

Aims. To explore factors influencing the progression and retention of Psychiatric trainees in training posts within the Health Education England Wessex region. Specifically: To understand what trainees value most in their training; to determine the degree to which trainees feel supported and valued in their training; to determine self-reported burnout measures in trainees; to understand factors that have a negative impact on training experience; to understand factors that are important to trainees when considering future job roles.

Methods. Online questionnaire survey, capturing both qualitative and quantitative data, open to all Wessex Psychiatric trainees and doctors who had left or completed a Wessex Psychiatry training scheme since 1.1.2018. Responses were collected between 7.6.2021 and 31.7.2021. The survey included a burnout scale, questions about how supported and valued trainees felt during training, and questions regarding career intentions. This project received approval from the Health Research Authority (IRAS 296985).

Results.

- 50 participants completed the survey and were included in analysis.
- 38% were at risk or high risk of burnout.
- Trainees felt more supported and valued by individuals such as clinical supervisors (70% felt well or very well supported and valued) than by organisations (41% felt well supported and 34% felt well valued by their Trust and Deanery).
- Trainees rated 'work-life balance' as the thing they valued most in training (64%).
- Poorly resourced services, trainee workload, lack of role models, experiences of aggression, and defensive practice of seniors were cited as reasons trainees considered leaving Psychiatric training.
- The three most important factors cited by participants when considering a consultant post were 'Position available with flexible working' (62%), 'Position available within a supportive team of colleagues' (54%) and 'Positive experience working in the Trust as a Trainee' (46%).
- 81% of higher trainees wished to work less than full time in a consultant position once they had completed training.

Conclusion. Flexible working arrangements and work life balance need to be considered in workforce planning. Measures to reduce burnout in psychiatric trainees need to be pro-actively explored by employing Trusts and Deaneries. Mentoring schemes, facilitation of peer support, and clear processes for how to raise concerns regarding supervision are recommended to enhance support for trainees. Junior doctor awards, improved feedback between Trusts and junior doctors and engagement of the Trust board with junior doctors are proposed to improve the sense of value trainees feel. Positive experiences as a trainee are likely to improve retention of local trainees into the local consultant workforce.

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.

Surviving Your First On-Call in Psychiatry: A Bootcamp for Junior Doctors

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Aims. The psychiatry 'bootcamp' forms part of the psychiatry induction for junior doctors within NHS Lanarkshire. It was

developed to better prepare them for common scenarios on-call and therefore alleviate any anxieties. The session is based upon a weekend on call where a fictional patient is admitted to the psychiatry ward with a psychotic presentation. It introduces the participant to the topics of Mental Health Act utilisation, capacity, acute behavioural disturbance management, and adverse effects of psychotropic medications.

Methods. Focussed teaching regarding fundamental theory for each topic is provided. Following this the facilitators engage the audience through reflective group discussion. Relevant parts of the session involve practical work including individual completion of detention paperwork. Targeted teaching is provided by the facilitators for any knowledge gaps identified.

Pre and post course questionnaires are completed by participants where they provide both written feedback and score various domains between 0 (least confident) and 10 (most confident). Domains are capacity assessment, assessing detention criteria, the process of detaining a patient, and recognition and management of extrapyramidal side-effects.

Results. This course has been run on two separate occasions with a total of 28 participants. All domains assessed on feedback questionnaires have shown an increase in confidence amongst the participants. Following analysis of all pre and post course questionnaires session one showed an average improvement from 4.87/10 to 7.56/10 across all domains. Session two showed an average improvement from 5.34/10 to 8.6/10.

Themes identified on participant feedback included the benefit of having the opportunity to individually practice completing detention paperwork. Another theme identified was that participants found the case used for session delivery relevant to their practice. A final theme identified was the engaging nature of the session which encouraged the participants to ask questions. If a didactic approach was used this could restrict such discussion. **Conclusion.** Feedback received suggested that this session was well received by all participants and was felt to be beneficial in both preparing them for and alleviating anxieties ahead of their first shift on-call within psychiatry. Feedback demonstrated that running the session in small groups with a blended approach of direct teaching, reflective discussion, and practical work maximised engagement and was an appropriate approach for session delivery. Feedback suggests that this session has the potential to be an essential part of future junior doctor inductions due to it identifying and meeting the learning needs of the participant.

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Balint Group Sessions for Medical Students: A Pilot Study

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Aims. The issue of health and well-being amongst the National Health Service (NHS) workforce has never been so prominent. Balint groups are facilitated discussion sessions aiming to help