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**Aims:** To establish a formalised process for mentoring to be accessed by psychiatrists of all grades within a mental health trust in Gloucestershire, UK. Mentoring can contribute to career success, higher self-esteem and job satisfaction for mentees and improve performance and job satisfaction for mentors.[1] This in turn fosters innovation and development as part of the culture within the host organisation.[2] We anticipate the creation of a mentoring scheme for psychiatrists will promote these improvements for individuals in the short term and the organisation in the longer term.

[1] The General Medical Council (GMC). The mentoring toolkit: Setting up a formal mentoring scheme. August 2024. [2] Coaching and mentoring. The NHS Leadership academy. https://www.leadershipacademy.nhs.uk/programmes/coaching-and-mentoring/. Accessed November 13, 2024.

**Methods:** The European Mentoring and Coaching Centre defines mentoring as 'a learning relationship, involving the sharing of skills, knowledge, and expertise between a mentor and mentee through developmental conversations, experience sharing, and role modelling'.

Mentoring is promoted as part of *Good medical practice* by the GMC. The Royal College of Psychiatrists highlights its importance for all doctors, especially around periods of transition and to aid in retention and resilience of the workforce.

Gloucestershire Health and Care NHS Foundation trust appointed an experienced psychiatrist as a mentoring lead in 2022 with ambitions to develop a scheme in the trust. A steering group was formed to develop this idea and oversee its inception.

An electronic survey to medical colleagues in psychiatry identified significant interest for a formal mentoring scheme.

Exploration of best practice in adjacent trusts and a literature search developed the organisational process and allocation procedure of pairings. Centralising requests and the use of mentor biographies allowed for the mentor-mentee matching, and a database created.

The scheme is modelled on traditional mentorship, with anticipation of senior clinicians acting as mentors to trainees or more junior colleagues in all cases, unless peer to peer mentoring is requested.

**Results:** Initially, 8 mentor/mentee matches were made, with a further 7 pairings captured with steering group oversight. Feedback was unanimously positive with praise for the ease of the process and benefits gained from the relationship exchange from both mentors and mentees.

**Conclusion:** The scheme has an email address for centralising enquiries and is signposted via a flyer across trust working areas and as part of induction for all new doctors in Psychiatry. 4 CPD talks have been delivered to the medical academic programme and next steps include an annual newsletter, development of bitesize training for mentors and a video to further raise the profile of the scheme. Limitations of the scheme are acknowledged given moderate size of the trust and small pool of available mentors.



## Managing Medical Emergencies in Psychiatry: An Induction for Foundation Doctors

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**Aims:** Inpatient mental health wards present an environment in which rotating foundation doctors often have little prior exposure; with the average length of psychiatry placements in the undergraduate curriculum spanning just six and a half weeks, out of a median of 85 weeks for all clinical placements. The environment of mental health wards differs significantly from the acute hospital environment, with different staffing roles, equipment, and escalation procedures. This project aimed to assess the knowledge and confidence of existing foundation doctors in managing medical emergencies on the ward and develop an induction teaching programme for new trainees to further equip them in managing these presentations. Topics including the nature and challenges of the clinical environment, familiarisation of the emergency kit, patient population-specific conditions and escalation procedures were included in the session.

**Methods:** Teaching focussed on each of the highlighted topics was delivered to new foundation trainees during their induction. This included two facilitated desktop simulation scenarios around the recognition, investigation and initial management of opioid overdose and neuroleptic malignant syndrome and subsequent debrief and facilitated reflection. Pre- and post- questionnaires were completed using 5-point Likert scales (0–strongly disagree – 5–strongly agree) allowing participants to self-assess their knowledge and confidence across a range of domains including familiarity with emergency kit, limitations of providing emergency medical care in mental health wards, and awareness of escalation procedures and referral documentation.

**Results:** This session was run with a total of 11 participants, as part of their induction programme to the trust. Improvement in Likert score was seen across all domains with an average improvement from 1.57/5 to 4.66/5. Analysis of written feedback for the session demonstrated that participants found the interactive case scenarios to be interactive and engaging, with all participants finding the session useful and appropriate to their level of clinical training.

**Conclusion:** Feedback from this session indicated that it is well received by all participants and demonstrated improvement in self-perceived knowledge and confidence across all domains assessed. Using a blend of traditional direct teaching alongside facilitated discussions and interactive scenarios was effective in facilitating engagement across the session as demonstrated in session feedback and through the use of live audience polling during the session. This session will continue to be featured as part of the induction of new foundation doctors to support them in their preparation for caring for patients in mental health wards.