

## Trainees4trainees: an innovative peer support project for junior doctors across specialties

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**Aims.** The BMA's survey results (Caring for the Mental Health of the Medical Workforce, 2019) and HEE's NHS Staff and Learners' Mental Wellbeing Commission report (2019) highlighted declining staff wellbeing. The COVID-19 pandemic has sharpened focus on this and the effects of moral injury on healthcare professionals. Shielding, social distancing and redeployment led to many medical trainees being increasingly isolated at a time of heightened anxiety and adversity. Psychiatry trainees tend to have good access to reflective groups, but this is not customary in other training programmes.

### Method. Intervention

"Trainees4trainees" was set up by trainees across specialties as a HEE-TV well-being project, led by the Deanery Trainee Improvement Fellow. Peer support groups are run on Zoom, facilitated by 2 trainees with special training in peer support. Psychiatry trainees have been involved in designing and facilitating groups and training facilitators from other specialties; facilitators have regular supervision from a consultant psychiatrist in medical psychotherapy. Trainees are supported to discuss challenging experiences and think about their emotional responses in a supportive and validating group.

### Result. Feedback

We are in the process of formal data collection to assess the impact of the intervention. Informal feedback suggests the groups are a powerful support to individuals who otherwise have no avenue to think about the psychological impact of their experiences. The groups have supported trainees to feel less isolated and bolstered their resilience.

### Conclusion. Future plans

We have faced challenges in the practicalities of establishing and maintaining groups. We are working with Training Programme Directors to move towards running the groups in protected time within working hours and advocate that reflective groups, such as our peer support groups, are a key part of future medical and surgical Training Programmes.

## Governance of Protecting Patients

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**Aims.** Involuntary commitment is a legal process through which an individual with symptoms of severe mental illness is court-ordered into inpatient or outpatient treatment. These criteria vary between nations. The goal of this presentation is to compare the governance of protecting patients among different parts of the world.

**Background.** Understanding the relevance of the judicial committees in psychiatry is an essential part of good psychiatric practice. A majority of patients who need inpatient psychiatric treatment fall into one of the following categories: dangerous to self, dangerous to others, or gravely disabled.

In the United States, the Parens Patriae doctrine has had great application in the treatment of mentally ill persons, children, and other individuals who are legally incompetent to manage their affairs. The states, which act as parens patriae, can make decisions regarding mental health treatment. State law governs involuntary commitment, and procedures may vary among states.

**Method.** One of the essential duties of St. Tammany Parish Coroner Office, Louisiana, USA is Mental Health Service, From January 2017 to October 2019, 887 Order of Protective Custody (OPC), 17,838 Physician Emergency Certificates (PEC), and 13096 Coroner Emergency Certificates (CEC) were issued. These certificates allow legal authority to transport a patient to the nearest ER for assessment by physician and mental health providers.

**Result.** Patients with active Physician Certificate are examined by a coroner according to patient's mental history and clinical presentation. Coroner Certificate helps the treatment facility detail the patient for diagnosis and treatment for fifteen days.

**Conclusion.** St. Tammany Parish Coroner Office is fulfilling its responsibility to provide proper mental health to psychiatric patients. It is necessary for each country/state/parish to have legal structure and provide proper care who are dangerous to self or others, or gravely disabled. The procedures of OPC, PEC, and CEC will be presented.

## Stigma towards psychiatry: correlating personal experience with existing literature

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**Aims.** Stigma towards psychiatry feels rife within medical school and this extends from university life into clinical placements. Mental health remains an unattractive area of medicine and is frequently regarded as subpar by other specialists. Against existing literature, this study compares the authors first hand experiences over the last five years within medical school to evaluate how representative their experiences of stigma in psychiatry are for the wider community and published literature. The study aims to inform the wider discussion on this topic and offer areas where intervention may yield a better perception and hence uptake of this specialism.

**Method.** Literature review relating to the topic was completed. Studies pertaining to medical students and/or educators views and experiences of psychiatric medical education and clinical placement were included for discussion. A reflection on the first author's specific experiences to date of psychiatry and his intent to pursue psychiatric career was conducted, with careful reference to existing literature. This allowed validating personal experiences in light of shared experience within the medical community in various national and international settings.

**Result.** Arguably, some non-psychiatric clinicians do inadvertently set the scene early in medical school for the stigma that is to be thrust upon students. This builds upon prospective students ranking psychiatry low for satisfaction, prestige and stating it to be a 'pseudoscience' or words to that effect. The lack of understanding from junior medical students of the role of the psychiatrist sees them associating psychosocial education as equivalent to psychiatry. This reinforces the idea of psychiatry being grounded

in sciences other than anatomy, biochemistry, physiology and pharmacology. On clinical placement, there is little cross-speciality support for those students who want to be psychiatrists and sometimes even lost opportunities for those publically aspiring towards psychiatry. Placements in psychiatry give students a better understanding of psychiatry but this does not seem to significantly change their career aspirations and this is rather defined from the admission stages.

