

Medical Coaching for Psychiatrists

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Aims. Promoting recruitment and retention in psychiatry is one of the core objectives for the Royal College of Psychiatrists and coaching initiatives are recognised as a means of improving retention. We developed a programme of medical coaching, available to all career-grade doctors in an NHS Trust in Northern England to support professional development. This overview describes the results of the first 4 years of the programme.

Methods. The setting was a large NHS Trust covering County Durham, Teesside and North Yorkshire employing around 150 consultants and 60 SAS psychiatrists (mean age = 49 years, 51% female). Coaching was promoted to all these doctors through the feedback form sent following their annual appraisal meeting. This coaching was later also made available to locally employed doctors and core and higher specialist trainees working temporarily in the Trust. The intervention was initially provided as a single session coaching event delivered by a consultant psychiatrist trained in medical coaching, and the programme evolved following requests from doctors. It was stated explicitly that the purpose was professional development, not an attempt to retain doctors considering their future. The outcome was measured using a post-coaching questionnaire.

Results. Data was collected from coaching delivered from May 2019 to January 2024. 145 doctors (84 consultants, 23 SAS doctors, 6 Trust doctors, 26 training-grade doctors, 6 grade not-stated) took up the coaching offer. 524 sessions were provided in all. The mean (SD) number of sessions was 3.8 (3.7), for consultants 3.5 (3.9) and for SAS doctors 4.8 (4.4). 48 doctors accessed a single coaching session. 56% of the career-grade doctors receiving coaching were female. Data was collected from 127 post-coaching questionnaires with 116 strongly agreeing and 11 agreeing with the statement that the coaching provided was useful and many reporting a positive impact on well-being.

Conclusion. Findings show that the programme was popular with the medical workforce, with about half of career grade psychiatrists taking up the offer. It evolved following requests to both provide follow-up sessions and to extend the offer to trust doctors and trainees. The sessions were highly valued by the doctors with reported benefits to their well-being, but we cannot measure the impact on retention. The programme is valued by the Trust with an intention to make the programme sustainable into the long term and it now forms part of the Trust's medical workforce charter.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Understanding Issues Faced by West Midlands' International Medical Graduates (IMG) Psychiatry Trainees and How to Support them

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Aims. The GMC 2023 workforce report indicates that doctors with primary medical qualification (PMQ) outside United Kingdom (UK) made up 62% of new additions to the register in 2022, with international medical graduates (IMGs) from outside the European Economic Area accounting for a further 10%. In 2023, 49.8% of psychiatry trainees in West Midlands were IMGs.

We have enough evidence to show that IMGs experience significant differential attainment in both training and exams. They also have an added burden of adjusting to a new country, language, culture, and society, not to mention adapting to a novel medical system and work culture. Attempts have been made to address this through induction, clinical supervision, etc.

This survey aims to understand the challenges faced by West Midlands psychiatry IMG trainees and to identify how best to support their needs.

Methods. A questionnaire survey was designed using the Microsoft forms platform and disseminated via the West Midlands School of Psychiatry in October 2023 to all trainees whose PMQ was outside UK. The survey gathered feedback on quality of inductions received, clinical supervision, difficulties experienced in training/examinations and awareness of available IMG-specific resources.

Results. 36 trainees with PMQ from 14 countries outside the UK completed the survey. 31% of the respondents were CT1 trainees. 17% had less than a year of NHS experience. All respondents had attended their current job induction. 64% rated their workplace induction as 'Good' or above, 50% rated trust and deanery induction as 'Good' or above. Only 17% of respondents had received IMG-specific induction. Many felt that induction was an information overload in a short space of time. 83% received weekly, hourly supervision. 69.4% rated support from their supervisor as 'Very good' or above. Respondents reported difficulties in immigration, finances, systemic racism, cultural and language adaptation. Other difficulties include portfolio, research experience and audits. MRCPsych exam difficulties were reported in 46% respondents especially around study materials and preparation. Trainees wanted IMG specific induction and supervision, pastoral care, portfolio support, MRCPsych exam support, mentoring, guidance around career progression and research.

Conclusion. The survey results show that IMG trainees do not receive appropriate and necessary IMG-specific induction and supervision even though they make up nearly half of the trainee cohort. The Deanery, NHS trusts and clinical supervisors can utilize the results of this survey to inform strategies to support IMGs better. Focus groups are due to be held shortly to get further qualitative feedback.

