

core skills and knowledge in mental health. The primary aim of our study was to enquire if the FTs perceive the new psychiatry competencies to be important and relevant to their needs. Secondly we compared what the curriculum is offering with what FTs wished to have been offered.

**Methods.** A hybrid questionnaire was delivered online via Google forms to all foundation doctors before and after their psychiatry rotation. Data collection took place between August 2021 and March 2023 from a sample of 85 FTs. The quantitative data were elicited via 5-point Likert scales that mapped FTs' perception of importance across areas of required knowledge and core psychiatric skills from 'not at all' important to 'extremely' important. The data were imported into Microsoft Excel and analysed via descriptive statistics. The qualitative component of eliciting what FTs want by using open-ended questions was analysed using content analysis.

**Results.** The entry survey data show a combined median perceived importance of 4 (Very important) for recognizing, assessing, and managing mental health conditions. Out of these, personality disorder rated lowest with a median answer of 3 (Fairly important). These scores have seen a significant improvement in the exit survey with an overall combined median result of 5 (Extremely important). But not all areas have seen improvement, for example, eating disorders and Somatisation disorders remained unchanged with a median of 4. Interestingly, the median perceived importance of practicing core skills and managing clinical scenarios has not shown an improvement, but a slight decrease over a few categories, going from a median answer of 5 to 4. The qualitative data show that FTs would have liked to learn more about Child and Developmental Psychiatry, Bereavement, and acute health context teaching. They also wanted to learn communication skills and about psychiatry career paths and academic opportunities.

**Conclusion.** The overall baseline perceived importance of psychiatry competencies was satisfactory, with most conditions being rated as very important. Post placements there was a shift in responses, with the same conditions being rated as extremely important. Supraspecialised areas continue to be perceived as least important and curiously, FTs' importance perception of practicing core skills in the acute setting decreased. Future research should qualitatively look at why their perceptions changed and how we can improve context teaching in a heterogeneous group.

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.

## Psychiatric Consultation Skills Toolkit - a Pilot

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**Aims.** The aim is to understand whether the online video based psychiatric consultation skills toolkit, which was developed to attempt to address some of the differential attainment seen amongst International Medical Graduates (IMGs) within psychiatry, is feasible, effective and acceptable by running a pilot amongst core psychiatric trainees in the North West prior to a full roll out. **Methods.** 19 trainees sitting the 2022 North West formative skills test were invited to take part by email. 7 trainees accessed the toolkit. Performance from the skills test was analysed in excel looking at averages of individual domains across all stations. Results from

those who used the toolkit prior to the skills test were compared with those who did not access the toolkit. Toolkit completion rates were obtained and feedback was accessed from an online survey. Data were analysed in excel, rigour was ensured by the supervisor reviewing data and results.

**Results.** There were 7 trainees who accessed the toolkit, 3 IMGs and 4 UK graduates. 12 trainees sat the skills test but did not access the toolkit, 9 IMGs and 3 UK graduates.

Regarding acceptability of the toolkit, IMGs completed 92.7% of the toolkit on average and UK graduates completed 87.8%. 86% of trainees strongly agreed that the toolkit was easy to use and 14% agreed. 57% of trainees strongly agreed that the toolkit had helped develop their communication skills and 43% agreed. 86% of participants strongly agreed and 14% agreed that they would recommend the toolkit to a colleague suggesting they found it helpful and acceptable to use.

The highest percentage improvement in scores with toolkit use was in clinical skills amongst IMGs of 29.4%, followed by communication skills amongst international medical graduates with a 25.5% improvement to their counterparts who did not use the toolkit.

On average, across all domains, IMGs improved by 25.3% and UK graduates by 20% in their average score.

**Conclusion.** The results above suggest that the toolkit has been well completed and deemed acceptable by those who accessed it during the pilot period.

Although the results statistical significance cannot be determined at present due to small sample size, it is hoped when the project is fully rolled out this will be demonstrated and the initial findings showing some improvement in both IMGs and UK graduates are encouraging.

It appears that this toolkit could go some way to addressing the differential attainment seen between IMGs and UK graduates.

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## Applying the Principles of Midlands Charter to Improve Well-being of Psychiatry Higher Trainee in BSMHFT

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**Aims.** The Midlands' Charter outlines commitment to prioritise the restoration of postgraduate medical education and training impacted during the COVID-19 pandemic. The support provided must be accessible, inclusive, and culturally sensitive, with a greater understanding of current barriers that the trainees face to achieve this goal. This project aims to identify the barrier of receiving well-being support and to enhance psychiatry higher trainee's well-being in the trust by following the principles of Midland's Charter.

**Methods.** We designed an anonymous electronic survey, where multiple choice questions and Likert scales were used to quantify respondents' levels of agreement with a range of statements. Questions were selected to capture baseline characteristic, rating of current well-being score, access to well-being support, barriers, and suggestion of improvement.

The survey was open for one month and was distributed to all psychiatry higher trainees working in BSMHFT.

