is a valuable source to evaluate a service delivery and improvement. Following the COVID-19 pandemic a large majority of teaching switched to being held online. Feedback plays an important role in evaluating these new methods of teaching. However, response rates were noted to be low. This QI project aims to improve the response rate from students.

Methods. The project was registered on LifeQI and carried out during the psychiatric teaching for 4th year medical students at QMUL. The team emphasized the importance of feedback to students and produced online feedback forms which are mobile-friendly and concise. These were provided to students immediately after lectures and in an email reminder. As a change idea, five multiple choice practice questions from the topics of the day were included as a follow-on activity from the feedback form, with the expectation that this would motivate the students to complete the feedback. The response rate was calculated as a percentage (number of responses/number of attendees x 100%) and compared before and after the change was introduced using the independent t-test.

Results. Introducing practice MCQs at the end of the feedback form resulted in a significant improvement: the response rate increased from 22.3% to 50%, more than doubled. The independent t-test found a significant increase in the number of feedback forms returned from the original rates (M = 13.8, SE = 3.0) to rates after practice questions were introduced into feedback (M = 30.6, SE = 1.7), t= -4.9 p = 0.001.

Conclusion. Students' motivation to complete feedback plays a major role in the response rate of medical students' feedback at QMUL. Adding five MCQs on the topics of the day to the feedback form has significantly increased the response rate of 4th year medical students at QMUL. This project was limited to 4th year medical students who received online psychiatric lectures. It is important to try other change ideas in future in order to compare the outcomes.

Setting Up an Out of Hours Supervision Group at St Charles Mental Health Unit

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Aims. Psychiatric on-calls are often regarded as the most challenging aspect of core psychiatric training. This audit aimed to gain trainee feedback about on-calls at one of London's busiest mental health units, whether they were receiving adequate supervision for emergency and out of hours work and to design an intervention to improve on-call supervision experience for core and higher trainees.

Methods. A qualitative survey to assess the out of hours clinical experiences of trainees was conducted. The survey explored the following domains: trainees' confidence in dealing with emergencies out of hours, quality of supervision and individual learning opportunities.

Results. Results indicated low to moderate confidence levels among trainees in performing out of hours' clinical tasks. The majority were of the opinion that further supervision for on-calls would be beneficial. 59% of trainees stated they struggled to complete work place based assessments (WPBAs) on out of hours cases. In view of the findings, a quality improvement framework was used to introduce a supervision group that gave trainees the opportunity to learn from their out of hours complex cases with a Consultant Psychiatrist as a chair. Following the implementation of the group, a qualitative survey revealed improved confidence, morale and training satisfaction among trainees. The results of the survey and feedback from trainees will be shared in details in the poster. This group has been running successfully for the last one year.

Conclusion. The introduction of an out of hours supervision group in busy mental health units can lead to an improvement in confidence and enable professional and educational development for trainees, which will also help improve overall morale as evidenced by this audit. Additional supervision and developing confidence of junior doctors in dealing with out of hours' complex cases has enabled trainees to feel more supported and has led to increased training satisfaction at St Charles Hospital, London.

"Transition to CAMHS SPR" – a Simulation Induction Course Provided for Newly Appointed Child and Adolescent Mental Health Service (CAMHS) Higher Trainees (HTs)

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Aims. The transition between Core Psychiatry Training (CPT) and Psychiatry HTs is often anxiously anticipated by trainee psychiatrists, in view of the heightened responsibility and increased demand faced by trainees. The author wrote and delivered a one-day simulation induction course for newly appointed CAMHS HTs across London. The aim of this course was to improve participant's confidence, skills and knowledge in managing a range of conditions and challenging scenarios in children and young people (CYP) presenting to CAMHS. The course was also designed to improve HT's confidence in supporting junior colleagues and in managing conflict resolution. There was also an overarching aim of increasing human factor skills by focusing on these within the scenarios and debriefs.

Methods. The simulation training was delivered online and consisted of five scenarios commonly faced by CAMHS SPRs based in a variety of settings. Themes within the scenarios included eating disorders and deliberate self-harm, as well as managing risk, multiple demands, and the psychosocial factors contributing to mental illness. Professional actors, plants and virtual backgrounds were used to enhance fidelity of the scenarios. Platform orientation and an introduction to simulation were initially provided followed by "ice breaker" activities, which were used to promote psychological safety amongst participants. Each scenario lasted approximately 10 minutes. Following each scenario, participants were supported to engage in a debrief using the Maudsley Debrief model. Pre- and post-course evaluation questionnaires were given to participants to complete and comparative analysis was conducted.

Results. Seven participants completed both the pre- and post-course evaluation questionnaires. The mean sum score for course specific questions was 51.86 (SD = 9.56) pre course, and 68.00 (SD = 10.08) post course, showing a 31.12% increase in knowledge, skills, and confidence across the course specific domains.

