

- Only two-thirds of trainees felt the current opportunities prepared them to be an effective Consultant trainer (67%). Some were also uncertain of teaching opportunities available in the deanery (41%).
- Trainees expressed a preference of learning through small group tutorials, interactive workshops and experiential learning.
- Trainees requested incorporating content around innovative technology in medical education including artificial intelligence and simulation as well as formal qualifications in medical education.

Conclusion. The project has shown that the current TTT course is effective in supporting Psychiatry higher trainees meet their curriculum requirements, however there is a scope to adjust the content to meet their changing needs and align with digital advancements in medical education. We suggest the course should be delivered in a more interactive and engaging manner for example using breakout rooms and workshops. To ensure all trainees are aware of the course and teaching opportunities available, an information leaflet outlining the TTT course will be sent out as part of the induction process. It is hoped that with these improvements, the needs of Psychiatry higher trainees will be better met as they move forwards in their careers and become Consultant trainers.

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Live the Experience: Mental Health Simulation Training for New Starters to Psychiatry in East London NHS Foundation Trust (ELFT)

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Aims. This project aimed to create and deliver a simulation-based course to improve trainees' knowledge, practical skills and confidence as well as leadership and multidisciplinary-team working. We evaluated the effectiveness of this training and simulation as a learning experience. Simulation in psychiatry is a relatively new field compared with other specialities. Literature shows that experiential learning in psychiatry is effective for developing clinical and communication skills for doctors, and confidence in leadership. It is vital we work towards the National Health Service Long Term Plan for improving mental health care for those with serious mental illness which includes better training for doctors. This course was designed to enhance the ELFT training programme focusing on applications of theoretical knowledge.

Methods. A simulation-based course was delivered to core trainees and general practitioner trainees at induction to psychiatry. This was based on the Royal College of Psychiatrists curriculum and input from our People Participation team to ensure authenticity of scenarios. We surveyed trainees to inform the development of our pilot in February 2022 and subsequently developed two half-day courses facilitated in August 2022 following feedback. The scenarios we created were: risk assessment, section 5 (2) Mental Health Act (MHA) assessment, managing agitation and violence, escalating concerns to a senior, section 136 MHA assessment, seclusion review, discussion with medical registrar

for physical health concerns, collateral history and information-giving in child psychiatry. We used a structured debrief model (what went well, what could you have done differently, what was the 'golden moment?') and provided relevant teaching. Service users joined the debrief to share their perspectives and lived experiences. We collected and analysed quantitative and qualitative feedback.

Results. Ten trainees attended the pilot course, followed by eleven on day 1 and nine on day 2 in August 2022. Results from questionnaires revealed post-course, 100% of participants felt more confident in their psychiatric skills and found this experience to be valuable for clinical practice. 100% would recommend this simulation to others. Qualitative data showed participants thought scenarios were realistic, the environment was supportive and feedback was comprehensive. They also appreciated the service user involvement.

Conclusion. Trainees reported simulation provided a safe and engaging environment to learn practical skills which better prepared them for work. This course is now embedded into the ELFT induction programme and enables doctors to develop their confidence and have a better understanding of service user perspectives. Future development of this course will involve allied health professionals.

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Home Is Where the Health Is: Developing Medical Students' Understanding of Homeless Health

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Aims. Mental and physical ill-health are both causes and consequences of homelessness. As the cost-of-living crisis forces more people out of their homes, it is imperative that medical students are informed and prepared for this health crisis. Discussions with or about homeless populations are largely absent from the current medical school experience, and are rarely accompanied by homelessness-specific on-the-ground exposure. This project aims to use contemporary literature and the personal experience of a UK medical student to formulate suggestions on how the curriculum can better address homeless health.

Methods. A literature search was performed, including recent work on medical education, inclusion health, and homelessness. Reflection on the author's personal experience at medical school was conducted and compared with existing literature to ascertain validity.