**Conclusion.** After comparing experience with literature, stigma towards psychiatry appears to be universal. It may be important to consider the types of students who are being attracted to medical school as currently students seem to have an intrinsic disinterest in psychiatry despite later becoming better informed through psychiatric placement. Culture is notoriously hard to change, particularly within medicine. This stigma exists both in the lay and medical communities with early potentially inaccurate lay views of psychiatry being validated and reinforced throughout medical school.

### Improving quality of psychiatry training in Northern Ireland through the introduction of postgraduate education fellows

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**Aims.** To improve postgraduate psychiatry education and training in Northern Ireland.

**Background.** Historically within Northern Ireland there has been a postgraduate Member of the Royal College of Psychiatrists (MRCPsych) teaching programme delivered to core trainees in preparation for MRCPsych examinations. There has been no official teaching programme for higher trainees. Northern Ireland Medical and Dental Training Agency (NIMDTA), in collaboration with the Royal College of Psychiatrists in Northern Ireland and all five Trusts developed the novel idea of introducing Postgraduate Education Fellows, to oversee and improve core training, and to develop a bespoke higher training programme.

The Postgraduate Education Fellows met to collate information from various sources in relation to issues within the current teaching programme and address these along with the development of new initiatives. The fellows further act as a point of contact for all trainees within their Trust to provide advice and support with education if needed.

**Method.** One higher trainee was appointed to the role of Postgraduate Education Fellow in each Trust within the NIMDTA deanery for a term of 1 year.

The starting point was delivering the pre-established teaching timetable and gaining feedback from core trainees to identify areas for improvement. The next phase involved piloting traditional and contemporary methods of feedback. A further development was designing a mock paper A delivered under exam conditions. Two mock Clinical Assessment of Skills and Competencies (CASC) exams were organised under exam conditions, offering other trainees the opportunity to act as simulated patients and examiners.

The third aspect of this role involved creating a programme of higher trainee seminars. Baseline data were collated and identified key areas that higher trainees felt they needed further training and guidance in.

**Result.** Using baseline data on the current teaching programme and from higher trainees as well as incorporating quality improvement methodology, we have been making small changes to each aspect of the teaching programme and evaluating the changes made. The feedback from trainees has been positive as evidenced by quantitative and qualitative feedback. 8 candidates sat our first mock CASC with a 100% pass rate in their MRCPsych CASC examination. There has been a positive response to the higher trainee seminar programme.

**Conclusion.** This programme has produced good outcomes to date and sets foundations for the future development of post graduate psychiatry education in Northern Ireland.

### Virtual balint group experience due to the COVID-19 pandemic

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**Aims.** In the changes brought about by remote working, the local psychotherapy case discussion group (Balint Group) has developed as a remote service via video consultation. It is important to consider the effect that this change in method of delivery has had on experience.

**Method.** An anonymous survey was distributed to determine the benefits and challenges from participants and facilitators with at least a month of virtual Balint Group experience. The open-ended survey questions captured extended answer responses from 16 students and trainees, and 5 (co-)facilitators, within Nottinghamshire Healthcare NHS Foundation Trust. The qualitative feedback was analysed by thematic analysis, identifying three main themes.

**Result.** The first theme of practicalities was centred around access to the group. The virtual format had benefits in terms of reducing travel and time commitment and so improving attendance. However, disadvantages were in technological issues and finding a private and safe environment, individuals often not leaving the work environment on which they were reflecting.

The second theme of communication identified how virtual methods are a less natural way of interacting (for example sequential point making), losing both immediacy of reactions and non-verbal communication. There was a loss of essential communication cues, with disjointed conversation affecting contribution.

The third theme of group dynamics had some advantages, feeling less intimidating virtually. Yet disadvantages included loss of group cohesion, with participants not building the same relationships (on arriving and leaving a group space), and trust. The more subtle emotions in the group might be missed and opinions given less openly. The facilitators needed to be more directive and experienced difficulties maintaining group engagement and managing the frame.

**Conclusion.** The advantages of virtual format are more based on accessibility and the disadvantages more experiential. There are elements of being physically remote that lead to a disembodied experience, that might impact on capacity to reflect emotionally. This might make it more difficult to identify unconscious processes and the experience might be more cognitive. There is a risk that virtually participants will feel more alone with difficult feelings and unsupported by the group.

When mental health is being affected by social isolation due to the pandemic, having groups virtually can mimic this isolation in working life. Overall the preference remained for an in-person group.