

both the December 2022 and February 2023 inductions, incorporating the feedback from each previous session.

Results. On a 1-5 scale (5 = strongly agree), the average response for how helpful the trainee-led induction session was 4.5 from both the August and December 2022 inductions. 4 out of 6 responders from the August 2022 induction specifically mentioned the information on raising concerns as being particularly helpful. There was also feedback on improvements that could be introduced, such as increasing the amount of time for the session to allow for more questions. When asked to rate the helpfulness of the 'raising concerns' section, the average response was 4.83 and 4.50 for August and December 2022 inductions, respectively. Following the feedback from August 2022, we implemented changes to increase the duration to 90 minutes and include trainee reps in a separate 'Question and Answer' session. Unfortunately, there were only 2 responders to the December 2022 questionnaire due to a small intake, so we will evaluate data from February 2023 induction to analyse the effectiveness of changes made to the session and assess the need for further improvements.

Conclusion. Overall, the response to our trainee-led induction session has been positive, with good feedback both for the whole session and specifically relating to 'raising concerns'. It has highlighted trainees' appreciation for peer-delivered information and the need for more time in this session. The questionnaire from February 2023 induction will give more data on whether our improvements have been effective and provide ideas for future PDSA cycles.

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Improving Confidence and Knowledge in Raising Concerns: A Development Half-Day for Representatives of Postgraduate Doctors in Training

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Aims. Raising a concern is an integral duty for a doctor. The General Medical Council guidelines on Good Medical Practice state that a culture should be promoted that allows "all staff to raise concerns openly and safely". Appointment of Postgraduate Doctors in Training to Representative (Rep) positions can be an effective way to allow trainee voices to be heard. Here we present the results of a Development Half-Day created to empower Reps with the knowledge and confidence to represent peers effectively within a large mental health Trust. The training session was identified as a "change idea" in a wider Quality Improvement Project (QIP) seeking to improve trainee confidence in raising concerns. **Methods.** 16 Postgraduate Doctors in Training Reps were invited to attend a Development Half-Day in November 2022. The day included talks on their roles and responsibilities, respectful challenge and maintaining well-being.

Quantitative and qualitative data were gathered using anonymous questionnaires completed before and after the session. The questionnaire contained 4 questions asking them to rate their knowledge of their role as a rep and confidence in raising trainee concerns. This was quantified using a 1-10 scale for each question with 1 being lowest confidence/knowledge and 10 being highest. Mean scores and standard deviations were

calculated. A paired one-tailed t-test was used to assess the statistical significance of the difference in pre- and post-session scores. **Results.** 9 Reps attended the Development Half-Day and completed the pre- and post-session questionnaires.

There was a statistically significant improvement between pre- and post-session scores for all questions (all p values <0.05). Importantly there was a significant increase in the confidence felt by reps in knowing where and who to raise trainee concerns to (p < 0.05).

Qualitative feedback indicated that attendees found the session useful and they appreciated that it was in-person. The only suggestion for improvement was for the session to have been held earlier, closer to when reps were initially appointed; this will be a change that will be implemented in the next "Plan, Do, Study, Act" cycle of the QIP.

Conclusion. Implementation of a Development Half-Day for Trainee Reps was shown to have a significantly positive impact on their confidence in their roles and their ability to respectively challenge seniors. The Reps additionally reported being better equipped at knowing where and who to raise concerns to. This will hopefully aid in their ability to signpost and empower other trainees to do the same.

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Examination of Kubler Ross Model of Grief From the Perspective of Bollywood Cinematic Media

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Aims. Bollywood cinema is one of the largest entertainment industries, catering to a population of more than 1.4 billion people across the world. Social psychiatry faces a challenging relationship with pop culture and understanding such portrayals of mental health culture could be valuable to public mental health. "Goodbye" is a fictional movie depicting various stages of Kubler Ross model of grief following a bereavement.

Methods. AS, AD and PD had structured discussions to analyse themes, social determinants and psychiatric correlations following bereavement in a Bollywood movie called "Goodbye".

Results. "Goodbye" is a well acclaimed Bollywood movie. The story revolves around a family responding to a sudden bereavement of their loved one.

This story clearly depicts individual responses to the incident based on their attachment and psychosocial circumstances. It demonstrates varied responses depending upon their own perception of the processes following bereavement.

In the movie each individual is observed coping with their own roller coaster of emotions and at the same time struggling to fit into the complex demands of the moment.

Even though each individual responded differently it clearly demonstrates each of them going through Kubler Ross stages of grief reaction. It focuses on the psychodynamic makeup of each individual and their response mechanisms.

