

Open space questions and word cloud responses also highlighted qualitative feedback with most frequent responses including 'inspiring', 'interesting' and 'stimulating'.

174 posters were presented with good representation from all services and staff groups across the trust (18 on safer use of medicines, 15 on co-production, 52 on quality improvement, 50 on COVID and non-COVID safety, 16 on use of technology, 23 on supporting and involving staff). These posters have since been downloaded 4062 times.

Conclusion. The first CNWL safety conference proved an excellent opportunity to celebrate achievements in patient safety in a very difficult year. It was very well-received and well-attended by staff, promoting maximal learning across the organisation.

Whistle while you work: improving psychiatry training in a London NHS Trust and what we learned along the way

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Aims. The aim of this project is to improve the training experience of Psychiatry trainees across CNWL. In QI terms, we want to achieve a satisfaction rating of above 7/10 for all themes identified by August 2021.

Method. Collected baseline data on satisfaction and priority ratings on 7 training themes Held discussion groups with trainees for specific themes to generate issues and solutions Developed and provided Quality Improvement training for trainees and trainers, 1:1 support and QI clinics – empowering trainees to develop their own local project and to make changes to issues on the ground Enacted central changes in communication, responsiveness, recognising success.

Reassessed and fed back to the trainees throughout.

Result. Our baseline satisfaction survey was completed in June 2020. Trainees their satisfaction for each theme out of 10 and to rank their priorities for change. Results showed satisfaction was lowest in morale and in safety and highest in education and supervision. Their highest priorities for change were safety, then morale, with induction as the lowest priority.

We repeated the survey in October 2020. This showed improvements in most themes (apart from induction, perhaps due to induction having to be delivered virtually). Satisfaction in key priority areas of morale and safety increased from 4.53 to 6.37, and 5.12 to 6.70 respectively. We also asked what 'one thing' would they improve about their training. Key phrases included teaching, on-call, communication and induction.

From this data, and softer feedback from trainees, it is encouraging that we are moving in a positive direction, but we are continuing to make changes.

Conclusion.

- Trainees must be central to the work in improving their training
- Using QI methodology helps – developing a structure and breaking down a bigger task helps make a plan
- Feedback is key – but people are busy and receive a lot of emails and requests to fill surveys – catching people 'in person' (virtually) was the best way to ensure a lot of responses
- Trainees have loads of great ideas, but they need support, time and resources to be able to develop their projects and changes

- Flexibility is crucial: some topics work better locally, driven by trainees and some require a more coordinated, central role

We hope that developing a structured approach to a large task like improving training will help make changes sustainable, and enables us to share our learning with others.

Tackling constipation in patients on high dose antipsychotics

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Aims. The aim of this audit was to look into patients on high dose antipsychotics who had developed complications of constipation in the PICU setting.

Background. Antipsychotics are usually used in the treatment of Schizophrenia and other psychotic illnesses. Drug such as Clozapine mainly has a higher risk profile due to gastrointestinal hypo motility. It could present as constipation, fecal impaction or a bowel obstruction and could even lead to death.

Method. During ward rounds enquired on bowel habits and diet. Physical examination of patients complaining of abdominal pain.

Screened notes in past to see how many patients complained of constipation and interventions suggested and used. I65.

Result. 3 of the 10 patients on PICU were on high dose antipsychotics and 2 of them had reported constipation. Of which one required daily review and vigorous treatment with laxatives and dietary changes.

Recommendation

Bristol stool chart introduced as part of care plan for all patients.

Teaching presentation of constipation and its treatment management was given to the PICU team.

Involving medical team early on for assessment and prophylactic laxatives prescription.

Liaison with the pantry team to include more options of fruits and vegetables into daily meal plan for patients.

Data and material handed over to next trainee to Re-audit and complete audit cycle.

Conclusion. Appropriate prevention and early management of side effects can enhance the benefits of antipsychotics. Bowel function monitoring and the use of prophylactic laxatives for patient on high dose antipsychotics such as clozapine is advisable to prevent complications related to it.

Bridging the gap – MTI experience to an excellent MTI experience – An experiential, theme driven, concordance verifying study

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Aims. To collate experiences of international medical graduates (trained psychiatrists) on the Medical Training Initiative (MTI) and equivalent programs (International Medical Fellowship

(IMF)/CESR Fellowships) in the United Kingdom and to understand shared themes.

Method. Three psychiatrists with the experience of being part of MTI/IMF program, for a minimum of 1 year, participated in theme guided, focussed discussions to understand common experiences. These discussions were limited to 3 broad headings. Opportunities to grow, what we wish the college knew and what we wished the trusts and supervisors knew. The experiential accounts were captured and circulated among a group of 20 MTI/IMF/CESR fellowship doctors and rated on a 5 point Likert scale varying between strongly agree to strongly disagree.

