



**Annual Medical  
Education Conference**

18 - 19 May 2022 | Online

# Conference Booklet

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## General Information

### Accreditation

This conference is eligible for 1 point per hour of educational activity, subject to peer group approval.

### Certificates

Certificates of attendance will be emailed to delegates after the conference.

### Conference Resources

A range of resources can be [viewed here](#).

### Feedback

Wednesday: Please complete a short feedback survey to let us know what you thought of the event.

- [Wednesday 18 May 2022](#)
- [Thursday 19 May 2022](#)

All comments received remain confidential and are viewed in an effort to improve future meetings.

### Posters

Posters can be viewed at the [online viewing gallery](#).

### Presentations

Copies of the PowerPoint presentations will be made available to view on the Conference Resources webpage after the conference, by kind permission of the presenters.

### Social Media

If you wish to tweet about the conference please use **@rcpsych #PsychMedEd2022**

### Watch On Demand

Once the conference has taken place live, you will receive an email letting you know the conference sessions are ready to watch on demand – the recordings will be available until 18 and 19 July 2022.

# Programme

Wednesday 18 May 2022

Day One	
<b>Session 1: Chaired by Dr Charlotte Wilson-Jones</b>	
9:00-9:30	<b>Population, Policy and Pills: Personalising Care, A Challenge for Medical Educators</b> Dr Subodh Dave, RCPsych Dean
9:30-10:00	<b>Addressing Health Inequalities – Role of Medical Education</b> Dr Peter Byrne
10:00-10:30	<b>Optimising validity: MRCPsych Examination developments</b> Dr Ian Hall, Chief Examiner
10:30-11:00	<b>Morning Break and poster viewing</b>
<b>Session 2: Chaired by Dr Vivek Agrawal</b>	
11:00-11:35	<b>Implementing Direct Observed Examination Skills (DOES) for psychiatry undergraduate teaching</b> Dr Emma Barrow and Dr Sambavi Navaratnarajah
11:35-12:10	<b>Beyond Zoom Gloom</b> Dr Rachel Swain, Dr Abigail Swerdlow and Dr Yasmin Al-Asady
12:10-13:00	<b>Lunch break and poster viewing</b>
<b>Session 3: Chaired by Dr Subodh Dave,</b>	
13:00-13:25	<b>Medical Directors and Medical Education</b> Dr Derek Tracy
13:25-14:00	<b>Medical education as a tool to develop uncertainty tolerance in doctors-in-training</b> Dr Jason Hancock
14:00-14:30	<b>Keynote: Dr Navina Evans, Chair and Chief Executive, Health Education England</b>
14:30-15:00	<b>Afternoon Break and poster viewing</b>
<b>Session 4: Chaired by Dr Helen Bruce</b>	
15:00-15:35	<b>A novel teaching approach in North East London to deliver the new UK Foundation Programme Curriculum 2021</b> Dr Fergus Lewis and Dr Luca Polledri

15:35-16:10	<p><b>Can we talk please?: enabling a helpful conversation between trainees and trainers about developmental feedback</b></p> <p>Dr Mustafa Alachkar and Dr Swapna Kongara</p>
16:10-16:45	<p><b>Enhanced Mental Health training experience for GP trainees - Our experience of facilitating a large cohort of GP+ trainees in 2021</b></p> <p>Dr Rebeca Martinez and Dr Indira Vinjamuri</p>
16:45-17:10	<p><b>Trainer of the Year – Connecting Education and Training to Patient Outcomes: The Role of Local Education Providers</b></p> <p>Dr Roshelle Ramkisson</p>
17:10-17:15	<p><b>Concluding remarks</b></p> <p>Dr Subodh Dave, RCPsych Dean</p>

# Speaker Abstracts and Biographies

**Wednesday 18 May 2022**

## **Population, Policy and Pills: Personalising Care, A Challenge for Medical Educators**

Dr Subodh Dave, RCPsych Dean

**Subodh Dave** was elected as Dean in 2021. He holds this role until 2026. He has overall responsibility for setting standards for and facilitating the effective delivery of psychiatric education and training. Subodh is an international medical graduate having done his MD and DNB (Psychiatry) from Grant Medical College, Mumbai, India. He moved to the UK in 1995 and obtained his CCT in General Adult Psychiatry with an endorsement in Liaison Psychiatry. He works as Consultant Liaison Psychiatrist in Derbyshire Healthcare Foundation Trust and is Professor of Psychiatry at the University of Bolton. He is Deputy Director of Undergraduate Medical Education and in that role has led innovations in introducing and embedding simulation and lived-experience involvement in the training of medical students at the University of Nottingham.

