

relevant, and as realistic as possible to existing trainees. The final stage of the project was November 2021 which involved filming with the production company and professional actors who brought our concept to life. Post-production, we presented them during trust academic program to launch the videos in mid-2022.

Results. The videos were received positively and quantitative scores completed by a questionnaire before and after showing the videos showed an improvement in confidence in assessing, managing and treating patient with physical health issues and those with physical health complications of their mental health in a psychiatric hospital from 39% to 88% (response rate 62/90).

Conclusion/recommendations. We are proud to report that these videos are now being used during every junior doctor induction and can be referred to if a refresher on that topic is required later.

We are excited about this innovative method of training using high-quality videos to ensure trainee engagement. We hope it will form a baseline for further discussions and teaching around the topics derived from the scenarios. The videos were designed to last many years and so we hope will be of benefit to current and future trainees of all levels. This successful project will be expanded further and we are in the process of developing other scenarios that can be used for training.

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Depictions of Mental Health in “ Top Boy ”

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doi: 10.1192/bjo.2023.152

Aims. Social psychiatry faces a challenging relationship with pop culture. Understanding pop culture portrayals of mental health culture could be valuable to public mental health. ‘ Top Boy ’ is a fictional show touching upon the experience of individuals living in the grip of a mental health syndemic in inner-city London. **Methods.** AS & WQ had structured discussions to analysing themes, social determinants and psychiatric correlations in Top Boy. **Results.** Top Boy touches on aspects of mental health including immigration, the impact of violence, the impacts of urbanicity and deprivation syndemics, domestic abuse and PTSD.

Violence as a trigger for PTSD is illustrated in the story of Jason, a young child who is exposed to domestic violence, resulting in avoidance of this environment and association with gangster Sully. Jason becomes desensitised to violence. Greater PTSD is linked with violence in a dose-dependent fashion (Abram et al., 2004).

Sully watches Jason die after a racially motivated attack, illustrating the nested nature of such trauma as Sully develops PTSD; he is seen re-experiencing the fire. Sully can later be seen to be hyperaroused to perceived threat. Exposure to violence, particularly in the context of gang membership, is strongly associated with anxiety disorders. (Coid et al 2011)

Impacts on relationships and childhood neglect are explored through Ra’Nell and Lisa. Lisa is a single mother who’s survived an abusive relationship. She becomes severely depressed resulting in her being sectioned and an extended psychiatric admission. Ra’nell, her son, falls into the narcotic trade, leading to truancy and violence. His friend Gem is seen to try drugs when forced

to act as a mule. Involvement in the drug economy leads to drug dependence among gang members (Coid et al 2011).

These come together in the estate syndemic; psychiatric morbidity is exacerbated synergistically with health inequalities caused by poverty, stress, structural violence and racial discrimination. This leads to educational disadvantage through truancy in the cases of Ra’nell and Ats, who’s mother suffers from the mental health effects of unemployment and deportation threat. Individuals are then more likely to interact with gangs in this syndemic environment and so the cycle of illegal activity, violence and ill health perpetuate.

Conclusion. Gang members currently will make a large contribution to mental health disability and service burden in syndemic areas. Top Boy illustrates the challenge and opportunity for public mental health in the context of such syndemics.

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Is Simulation a Practical and Effective Training Modality in Psychiatry? an Evaluation of What Works and Doesn’t From Our Experience in North East

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doi: 10.1192/bjo.2023.153

Aims. Several studies on simulation as a method of teaching have identified advantages- on attitudes, skills, knowledge and behaviours, and non-technical skills such as situational awareness, team working, interpersonal interactions with improved confidence. Use of simulation in Psychiatry is growing, but studies are limited. We decided to evaluate our own delivery of simulation in trust and align this to the national strategy to identify gaps and further work

Methods. What are we offering now?

- Core trainees- Emergencies in Psychiatry- seclusion, suicide risk assessment and fracture neck of femur. Communication skills course, mock CASC, ILS.
- Higher trainees- Tribunal preparation and providing evidence, Induction- Out of hours supervising 1st on call, Managing serious incident
- In development-Immersive technology- Higher trainee supervising a junior doctor OOH

Results. Challenges and solutions

- Participant anxiety-Performing in front of peers can be demanding and reduces take up. ‘What to expect’ pre-session workbook, small group numbers (3), reiterating the focus of session on learning and confidentiality has improved participation.
- Resource (scenario development) - Takes time and effort to achieve high quality, piloting and continual adjustments to tailor to the learners’ needs. We appointed 3 SIM leads and hold regular meetings.
- Resource (trainers)- Hard to resource trained trainers. Developed an in-house training programmes for trainers, but persistent difficulties in maintaining consistency and time commitments with same group of ‘trained trainers’. Included brief training pre-session in morning for facilitators.

