the interactive learning methods, particularly the simulated scenarios, in enhancing their understanding of complex clinical situations and improving their ability to apply theoretical knowledge to real-world practice. Participants specifically mentioned the increased confidence they gained in managing acutely agitated patients, understanding the legal implications of the Mental Health Act, and applying de-escalation techniques. The programme's practical application to the PICU setting was consistently highlighted by participants, reinforcing the need for bespoke training tailored to this specialised area.

Conclusion: Our bespoke training programme represents a significant step towards addressing the gap in PICU-specific staff training. The diverse and interactive learning modalities, combined with the focus on key clinical and operational challenges specific to the PICU environment, appear to have a positive impact on staff knowledge, skills, and confidence. Further evaluation will explore the longer-term impact of the programme on staff practices, patient outcomes, and the overall ward environment. This model could serve as a valuable framework for other PICUs seeking to develop and implement tailored staff training programmes and contribute to best practice in mental health care.

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Navigating Through ARCP and CT Portfolio

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Aims: To support psychiatry core trainees in navigating their core training, ensuring a smooth and successful ARCP outcome, and facilitating the development of a comprehensive CT portfolio for competitive HST applications.

Methods: We analysed data from the Royal College of Psychiatrists' Gold and Silver Guides, supplemented by additional relevant resources. Based on this, we developed scripts and storyboards for an educational short film, currently in progress, and designed an accompanying educational poster to present the key information.

Results: The analysis led to the identification of key training strategies and resources critical for psychiatry core trainees. The development of the educational short film and poster has facilitated clear, accessible guidance, enhancing trainee understanding of the ARCP process and HST application requirements.

Conclusion: The educational resources developed offer valuable support to psychiatry core trainees, aiding in ARCP preparation and HST applications. Continued refinement of these tools will further enhance their utility.

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Simulation OSEs (Observed Structured Educational Stations) to Develop Inter-Professional Education (IPE) and Collaborative Working (CW) in Healthcare at Cygnet Churchill Hospital London, UK

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Aims: Calhoun et al. assessed the effectiveness of in-situ simulation education and showed that adding in-situ simulation to current educational practices may improve patient mortality and morbidity.

Collaborative Working is when individuals with various professional backgrounds work together and combine their expertise with other individuals to provide the best care possible. The essence of collaborative working is "working as a team with respect and value for each team member's unique role and contribution".

The practice of interdisciplinary learning is already in place when Immediate Life Support simulation training is delivered. The concept of broadening this practice out to other areas of clinical practice is therefore not far-fetched and is evidence based.

Aims: Embed lessons learnt from serious untoward incidents within an simulated inter-professional educational environment; OSE implementation will improve staff ability to respond to clinical scenarios.

Methods: A total of 27 participants attended these sessions conducted across 2 days. The staff rotated through a four-station circuit (10 minutes each with 5 minutes verbal feedback): completing a NEWS2 chart (National Early Warning Score); recording glucose levels on a blood glucose monitoring chart; documenting neurological observations following Rapid Tranquillization administration and effective communication.

At each station, participants were asked to complete a Likert questionnaire to self-report their status in 4 key areas: Knowledge, Confidence, Management, Resource Awareness, and preference between Face-to-Face (F2F) or E-learning teaching. Following the station, participants received constructive feedback on their performance and repeated the questionnaire.

Results: Qualitative and quantitative data analysis was completed to assess the questionnaire responses, with all stations showing a significant increase in average scores (AS) across all Key Areas, ranging between 16.4% (NEWS2) and 54% (Neurological Observation).

Confidence in handling clinical scenarios showed the smallest AS increase across all stations ranging from 12.3% (NEWS2) to 46.1% (Neurological observation).

Awareness of trusted resources available had consistent minimal score change, with lowest score change of 6.1% observed in NEWS2. Post-session learning preferences strongly favoured F2F teaching, with all 27 participants preferring it for Communication and Blood Glucose monitoring stations. Neurological observation station showed the biggest improvements in knowledge (58.3%) and confidence in management (65.2%).

Conclusion: These findings highlight the importance of interactive teaching to improve clinical competency and knowledge retention. The data also suggests the need for improved resource awareness and accessibility and as a result resource folders have been disseminated. Cygnet Healthcare is also implementing OSEs across other hospital sites.

