

During delivery of the sessions, a 'safe learning space' was set before individual learners took on the scenarios. 'Time outs' were utilised to allow the candidate to think through the scenario with the facilitator.

After each scenario, the facilitator then used crib sheets to lead 'mini tutorials' for 10 minutes around each scenario to flesh out the theoretical and practical learning points. The simulation-trained actors gave feedback on communication skills. Candidates were provided with feedback forms at the conclusion. **Results.** Feedback from the sessions was overwhelmingly positive. Every single candidate (n = 30) either agreed or strongly agreed that the session met the learning outcomes of increasing confidence, creating a realistic setting, being a fun and enjoyable introduction to psychiatric services.

Blank space feedback was also excellent, with many doctors asking for further expansion of the development of the session into a rolling program, and expansion of the scenarios to include more complex clinical situations that involve other members of the MDT.

Conclusion. The virtual simulation programme is an effective way to improve confidence and knowledge of common scenarios faced for junior doctors new to a psychiatry rotation. Further development will involve a transition to a face-to-face programme and integration of the wider MDT, including nurses, support workers and pharmacists.

A Quality Improvement (Pilot) Project: Psychiatric Medical Education for Foundation Trainees

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doi: 10.1192/bjo.2022.123

Aims. Foundation Doctors are exposed to a range of specialties within the Foundation Programme, with 20.9% completing a psychiatry rotation. Those who do not have a psychiatry rotation may have little experience other than what was acquired in undergraduate training, despite being expected to care for patients with mental health problems. According to Mind (2017), one in four people will experience a mental health problem each year thus essential that our medical workforce know and understand the basic principles of psychiatry to aid their management of core psychiatric conditions. The aim of this project was to improve mental health literacy among Foundation Doctors by improving their communication, formulation and risk management skills. Another objective was to encourage uptake to Psychiatry and help plug the high number of unfilled Consultant posts.

Methods. The initial pilot was carried out between January and June 2021 over zoom and the sessions were optional. A survey was completed to find out which topics were most relevant and common themes included MCA/MHA interface, risk

management and treatment of various conditions. These themes were incorporated into 90-minute sessions which included interactive case-based discussion in small breakout groups and some didactic teaching. The six session topics were EUPD, Dementia, Depression, Delirium, Substance Misuse and Alcohol Misuse. The sessions were facilitated by clinicians of mixed experience from Foundation Doctors to Consultants. Participant knowledge was tested using pre- and post-session quizzes and a working group reviewed feedback, making relevant changes subsequently. **Results.** Feedback was majorly positive, and attendees valued the interactivity, breakout rooms, case studies and choice of topics. Suggested areas of improvement were having more time for discussion, technical difficulties, and less psychiatric 'jargon', but these tended to be isolated comments. Five out of six sessions showed an improvement in assessment scores afterwards, with an average improvement of 12.6% (average pre-session score of 70% and average post-session score of 82.6%). One session showed a decrease in the post-session quiz scores which on reflection showed that the questions in the assessment covered material not included in the session.

Conclusion. The virtual programme was an effective way of improving knowledge and confidence in psychiatry. Whilst the sessions were positively received and showed improvements in post-session scores, there were some limitations which will be addressed and used to develop future training. There is now more mental health woven throughout the new Foundation curriculum and expected that much of this content will be covered during Foundation Training.

Psychodynamic Psychiatry Education and Training for Doctors

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doi: 10.1192/bjo.2022.124

Aims. Background and Aim: Psychodynamic psychiatry training seminars are a blended supervision and experiential style approach to training health care professionals in reflective practice and formulation. They apply psychodynamic theory through case formulations, seminars, and Balint groups so that health care staff can improve their communication style, formulation skills and enhance their appreciation for patients with complex mental health problems. Our aim is to evaluate the provision of our psychodynamic psychiatry training sessions for doctors in psychiatry, gastroenterology, and emergency medicine, and to evaluate the perceived benefits of attending in terms of personal and professional development.

Methods. Methods: The evaluation used a standardized mixed-methods approach, with the sample consisting of psychiatry core trainees (n = 9), gastroenterology higher trainees (n = 4), and emergency medicine doctors (n = 10). The evaluation period was between October 2021 and January 2022. Data were gathered via a survey tool, adapted from the literature using Likert scales and free text questions to identify barriers and facilitators to the sessions. **Results.** Results: All participants (n = 23) scored the group highly across the board in terms of acceptability, clinical impact, and fidelity measures. All participants reported that they have a better appreciation of group dynamics, the impact of the doctor's