

clinical governance systems. We plan to further develop our course materials based on our feedback, and deliver the workshops again in 2023.

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Improving the Interface Between Substance Misuse and Mental Health Services by Equipping Junior Doctors Working Within Mental Health Services, With Tools to Help Improve Competence in Assessment and Management of Dual Diagnosis (co-Occurrence of Substance Misuse and Mental Health problems)

Dr Samreen Samad*, Ms Lois Dugmore and Ms Nicola Hurton
Leicestershire Partnership NHS Trust, Leicester, United Kingdom

*Corresponding author.

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Aims. Dual diagnosis (i.e. co-occurrence of substance misuse and mental health problems) is a norm rather a rarity making it vital for service users to receive high quality, patient focused and integrated care. That being said, patients with dual diagnosis often feel excluded from services with neither of the services taking overall responsibility. Lack of broad spectrum of expertise required to treat both conditions, has been identified as reason for gaps in service provision where NICE guidance emphasizes the need for staff training and supervision. This was highlighted during survey with doctors in LPT as baseline assessment to assess training needs. This project aims to upskill junior doctors in the assessment and management of patients with Dual Diagnosis by delivery of a training package to each round of junior doctors during the induction period. The training package includes an ebook as pre-requisite for attending induction followed by teaching and short video clip. The training module aims to: 1) afford junior doctors the opportunity to assess and manage patients with dual diagnosis effectively. 2) minimise prescription errors, missed diagnosis and missed referrals to substance misuse services 3) improve compassion and reduce stigma

Methods. Training package was delivered to new cohort of junior doctors Jan 2023 during their induction period.

We used pre teaching and post teaching questionnaires a means to measure the change in level of confidence that the junior doctors experienced across three domains:

1. Assessment of service users for substance misuse
2. Using validated tools for screening of service users for substance misuse
3. Making referrals to appropriate services using substance misuse pathway.

Results. 14 responses have been collected from junior doctors to date.

There was an improvement in level of confidence from across the three main domains.

In carrying out assessment for substance misuse, 86% reported "somewhat confident" (after teaching) compared to 7.1% (before teaching).

In using validated tools, 78% reported "somewhat confident" (after teaching) compared to 7.1% (before teaching).

In making referral to substance misuse services, 64% "somewhat confident" (after teaching) compared to 14% (before teaching).

Conclusion. The training package helped in improving the confidence level of junior doctors in carrying out assessment, using validated tools and making referral to substance misuse services. However, whether this translates to making them adept at assessment and management of substance misuse will need to be corroborated by measuring prescription errors and number of referrals to substance misuse services.

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Improving Emergency Psychiatric Training Experience for Core Trainees in Southwest London

Dr Hannah Scanlon* and Dr Divya Vamathevan

South West London and St George's Mental Health NHS Trust, London, United Kingdom

*Corresponding author.

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Aims. To improve emergency psychiatry experience for Core Trainee doctors in Southwest London in accordance with the Royal College of Psychiatrists curriculum requirements.

Methods. A scoping questionnaire was sent to all core trainees over a 3-month period (February 2022-March 2022) regarding on-call commitments. This incorporated evaluation of emergency psychiatry experience which was provided through Crisis Assessment Team (CAT) on-call shifts. Direct responses were utilised in conjunction with the feedback from the Junior Doctor Forum and engagement with trust senior management to promptly identify and implement alternative provision of this training need. This resulted in On-call Core Trainee emergency cover being changed from CAT to the Liaison service.

A second questionnaire was then sent over a further 3-month period (November 2022-January 2023) to trainees participating in liaison shifts to evidence outcome.

Results. From the initial questionnaire a total of 93 responses were collected, with 19 from CAT shifts. Of these, 42.1% indicated they found it was useful in meeting the training need of emergency experience. 47.3% reported no assessments or admissions to the unit over the shift.

From the second questionnaire a total of 22 responses were collected from liaison shifts. 77.3% reported the shift to have been useful in meeting the training need of emergency experience. 100% of respondents reported exposure to a wide range of emergency psychiatric presentations over their shift. 63.6% also reported feeling their confidence had improved in managing emergency psychiatric scenarios independently in the future.

Overall, this showed a 35.2% increase in trainee satisfaction that their emergency psychiatric training need was being met following the change to on-call arrangements.

Conclusion. Emergency Psychiatric experience is a curriculum requirement and is vital in preparing for higher training. Consultation with trainees has been used to drive change with evidence of improved exposure to emergency psychiatry, increased trainee satisfaction and enhanced clinical confidence. This has highlighted the benefit of involving trainees in devising provision of training opportunities in this trust and would be recommended in training schemes nationally.

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