significantly enhances service efficiency, reduces waiting times, and optimises resources. Positive feedback from patients suggests high acceptability, with many valuing the convenience of avoiding unnecessary clinic visits. This system aligns with NICE guidelines by ensuring timely reviews while preventing service bottlenecks.

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Datix for Deaths Due to Physical Health Causes Outside Mental Health Inpatient Settings: Staff Perspective

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Aims: Datix is a web-based incident reporting and risk management system used across hospitals in United Kingdom to report incidents. DATIX is used primarily for risk management. Therefore the purpose of reporting an incident is to alert the healthcare system to risks and to provide guidance on preventing potential incidents that may lead to avoidable harm or death. Datix can be used to report patient safety incidents or adverse incidents of varying categories such as unexpected effects, medication errors, etc. and these help to provide learning both at individual and organisational level.

The aim is to gather staff perspectives on the current Datix system for deaths secondary to physical health in patients known to mental health settings.

Methods: Online Microsoft Form qualitative questionnaire was created to gather staff perspectives on recording of Datix incidents involving deaths due to physical health causes but outside mental health settings. The preliminary questionnaire was shared with Corporate Risk and Compliance Manager, Interim Deputy Director of Nursing in Trust and as advised one of the clinicians attended the Clinical Risk Management Group prior to rolling out to the local Older People's Community Mental Health Team and Humber Academic programme attendants list. Data was extracted onto Excel for the time March–May 2023 from Microsoft forms. Thematic Data analysis and summary was done collectively by three clinicians in Older Adult.

Results: Total: 28 respondents.

Respondent Demographics: approximately 57% nurses; 22% doctors, 7% social workers, 14% team leaders/managers; age 64% below 50 (29% 35–40); 29% 55–65.

7% of respondents have never filled in Datix for death, 36% filled within the last three months.

Source of information: Electronic notes 36%, discussion with colleagues 28%, during review 11%, relatives 14%, never found out 11%.

48% respondents needed to spend a week before finding the cause of death.

Thematic analysis Scale (1 least intensity, 10 highest intensity): Ease of access 14%, In emotionality 43%; Exhausting 61%.

61% respondents did not feel that Datix of deaths caused by physical health needs to be completed by mental health staff. 89% think the process could be made easier.

Conclusion: The study shows clearly that most of the respondents did not feel that Datix forms needed to be filled in for older adult psychiatric patients in the community, whose death occurred due to physical health causes but outside mental health setting.

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Quality Improvement Project on Split-Post Placement in Core Psychiatry Training

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Aims: Split-post placements are part of Psychiatry training, being a combination of inpatient and outpatient settings. The outpatient post could be set within the community mental health teams outpatient clinics, Crisis teams, Gender Identity and CAMHS clinics.

Trainees in such split-posts typically spend 2–3 days per week doing outpatient work, with the remainder in inpatient settings. The allocation is primarily a factor of training needs, to ensure safe delivery of clinical services, patient safety and provision of appropriate experience. Post allocation ensures trainees have the opportunity to achieve training competencies. This means that while individual preferences cannot always be met, the posts allocated will meet the trainee's needs.

Our survey consisted of measuring the level of satisfaction with clinical experiences and supervision whilst working in split-posts, and factors pertaining to Trainees' perception of patient safety, continuity of care and workloads.

Methods: Taking into consideration HEE guidelines regarding training placements, we collaborated with trainee programme director and created a qualitative survey including East Midlands Psychiatric Core trainees at Northamptonshire Healthcare Foundation NHS Trust working in split-posts. Of 15 trainees, 9 responded and completed the survey.

Results: While our survey respondents were able to identify that split-posts allow for more variety in clinical experience, they also noted several difficulties in transitioning between outpatient and inpatient settings, including:

Inability to keep up with pending work.

Difficulty establishing strong professional relationships with both staff and patients in both settings, as they are only present for 1–2 days.

Interruption in continuity of care, with work from both posts frequently overlapping.

Compromise in the level of supervision available to them, as they were only assigned a clinical supervisor in one setting.

62.5% of trainees found the workload across both placements manageable. However, half of the trainees faced challenges transitioning between clinic and inpatient roles. 37.5% of trainees did not feel adequately supervised in split-posts.

Conclusion: Our survey shows room for improvement within split-post placements. Based on our findings, we can advise the following

measures to mitigate some of the difficulties for trainees in such posts:

We have created a standardised handover sheet which is advised to be used and updated routinely, so that patient safety and continuity of care is maintained.

We suggest to assign a clinical supervisor to each post within a split-post placement, to ensure a trainee has ease of access to their weekly supervision in either setting, outside of the usual daily clinical discussions.

