

Workplace culture and lack of senior support: The healthcare curriculum, and the manner of its delivery were found to propagate ideas encouraging racial microaggressions. Seniors behaving as role-models by challenging microaggressions could encourage an open and accountable environment. Supervision was a tool for allyship that reduced the threat of negative race-related incidents.

**Intervention:** Acknowledging racial microaggressions within healthcare, as well as quantifying their presence with tools, encouraged a stronger and more effective response from institutions. Teaching curriculum also served as a useful platform to teach and address microaggressions.

**Conclusion.** Racial microaggressions were experienced as having a detrimental impact on healthcare professionals' well-being and mental health. Consequently, this affected the efficiency, the workplace culture, patient outcomes and job satisfaction. Given the multifaceted nature of racial microaggressions, tackling them requires a complex and wide-ranging response from institutions.

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### What Factors Influence the Outcome of Psychiatry Postgraduate Written Exams, MRCPsych Paper a and B? a Qualitative Analysis From Trainees' Perspective in West Midlands School of Psychiatry in UK

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**Aims.** Analysis of the Annual Report of Examination Results published by General Medical Council (GMC, 2020) revealed that trainees of West Midlands School of Psychiatry didn't perform well in written components of MRCPsych exams and showed pass rate between 2014 and 2019 as 54.6%. Therefore, this qualitative study was conducted to assess West Midlands School of Psychiatry core psychiatry trainees' perception of factors that influence the outcome of MRCPsych Paper A and Paper B.

**Methods.** Qualitative research methodology with a grounded theory approach was used to systematically analyse the data and to evolve the theory rather than appraising the existing theory. The purposive and theoretical sampling strategies were used. Study population included all core psychiatry trainees in the West Midlands School of Psychiatry in 2021 who were invited via email for a semi-structured focus group interview. The participants' information sheet and consent forms were sent with the interview invite. A total of 38 participants contributed. The data were collected through 3 focus groups and 2 one-to-one interviews. The interviews were recorded using the recording and transcription feature of Microsoft Teams. The transcription was checked manually for accuracy. The data were collected and analysed simultaneously till the point of theoretical saturation, thereafter a thematic analysis was conducted.

**Results.** Themes emerged were grouped under challenges faced by the participants such as work and time pressures, financial constraints, and lack of family support. Other challenges were related to virtual learning, a mismatch between local teaching course and exam schedule and lack of contextualisation in local course content. Most of the trainees had to rely on private courses which

were adding financial burden. The majority felt that social isolation due to COVID-19 had a negative impact on their well-being. Participants suggested various recommendations for their local course content and delivery.

**Conclusion.** The study highlighted the need for the local course content to be contextualised and tailored to the examination course. This could be achieved by including a variety of multiple-choice questions, case-based discussion, and small group teaching for the purpose of preparing and practising examination questions/scenarios. It also highlighted trainees' need to utilise the study leave budget for private courses to ease financial burden. The International Medical Graduates (IMG) cohort identified that they need extra support and feedback about the examination preparation from the early beginning of the training to overcome differential attainment.

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### The Prevalence of Traumatic Brain Injury and ADHD in Secure Settings

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**Aims.** Traumatic brain injury (TBI) is highly prevalent in prison populations, with an estimated prevalence of 51%-82% according to a 2018 review. TBI has been linked to higher rates of interpersonal violence, recidivism, suicide, higher drop-out rates in rehabilitation programmes, and lower age of first conviction. Attention deficit hyperactivity disorder (ADHD) has been shown to be associated with an increased risk of interpersonal violence, and previous TBI. Little is known about prevalence of TBI or ADHD amongst inpatients in secure psychiatric settings in the UK. We aimed to estimate the prevalence of TBI and ADHD in inpatients admitted to a psychiatric intensive care unit (PICU) and to low and medium secure units across three London mental health NHS trusts.

**Methods.** 60 male participants were identified through prospective purposive sampling. Three questionnaires were administered: the Brain Injury screening Index (BISI); Adult ADHD Self-Report Scale v1.1 (ASRS); and the Brief-Barkley Adult ADHD Rating scale (B-BAARS). We also reviewed medical records of participants, age, psychiatric diagnoses, level of education, and convictions for violent and/or non-violent offences, number of admissions, and length of current admission. Ethical approval was granted by the local research ethics committee

**Results.** 67.8% of participants screened positive for a history of head injury, and 68.3% and 32.2% screened positive on the ASRS and B-BAARS respectively. 38.33% recorded greater than one head injury on the BISI. The most commonly recorded psychiatric diagnoses were schizophrenia (43.33%), schizoaffective disorder (23.33%), Bipolar Affective Disorder (11.67%), and Unspecified Non-Organic Psychosis (10.00%). Screening positive on ASRS was associated with screening positive for previous head injuries BISI ( $p = 0.01$ ,  $\square 2$ ). No other statistical associations were identified.

