

**Aims.** The aim of this project was to construct and deliver an educational session for general practitioners (GPs) in local Primary Care Networks on challenging child and adolescent mental health conditions. It was hypothesized that delivering targeted teaching sessions, supported by the same quiz applied before and after, would demonstrate an effective and repeatable method of improving GPs' knowledge about these conditions. Since the COVID-19 pandemic, demand on both Child and Adolescent Mental Health Services (CAMHS) and GPs has reached unprecedented levels. Compounding this load, half of all referrals written by GPs to CAMHS are rejected, which prolongs the time a young person is under GP care, delaying specialist intervention. Unfortunately, during GP training exposure to CAMHS is limited and dedicated teaching is often insufficient. As a step towards addressing this challenge, a comprehensive teaching session combining didactic and socratic methods was devised and tested.

**Methods.** The teaching session comprised the presentation, diagnosis, and first steps in management of four challenging conditions in children: autism, eating disorders, depression, and emotional dysregulation. A quiz with multiple-choice answers was administered before and after the presentation, addressing each of the four conditions. The data collection took place between December 2022 and January 2023. A total of 29 pairs of quizzes were completed by GPs. Due to the type and size of data collected, a non-parametric bootstrap resampling method was used to compare the before-and-after scores for each topic and overall score.

**Results.** For the 29 pairs of quizzes, mean differences and 95% confidence intervals (CIs) were calculated between before-and-after scores, for each topic and for the total. All 4 topics showed statistically significant mean improvements: autism 1.3 CI: [0.9, 1.8], eating disorder 1.8 CI: [1.4, 2.3], depression 1.4 CI: [1.0, 1.7] and emotional dysregulation 1.7 CI: [1.4, 2.0]. The total mean improvement was 6.2 CI: [5.5, 6.8] out of a maximum 16 points.

**Conclusion.** These targeted educational sessions suggest it is possible to make reliable improvements in GP knowledge across a variety of topics. With child and adolescent mental health demands at record levels, a more focused approach of the kind considered here may offer a model for training elsewhere. As an indication of the impact of this approach, further sessions on other topics have been requested by the GP teaching leads.

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.

### The Postcard Project: Improving Healthcare Staff's Knowledge of Good Quality Medical Care for Older Adults in Mental Health services

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**Aims.** Older adults in mental health services often have complex physical health needs, due to multimorbidity and frailty. Staff working in these services may not feel well-equipped to manage these needs, leading to symptoms being missed or unnecessary investigations. The authors designed written educational

resources for healthcare professionals working across older adult services, both in hospital and the community. The Postcard Project aimed to improve staff knowledge of the physical health needs of older adults and encourage good quality, evidence-based care.

**Methods.** Twelve postcards were created focusing on twelve concepts of caring for the physical health needs of older adults within psychiatry services. These topics were highlighted as potential areas of staff weakness, the staff themselves, and a survey conducted prior to the project. The postcards contained key evidence-based information about the chosen topic, summarised in less than 7 bullet points, and provided links to relevant, digestible resources, such as up-to-date guideline summaries and podcasts. The postcards were released monthly and distributed via email and physical copies. A survey was carried out before the project via a Microsoft Form, where respondents ranked their confidence in their knowledge on different topics relating to the care of physical health in older patients, with 1 being not confident at all and 5 being very confident.

**Results.** 57 people responded to this survey, including nurses, doctors, and other members of the multidisciplinary team. This survey showed a large discrepancy between different topics and staff's confidence. Staff were confident in identifying the symptoms of a UTI (83% confident) and fall prevention (79%). However, they were less confident with their understanding of CRP blood results (46%) and their ability to identify an Acute Kidney Injury (23%). Data are still being collected as to whether this project improved staff knowledge of these key concepts.

**Conclusion.** Staff in older adult mental health and community services were not confident with certain key aspects of good quality medical care of elderly patients before this project. The level of confidence varied between topic and profession. This project aimed to improve staff knowledge on the weaker topics, however, without the post-project survey data, it is not yet clear as to whether this project improved the knowledge of staff.

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### Medical Emergencies in a Mental-Health Setting (MEAMS)

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**Aims.** Medical Emergencies in A Mental Health Setting (MEAMS) was a proposed high-fidelity simulation training course specifically designed for the mental health multidisciplinary team (MDT). A team of resus officers, mental health nurses and psychiatric doctors worked to create scenarios reflecting the emergencies encountered in mental health. It aimed to give staff simulated experience in approaching and managing a variety of complex emergencies, including physical health, as well as communication scenarios. Specifically the aims were: (1) Determine if course was perceived to benefit staff, (2) Determine if course subjectively increased staff knowledge and confidence in mental health emergencies, (3) Review for continued areas of improvement

**Methods.** The full day sessions were carried out in the Electroconvulsive therapy (ECT) suite, with it being modified into an immersive environment similar to wards or clinics. The faculty of medical resus officers, mental health nurses and psychiatric consultants ran the courses, with participants joining from across the MDT including nursing staff, junior doctors, consultants, students and nursing assistants.