Results. Whilst many students will walk past rough-sleepers on their way into university/hospital, homelessness is a seldom-addressed topic at medical school. In the author's personal experience, there can be a cognitive disconnect between the theoretical principles (e.g. social determinants of health, inclusion health) covered in lectures, and the on-the-ground realities of the isolation, discrimination, and violence that homeless populations face. Since medical students disproportionately come from privileged socioeconomic backgrounds, this disconnect may be due to a lack of exposure underpinned by the assumption that homelessness will never directly affect them.

A review of literature highlighted several worldwide initiatives aiming to develop medical students' understanding of

homelessness. Programmes involved students in health screening, education programmes, and street psychiatry placements. These have been shown to reduce bias and improve student preparedness.

Based on the overlap between literature and the author's own experiences, three focuses for curriculum improvement are proposed: supported exposure, compulsory education, and advocacy. Supported exposure would involve students having formal face-to-face contact with homeless populations, supported by supervision and debriefing. To prepare for these interactions and their potential challenges, students should receive trauma-informed training alongside teaching on inclusion health and social determinants of health. This should be emphasised by medical schools as mandatory, rather than a 'special-interest' topic that many students will not engage with. Finally, students should be encouraged to advocate for vulnerable patients both within the clinic, and on a broader systemic level.

Conclusion. This project stresses the urgent need for addressing homelessness within medical education. The proposed focuses aim to cultivate a deeper understanding among medical students about the health challenges faced by homeless populations, fostering empathy and competence in future healthcare professionals.

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INSIGHT: Integrating Social Determinants of Health in Medical Education During Psychiatry Prison Placements

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Aims.

Background. The importance of the social determinants of health (SDOH) is increasingly recognised. However, medical students are taught about them as epidemiological facts. We established a programme in North Wales involving prison placements for medical students, accompanied by specific teaching to contextualise SDOH to individual patients' mental health problems. This is being evaluated over a four-year follow-up. We report findings of qualitative evaluation of the second-year cohort.

Methods. Individual interviews with students and free text data from questionnaires were analysed thematically.

Results.

Previous teaching about SDOH:

- "You do not understand until you see it in your own life. Lectures do not always deliver a point."
- "Mentioned but not very explicit session like here."

Baseline knowledge and attitudes to SDOH

- "I knew mental health and social determinants are a lot intertwined, but I would not have thought of it in such depth before coming here."
- "I knew what SDOH were, but I have not seen it on this scale."
- "Some students related the teaching to their personal experience of hardship."

Prison placement

"I think the prison placement has given invaluable teaching about psychiatric conditions."

"I...think it helps widen experiences in medicine, seeing a different perspective of healthcare."

"I enjoyed the prison experience. It gave me the social aspects of health, and especially in the prison, it is clear and visible."

Impact of the placements

"Humbling experience. A lot of patients I saw had some sort of childhood trauma."

"Maybe I will be treating someone that is not as privileged or someone who's been in prison, so it's important..."

"Learned to have confidence when taking patient history. Do not feel awkward when asking medical questions such as suicide."

SDOH incorporation into medical education

"Introducing the modules in medical school would be good before the students meet the patients, as the social aspect is a big part of the history."

"These sessions need to be integrated throughout the module rather than at one point as social determinants also play a role in other specialities, not only psychiatry."

Conclusion. In previous publications, we reported positive responses to prison placements. By integrating a module about SDOH, students can develop a broader understanding of health and gain the awareness needed to address these factors in clinical practice.

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Incorporating Trauma-Informed and Culturally Competent Care Within Domestic Violence Screening Training for Medical Students

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Aims. The link between domestic violence and poor mental health outcomes is well-established, with victims often experiencing anxiety, depression, and post-traumatic stress disorder (PTSD). This study aims to evaluate the current state of Domestic Violence (DV) screening training within the medical curriculum at King's College London, focusing on trauma-informed and culturally competent approaches. The objective is to identify gaps and propose recommendations for a comprehensive and inclusive training program.

Methods. Approved by the King's College London Research Ethics Office, this qualitative study was conducted using an online questionnaire that adopted a 5-point Likert-type scale. The study was conducted among KCL Medical Students (n = 25) to gather opinions on DV screening training, and the responses underwent thematic analysis.