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Understanding Psychiatrists' Knowledge of Eating Disorders

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Aims. Wales is the only member of the home nations without Specialist Eating Disorders Training (SEDT) and does not currently have any Specialist Eating Disorder Units (SEDU). This has resulted in varied exposure and experience to eating disorder (ED) psychiatry within psychiatrists working in Wales. Patients with ED have the highest mortality out of all conditions in psychiatry and with hospital admissions for ED on the rise it is important that we understand current attitudes towards ED and use this data to improve understanding and services provided for these patients.

The aims of this project are to

1. Gauge the experience and knowledge of eating disorders of psychiatrists in Wales.
2. Examine attitudes towards management of different risks and which individuals should manage what aspects of care regarding eating disorders.
3. Identify future avenues of development for eating disorders services in Wales.

Methods. An online survey was sent to the 518 members in the Royal College of Psychiatrists in Wales mailing list identifying their current position within psychiatry, experience in working with ED patients and then different questions regarding their attitudes towards ED, ED management, their opinions on development of SEDT posts and their opinions on the development of SEDU in Wales.

There were 36 anonymous responses from doctors working in or around psychiatry in Wales. Responses were collected between March and April 2022 with the survey taking on average less than 5 minutes to complete.

Results. 36 individuals answered the survey with consultant/SAS (Senior) level doctors making up 69% of responses, the remaining 31% being psychiatry or GP trainees. Senior doctors mostly comprised general adult or CAHMS specialists, but other specialities were also present. 75% of responses reported some expertise in ED. 50% reported they were confident in the management of ED however there were varying responses when asked about the management of physical health in ED. 89% of responses indicated they would like to see the development of ED psychiatry posts and 78% of responses would like to see the development of SEDU in Wales for severely ill patients.

Conclusion. Many of the responses indicated some exposure to ED however 50% of responders did not feel confident in the management of ED. The development of ED psychiatry posts and SEDU would likely aid in increasing confidence of ED management.

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From Virtual to In-Person Teaching After COVID – Face-to-Face Simulation Gives Greater Improvement in Confidence and Satisfaction

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Aims. To adapt a virtual simulation training session for junior doctors, developed during COVID, to an in-person format.

To compare self-reported differences in knowledge and usefulness of the session across the two formats.

Methods. Initially a virtual simulation training session was developed and run in the induction program for junior doctors rotating onto psychiatry. This involved a series of 10-minute simulations tackling 5 emergency scenarios:

Using section 5(2); Acutely agitated patient and rapid tranquilisation; Neuroleptic malignant syndrome; Alcohol withdrawal and detoxification; ligature injury.

Written briefs were constructed and standardised actors delivered the content through a video call with the doctors. A facilitator was able to provide key data, including NEWS scores and exam findings. This was followed by a ten minute debrief, giving feedback on communication, and discussion around the key learning points.

After COVID restrictions were eased, this programme was adapted to a face-to-face format. New, Trust-specific, resources were developed – paper NEWS charts, drug charts, alcohol detoxification pro-forma, and section 5(2) paperwork, which were made available to the candidate during the scenario.

Self-reported scores were collected in the virtual (N = 117) and face-to-face (N = 19) sessions across several domains: in the usefulness and relevance, improvement in knowledge, and overall benefit of the teaching programme, as well as free-text feedback.

Results. Scores were collected on a 5-point Likert scale, (from 1 - strongly disagree, to 5 - strongly agree) and a mean score was calculated, and p value calculated with a two-tailed Mann Whitney U test. The scores showed improved ratings in the face-to-face sessions across all domains - improvement in knowledge (from 4.2 to 4.6; $p = 0.0005$), and overall satisfaction (from 4.18 to 4.63; $p = 0.00036$), usefulness and relevance (from 4.06 to 4.68; $p = 0.053$, though this last domain did not reach statistical significance).

Free text feedback highlighted the positive aspects of the pacing, organisation and delivery of feedback from actors and facilitators.

There were also suggestions for improvement - to adapt the scenarios to better capture the wide variation in doctors' previous experience of psychiatry, and to reduce the group sizes.

Conclusion. A simulation teaching session developed during COVID was successfully transitioned to a face-to-face format. This allowed a higher-fidelity environment with trust specific scenario materials and enabled more realistic communication with the actors. The face-to-face session was found to deliver higher improvement in self-reported knowledge and satisfaction, compared with the virtual session.

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Elevating Interest and Expertise: Integrating Co-Design and Co-Production Into Foundation Year Development Initiatives During Psychiatry Rotations

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Aims. To provide a bespoke development program for foundation year (FY) trainees on rotation at CNWL NHS trust.