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The Effects of Suicide and Homicide on Clinicians

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Aims: The effects on professionals following the death of a patient by suicide can be phenomenal and life changing. The Royal College of Psychiatrists has developed guidelines to promote operational strategies and adequate pastoral care for professionals affected by patient suicides. Recognizing the profound impact on mental health, burnout, retention and career progression, these guidelines aim to foster a supportive culture. Enhanced support could facilitate genuine reflection and learning from such incidents, ultimately leading to improved patient care.

The aim was to discuss the impact of suicides and homicides on clinicians while exploring available support structures and understanding relevant psychological processes.

Methods: On October 25, 2024, a one-hour medical webinar hosted 87 participants, including doctors, medical students, and nursing staff. Led by Dr Rachel Gibbons, an experienced consultant psychiatrist, the session focused on clinician vulnerabilities and defensive mechanisms. Pre- and post-workshop surveys evaluated areas of interest and effectiveness for future planning.

Results: The pre-survey results revealed that 34% of respondents were primarily interested in the potential blame associated with incidents, while 16% sought guidance on supporting colleagues. Notably, 65% had experienced a Serious Untoward Incident (SUI), predominantly suicides and homicides (92%), with many professionals expressing self-blame and feelings of failure. They struggled to support affected families and felt the review process often emphasized blame rather than learning.

In the post-survey, 77% of responders reported involvement in an SUI, with 88% linked to suicides or homicides. Support perceptions varied: 36% felt supported by fellow doctors, and 20% by their trust, while colleagues (52%) and family and friends (56%) were highlighted as key sources of support. Most learned about incidents through emails, phone calls, or word of mouth (64%), and only 40% were satisfied with how they were informed. Respondents emphasized the importance of sensitive communication and individualized support plans in enhancing their experiences.

Conclusion: Overall feedback was overwhelmingly positive, with 93% of attendees expressing interest in future events. An impressive 97% found the seminar very or extremely helpful, while 93% wanted webinars on supporting clinicians, bereaved families, and attending coroner's court. Many reported significant emotional impacts from suicides, affecting performance in 41% and prompting 27% to consider leaving psychiatry. Attendees emphasized the need for better support systems, compassionate communication, and debriefs to alleviate blame culture and improve coping with immediate effects.

Upcoming webinars will utilise feedback, ensure wider participation, engage senior management, and raise awareness of pastoral support strategies.

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Mind Over Medical School: A QIP on Wellbeing Interventions for Medical Students on Their Psychiatry Rotation

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Aims: The mental wellbeing of medical students has remained a pressing issue. A recent longitudinal study named 'less supportive' educational environments as a contributing factor to this ill-health. Anecdotally, authors of this study have found topics taught within psychiatry can be emotionally affronting for students. During their psychiatry placement, 4th-year medical students at the University of Birmingham and Aston University were offered voluntary interventions with the aim to foster an environment of wellbeing. These included 1) an Open-Door Policy with Clinical Teaching Fellows (CTFs), 2) a formal Drop-in Session, 3) a Psychiatry Film Club Evening, and 4) a Creativity Prize, for students to submit reflective pieces in any artistic medium. A mandatory final wellbeing lecture included personal testimony from two CTFs on their own mental health journeys.

Methods: All students were asked to complete pre- and post-placement questionnaires accessed online on their first and last day, no matter their participation with interventions. During the placement, interventions were promoted after plenary lectures and on an ad-hoc basis. The post-placement questionnaire ascertained student participation in interventions. Questionnaires used a forced Likert scale to measure agreement with various statements. Statements were developed by adapting validated tools (such as ATP-30 and MICA-4) to cover three domains: perceptions of psychiatry's culture of wellbeing; stigma toward others' mental health; stigma toward one's own mental health. 117 responses were gathered. All responses were anonymous and could not be linked to individual students.

Results: Of the 177 respondents: 99% attended the mandatory wellbeing lecture, 11% attended the formal CTF drop-in, 9% participated in the creativity prize, 7% joined the film club, and 3% used the informal open-door policy. Across all domains, there was a general shift toward more favourable perceptions. Notably, responses to the statement "Psychiatry prioritises the wellbeing of its clinicians" improved from a median of "agree" to "strongly agree". This was a statistically significant change. Stigma toward personal and colleagues' mental health remained more resistant to change.

Conclusion: Results suggest that these interventions had a meaningful impact on students' perceptions of psychiatry as a supportive specialty. Aside from obvious personal benefit, integrating wellbeing initiatives into clinical placements may be key in promoting