The movie begins with the daughter getting the news of her mother's death and immediately going into shock/denial. It is followed by anger which she directs towards her father for following the rituals around death in a Hindu culture. She

challenges the practice of lighting the funeral pyre only by the sons. She reminisces telling her mother that once she dies she will get all her jewellery and displays guilt around this, leading to significantly low mood and bargaining as well. Once they are in the process of finishing all the rituals she comes to terms with her mother's death and reconciles with her father, showing acceptance.

The cultural milieu plays a strong role in various responses to bereavement. The family follows various Hindu rituals for 13 days, which helped them stick to each other's side and reach the stage of acceptance following the death of a daughter, a sister, a wife and a mother.

Conclusion. This movie beautifully exemplifies how grief is a universal concept even in various socio-cultural backgrounds. It is a good study for anyone interested in understanding grief through a cultural medium. It demonstrates the importance of support network in tiding over significant life events.

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Disseminating Lessons Learned From Serious Incidents (SI): Multidisciplinary Ward Based Simulation and Bite-Sized-Teaching

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Aims. Improve staff confidence in responding to and managing ward based medical emergencies

Methods. The deputy borough lead nurse, a clinical nurse manager and a core trainee met to discuss how to build confidence across all staff in responding to ward-based medical emergencies following a number of recent SI.

Initially, weekly ward-based simulations were conducted. Scenarios were SI focused and included choking, drug overdose, head injury and hanging. Whilst it was clear there was an appetite for learning and upskilling, unannounced simulations did not appear to foster a relaxed, productive learning environment conducive to building confidence.

Following four weeks of simulation, the approach was altered. Instead of unannounced simulations, sessions were broken down into three parts. Firstly, each session began with a brainstorm of 'key roles for any medical emergency' (call for help, vital signs, scribe...), this was followed by a skills session on key topics. Areas for learning were identified following an MDT discussion and staff feedback focus group. These were; 1. Grab bag orientation, 2. Oxygen delivery, 3. SBAR handover, 4. Operating the suction machine, 5. A-E assessment. Finally, all sessions ended with practicing CPR on first aid training manikins. Sessions ran once or twice a week, depending on availability, rotating through the seven inpatient wards. Each session lasted approximately 20 minutes and two sessions were run back-to-back in order to ensure where possible every staff member working that shift was able to attend. These sessions have been running since mid-September. To date we have run a total of twelve sessions conducted both in and out-of-hours. After each session participants were asked to fill out feedback.

A 'flash card' aid providing quick action prompts applicable to all medical emergencies was drafted and reviewed by the trust's resuscitation lead for inclusion in ward emergency grab bags.

In addition to ward based teaching, grab-bag orientation sessions were run during doctor's induction.

Results. Ward based learning:

Sessions were attended by nurses, social therapists, occupational therapists and doctors of all grades. Approximately sixty people have attended the bite-sized teaching to date. All participants across all sessions found the teaching useful and relevant.

Junior doctor induction:

All attendees at the inductions strongly agreed the session was useful. 100% agreed that the session helped to increase their confidence around responding to medical emergencies with 78% strongly agreeing. All participants strongly agreed the session improved confidence in utilising the emergency grab bag.

Conclusion. People with severe mental illness are at greater risk of poor physical health and have higher premature mortality than the general population. Responding to medical emergencies in the psychiatric inpatient setting is a source of anxiety for most staff. Currently, nursing staff in psychiatric settings are required to have ILS training, many feel this annual course is insufficient. The majority of the emergency response team have BLS or no physical health training at all. Lone doctors, unfamiliar with available emergency equipment and psychiatric settings lack confidence to act optimally.

There is a great appetite for regular emergency physical health training. Our weekly sessions were well received, useful and relevant.

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Examination of Medical Students' Expectations of Psychiatry Prior to Placement: A Qualitative Study

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Aims. There is limited literature regarding medical students' expectations of psychiatry placements, although studies focusing on nursing students reveal fear and anticipation of aggression and violence to be prominent factors. Anecdotally, authors have been aware of medical students having reported impressions of psychiatric wards which were at odds with the reality. This study aims to explore what medical students specifically imagine and expect from psychiatric wards and psychiatric intensive care units prior to their placement. Psychiatric intensive care, arguably the most intense experience students will have in psychiatry, was used as a specific focus to highlight the full extent of their preconceptions.

Methods. Students undertaking their psychiatry attachment between July and December 2021 were invited to complete a semi-structured questionnaire, deemed to be more preferable to interviews as it was thought that anonymity would encourage more students to participate, provide open and honest responses, thereby exposing the full scope of presumptions. Question content was designed by 2 psychiatrists, with modifications after consultation with 2 student advisors. Questions explored student emotions regarding their visits to psychiatric wards and psychiatric intensive care, as well as expectations of the ward atmosphere, layout, activities, where patients would be, what they would be doing and how they would be managed. 37 responses were received.