

was to design a project to create an evidence base for tailored support methods needed to reduce marginalised medical students' increased risk of poor mental health. This formed the basis of guidance on how medical schools and healthcare systems can improve wellbeing support for their students and staff. With support from a trained staff and student member, the recruited officers were encouraged to follow their preferred method for fulfilling the project aims, using their own and peers' experiences to inform what was most useful.

Result. Representatives were selected from BAME, LGBT+, international, disabled and widening participation backgrounds. The students decided to conduct a survey open to all medical student colleagues across the United Kingdom. The survey questions were split into four sections based on the challenges faced by their own lived experience: General Information; University and Community Experiences; Medical School Experiences and Teaching and Clinical Experiences. There were 58 questions in total including 26 multiple choice; 24 open answers; and 8 Likert scale.

Following data collection, the information taken from the survey and focus groups, supported by background reading, was thematically analysed to identify the key challenges. This will then be used to create a report to share with the medical school containing areas for improvement in mental health support, education and engagement. The officers themselves would also reflect on their experiences throughout the process, including their ability to engage in mental health policy, education and further career options such as psychiatry.

Conclusion. From creating an appropriate and supportive structure, it can be possible to encourage students with lived experience to share their challenges whilst becoming engaged in mental health policy and support. Furthermore, from creating a culture of reflection in the area of mental health, they are helping raise awareness of the subject early on in medical careers and promote engagement into specialties such as psychiatry.

Evaluating virtual role play based learning to improve the confidence and competence of Junior Doctors undertaking on call shifts in inpatient Psychiatry

Katherine Gardner*

Surrey and Borders Partnership NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.391

Aims. To enable junior doctors to practice their clinical skills in managing psychiatric emergencies via virtual role plays, and to gain confidence and competence in their skills in acute psychiatry. Lecture based learning about psychiatric emergencies is a part of the induction programme for all junior doctors starting their placements however practical learning and practice of skills in this area is not. The COVID-19 pandemic has further exacerbated this issue by providing an additional challenge to the delivery of face to face teaching for junior doctors both in clinical and educational settings.

Method. The author offered a virtual role play based teaching session to two cohorts of Junior Doctors (GP trainees and foundation trainees) who were starting their psychiatric hospital placements at Surrey and Borders Partnership. The virtual sessions were conducted over Microsoft teams. This session had been run once before as face to face teaching (F2F) in January 2019 (N = 9) prior to the COVID-19 pandemic. Data from this session were compared to data obtained from the virtual sessions in November 2020 and January 2021 (N = 16).

Pre and post study questionnaires were administered via Microsoft Forms. Each session lasted 1 hour and consisted of 3 different role play scenarios based around acute psychiatric emergencies. One junior doctor volunteer acted as the 'patient' in each scenario and another volunteer as the 'doctor'. The other participants all acted as observers. Each scenario lasted 10 minutes with ten minutes for feedback from the researcher afterwards using the ALOBA framework.

Categorical, ordinal data were collected using a Likert scale and general qualitative feedback was also gathered.

Result. The questionnaire return rate was 100% for F2F teaching and 57% for virtual teaching. 100% of participants felt that F2F role play was an acceptable way to practice skills in acute psychiatry vs 75% of participants who felt this about virtual role play. 100% of participants found that F2F role play was 'quite' or 'very' effective in improving their confidence and perceived competence in acute psychiatry vs 88% of participants who felt this about virtual role play.

Conclusion. Virtual role play based learning is an acceptable and effective method in improving the confidence and perceived competence of junior doctors undertaking on call shifts in inpatient psychiatry but it appears to be less effective than face to face role play based learning. The researcher will act upon the qualitative feedback obtained which suggested ways in which the virtual session could be improved.

Foundation doctor preparedness for treating mental health conditions: results from a national survey

George Gillett^{1*}, Owen Davis², Amari Gill³ and Clare van Hamel⁴

¹IoPNN King's College London; ²UK Foundation Programme Leadership Fellow & Foundation Year 2 Doctor, Oxford Foundation School; ³UK Foundation Programme Leadership Fellow & Foundation Year 2 Doctor, Wales Foundation School and ⁴Severn Foundation School Director & Clinical Advisor to UK Foundation Programme

*Corresponding author.

doi: 10.1192/bjo.2021.392

Aims. Previous research suggests the prevalence of mental health conditions among medical inpatients may be as high as 38%. Anecdotally, junior doctors report lacking the confidence, knowledge and skills to assess and treat patients with psychiatric conditions. Identifying this unmet need offers potential to improve standards of care and achieve parity of esteem between psychiatric and medical conditions within the general hospital. **Aims:**

To assess self-reported preparedness of newly-qualified Foundation Doctors to care for patients with acute or chronic psychiatric symptoms in comparison to physical health conditions.

Method. In September of each year (2017, 2018, 2019), a survey was cascaded to all incoming Foundation Year 1 Doctors. For each respective year there were 1673, 961 & 1301 respondents. Respondents were asked to rate their agreement with statements on a Likert scale. Statements pertaining to mental health included "a) I am competent in acute mental health care provision, b) I am competent in chronic mental health care provision" and "I feel confident in prescribing the following drugs; c) drugs for mental health problems". Comparison statements assessed confidence caring for medically unwell patients, performing practical procedures and prescribing drugs for physical health conditions.

Result. Preparedness for acute and chronic mental health were lower than both physical health comparison items; preparedness to care for patients with critical illness (acute: $r = 0.794$, $p <$

0.001, chronic: $r = 0.556$, $p < 0.001$) and preparedness to perform practical procedures (acute: $r = 0.724$, $p < 0.001$, chronic: $r = 0.433$, $p < 0.001$).