**Conclusion.** A relatively high proportion of participants screened positive for head injury and ADHD in this population. A history of head injury was associated with positive screening on the ASRS, which is consistent with previously reported associations between these conditions in other populations. A similar relationship was not seen with the B-BAARS however, and it is notable that fewer participants in the sample screened positive on the B-BAARS than using the ASRS. Few ( $n = 5$ ) patients were able to provide detailed descriptions of head injuries using the BISI, suggesting that the BISI may not be suitable in this specific population as a screening tool.

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### Weight Monitoring and Antipsychotics: Are We Compliant With NICE Guidelines?

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**Aims.** To improve Antipsychotic weight monitoring for patients within the Homeless Outreach (START) team.

**Methods.** All adult patients accepted by the START team (Lambeth, Southwark, and Croydon locations) between June and October 2022 that had been initiated on Antipsychotic medication were identified retrospectively ( $n = 11$ ).

Electronic notes (ePJS) of these patients were subsequently reviewed to assess the following:

1. Was there compliance with NICE weekly weight monitoring (for the first 6 weeks) following Antipsychotic initiation?
2. Was weight measured at least once following Antipsychotic initiation?
3. Was a Physical Health Screen documented following Antipsychotic initiation?

**Results.** During the audit period a total of 56 patients were accepted by the START team. Of these 11 (20%) were initiated on Antipsychotic medication. 0 patients had weekly weight monitoring compliant with NICE guidelines. 0 patients had their weight measured at least once following Antipsychotic initiation. A Physical Health screen was documented for 4 (36%) patients following Antipsychotic initiation.

**Conclusion.** This audit highlighted the poor compliance of weight monitoring in this cohort of patients, which can be attributed to several reasons. The homeless population are known to have poor engagement with health services. This coupled with reduced staff awareness of NICE antipsychotic monitoring guidelines can act as a barrier to carrying out appropriate physical health checks.

1. The following interventions were implemented:
2. To address staff awareness, START team members were given a presentation on the importance of Antipsychotic monitoring and current NICE guidelines.
3. An alert will be added to patient notes (ePJS) on initiation of Antipsychotic medication to remind staff to carry out required weight monitoring.
4. Portable weighing scales were purchased for the team to ensure patients' weight can be measured on outreach reviews.

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### Can You Teach Clinical Communication Virtually?

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**Aims.** An extracurricular clinical communication course called PsychED Up, with a focus on Psychiatry, met with challenges during the COVID-19 pandemic and the associated social distancing requirements. The course is usually delivered face-to-face by a small team of doctors, medical students, actors and lived-experience practitioners, and consists of large-group teaching on a weekly topic, followed by small group simulations. A small-scale study was performed to evaluate whether conducting clinical communication teaching and simulation online was acceptable, effective and feasible.

**Methods.** Twelve students and ten faculty members participated in the online session, performing live clinical scenarios with simulated patients, over a two-hour period. Pre-and post-course questionnaires were designed with quantitative measures of confidence and qualitative questions about participants' experience. Eight students completed both questionnaires. Questionnaire answers were analysed using a mixed-methods approach, with themes identified from the qualitative long answers, and statistical analysis of quantitative answers was also performed.

**Results.** Students found the session beneficial, with all indicating that they would sign up for a full online course. Based on answers to the quantitative questions, 50% of students felt more prepared for their clinical examinations. ( $p = 0.046$ ). However, all participants noted a reduction in their ability to read non-verbal cues and body language. Returning students found they were less attentive during the session compared with the original face-to-face teaching ( $p = 0.05$ ). Actors and faculty members found that the online course was feasible, acceptable and effective. However, most agreed that it was not preferable to teaching clinical communication skills face to face. Technological issues were minimal.

**Conclusion.** The majority of students and faculty found the session both beneficial and enjoyable, but felt face to face sessions would be more helpful in teaching clinical communication. Student attentiveness and awareness of non-verbal cues were highlighted as concerns. However, students generally responded positively to the online course, particularly the quality and diversity of peer feedback. Teaching clinical communication virtually has the potential to be successful, and has implications for future undergraduate medical teaching.

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### Working Towards a Greener NHS: Exploring Psychiatrists' Attitudes Towards the Climate Crisis

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