Subodh has held training roles at all levels spanning undergraduate, foundation and postgraduate training both in the UK and internationally.

He is passionate about ensuring that training, assessment structures and CPD (Continuing Professional Development) programmes lead to improvements in patient care and clinical outcomes.

To that effect, his key priorities are:

- Address health inequalities: faced by patients with mental illness often compounded by other disadvantages for e.g. poverty, early-life trauma, race and gender-based discrimination.
- Integrate advances in neurosciences and social sciences to increase focus on public mental health and personalised care in our training and assessment.
- Patient-focused use of data/digital tools and embedding lived-experience to make our training and practice more rewarding for learners and patients.
- Improve well-being: Happy doctors = Happy patients. Making learning personally fulfilling, meaningful, intellectually stimulating, emotionally engaging and fun.

## **Addressing Health Inequalities – Role of Medical Education**

Dr Peter Byrne

Peter Byrne is consultant liaison psychiatrist at the Royal London Hospital, and lead consultant for general hospital psychiatry across four east London general hospitals. He graduated from University College Dublin in 1988, and completed all his medical and psychiatric training in Ireland before his first NHS

consultant appointment in 1999. He has worked directly with the Gastroenterology Department of Barts Health since 2016: he provides three outpatient clinics each week, ward consultations as well as collaborative teaching and research activities. A former Director of Public Education for the Royal College of Psychiatrists, RCPsych, he was awarded the Public Educator of the Year Award by the College in 2012; he was Associate Registrar for public mental health 2014-21, when he became co-director of the RCPsych Public Mental Health Implementation Centre. He has written two textbooks **Clinical Cases Uncovered** (2009) and with Alan Rosen, **Early Intervention in Psychiatry** in 2016. His recent work relates to the preventable premature mortality of people with mental disorders: <https://bit.ly/34wYhh5>

### **Optimising validity: MRCPsych Examination developments**

Dr Ian Hall, Chief Examiner

Dr Ian Hall is a Consultant Psychiatrist for people with intellectual disability in Hackney, at East London NHS Foundation Trust, where he is also Foundation Tutor and chair of the Local Negotiating Committee. He has led on a series of service developments in the Trust's learning disability services. Ian is also Chief Examiner at the Royal College of Psychiatrists. Previous roles at the College include Associate Dean for Conferences and Advanced Learning, Chair of the MRCPsych CASC Panel, Chair of the Faculty of Psychiatry of Intellectual Disability, and Chair of the Parliamentary Liaison Committee. For Health Education England, he has been Chair of the London Speciality Training Committee in Intellectual Disability Psychiatry, and Training Program Director for the North London Scheme. His Research interests include evaluation of teaching and assessment methods and of clinical interventions including Positive Behavioural Support and Intensive Support Teams.

### **Implementing Direct Observed Examination Skills (DOES) for psychiatry undergraduate teaching**

Dr Emma Barrow and Dr Sambavi Navaratnarajah

University of Birmingham students attend clinical placement in Psychiatry during their 4th year of study as part of a 9-week rotation which is paired with Neurology (60/40). This has traditionally been assessed through summative end of year OSCE and MCQ's only. In 2020 when many exams did not run due to Covid it was recognised that a new way of gathering face-to-face assessments throughout the year, across all specialities was required. The Direct Observed Examination Skills (DOES) assessment was introduced for the academic year 2020/2021 but initially psychiatry was not included in this due to perceived obstacles in delivery. The BSMHFT Teaching Academy oversees placements for 400+ students so in part the difficulty of managing a DOES assessment in psychiatry was ensuring that all students would have available access to an appropriate patient on whom they could perform a mental state examination whilst being observed by a consultant or ST4+ assessor and then present their findings. To accommodate this a schedule of assessments has been set up to run locally at the main teaching base with trained actors performing specifically written mental state

examination focussed role-plays. In addition, the Clinical Teaching Fellows have arranged DOES practise sessions and we have now successfully completed all 4 rotations in the academic year 2021-22. All 400+ students have been assessed for their ability to perform a mental state examination; the average number of resists per block is 3.5 and none have failed overall. To present this, we have the details of the role plays and assessment criteria as well as some video of the DOES practise sessions. We would like to showcase this along with feedback from students and invite discussion from the audience and sharing of experience and best practice elsewhere in managing large scale formative assessments.