Confidence prescribing mental health drugs was lower than all other comparison items (simple analgesia: $r = 0.854$, bronchodilators: $r = 0.789$, antimicrobials: $r = 0.772$, inhaled steroids: $r = 0.720$, intravenous fluids: $r = 0.702$, oral anti-diabetics: $r = 0.611$, anticoagulants: $r = 0.515$, narcotics: $r = 0.514$, insulin: $r = 0.206$; $p < 0.001$)

Conclusion. These results identify a disparity in foundation doctors' self-reported preparedness to treat acute and chronic mental health conditions and prescribe psychotropic medications, compared to a variety of physical health domains. To our knowledge this is the first large-scale study to empirically test a potential discrepancy between newly-qualified doctors' preparedness to treat patients' mental and physical health needs. Medical school education and foundation training may therefore present a fruitful opportunity to improve care for patients with psychiatric conditions within general hospital settings.

A pilot project to increase trainee engagement using a social media platform – outcomes and lessons learnt

Amy Grimason^{1*}, Shevonne Matheiken², Laura Somerville³, Fiona Martin⁴, Luke Baker⁵, Kabir Garg⁶, Aastha Sharma⁷ and Simon George Morris⁸

¹Northern Ireland Medical and Dental Training Agency, Belfast Health and Social Care Trust; ²Northamptonshire Healthcare NHS Foundation Trust; ³Northern Ireland Medical and Dental Training Agency, South Eastern Health and Social Care Trust; ⁴Northern Ireland Medical and Dental Training Agency, Northern Health and Social Care Trust; ⁵South London and Maudsley NHS Foundation Trust, Institute of Naval Medicine; ⁶Oxleas NHS Foundation Trust, London; ⁷Cambridgeshire and Peterborough NHS foundation trust and ⁸Avon and Wiltshire Mental Health Partnership NHS Trust
*Corresponding author.

doi: 10.1192/bjo.2021.393

Aims. Engagement with members is an important issue for the Royal College of Psychiatrists (RCPsych) and an area for ongoing development. This is an issue that extends to Psychiatry trainees and the Psychiatric Trainees' Committee (PTC) has adopted increasing engagement as one of its key aims. Divisional representatives in different areas of the UK had noted that trainees had limited knowledge of the PTC or its roles and projects both within the College and local areas. To improve this it was decided to pilot a project that established a social media platform for trainees to improve communication between the PTC, its representatives and trainees. It was decided that Workplace (a professional version of Facebook) would be used. This had already been established in the Severn Deanery.

Method. Northern Ireland (NI) and the East of England (EoE) deaneries were selected as pilot areas for the project. Preparation for the project included collaboration with trainees from the Severn deanery and meeting with the RCPsych Digital team. A scoping questionnaire was circulated to trainees in each deanery.

Following this, two closed groups were initiated on Workplace in August 2019 for Northern Ireland and East of England trainees. **Result.** Results from the survey sent prior to the social media pages being established indicated there was appetite among trainees for the project. The pages were established in July 2019. The pilot project was promoted by representatives.

In the initial phases, approximately 40% of trainees signed up. Information regarding college and local events, committee meeting updates and training opportunities was disseminated on the platform. There was evidence of early use by trainees outside of the representative group.

This however was not sustained and gradually use of the platform reduced over the pilot period, both in postings and membership. A further questionnaire circulated in July 2020 highlighted trainees' concerns relating to the platform, including concerns around data protection and a high number of notifications associated with the Workplace medium. The ultimate impact on engagement was also felt to be minimal.

Conclusion. Following feedback and increasing usage costs by Workplace, it was decided not to continue with a nationwide role out of the project. COVID-19 has seen the successful use of platforms such as Microsoft Teams and these may be considered in the future, given their integration with existing trust systems.

Creating a virtual, clinical scenario based teaching programme for foundation doctors in Leeds

David Hall*, Thomas Lane and Alexander Harbinson

Leeds and York Partnership NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.394

Aims. Through consultation with foundation doctors on their psychiatry placements in Leeds, we established that they didn't feel the trustwide teaching programme met their needs, with them rating the relevance as 5.8 on a 1-10 Likert scale. They also reported their access to formal and informal teaching had been limited by COVID-19 restrictions. We aimed to create an accessible teaching programme that met their developmental needs as set out by the Foundation curriculum, as well as their confidence and skill set in dealing with common mental health presentations. Our supplementary aims were to promote psychiatry as a career and to provide supervised teaching opportunities to core trainees.

Method. Having assessed the foundation doctors confidence in dealing with different scenarios, we created a 9 week teaching programme covering common mental health presentations they're likely to encounter during their training. The virtual sessions focus on what assessment and management skills would be expected for a foundation doctor, as well as when and how to access support and refer on. The programme was designed to be trainee led with the teaching being facilitated by core trainees as it was felt that they would best relate to the experiences and developmental needs of foundation doctors. This also provided the CTs with an opportunity to develop their teaching skills, something that has become more difficult during COVID.

Result. Through weekly feedback of the sessions we were able to demonstrate that for 8 of the 9 sessions the foundation doctors rated them as being 'useful' or 'very useful' and we're currently reviewing the topic and materials for the outlying session.

Through self-assessed ratings before and after the programme, we demonstrated significant increases in confidence in dealing with all 9 of the scenarios. All of the foundation doctors indicated that they had found the programme beneficial.

Conclusion. As shown in the results, the programme has been well received by the foundation doctors who's confidence in dealing with a range of scenarios has improved. The programme has also been well received by the trust who have asked us to repeat it for future foundation rotations and by core trainees who were grateful of the development opportunities that this provided.