The morning program, run by resus officers, provided education in life support, initial assessment of the unwell patient and intraosseous access. The afternoon contained various scenarios, including for example managing neuroleptic malignant syndrome. Scenarios were observed via video link by faculty, with constructive feedback and debriefs provided.

Quantitative data of knowledge and confidence was obtained pre and post sessions using Likert scales. Qualitative information regarding future proposed scenarios, areas of improvement and areas of notable value was gathered.

**Results.** 36 staff attended the program, run over 4 days. Average knowledge and confidence (scored out of 10) improved from 4.9 pre-session to 8.1 post-session. All 36 staff felt the session was beneficial. Particular positive feedback on scenario realism, MDT working, safe/ supportive teaching and the resus faculty teaching was highlighted.

Areas for improvement highlighted included running sessions more often, widening accessibility to more staff and teaching on resus medications and fluids. A variety of further scenarios were suggested, for example management of withdrawal seizure.

**Conclusion.** MEAMS was felt to achieve its aims, and demonstrated clear subjective increase in staff knowledge and confidence regarding common emergencies seen in mental health settings. Further sessions and wider accessibility to the mental health MDT is anticipated to continually benefit staff. Taking on qualitative feedback, the faculty aims to continually adapt the program to provide the best possible training and education, adapting and creating new relevant scenarios.

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## Keeping the Focus on Recruitment and Retention in Psychiatry in Scotland

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**Aims.** The Scottish psychiatric workforce has remained largely static; in June 2022, there were 1,164.7 whole-time equivalent (WTE) psychiatrists across all grades. RCPsych In Scotland recognise the importance of focussing on, and improving, the recruitment and retention of trainees in Psychiatry in Scotland by undertaking a number of different projects.

**Methods.** We understand that trainees have differing needs and therefore since 2018 have looked at different ways to attract and retain trainees using different mediums. These included membership benefits, written information, policy work, and events.

With funding from NHS Education for Scotland we focussed on undergraduate students creating bursaries, a new RCPsych In Scotland welcome pack and ran summer schools.

Focussing on existing trainees we had a stand at the virtual international congress, training events including ST4 interview

skills webinars, bursaries for trainees to attend conferences and a workforce report to illustrate the likely gaps in future consultant posts as well as barriers to recruitment and retention throughout the work span.

**Results.** Due to the lengthy duration of psychiatric training it is not possible to evaluate an immediate impact of the campaign on Scotland's workforce however we have seen benefit by looking at other measurable objectives. The work focussing on undergraduates had led to a 333% increase in student associate membership of RCPsych in Scotland.

In 2018 there was a 63.08% fill rate for core psychiatry posts compared to 100% in 2022. As recruitment is now national, it is not possible to get Scotland only data for competition ratios however the 2021 competition ratio for the UK was 2.99 compared to 1.48 in 2018.

We are starting to see a change in higher training fill rates. In 2022 there was a 69% fill rate over all specialties with Psychiatry of Older Adults and Medical Psychotherapy both having a 100% fill rate. This is a slight improvement from 2019 where there was a 61% fill rate.

**Conclusion.** The work undertaken by RCPsych in Scotland has increased interest in psychiatry both at an undergraduate and post graduate level although there is still work to be done with regards to retention, both into higher training and also to consultant level posts. The work we are currently undertaking with the workforce report hopes to focus on the reasons that trainees leave training and we aim to use it to advocate for policy change with regards to training numbers and pathways in Scotland.

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## Psychiatrists' Experiences of the Transition From Trainee to Consultant: A Qualitative Study

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**Aims.** Population mental health relies on retention of a skilled mental health workforce, including consultant psychiatrists. The purpose of this study was to explore UK psychiatrists' experiences, expectations, and reflections about the transition from trainee to consultant. By exploring the transition experience, it was hoped that ideas could be generated which might inform ways of supporting psychiatrists during this period.

**Methods.** A qualitative approach was used to gather rich, detailed data about individuals' experiences. The sample population was a large NHS mental health trust in the South West of the UK. Stratified purposeful sampling was used, allowing focus on three distinct groups of psychiatrists at different stages of transition. Four trainees, four Specialty Doctors and nine new consultant psychiatrists were interviewed 1-1 by the lead researcher. Qualitative data were analysed using thematic analysis.

**Results.** Psychiatrists' experiences of transition centred on three major themes: Facing the Real World, Learning from Others, and Being Myself. These themes were connected by central concepts of belonging and identity. New consultants must survive the challenges associated with transition, and establish professional identity as a consultant; an authentic sense of self-in-role.