

forms were received, and 48 trainees attended the two focus groups. 15 hours of teaching underwent peer review.

Conclusion. Lecture content was universally accurate and up to date and all teachers were fluent and engaging, with almost all incorporating research data, guidelines and inspiration for further learning.

Several lecturer feedback forms requested a curriculum be provided. Some trainees requested a more exam focused approach with more MCQs.

Trainees found online sessions more accessible and convenient. The major downside being that they no longer get to know each other and feel very anonymous, which makes peer support and interaction more difficult.

Interactive engagement was the lowest scored domain overall. Interaction seemed to work best when done as a continuous process from the start and when a variety of techniques were engaged. Trainee's suggestions for increasing interactivity included quizzes, polls, breakout rooms, use of interactive tools, and a general encouragement of cameras and microphones on and active discussion throughout the session.

Speakers had no problems using the technology to deliver an online session, this triangulated with their high confidence and high satisfaction reported by lectures with HEIW practical support. Trainees reported a high satisfaction with the quality of teaching on the course.

Our conclusions have informed changes which are currently being implemented and tested.

Achieving Autism Accreditation in Cat A Prison

Dr Rachel Daly^{1*} and Ms Kimbia Motherskill²

¹Oxleas NHS Foundation Trust, London, United Kingdom and

²Oxleas NHS foundation trust, London, United States Minor Outlying Islands

*Presenting author.

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Aims. To ensure autistic prisoners are understood and receive necessary support in custodial environment.

Methods.

1. Prison healthcare staff and discipline staff jointly trained about autism and how it is best managed in prison setting.
2. Promotion re-education aids for prisons visually and verbally.
3. Prison staff as autistic champions.
4. Accessible autistic spectrum lead in healthcare team to coordinate need.

Results. priority that prison becomes autism accredited by national autistic society in progress.

Conclusion. There is increase of prisoners with neurodevelopmental disorders and ensuring their needs met in prison and this is CAT A challenging prison environment.

Innovations in Mentorship: Implementation of a Mentorship Program in Psychiatry That Encourages Reflection on Intersectionality and Wellness

Dr Shaheen Darani*, Dr Mary Jane Esplen, Dr Certina Ho, Dr Krista Lanctot, Dr John Teshima, Ms Danica Kwong and Dr Jiahui Wong

University of Toronto, Toronto, Canada

*Presenting author.

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Aims. Mentorship supports professional development, academic outcomes, and wellness. Effective mentorship can develop careers of faculty through greater access, and equity, diversity, and inclusion (EDI). At a Department of Psychiatry in Canada, a recent survey showed more than 60% faculty were without mentors and would like to have one; and 75% mentors received no training nor resources to support mentorship. The aims of the Psychiatry Mentorship Program are to facilitate sharing of expertise, self-reflection, and career growth among faculty.

Methods. A Mentorship Working Group was formed in 2020–2021. The Mentorship Program design was evidence-informed by a literature review and consultation with other mentorship programs. While a traditional primary mentor-mentee relationship is at the core of the program, the mentorship dyad will be further supported by mentorship groups focused on academic roles, areas of scholarship and career development (e.g., clinician scientists; wellness) or specific groups (e.g., members of a minority group). The program offers an online mentor/mentee matching process, based on faculty self-reported scholarship interests, academic roles, and preferences related to social identity. A three-year evaluation strategy, guided by a logic model, is integrated throughout program implementation. Mentees and mentors are expected to complete a baseline assessment upon program enrolment and annual follow-up questionnaires. Continuous quality improvement of the Mentorship Program will be based on user experience collected via focus groups and interviews where perception and concepts, such as intersectionality, wellness, and EDI, will be explored.

Results. The Mentorship Program pilot was launched in fall 2021 with mentor and mentee virtual orientation workshops offering best practices and opportunities for reflection on challenges that may be encountered during a mentoring relationship. Thirty-six faculty mentors and 60 newly appointed faculty mentees attended the orientation workshops respectively. Workshop evaluations were positive. For example, 93% participating mentors indicated that the workshop met its learning objectives; 80% rated the workshop as excellent. Eighty-seven percent of mentor participants reported increased awareness of best practices to support successful mentorship, including the use of contracts and developmental plans, and indicated the workshop stimulated reflection and learning.

Conclusion. This preliminary positive feedback suggests faculty found the orientation workshops on mentorship to be useful and thus represents an effective mode of facilitating implementation of a department wide mentorship program. We anticipate the implementation of our mentorship program could be adapted to other academic settings.

Evaluating the Impact of a Simulation Based Training Course in Intellectual Disability Psychiatry and Autism Co-Delivered by Actors With Intellectual Disability

Dr Sonya Rudra¹, Dr Rupal Dave^{2*}, Dr Nicole Eady¹, Dr James Smith³ and Dr Eileen McNamara⁴

¹East London NHS Foundation Trust, London, United Kingdom;

²North East London NHS Foundation Trust, London, United Kingdom; ³Sussex Partnership NHS Foundation Trust, West Sussex, United Kingdom and ⁴Barnet Enfield and Haringey NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. Inequalities in health outcomes, and avoidable deaths, in people with intellectual disability has highlighted the need for

improved training and education in Intellectual Disability and Autism. Simulation training facilitated by actors with intellectual disability has been shown to improve connection with people with intellectual disability (Attoe et al 2017). The aim of this project was to develop a simulation-based training course, focused on topics in mental health, intellectual disability and autism, to improve participant confidence in clinical knowledge and skills, as well as support leadership and professionalism training. Here we evaluate the impact of the training on participants' confidence, and the longer-term effect on attitudes and working practice after attendance.

