

humanity and personality on their clinical work, and the symbolic meaning of the patient's symptoms. Notably, approximately 60% reported that the sessions were relevant to their ongoing training needs and that 95% of participants felt the sessions were a safe place to express and process anxieties and frustrations about their work. All participants either agreed or strongly agreed the group had changed the way they think and practice, and that they felt able to consider their clinical encounters in a new light.

Conclusion. Conclusion: This evaluation reports early findings on psychodynamic psychiatry teaching for different medical groups. Overall, the participants felt the sessions were relevant to their training and improved their personal and professional development. Key benefits of the group were highlighted and included increased insight into the emotional and symbolic aspects of the patient's symptoms and clinical issues, team working through cohesion, and the humanity of the doctor in the clinical relationship with the patient. This suggests that the sessions provide a much-needed space to process and reflect on the often-intense demands of clinical work, individually and as a team. The main theme within barriers to the group processes was external in terms of other clinical demands requiring prioritization.

How Are Special Interest Sessions Used by Higher Psychiatry Trainees in Wessex Deanery?

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Aims. The aim of this survey was to establish how higher psychiatry trainees are using special interest sessions. Special interest sessions provide trainees with the opportunity to gain additional experience and are defined as 'a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee.' The Curriculum for Specialist Training in Psychiatry states that two sessions every week must be devoted during each year of Specialty training for such personal development, which may be taken in research or to pursue special clinical interests.

Methods. All higher psychiatry trainees working within Health Education England (HEE) Wessex Deanery were invited to complete a survey using Google Forms between 1st March 2021 and 1st April 2021. The survey included multiple choice and open questions relating to the accessibility, use and content of special interest sessions. Participants were asked to comment on their experiences. Quantitative data were analysed using Excel and qualitative data were collated and reviewed.

Results. 20 of the total 42 higher psychiatry trainees responded with the highest response rates from trainees in Old Age Psychiatry and dual training posts. 25% were using all their entitled special interest sessions. The remaining trainees were not able to use them consistently due to clinical service demands and 10% were not using any due to being unaware of opportunities available.

The majority of trainees were using special interest sessions for research, followed by postgraduate qualifications and psychotherapy. Other special interests included medical education, management experience and psychiatric liaison. 70% found their special interest sessions straightforward to arrange and supervisors were highlighted as a useful support.

Most trainees did not have a good awareness of special interest opportunities available within their specialty. 90% would like to be better informed of opportunities for special interest sessions.

Conclusion. The survey indicated that the majority of higher psychiatry trainees are having difficulty accessing special interest sessions due to clinical service demands and a lack of awareness of opportunities available. In order to meet Curriculum requirements, it is important that trainees are supported by supervisors and trusts to access special interest sessions. Specialty training job descriptions should allow for special interest time with appropriate cover arrangements. To improve awareness of special interest sessions, I have developed an information booklet listing opportunities available for higher psychiatry trainees in HEE Wessex Deanery.

Late to the Party: Mental Health Professionals' Knowledge on Party Drugs and Harm Reduction Advice

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Aims. Knowledge of illegal substances has long revolved around addictions in psychiatry training and not of party drugs or harm reduction. Reasons for this could include it being a fairly taboo subject, and it being an area where information and advice change frequently. However, drug related deaths are at their highest since records began, and as our patients use them, it is important that professionals are knowledgeable and can offer sound harm reduction advice. The aims were to establish whether there was a deficit in mental health professionals' knowledge and understanding of party drugs and harm reduction, to give education on this subject, and to gain feedback on whether it is useful and/or important.

Methods. A questionnaire of 10 questions on party drugs and harm reduction was devised using resources from charities 'The Loop' and 'Talking Drugs'. These questions aimed to test general knowledge in this area that would be expected from professionals. The study was carried out using Mental Health professionals (MDT) in a busy South London Trust in November 2019 and March 2020. The questionnaires were given before and after teaching sessions on the subject. Feedback was then collected from the attendees on their experiences.

Results. Before the teaching sessions, professionals answered 44% of the questions correctly, 48% incorrectly, and 8% were 'don't know'. However, after the sessions these scores went up to 77% correct, 19% incorrect, and 4% were 'don't know'. Feedback was extremely positive, with an Addictions Consultant even commenting that she didn't know a lot of what was being taught! Professionals recognised the gap in their knowledge and were keen for more teaching.

Conclusion. Party drugs and harm reduction knowledge is lacking in Mental Health professionals despite it being commonly seen in our patients. Informed, tailored teaching sessions can help improve this and it seems most professionals would welcome it. In the future it may be useful to include this type of teaching as part of the official Psychiatry curriculum.

A Virtual Introduction to Mental Health Tribunals: A Pilot Project

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Aims. This training aimed to familiarise the trainee of the mental health tribunal process and its delivery in the virtual form, improve the trainee's ability to provide targeted and succinct evidence both in written and verbal form.