- Resources (finance)-Expensive to support Simulated patients. We used COVID-19 recovery funds and constructed purpose-built SIM rooms in education centre, which adds to fidelity

Conclusion. Feedback: Excellent feedback received with positive comments about supportive learning, SIM facilities and debriefing.

Despite being highly resource intensive, simulation is a powerful, unique, and valuable method of training in Psychiatry. Availability of resource will continue to pose challenges, but use of digital Immersive technology and focussing on relevant areas in line with National vision strategy and with identified groups- Induction, SuppoRTT, new to NHS, Remediation, CASC preparation and enhancing capacity of learning environment where there are gaps may be a good starting point. Use of MDT integrated scenarios can offer more fidelity.

Future identified areas will be

- CTIs-Physical health skills (refresher), history taking, MSE, handover. Emergency scenarios- NMS, lithium toxicity, cardiac complications due to clozapine
- Higher trainees- Mental health act assessments, supervising doctors in training/members of MDT. Charing team meeting, handover, breaking bad news, presenting in a coroner's court

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Learning From Serious Incidents - Support Programme for Trainees

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doi: 10.1192/bjo.2023.154

Aims. A significant number of Psychiatrists will experience a serious incident (SI) whilst in training. CNTW Trainee Led Implementation Committee (TLiC) felt that the trust SI reporting process and support offered for trainees was inconsistent, anxiety provoking and at times insensitive. We decided to review existing processes to support trainees through SIs and develop a programme that addresses these areas.

Aims of programme. Improve trainers' confidence in supporting a trainee involved in SI. Establish robust mechanisms to support trainees involved in SI

Methods. The SI medical education quality team with a trainee representative, set up a comprehensive programme to address above objectives.

- Process: System for weekly notifications of incidents from trust safety team and producing a useful algorithm to decide thresholds for reporting to Live flow (Health Education North East). Trainee notification of incidents via their named Clinical and Educational supervisors.
- Trainers support: Produced a template that would form basis of discussion with trainee covering educational and governance areas, resources and support offered- uploaded to trainee's portfolio/form R for ARCP review. Workshop conducted for trainers to enhance their knowledge in supporting trainees.
- Trainee support: Rolling training programme for trainees-sessions from trust SI team, trainee sharing personal experience of involvement in SI, Coroners Inquest by trust Legal department and Interactive Human factor approach-based case studies. Ongoing support from trust safety team- immediate (team

debriefing, after action reviews) and long-term support (SI panel and legal representation) offered to all trainees. Learning opportunities offered - observing coroners and joining SI panels.

Results. We have run 5 trainee days since 2019- attended by 79 trainees in total.

- All sessions rated excellent. Sessions of trainee's perspective, legal perspective and case study discussions being rated the best.
- Almost all trainees felt that the session would have a significant impact on their clinical practice- in particular contemporaneous documentation reflecting decision making. Many felt the need for an informal peer support group that they could access.
- Workshop for trainers was also rated good/excellent

Conclusion. Creating a culture which supports reporting concerns around safety and focuses on learning is crucial. Trainers often feel ill equipped to support a trainee. Our programme which now includes a peer support group provides a comprehensive and systematic package to help address all these areas and promote a culture of openness with quality and safety being the top priorities, right from a grass root level.

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Improvement of Trainee Engagement With the Royal College of Psychiatrists (Trent Division)

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doi: 10.1192/bjo.2023.155

Aims. The Psychiatric Trainees Committee (PTC) is a national community of psychiatric trainees comprised of representatives from all College areas. Over our recent term, Dr Deepa Krishnan, Dr Kris Roberts and Dr Emma McPhail covered the Trent region. In addition to national roles, we were keen to encourage trainees to engage with the PTC to improve trainee advocacy in line with National PTC strategy. Engaged and supported trainees are vital for ensuring good standards of patient care, and for safeguarding the future of the workforce in terms of recruitment and retention, which further intersects with ongoing quality and provision of patient care. The agreed aims, which were agreed with the RCPsych Trent Executive Committee, were formulated in-line with the national PTC priorities for 2021–2022: 1, to enhance communication, visibility and reach of the RCPsych within trainees in the Trent region; and 2, being mindful of challenges around recruitment and retention in psychiatry training posts, to improve education and support for trainees.

Methods. Using quality improvement methodology, we hypothesised there to be two aspects to trainee engagement. These were conceptualised in two ways: emotional engagement (meaning feeling supported, valued, and promotion of well-being); and intellectual engagement (meaning cognitive stimulation, recognition, and access to opportunities to develop knowledge).

A free, online trainee-specific conference, the first of its kind in the Trent Division, was agreed as an intervention to address trainee engagement across both domains. Because it was run "for trainees by trainees", we were able to tailor the content to be specifically helpful and relevant to trainees.