The mean sum score for the Human Factors Skills for Healthcare Instrument (HFSHI) was 76.67 (SD = 17.26) pre course, and 86.50 (SD = 16.54) post course, showing a 12.82% increase in human factors skills.

Conclusion. This simulation course demonstrated it is an effective and innovative way to help with induction for HT, resulting in

an increase in knowledge, skills and confidence in trainees transitioning from CPT to HT, both in terms of factors specific to managing CYP's care and in relation to broader human factor skills.

Recognizing Early Deterioration in Elderly Care Home Setting - a Snapshot

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Aims. Our aim is to measure the baseline physical and mental health early deterioration recognition of carers in the care home setting in Harrogate, North Yorkshire. This is part of a larger undergoing quality improvement project that looks at improving elderly care in care homes in the region by implementing a training package.
Methods. The approach was to contact local authorities, in this case, the NHS clinical commissioning group North Yorkshire to identify a struggling care home. We then engaged the care home and designated a leader to coordinate the project. We collected common themes by using focus groups with both carers and our professionals which led to the creation of a 16-item questionnaire covering deterioration literacy. Finally, we electronically and anonymously surveyed the carers (December 2021) and analysed the data via Google Forms.
Results. We had 22 responses out of 30 possible. As an overview, 100% felt confident in recognizing deterioration, however, 31.8% don't feel confident in managing deterioration. 90.9% need tools to aid recognition, from which 45.5% find tools confusing. Only 50% feel confident to appropriately escalate the incident, from which 36.4% did not know when or to whom to escalate and 13.6% were not sure if escalation was needed but will refer to secondary care regardless. 27.3% think their escalation process needs improvement. When it comes to deterioration themes, 4.6% don't feel confident in identifying confusion, 13.6% feel their knowledge on confusion could be improved and 9.1% don't know how to identify, manage, or escalate confusion. 22.7% don't feel confident in identifying mobility decline and 9.1% don't know how to manage this accordingly. 9.1% feel like their knowledge of skin changes needs improvement. 22.7% feel that their confidence in identifying toilet habits could be improved and 4.5% don't know how to manage or escalate these changes. In terms of carers' mental health, 50% and 13.6% have mild and moderate anxiety, respectively.
Conclusion. Deterioration recognition in the elderly is currently a hot topic. Recent studies highlight the need to improve deterioration management to minimize inappropriate referrals and admissions and unnecessary infection exposure of a vulnerable elderly individual. Our results show that besides improving the theoretical knowledge we also must think about a clear escalation process, an easy-to-read deterioration tool, and managing carers' anxiety as part of the training package.

Mental Health Literacy in Foundation Doctors - a Survey in the York and Humber Area

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Aims. We aimed to measure the baseline mental health literacy in Foundation Doctors in the Yorkshire and Humber area, identify any gaps in knowledge with the purpose of addressing these within the new foundation psychiatry teaching program, developed by North Yorkshire Health Education England.
Methods. In January 2021, a questionnaire comprising of O'Connor's Mental Health Literacy Scale was sent electronically to all Foundation Doctors in the York and Humber area, that were in a placement at that time. The O'Connor's Mental Health Literacy Scale (MHLS) has been used since its publication in 2015 and is a 35 item, univariate scale that demonstrated good internal and test-retest reliability. It covers the following attributes: a) ability to identify disorders, b) knowledge about seeking information, risk factors and etiology, self-treatment, resources and support available, c) attitudes about mental disorders and seeking professional help. The anonymized data were collected and analysed in Microsoft Excel.
Results. In total, we received 49 responses to the questionnaire. Overall, 85% of respondents demonstrated good mental health literacy. Breaking this down further, 91% demonstrated knowledge of core psychiatric diagnostic criteria, 68.4% were literate in etiology and risk factors, 92% and respectively 95.9% understand what resources for treatment and professional help are available. Importantly when looking at attitudes about mental disorders overall 17% of respondents showed a degree of stigma and barriers in seeking professional help. For example, 2% strongly agreed that mental health conditions are not real illnesses, 34.7% were unsure whether people with mental illness are dangerous, 40.9% neither agreed nor disagreed they would move next door with someone with a mental illness and 14.3% would not be willing to have someone with a mental illness marrying into the family. When looking at barriers to seeking help, 12% answered they would not tell someone if they had a mental health problem, with 16.3% unsure whether they would tell someone if they had a mental health problem.
Conclusion. Overall, our survey demonstrated good mental health literacy in our cohort, however, there are areas of improvement, the main ones being etiology, risk factors, and attitudes towards mental health. It is important to recognize these deficits, as they have been linked with poor health outcomes and barriers in seeking and providing care. Moving forward, standardization of teaching programs and anti-stigma training could be an evidence-based approach to tackling these issues.

Research

Differences in Remote Mental Healthcare: Minority Ethnic Service User Experiences and Perceptions During COVID-19

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