Methods. A novel simulation-based training course, directed at Specialty Trainees, was developed based on the Specialty Training in Learning Disability curriculum. The course was co-delivered by a person with intellectual disability. Participants who attended the simulation training completed general feedback, pre-course and post-course confidence questionnaires and attended a semi-structured group interview at 2 months. Questionnaire data were analysed using descriptive and inferential statistics. Group interview data were analysed using open & axial coding, and thematic analysis of content. The project was approved by East London NHS Foundation Trust Governance and Ethics Committee for Studies and Evaluations.

Results. Eight psychiatrists participated in the training and completed the pre-course and post-course questionnaires. Independent t-test found significant increase in confidence for all scores from pre-course ($M = 6.54$, $SE 0.24$) to post-course ($M = 7.81$, $SE = 0.36$), $t = -2.93$ $p = 0.01$. This included ratings of confidence in knowledge in areas such as mental health legislation, and improved confidence in skills such as communication with families of people with intellectual disability and difficult conversations with senior supervisors. In follow-up interviews we elucidated themes of the importance of supported, structured training opportunities with people with intellectual disability, and the value of connection with peers and supervisors.

Conclusion. Simulation based training in psychiatry, co-delivered with actors with intellectual disability, was reported to be an engaging and enjoyable form of learning. The evaluation suggests such training is effective in increasing trainee confidence in knowledge and skills at the time of training as well as resulting in a lasting change in attitudes after the training. We recommend such training be further developed and delivered at both post-graduate and undergraduate level.

Expanding the Scope of Mentoring for Psychiatry Trainees in Northern Ireland

Dr Sarah Davidson^{1*}, Dr Meta McGee², Dr Julie Anderson^{1,3} and Dr Stephen Moore^{4,3}

¹Northern Health and Social Care Trust, Antrim, United Kingdom;

²Southern Health and Social Care Trust, Craigavon, United Kingdom;

³Northern Ireland Medical and Dental Training Agency, Belfast, United Kingdom and ⁴South Eastern Health and Social Care Trust, Belfast, United Kingdom

*Presenting author.

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Aims. The Northern Ireland psychiatry mentoring scheme, in which higher trainees mentor core trainee year 1 (CT1) doctors, has been running for four years. In this year's scheme, implemented in August 2021, we have expanded the scope of the scheme and implemented an online platform to match and connect mentors and mentees. Our aim was to gather baseline data regarding the experiences of mentors and mentees and to capture

information regarding the content of mentoring meetings and attitudes towards format of meetings.

Methods. Higher psychiatry trainees were invited to sign up as mentors through the Northern Ireland Medical and Dental Training Agency (NIMDTA) and Royal College of Psychiatry Northern Ireland (RCPsych NI) mailing lists. Mentors were obliged to complete a theoretical module on training before meeting their mentees. Core trainees in the first and second year of training were asked to opt-out of the scheme if they preferred not to be involved. CT3 trainees were offered the opportunity to opt-in to the scheme. There were a total of 16 mentors and 22 mentees at the outset. The NIMDTA Professional Support Unit provided an online platform, Mentornet, which allowed mentors and mentees to complete a profile, for mentees to rank their preferences for mentor, and to facilitate meetings. One of the authors (M.M.) presented the developments in the scheme to a nationwide audience in the RCPsych webinar on mentoring.

Results. Six mentors and two mentees responded to the call to complete a baseline online questionnaire. 83% of mentors responded that they had found their role enjoyable and rewarding, whilst 67% of mentors indicated that their role had helped them develop in other skill areas. Both mentees responded that they had found the scheme beneficial and would recommend participation to other trainees.

Conclusion. Mentorship is a valuable opportunity for senior psychiatry trainees to facilitate the professional development of junior trainees and to pass on their experience. This is the first year that all core trainees have been invited to participate and that a new web platform has been used to facilitate meetings. Baseline feedback response numbers have been limited although the responses were universally positive. We intend to obtain further feedback at the end of this year in order to devise quality improvement measures for the 2022/2023 cohort.

Virtual Simulation Programme Improves Junior Doctor Confidence and Knowledge for Psychiatry Rotation

Dr Daniel Di Francesco* and Dr Robert Vaughn

Sussex Partnership NHS Foundation Trust, Eastbourne, United Kingdom

*Presenting author.

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Aims. To design a virtual simulation training session for junior doctors starting their psychiatry rotation, to be delivered virtually at induction. To measure how this changes doctors' confidence and knowledge about the rotation.

Methods. A small committee of experienced psychiatric trainees decided on a set of 5 common on call scenarios. Focus was given to clinical scenarios that involve the use of good communication skills with patients and with other clinical staff encountered on call such as Nurses and HCAs.

The 5 stations focused on:

- Using section 5(2), risk assessment
- rapid tranquilisation
- neuroleptic malignant syndrome
- alcohol detoxification
- managing self harm and ligatures.

Each scenario utilised real world documentation as tools for the candidate to utilise (drug charts, NEWS charts etc) to increase fidelity. Detailed actor briefs were drawn up with instructions for the facilitators.