Result. The findings suggest that the expectations and experiences of the psychiatrists on such programs share some common themes. Most of them had varied experiences under the theme 'opportunities to grow'. The suggestions for what these doctors 'wished the trusts, college and supervisors knew' had a good concordance among the 20 doctors who reviewed the themes and suggestions. The details of the themes and commonalities will be discussed at the conference.

Conclusion. The expectations and experiences of the doctors on MTI/equivalent program share common themes. Bridging the gap between MTI experience to an excellent MTI experience would involve identifying such shared experiences, that could potentially guide development of processes, thereby making these training fellowships better tailored to each trainee.

Regional survey into trainee experience of core psychotherapy training

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Aims. This project aims to assess the experience of psychiatry core trainees who have undertaken core psychotherapy training (CPT), to identify what is experienced positively and potential areas of improvement.

Background. Psychotherapy is an necessary part of core psychiatry training, requiring one short and one long case to complete core training.

Method. An anonymous online survey was drafted, containing both qualitative and quantitative questions, to assess trainees experiences of CPT. It was circulated via Trust email (locally) and Twitter (nationally).

Result. A total of 35 responses were received: 21 core trainees, 12 higher trainees, 1 consultant, and 1 staff grade doctor. 6 respondents had completed a short case only; 2 a long case only; 25 both; and 2 neither.

Confidence in psychotherapy knowledge was rated on a 1–5 scale (1: significantly below average to 5: significantly above average). Theoretical knowledge improved from a 2.57 average before CPT to 3.63 following, and clinical application improved from 2.43 before to 3.66 following.

Knowledge prior to delivering CPT was most commonly obtained from Balint group (71.4% of respondents) and MRCPsych courses (65.7%).

The main barriers to obtaining psychotherapy experience were: accessing supervision (60.0% of respondents); not enough patients (53.3%); and a lack of guidelines on accessing supervision and patients (43.3%). Additionally, getting time away from day jobs was identified as a concern, particularly among LTFT trainees.

Important learning points from CPT identified by trainees were:

knowledge of psychoanalytic concepts, such as transference and counter-transference; differences between the theoretical models; an alternative approach to formulation; and how these skills can be useful in all clinical encounters, such as maintaining rapport, boundaries, and time-keeping. The useful role of supervision was also highlighted.

Conclusion. This project serves as an introductory look into how trainees view their experience of CPT, and potential areas for improvement.

Themes for improvement, arising from qualitative responses, are: clear reading list, including introductory materials; clear guidelines at induction, including supervisor contact details; improved access to supervision; patients to be allocated; protected time for psychotherapy, with extra support for LTFTs; shadowing; increased choice of modality; and more formal teaching on psychotherapy. These are key areas to be targeted to improve the trainee experience, particularly for those who risk delays in their training.

West Midlands general adult psychiatry higher trainees' peer group wellbeing away day

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Aims. The main aim of the wellbeing day was to increase the sense of wellbeing amongst psychiatry higher trainees in the West Midlands. We first wanted to understand the wellbeing needs of the trainees and what they hoped to get out of an away day. We wanted then to evaluate whether the away day had met these needs.

Background. The Psychiatry Trainees Committee (PTC) published a report 'Supported and Valued? A trainee led review into morale and training within psychiatry' in 2017. The importance of feeling valued and supported and the value trainees place upon the support of their peers, were highlighted in this report.

As higher trainees we are often geographically isolated from each other, and whilst the peer group meet once per month, this is mostly for academic lectures resulting in poor familiarity amongst trainees which can leave trainees feeling unknown and unsupported.

Method. We decided to apply to HEE for funding for an away day. We surveyed the peer group, asking what they most wanted to get out of an away day. The results showed that 'a morale boost', 'destress/relaxation' and 'opportunity to get to know other trainees' were the trainee's priorities, followed by improving leadership, team working and negotiation skills.

With these priorities in mind, an away day programme was developed which included a talk from Dr Mike Blaber, a palliative care doctor with a special interest in doctors' wellbeing, a 'getting to know you' art activity and a team building GPS treasure hunt funded by HEE. The day finished with a dinner in a local restaurant sponsored by Recordati. The rest of the day was paid for by the peer group.

Result. 28 higher trainees attended the away day which was held in Birmingham on 11/07/2019. Trainees gave feedback on the day using an online anonymous survey. 81% of attendees said the away day decreased their stress levels. 90% said that the day had increased their sense of wellbeing. 86% felt an increased sense of belonging and less isolated as a trainee.

Conclusion. Regular trainee away days may help tackle isolation and increase morale which is linked to better patient outcomes. Improving trainees' sense of wellbeing leads to better job satisfaction, which may ultimately lead to higher rates of retention within psychiatry.