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Establishing a Mentoring Scheme for Psychiatrists in the South West, UK

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Aims: To establish a formalised process for mentoring to be accessed by psychiatrists of all grades within a mental health trust in Gloucestershire, UK. Mentoring can contribute to career success, higher self-esteem and job satisfaction for mentees and improve performance and job satisfaction for mentors.[1] This in turn fosters innovation and development as part of the culture within the host organisation.[2] We anticipate the creation of a mentoring scheme for psychiatrists will promote these improvements for individuals in the short term and the organisation in the longer term.

[1] The General Medical Council (GMC). The mentoring toolkit: Setting up a formal mentoring scheme. August 2024. [2] Coaching and mentoring. The NHS Leadership academy. https://www.leadershipacademy.nhs.uk/programmes/coaching-and-mentoring/. Accessed November 13, 2024.

Methods: The European Mentoring and Coaching Centre defines mentoring as 'a learning relationship, involving the sharing of skills, knowledge, and expertise between a mentor and mentee through developmental conversations, experience sharing, and role modelling'.

Mentoring is promoted as part of *Good medical practice* by the GMC. The Royal College of Psychiatrists highlights its importance for all doctors, especially around periods of transition and to aid in retention and resilience of the workforce.

Gloucestershire Health and Care NHS Foundation trust appointed an experienced psychiatrist as a mentoring lead in 2022 with ambitions to develop a scheme in the trust. A steering group was formed to develop this idea and oversee its inception.

An electronic survey to medical colleagues in psychiatry identified significant interest for a formal mentoring scheme.

Exploration of best practice in adjacent trusts and a literature search developed the organisational process and allocation procedure of pairings. Centralising requests and the use of mentor biographies allowed for the mentor-mentee matching, and a database created.

The scheme is modelled on traditional mentorship, with anticipation of senior clinicians acting as mentors to trainees or more junior colleagues in all cases, unless peer to peer mentoring is requested.

Results: Initially, 8 mentor/mentee matches were made, with a further 7 pairings captured with steering group oversight. Feedback was unanimously positive with praise for the ease of the process and benefits gained from the relationship exchange from both mentors and mentees.

Conclusion: The scheme has an email address for centralising enquiries and is signposted via a flyer across trust working areas and as part of induction for all new doctors in Psychiatry. 4 CPD talks have been delivered to the medical academic programme and next steps include an annual newsletter, development of bitesize training for mentors and a video to further raise the profile of the scheme. Limitations of the scheme are acknowledged given moderate size of the trust and small pool of available mentors.

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Managing Medical Emergencies in Psychiatry: An Induction for Foundation Doctors

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Aims: Inpatient mental health wards present an environment in which rotating foundation doctors often have little prior exposure; with the average length of psychiatry placements in the undergraduate curriculum spanning just six and a half weeks, out of a median of 85 weeks for all clinical placements. The environment of mental health wards differs significantly from the acute hospital environment, with different staffing roles, equipment, and escalation procedures. This project aimed to assess the knowledge and confidence of existing foundation doctors in managing medical emergencies on the ward and develop an induction teaching programme for new trainees to further equip them in managing these presentations. Topics including the nature and challenges of the clinical environment, familiarisation of the emergency kit, patient population-specific conditions and escalation procedures were included in the session.

Methods: Teaching focussed on each of the highlighted topics was delivered to new foundation trainees during their induction. This included two facilitated desktop simulation scenarios around the recognition, investigation and initial management of opioid overdose and neuroleptic malignant syndrome and subsequent debrief and facilitated reflection. Pre- and post- questionnaires were completed using 5-point Likert scales (0–strongly disagree – 5–strongly agree) allowing participants to self-assess their knowledge and confidence across a range of domains including familiarity with emergency kit, limitations of providing emergency medical care in mental health wards, and awareness of escalation procedures and referral documentation.

Results: This session was run with a total of 11 participants, as part of their induction programme to the trust. Improvement in Likert score was seen across all domains with an average improvement from 1.57/5 to 4.66/5. Analysis of written feedback for the session demonstrated that participants found the interactive case scenarios to be interactive and engaging, with all participants finding the session useful and appropriate to their level of clinical training.

Conclusion: Feedback from this session indicated that it is well received by all participants and demonstrated improvement in self-perceived knowledge and confidence across all domains assessed. Using a blend of traditional direct teaching alongside facilitated discussions and interactive scenarios was effective in facilitating engagement across the session as demonstrated in session feedback and through the use of live audience polling during the session. This session will continue to be featured as part of the induction of new foundation doctors to support them in their preparation for caring for patients in mental health wards.

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