Methods. This project followed a PDSA cycle. We targeted core trainees in their 3rd year (CT3s) for this pilot for practical reasons, we've also asked one third year nursing student to participate. We have started with a pre-intervention survey to obtain knowledge and confidence levels with regard to tribunals and identify further training needs. We used one of the slots available on Thursday MRCPsych course schedule to conduct the pilot. We have identified several people who are willing to participate in the teaching process, including an inpatient unit consultant, a judge, an experienced panel psychiatrist.

We have obtained teaching material from the MHA office at the trust. On the day of the pilot, we prepared introductory material in the form of power point presentation about tribunals and how to write reports. We then introduced our virtual patient "Mike" whom we based the report writing workshop and MOCK tribunal on using theoretical nursing and doctor entries. The teaching was followed by post intervention qualitative feedback. Data of pre and post intervention were moved to an excel spreadsheet for further analysis. We will take the results from this pilot to inform the next cycle of the project.

Results. Quantitative data: The training module was conducted over Zoom. Pre and post intervention surveys indicated an improvement in the trainees' knowledge and confidence scores of 28–44% as described in figure 1.

Qualitative data: The trainees and facilitators provided very positive qualitative feedback. Themes mentioned were related to comprehensiveness of training material, confidence gained in providing evidence, range of information covered, on hand experience, experts presence, relevance for multidisciplinary training cohort. Areas of improvement included minor technical difficulties, suggestion of more time spent on nature and degree, and involving service user and lay person representatives.

Conclusion. The above analysis and feedback suggests a successful run of the first pilot. We will aim to increase representation and allow more time for the some of the key learning points like understanding the difference between nature and degree in relation to MHA. We will continue to liaise with the department of Medical Education at Severn Deanery and We will also run the project at a wider scale including more nursing students and trainees of different levels.

Raising Concerns and Trainee Well-being: What Are the Issues?

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Aims. Raising concerns is an important part of being a doctor and part of the GMC 'Good Medical Practice' guidelines, however as a trainee it often comes with specific challenges. Historically trainees are often left feeling that their concerns are not taken seriously and there is no resolution to problems raised. Here we present the findings of a scoping exercise undertaken as part of a Quality Improvement project exploring these issues within a large mental health Trust.

Methods. Trainees across all training grades from Foundation doctors to higher trainees were invited to engage in virtual focus groups specific to their training programme. Contributions were analysed anonymously using a thematic analysis approach by two independent coders. Quantitative data were also gathered using an online survey to capture trainees who had been unable to attend a focus group.

Results. Key results included:

- A total of 6 focus groups were attended by more than 35 trainees, with high turnout particularly within Foundation trainees and CT1 doctors.
- Three key themes were identified from the qualitative data: difficulties with the process of raising concerns, fear of the consequences and challenging the culture of the organisation.
- It was noted that senior trainees felt more comfortable with the process of raising concerns compared with junior colleagues but were more apathetic about the impact of doing so.
- 12 trainees completed the online survey. Of these, 6 (50%) reported having had patient safety concerns and 7 (58%) had had concerns about their training.
- The most common reported barriers to raising concerns were the impact on working relationships (67%), lack of support (50%) and fear of repercussions on their training (50%). 42% of respondents were unsure of how to raise concerns.
- Trainee suggestions for change included improved information for trainees and trainers about the process for raising concerns, sharing of feedback about concerns raised more widely and regular opportunity to meet with key stakeholders.

Conclusion. The majority of trainees had experienced concerns about either patient safety or training issues. It will be necessary to address the multiple barriers highlighted to enable trainees to feel more confident and able to raise concerns. Increasing awareness of escalation processes, improving the processes themselves and fostering a supportive environment which encourages and supports trainees to raise concerns will be important given the implications for patient safety and trainee well-being.

The MSc Psychiatry at Cardiff University: Introduction of New Modules Further Supporting Continuing Professional Development in Psychiatry

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Aims. The *MSc Psychiatry at Cardiff University* is an established postgraduate programme offering students a sound theoretical basis in psychiatry as a medical science and specialty. The programme currently offers six taught modules (focusing on mood and anxiety disorders, psychosis, old age psychiatry, forensic psychiatry, substance misuse, and child and adolescent psychiatry), as well as a dissertation module that students complete towards the end of the programme. In catering for the professional needs of clinical students and students pursuing careers in academia, two additional taught modules have been proposed exploring *Leadership and Management in Psychiatry* and *Advances in Psychiatric Research*. Feedback on the proposed introduction of the new modules was collated from the current full-time and part-time student cohorts.

Methods. A total of 57 students currently enrolled on the programme were surveyed in relation to the proposed additional taught modules. The survey was created using Microsoft Forms and deployed via the programme's virtual learning environment