

Further developments will include extending the programme for the duration of the placement to enable us to cover an enhanced range of presentations and to consolidate core skills.

The challenges of delivering addictions psychiatry teaching in the COVID era

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Aims. During the pandemic, addiction psychiatry moved from face-to-face lectures (delivered by Addictions Psychiatrists) to bitesize pre-recorded lectures (delivered by clinical teaching fellows) alongside interactive tutorials (delivered by Addictions Psychiatrists). The Addictions Team developed an online tutorial (delivered via Blackboard Collaborate) containing a combination of information slides, case studies, interactive quizzes, and short videos. These were delivered 'live' to small groups of students in up to four simultaneous virtual classrooms on a 6-weekly rolling basis. We aimed to assess student and tutor feedback regarding the move to interactive online tutorials in addiction psychiatry.

Method. Two questionnaires sought feedback from students and tutors, focussing on the change from face-to-face to virtual teaching during a 20-week period.

Result. 21 (of 161) students completed the questionnaire.

- 100% 'strongly agreed' or 'agreed' that the content of the tutorial was relevant to learning outcomes.
- 52% felt 'somewhat comfortable' unmuting their microphones to contribute verbally, contrasting to 24% feeling 'not very' or 'extremely uncomfortable'. In practice, only 30% of students contributed verbally.
- 57% felt most comfortable contributing via the written 'chat' function (rather than audio or camera).
- 65% felt either 'somewhat' or 'very comfortable' turning their cameras on, but only 1 student turned their camera on across all tutorials.
- 48% felt the tutorial was more accessible virtually than face-to-face; 5% considered it less so.
- When COVID restrictions are lifted, 14% would prefer the tutorial to remain virtual, 53% would rather it returned face-to-face, and 33% had no preference.

7 (of 7) tutors completed the questionnaire.

- 100% felt that students having their camera on would make their experience of delivering teaching 'much better' or 'better'.
- 71% of tutors felt that students contributed 'slightly' or 'significantly' less in the virtual classroom.
- Only 29% of tutors found the experience of virtual teaching 'very' or 'somewhat' enjoyable, contrasting 43% finding it 'somewhat' or 'very' unenjoyable.
- Several white space tutor comments suggested the lack of audio-visual engagement made teaching less rewarding, whilst also preventing them from adapting content, pace, and teaching style to suit the group's needs. Tutors felt that the ease of delivering teaching from any location was beneficial.

Conclusion. Virtual teaching has become embedded in medical education and will likely remain so post-pandemic. For it to be an effective and enjoyable experience, for both students and

teachers, there needs to be adaptation of content, technology, etiquette and culture.

Resilience-culture of support

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Aims. Better-informed trainees will have increased confidence and improved resilience which will have a positive impact on the workforce. To promote and celebrate diversity in psychiatric workforce it is imperative to acknowledge the above and provide adequate support to IMGs across UK.

Background. Nearly two fifth of licensed doctors in NHS are from black and ethnic minorities. Studies have shown that International Medical Graduates (IMGs) are particularly prone to certain difficulties compared to UK graduates. IMGs are more likely to be subject to investigations by General Medical Council for concerns over clinical skills and knowledge, communication skills, lack of awareness of the laws and code of practice. This has been highlighted by GMC as well as Royal College of Psychiatrists. To promote and celebrate diversity in psychiatric workforce it is imperative to acknowledge this and provide adequate support to IMGs across UK.

Method. An additional rotation wide induction programme was started for IMGs in August 2018 in West Yorkshire. This has continued on a 6 monthly basis for all new starters and last one was held on 21st of August 2019. Teaching included information about Good Medical Practice, confidentiality issues, principles of consent, information about living skills and practical teaching on phlebotomy and requesting investigations.

Result. The doctors who attended these sessions found it to be very helpful and some suggested it to be a full day programme. According to the feedback collected there was a definite improvement in understanding noted by IMGs in most areas covered. This induction was also acknowledged in the School of Psychiatry conference in October 2019.

Conclusion. Considering the increasing numbers of International medical graduates it will be beneficial to arrange similar events at local level for easier accessibility. In line with RCPsych and GMC guidelines all trusts should be encouraged to offer IMG induction sessions locally.

More than just the mental health act – foundation-specific teaching to inspire psychiatrists

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Aims. This project aimed to further develop a teaching programme for Foundation Doctors attached to a psychiatry rotation. The purpose was threefold – to educate foundation doctors about important psychiatric topics; to encourage them to think about wider impacts of psychiatry; and to inspire them to consider psychiatric training in the longer term.

Background. The Royal College of Psychiatrists' mission statement includes actively promoting psychiatry as a career and

improving knowledge of mental health, including its interactions with people's physical and social backgrounds. Targeting foundation doctors rotating into psychiatry posts is a good opportunity to achieve these objectives, as they will be the cross-speciality doctors of the future, and have specific learning needs given their unique rotations and new medical careers.