**Results.** We identified a response rate of 81%.

One of the main themes of the survey that came up repeatedly was that trainees are struggling with clinical workload that sometimes spilled over to their personal time, which means family time is affected. More than half of the trainees reported that they do not know how to access well-being support in the trust. While the result was split in half when the trainees were asked if they have a well-being concern whilst working for the trust. Trainees said that there is very little support given to attend any non-related work engagement and they made grievance on the difficulty of accessing the trust occupational health and well-being services.

**Conclusion.** Since the inception of the survey, several recommendations were trialled. This includes raising awareness among clinical supervisors, where a video was uploaded on to the Trust intranet outlining the tips of becoming a good clinical supervisor. A well-being booklet was introduced as part of trainees' induction, and this was also made available on the intranet. Lastly, an awareness on ST representative role was also highlighted so that they can continue to facilitate an ST forum meeting as a platform to raise concerns.

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### Service Evaluation of Medical Undergraduate Psychiatry Placement

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**Aims.** There are no clear guidelines for the optimal organisation of psychiatry placements for medical undergraduates. Moreover, the UK needs to enrol more psychiatry trainees. This service evaluation aimed to show that an efficient psychiatry placement can improve attitudes of students towards psychiatry and increase their likelihood to choose psychiatry.

**Methods.** We evaluated the efficacy of a new strategy for the psychiatry placement of 24 fourth-year medical students from the University of East Anglia during the academic year 2021/2022. The strategy consisted of having a 4-week placement in one of 3 wards at the Norfolk and Suffolk Foundation Trust Woodlands Unit (PICU, acute male and female wards) with brief (one- to two-day) rotations across the wards, as well as the community team and individual areas of interest. This afforded students exposure to different settings, pathologies and levels of severity, with enough time in one service to allow integration into the team, participation in clinical and therapeutic activities and most important, observation of patient longitudinal improvement. Multidisciplinary teams were included by presenting the training as a win-win, and we relied on a good teaching culture at our Trust. We also offered a programmed induction day, a mid-placement meeting and an end-of-placement debrief. We evaluated the efficacy of the strategy using the Attitude Towards Psychiatry Questionnaire before and after the placement, as well as measuring overall satisfaction.

**Results.** The overall satisfaction score on a 5 point Likert scale was very good (M = 4.58; SD = 0.58). Mean ATP total score significantly improved from 116.50 (SD 9.49) to 133.00 (SD 8.68) over a

maximum attainable score of 150 (F(1;23) = 69.70,  $p < .001$ ,  $\eta^2 = .75$ ), with 23 out of the 30 items having significantly improved individually as well. The reliability of the scale was high with a Cronbach's alpha of .81 before and .84 after the psychiatry placement. The question "I would like to be a psychiatrist" improved significantly from 2.54 to 3.25 on the 5 point Likert scale (F(1, 23) = 16.33,  $p < .001$ ,  $\eta^2 = .42$ ) with an increase in students answering "agree" or "strongly agree" from 16.7% to 45.8%. This improvement was significantly positively correlated with the overall satisfaction score (R = .528,  $p < .01$ ).

**Conclusion.** Psychiatry placement for medical undergraduates is a valuable opportunity to improve their attitudes towards psychiatry and their likelihood of choosing psychiatry as a specialty. We present our strategy as a model toward these goals.

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## Research

### Identification of Cognitive Impairment in Cardiovascular Rehabilitation: A Pilot Cross-Sectional Study

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**Aims.** Cardiac Rehabilitation (CR) is a multidisciplinary intervention for people after an adverse cardiac event to improve their physical, psychological and social functioning. The risk factors of cardiac disease and dementia are similar. This cross sectional study aims to determine whether adding memory assessment to a CR program would improve early detection of cognitive impairment. Therefore, the research question is- "Can adding a memory assessment to the cardiac rehabilitation program improve early detection of cognitive impairment in people with cardiac disease?"

**Methods.** Study ethical approval was granted by Yorkshire & The Humber - Sheffield Research Ethics Committee (reference 20/YH/0146) and the NHS Health Research Authority (project reference 273763). The Lancashire & South Cumbria NHS Foundation Trust accepted the role and responsibilities of study sponsorship. Participants underwent cognitive screening and the data obtained was divided into: - 1- History of memory problems before and after the adverse cardiac event. 2- No memory problems before but presents after. 3- No memory problems before and after.

**Results.** During the study period, 48 participants who were at the cardiac rehabilitation program expressed their interest to participate in the study. Out of 48 participants who expressed their interest in participating in the study, 30 of them did not engage beyond expressing their interest and 18 out of 48 completed the assessment. The studied sample was categorized into three groups according to the relation between the onset of the cognitive decline and the onset of the cardiac condition: those with no history of cognitive decline (22.2%), cognitive decline following the onset of the cardiac condition (27.8 %) and cognitive decline before and after the onset of the cardiac condition (50 %). Comparing the number of the participants in the studied sample who has history of cognitive decline revealed that there was