During delivery of the sessions, a 'safe learning space' was set before individual learners took on the scenarios. 'Time outs' were utilised to allow the candidate to think through the scenario with the facilitator.

After each scenario, the facilitator then used crib sheets to lead 'mini tutorials' for 10 minutes around each scenario to flesh out the theoretical and practical learning points. The simulation-trained actors gave feedback on communication skills. Candidates were provided with feedback forms at the conclusion.
Results. Feedback from the sessions was overwhelmingly positive. Every single candidate (n = 30) either agreed or strongly agreed that the session met the learning outcomes of increasing confidence, creating a realistic setting, being a fun and enjoyable introduction to psychiatric services.

Blank space feedback was also excellent, with many doctors asking for further expansion of the development of the session into a rolling program, and expansion of the scenarios to include more complex clinical situations that involve other members of the MDT.
Conclusion. The virtual simduction programme is an effective way to improve confidence and knowledge of common scenarios faced for junior doctors new to a psychiatry rotation. Further development will involve a transition to a face-to-face programme and integration of the wider MDT, including nurses, support workers and pharmacists.

A Quality Improvement (Pilot) Project: Psychiatric Medical Education for Foundation Trainees

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Aims. Foundation Doctors are exposed to a range of specialties within the Foundation Programme, with 20.9% completing a psychiatry rotation. Those who do not have a psychiatry rotation may have little experience other than what was acquired in undergraduate training, despite being expected to care for patients with mental health problems. According to Mind (2017), one in four people will experience a mental health problem each year thus essential that our medical workforce know and understand the basic principles of psychiatry to aid their management of core psychiatric conditions. The aim of this project was to improve mental health literacy among Foundation Doctors by improving their communication, formulation and risk management skills. Another objective was to encourage uptake to Psychiatry and help plug the high number of unfilled Consultant posts.
Methods. The initial pilot was carried out between January and June 2021 over zoom and the sessions were optional. A survey was completed to find out which topics were most relevant and common themes included MCA/MHA interface, risk management and treatment of various conditions. These themes were incorporated into 90-minute sessions which included interactive case-based discussion in small breakout groups and some didactic teaching. The six session topics were EUPD, Dementia, Depression, Delirium, Substance Misuse and Alcohol Misuse. The sessions were facilitated by clinicians of mixed experience from Foundation Doctors to Consultants. Participant knowledge was tested using pre- and post-session quizzes and a working group reviewed feedback, making relevant changes subsequently.
Results. Feedback was majorly positive, and attendees valued the interactivity, breakout rooms, case studies and choice of topics. Suggested areas of improvement were having more time for discussion, technical difficulties, and less psychiatric 'jargon', but these tended to be isolated comments. Five out of six sessions showed an improvement in assessment scores afterwards, with an average improvement of 12.6% (average pre-session score of 70% and average post-session score of 82.6%). One session showed a decrease in the post-session quiz scores which on reflection showed that the questions in the assessment covered material not included in the session.
Conclusion. The virtual programme was an effective way of improving knowledge and confidence in psychiatry. Whilst the sessions were positively received and showed improvements in post-session scores, there were some limitations which will be addressed and used to develop future training. There is now more mental health woven throughout the new Foundation curriculum and expected that much of this content will be covered during Foundation Training.

Psychodynamic Psychiatry Education and Training for Doctors

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Aims. Background and Aim: Psychodynamic psychiatry training seminars are a blended supervision and experiential style approach to training health care professionals in reflective practice and formulation. They apply psychodynamic theory through case formulations, seminars, and Balint groups so that health care staff can improve their communication style, formulation skills and enhance their appreciation for patients with complex mental health problems. Our aim is to evaluate the provision of our psychodynamic psychiatry training sessions for doctors in psychiatry, gastroenterology, and emergency medicine, and to evaluate the perceived benefits of attending in terms of personal and professional development.
Methods. Methods: The evaluation used a standardized mixed-methods approach, with the sample consisting of psychiatry core trainees (n = 9), gastroenterology higher trainees (n = 4), and emergency medicine doctors (n = 10). The evaluation period was between October 2021 and January 2022. Data were gathered via a survey tool, adapted from the literature using Likert scales and free text questions to identify barriers and facilitators to the sessions.
Results. Results: All participants (n = 23) scored the group highly across the board in terms of acceptability, clinical impact, and fidelity measures. All participants reported that they have a better appreciation of group dynamics, the impact of the doctor's

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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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