

is a valuable source to evaluate a service delivery and improvement. Following the COVID-19 pandemic a large majority of teaching switched to being held online. Feedback plays an important role in evaluating these new methods of teaching. However, response rates were noted to be low. This QI project aims to improve the response rate from students.

Methods. The project was registered on LifeQI and carried out during the psychiatric teaching for 4th year medical students at QMUL. The team emphasized the importance of feedback to students and produced online feedback forms which are mobile-friendly and concise. These were provided to students immediately after lectures and in an email reminder. As a change idea, five multiple choice practice questions from the topics of the day were included as a follow-on activity from the feedback form, with the expectation that this would motivate the students to complete the feedback. The response rate was calculated as a percentage (number of responses/number of attendees x 100%) and compared before and after the change was introduced using the independent t-test.

Results. Introducing practice MCQs at the end of the feedback form resulted in a significant improvement: the response rate increased from 22.3% to 50%, more than doubled. The independent t-test found a significant increase in the number of feedback forms returned from the original rates ($M = 13.8$, $SE = 3.0$) to rates after practice questions were introduced into feedback ($M = 30.6$, $SE = 1.7$), $t = -4.9$ $p = 0.001$.

Conclusion. Students' motivation to complete feedback plays a major role in the response rate of medical students' feedback at QMUL. Adding five MCQs on the topics of the day to the feedback form has significantly increased the response rate of 4th year medical students at QMUL. This project was limited to 4th year medical students who received online psychiatric lectures. It is important to try other change ideas in future in order to compare the outcomes.

Setting Up an Out of Hours Supervision Group at St Charles Mental Health Unit

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Aims. Psychiatric on-calls are often regarded as the most challenging aspect of core psychiatric training. This audit aimed to gain trainee feedback about on-calls at one of London's busiest mental health units, whether they were receiving adequate supervision for emergency and out of hours work and to design an intervention to improve on-call supervision experience for core and higher trainees.

Methods. A qualitative survey to assess the out of hours clinical experiences of trainees was conducted. The survey explored the following domains: trainees' confidence in dealing with emergencies out of hours, quality of supervision and individual learning opportunities.

Results. Results indicated low to moderate confidence levels among trainees in performing out of hours' clinical tasks. The majority were of the opinion that further supervision for on-calls would be beneficial. 59% of trainees stated they struggled to complete work place based assessments (WPBAs) on out of hours cases. In view of the findings, a quality improvement framework was used to introduce a supervision group that gave trainees the opportunity to learn from their out of hours complex cases with a Consultant Psychiatrist as a chair. Following the implementation of the group, a qualitative survey revealed improved confidence, morale and training

satisfaction among trainees. The results of the survey and feedback from trainees will be shared in details in the poster. This group has been running successfully for the last one year.

Conclusion. The introduction of an out of hours supervision group in busy mental health units can lead to an improvement in confidence and enable professional and educational development for trainees, which will also help improve overall morale as evidenced by this audit. Additional supervision and developing confidence of junior doctors in dealing with out of hours' complex cases has enabled trainees to feel more supported and has led to increased training satisfaction at St Charles Hospital, London.

"Transition to CAMHS SPR" – a Simulation Induction Course Provided for Newly Appointed Child and Adolescent Mental Health Service (CAMHS) Higher Trainees (HTs)

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Aims. The transition between Core Psychiatry Training (CPT) and Psychiatry HTs is often anxiously anticipated by trainee psychiatrists, in view of the heightened responsibility and increased demand faced by trainees. The author wrote and delivered a one-day simulation induction course for newly appointed CAMHS HTs across London. The aim of this course was to improve participant's confidence, skills and knowledge in managing a range of conditions and challenging scenarios in children and young people (CYP) presenting to CAMHS. The course was also designed to improve HT's confidence in supporting junior colleagues and in managing conflict resolution. There was also an overarching aim of increasing human factor skills by focusing on these within the scenarios and debriefs.

Methods. The simulation training was delivered online and consisted of five scenarios commonly faced by CAMHS SPRs based in a variety of settings. Themes within the scenarios included eating disorders and deliberate self-harm, as well as managing risk, multiple demands, and the psychosocial factors contributing to mental illness. Professional actors, plants and virtual backgrounds were used to enhance fidelity of the scenarios. Platform orientation and an introduction to simulation were initially provided followed by "ice breaker" activities, which were used to promote psychological safety amongst participants. Each scenario lasted approximately 10 minutes. Following each scenario, participants were supported to engage in a debrief using the Maudsley Debrief model. Pre- and post-course evaluation questionnaires were given to participants to complete and comparative analysis was conducted.

Results. Seven participants completed both the pre- and post-course evaluation questionnaires. The mean sum score for course specific questions was 51.86 ($SD = 9.56$) pre course, and 68.00 ($SD = 10.08$) post course, showing a 31.12% increase in knowledge, skills, and confidence across the course specific domains.

The mean sum score for the Human Factors Skills for Healthcare Instrument (HFSHI) was 76.67 ($SD = 17.26$) pre course, and 86.50 ($SD = 16.54$) post course, showing a 12.82% increase in human factors skills.

Conclusion. This simulation course demonstrated it is an effective and innovative way to help with induction for HT, resulting in