they hoped to get out of an away day. We wanted then to evaluate whether the away day had met these needs.

Background. The Psychiatry Trainees Committee (PTC) published a report 'Supported and Valued? A trainee led review into morale and training within psychiatry' in 2017. The importance of feeling valued and supported and the value trainees place upon the support of their peers, were highlighted in this report.

As higher trainees we are often geographically isolated from each other, and whilst the peer group meet once per month, this is mostly for academic lectures resulting in poor familiarity amongst trainees which can leave trainees feeling unknown and unsupported.

Method. We decided to apply to HEE for funding for an away day. We surveyed the peer group, asking what they most wanted to get out of an away day. The results showed that 'a morale boost', 'destress/relaxation' and 'opportunity to get to know other trainees' were the trainee's priorities, followed by improving leadership, team working and negotiation skills.

With these priorities in mind, an away day programme was developed which included a talk from Dr Mike Blaber, a palliative care doctor with a special interest in doctors' wellbeing, a 'getting to know you' art activity and a team building GPS treasure hunt funded by HEE. The day finished with a dinner in a local restaurant sponsored by Recordati. The rest of the day was paid for by the peer group.

Result. 28 higher trainees attended the away day which was held in Birmingham on 11/07/2019. Trainees gave feedback on the day using an online anonymous survey. 81% of attendees said the away day decreased their stress levels. 90% said that the day had increased their sense of wellbeing. 86% felt an increased sense of belonging and less isolated as a trainee.

Conclusion. Regular trainee away days may help tackle isolation and increase morale which is linked to better patient outcomes. Improving trainees' sense of wellbeing leads to better job satisfaction, which may ultimately lead to higher rates of retention within psychiatry.

In-situ child and adolescent mental health simulation with human factors feedback delivered by airline pilots

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Aims. To encourage multidisciplinary team learning by introducing Child & Adolescent Mental Health (CAMHS) in-situ simulation training.

To provide focused Human Factors feedback through the expertise of senior airline pilots.

Method. The integration of the WingFactors in-situ simulation programme to multiple departments at Whittington Health NHS Trust has transformed the education landscape. The programme has received unanimously positive feedback, and the potential benefits for not only physical, but also mental health training, have been quickly recognised. A total of 90 simulations have been performed. A number of CAMHS scenarios have been designed with the primary aims of encouraging multidisciplinary training and increasing the focus on Human Factors in Psychiatry.

Simulation scenarios were performed in real clinical environments with primed actors, thus enabling high-fidelity in-situ simulation. Immediate 'hot' debriefs were delivered by clinical faculty and uniformed airline pilots, with emphasis on psychological safety to encourage participation from all team members. The key learning points were then detailed in written documents and circulated to the wider team as a valuable learning resource.

The first CAMHS simulation involved the acute management of a collapsed patient in the Emergency Department toilet, with a ligature tied around her neck and accompanied by a distressed patient. Another scenario addressed de-escalation techniques when dealing with a patient presenting with an overdose, who was threatening to leave the ward and posing potential risk to herself.

Result. The nature of these in-situ simulations enabled the multidisciplinary team to analyse practical considerations in the management of acute clinical situations. Scenarios were designed to focus on areas which had been identified as needing improvement for patient safety.

The observations provided by airline pilots increased the focus on Human Factors training. A number of key themes were identified, including the importance of effective team-briefing, distraction management and task allocation. This is of particular significance when managing a distressed patient and anxious relative, in a busy high-stress clinical environment.

Conclusion. In-situ simulation is a newly emerging concept in the field of Psychiatry, and the success of this programme has been highlighted through consistently positive feedback from participants, and nomination for the HSJ Award (Best Education Programme 2021). The involvement of airline pilots has promoted collaborative learning amongst the multidisciplinary team, and increased the focus on Human Factors in Psychiatry, clearly demonstrating the value of in-situ simulation training in this field.

Novel approach to providing child and adolescent mental health education to allied health services

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Aims. To create and deliver a positive educational session for allied health services on prominent child and adolescent mental health conditions. It was hypothesised that delivering tailored teaching sessions on a range of child and adolescent mental health conditions would help improve the knowledge of allied health services. A quiz was administered at the beginning and end to assess the effectiveness of the sessions.

Background. In early 2019, a request was made by Staffordshire youth drug and alcohol service for an informal teaching session on prominent mental health conditions experienced by those under 18. The team often encountered the requested conditions but had no role in managing or treating them resulting in weaknesses in their knowledge. There was a strong desire to learn more about what the cause, presentation, diagnosis and management was of these too. An interactive, 60-75 minute session was requested on ADHD, autism, depression, anxiety, emerging emotionally unstable personality disorder, bipolar affective disorder, and schizophrenia.

Method. Sessions were conducted at the local drug and alcohol service, and at 2 regional social services, in autumn 2019. A 21 question quiz, 3 questions on each topic, was taken at the start and end of each session. The quiz content was covered within the teaching session, as well as time for questions, then marked and converted into a percentage.

Result. 19 quizzes were taken; either by individuals or within pairs. The average score before the teaching was 43%, increasing to an average of 90% after the teaching. The quiz showed good knowledge on anxiety and depression before the teaching, with an average pre-test score of 66%, whereas knowledge on the other topics was less. Post-test scores increased to 100% for most areas, but scores for ASD and bipolar were both 66%.

Conclusion. Feedback from the sessions was positive and staff across both services demonstrated a significant improvement in their understanding of prominent CAMHS mental health conditions. Further education and a change of approach to teaching is required for autism and bipolar affective disorder, both of which are challenging and broad topics.

The pre-teaching results do however demonstrate there is a need for better inter-agency education within teams, as well as reciprocal teaching so that knowledge from different teams can be shared. Further sessions are being proposed for other social services and general practises.

Recruiting medical students from underrepresented backgrounds to a project to identify support challenges amongst their peers whilst encouraging early career engagement in psychiatry

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Aims. To engage lived experience individuals to run a project identifying the mental health challenges unique to medical students who self identify as belonging to marginalised groups;

To use the project findings to inform mental health support and education during medical training and beyond;

To encourage the individuals to engaged mental health policy and education whilst also using the process to inform their future medical careers, including in the field of psychiatry.

Method. Lived experience individuals were recruited to the project following open applications from medical students. The role