Method. On one Wednesday morning per month Foundation Doctors had a specific teaching session for them. The sessions consisted of four 30-minute teaching blocks which, crucially, were given by foundation doctors. They were facilitated by a core psychiatry trainee, and the topics were decided by the doctor teaching each 30-minute block. The foundation doctors were able to teach on any topic related to psychiatry that interested them. Feedback forms were developed and provided at the end of each session for the foundation doctors, as well as at the end of each recent foundation rotation, to get feedback on the overall quality of the course delivered.

Result. The programme has now had 6 complete cohorts of foundation doctors. We have built a varied topic bank from past sessions, including the Mental Health Act, dementia, the Mind-Body Problem, psychiatry in video games and sociology of psychiatric illness, amongst other topics. All foundation doctors questioned have agreed or strongly agreed that the sessions were helpful for their psychiatric rotation and general medical training. Particularly praised aspects were the ability to discuss psychiatric topics that weren't normally discussed in an academic environment, being able to take ownership over learning and practicing giving teaching. Vitally, core trainee facilitators also found the sessions inspiring for their training.

Conclusion. The Foundation Teaching Programme has increased doctors' knowledge of a range of psychiatric topics, the breadth of which and agency in choosing topics has increased engagement with psychiatry, regardless of planned medical training speciality. Areas to explore in the future include potentially opening attendance to medical students and physician associate students, and to other regions of the deanery. Evaluating the long-term impact of this training is also warranted.

A survey of the level of knowledge and understanding of members of the inpatient team on the role of the physician associate on the general adult psychiatric wards

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Aims. Physician Associates (PAs) are healthcare professionals with a general medical education background, having completed a two-year postgraduate degree. Whilst the number of PAs employed in healthcare trusts continues to increase, the number working in mental health settings remains small.

Mersey Care NHS Foundation Trust employed two PAs two years ago. In August 2019, a third PA was recruited to work at Clock View Hospital, a general adult inpatient unit.

This survey aims to establish what level of understanding different members of the inpatient teams across the inpatient wards have of the tasks PAs are permitted to undertake and those they are not.

Method. A survey was designed, listing 37 tasks, e.g. completing an admission clerking. For each task, the participant was asked

whether a PA is allowed to complete it or not, with three options provided – “can carry out the task”, “cannot carry out the task” and “do not know.” A score of +1 was awarded if the correct answer was provided, -1 for an incorrect answer and 0 if the respondent didn't know. The highest possible score for a completed survey was +37 points; the lowest possible score was -37 points.

A sample of survey respondents was identified from the three general adult inpatient wards at Clock View Hospital and the Psychiatric Intensive Care Unit (PICU), comprising: senior doctors, junior trainees, Ward Manager, Deputy Ward Manager, Band 5 nurse and Assistant Practitioner.

Result. Twenty-four members of staff completed the survey – 3 senior doctors, 4 junior trainees, 4 Ward Managers, 4 Deputy Ward Managers, 5 Band 5 nurses and 4 Assistant Practitioners. The respondents were distributed equally across the three general adult wards and the PICU. The highest survey score was 36 out of 37 (a Consultant); the lowest was 18 (a junior trainee). The lowest mean score was variable across the different grades of staff, with Consultants scoring highest at 29 and Assistant Practitioners and Ward Managers both scoring lowest at 25. There was little variability in mean score (only 2 points) across the three wards and PICU.

Conclusion. The results from this survey demonstrate that different members of the inpatient team have a good understanding of what tasks PAs are and are not permitted to. There is still a need to provide further education to inpatient staff to ensure they utilise the PA at Clock View Hospital appropriately and that the PA is able to develop his skill set.

An analysis of the views of different members of the inpatient team on the role of the physician associate on the general adult psychiatric wards

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This analysis aimed to establish the views of different members of the team across the three general adult wards and the Psychiatric Care Unit (PICU) at Clock View Hospital on the role of the PA.

Method. A sample of members of staff was identified from across the three general adult inpatient wards at and the PICU, comprising: senior doctors (Consultants and Specialty Doctor), junior trainees (Core Trainee and Foundation Trainees), Ward Manager, Deputy Ward Manager, Band 5 nurse and Assistant Practitioner. Each member of staff was asked to answer the question “On a scale of 1 to 10 (with “1” being completely unhappy, “10” being completely happy), how happy are you to have a PA working on your ward?” Each staff member was then asked to provide comments on their views on the role of the PA.

Result. Twenty-three members of staff participated – 3 x senior doctors, 4 x junior trainees, 4 Ward Managers, 4 Deputy Ward