

Induction shouldn't be painful: improving psychiatry local induction for junior doctors across the South West

Bethany Cole* and Harriet Greenstone

Avon and Wiltshire Mental Health Partnership NHS Trust

*Corresponding author.

doi: 10.1192/bjo.2021.99

Aims. The GMC recommends that organisations ensure learners have an induction in preparation for each placement. We aimed to ensure that high quality induction was being delivered in psychiatry posts across the whole of the Severn Deanery. This included multiple localities (Bristol, Bath, Swindon, Devizes, Weston-Super-Mare, Gloucester, Cheltenham, Taunton and Yeovil) across three NHS trusts.

Background. Induction plays a vital role in preparing doctors for their new roles. Crucially, some doctors are not only new to the specific role and site, but also new to the specialty (for example, Foundation Doctors and GP Trainees). In Severn, each locality takes responsibility for providing Junior Doctors with a locality-specific induction; these occur four times per year. Previous feedback from trainees in Severn was poor; as demonstrated by informal feedback and the August 2018's GMC survey results, showing some localities 'required improvement'.

Method. Pre- and post-intervention measurements were ascertained by written questionnaires for Foundation Doctors, GP Trainees and Core Trainees in Psychiatry. Baseline questionnaires were completed in August/September 2019. Five 'Plan, Do, Study, Act' Cycles were completed over the following eighteen months. Examples of the changes made included incorporating 'missed' topics (such as well-being, seclusion reviews and exception reporting) and specific information to on-call responsibilities, reducing replicated information, and touring clinical sites. These changes were coordinated via monthly meetings between Locality Trainee Leads (LTLs).

Result. There was an overall improvement in trainee's satisfaction with induction. Outcomes also included the development of an induction checklist specific to each locality and a 'gold standard' list for what local induction should involve. This is hopefully soon to be ratified by the Medical Education department and Severn Deanery.

Conclusion. Having worked on this project for over 18 months, sustainability of change remains a crucial issue. In response to this, we have established several recommendations: the LTL job role needs to be revised to include updating the written induction handbook in each locality and delivering face-to-face induction. Outgoing and incoming LTLs will plan each induction together, at least 4 to 8 weeks before the start date. Support from Medical Education regarding attendees at each induction is to be put in place. Handbooks will be shared across localities, so that the 'core' information is consistent. Ongoing feedback will ensure that Junior Doctors continue to receive a high quality and relevant induction.

Completed audit of the use of seclusion in the Approved Centre in Tallaght University Hospital following the introduction of an Integrated Care Pathway

Rebecca Conlan-Trant*, Kate Corrigan and Peter Whitty

Department of Psychiatry, Tallaght University Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.100

Aims. The Mental Health Commission (MHC) is an independent body in Ireland, set up in 2002, to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted. Guidelines on the rules governing the use of seclusion are published by the MHC. These guidelines must be followed and recorded in the patient's clinical file during each seclusion episode. A Seclusion Integrated Care Pathway (ICP) was devised in 2012 for use in the Approved Centre in Tallaght University Hospital. This ICP was developed in conjunction with the MHC guidelines to assist in the recording and monitoring of each seclusion episode. Since its introduction in 2012, this ICP has become an established tool used in the Approved Centre in Tallaght University Hospital.

The aim of this audit was to assess adherence to MHC guidelines on the use of seclusion in the Approved Centre in Tallaght University Hospital 8 years after the introduction of an ICP and compare it to adherence prior to its introduction and immediately after its introduction.

Method. Thirteen rules governing the use of seclusion have been published by the MHC. These include the responsibility of registered medical practitioners (RMP), nursing staff and the levels of observations and frequency of reviews that must take place during each seclusion episode. Using the seclusion register we identified a total of 50 seclusion episodes between August 2019 and July 2020. A retrospective chart review was conducted to assess documentation of each seclusion episode.

Result. There was an overall improvement in adherence with MHC guidelines compared to adherence prior to the introduction of the ICP and immediately after its introduction. Areas of improvement included medical reviews, nursing reviews, informing patient of reasons for, likely duration of and circumstances that could end seclusion, and informing next of kin. The range of compliance levels across the thirteen MHC guidelines improved from 3–100% to 69–100%. Post intervention there was 100% compliance with five of the thirteen guidelines.

Conclusion. The introduction of an ICP led to an overall improvement in compliance with MHC guidelines. The ICP has ensured that many of the rules governing seclusion are explicitly stated; however adjustments and revisions to the document and ongoing staff training are needed to ensure full adherence to MHC guidelines.

Preparing students for psychiatry OSCE's in the COVID-19 pandemic. How can PsychSocs help?

Isabella Conti* and Chloe Gilkinson

Queen's University Belfast

*Corresponding author.

doi: 10.1192/bjo.2021.101

Aims. The need for social distancing during the COVID-19 pandemic has led medical schools to make use of video conferencing platforms in their Objective Structured Clinical Exams (OSCE) for the first time. Additionally the suspension of OSCE's in 2020 due to the pandemic, has meant this cohort of final year students have never been examined on psychiatry skills. Our aims were to assess if our student psychiatry society (PsychSoc) run OSCE could help to prepare medical students for novel virtual stations ahead of their final examinations, and how this format of mock examination could be improved in the future.

Method. Our PsychSoc (QUB Mind Matters) hosted a virtual mock psychiatry OSCE for 24 final year medical students using the video conference platform Zoom, approximately 1 month