Dr Sambavi Navaratnarajah

I am currently a clinical teaching fellow in psychiatry based at the Barberry (National Centre for Mental Health, Birmingham). Prior to taking on this role, I completed my core training in psychiatry in the West Midlands Deanery. From August this year, I will be commencing dual training in general and older adult psychiatry. I have specialist interests in medical education, neuropsychiatry and assertive outreach.

### **Beyond Zoom Gloom**

Dr Rachel Swain, Dr Abigail Swerdlow and Dr Yasmin Al-Asady

E-learning has long been a useful adjunct within medical education. The pandemic however has thrust digital education into centre-stage, accelerating the transition from traditional face-to-face learning far beyond the limits of traditional e-learning. In view of the growing evidence base that small group working and active participation lead to preferable learning outcomes; namely improved competency and a more positive regard for education, it is essential that the virtual teaching environments that we curate can facilitate the benefits of interactive engagement. On a background of increasing online teaching fatigue, we are proposing a workshop to demonstrate the wealth of opportunity provided by various online platforms, in delivering innovative remote teaching. The session will first revisit some of the literature around active classroom participation. This will serve as a foundation from which we will then showcase the variety of different platforms available; explaining & demonstrating the key features, whilst replicating the student experience. Attendees will be encouraged to consider the benefits and limitations of said platforms for their different settings and educational purposes as well as sharing their own experiences of online teaching. We have planned a highly immersive and interactive session with plenty of time for exploration and experimentation. In so doing, we hope to provide an accurate example of how effective online learning must move beyond simple presentation delivery, how it feels to be part of such an online session and how integral it is for psychiatry training not to be left behind as medical education forges onward. Many people often describe themselves as 'not tech-savvy'. We firmly believe that this does not have to be a barrier to creating and delivering good quality psychiatry-based education. A good

digital education should be easily accessible and we hope to demonstrate just how accessible it can be within this short workshop.

**Dr Yasmin Al-Asady** is a Child & Adolescent Psychiatry Specialty Trainee and current Medical Education and Quality Improvement Fellow at CNWL NHS Foundation Trust. She is passionate about Medical Education and the task of equipping Junior Doctors with the skills to face the challenge of today's NHS whilst continuing to thrive personally and professionally.

**Dr Rachel Swain** is a Forensic Psychiatry Specialty Trainee based in West London. She is currently taking time out of training to act as a Fellow of Medical Education for students at Imperial College, London. She organises the Psychiatry Digital Teaching Programme, and has focussed on highlighting to students the lived experiences of people with mental illness.

**Dr Abigail Swerdlow** is a Higher Trainee in Child and Adolescent Psychiatry at the Tavistock and Portman NHS Foundation Trust and Honorary Lecturer and current Fellow in Medical Education at East London NHS Foundation Trust. She is passionate about introducing psychiatry to early year medical students and increasing their awareness and enthusiasm for the specialty.

## **Medical Directors and Medical Education**

### **Dr Derek Tracy**

Dr Derek Tracy is the Medical Director of West London NHS Trust, and a senior lecturer at King's and University College London. His research interests include new psychoactive substances, and he's a member of the Advisory Council on the Misuse of Drugs. Derek is the editor for public engagement at the British Journal of Psychiatry, and writes its Highlights and Kaleidoscope columns.

## **Medical education as a tool to develop uncertainty tolerance in doctors-in-training**

Dr Jason Hancock

Uncertainty (the dynamic, subjective perception of not knowing what to think, feel, or do) is inherent within the practice of medicine. An inability to tolerate uncertainty has been linked with negative clinician and patient outcomes, including reduced psychological well-being in doctors. This session will cover what is meant by the term uncertainty in clinical medicine and describe the positive and negative ways that doctors can respond to clinical uncertainty, including their cognitive, emotional and behavioural responses. The speakers will briefly discuss the current literature regarding the associations between intolerance of uncertainty and reduced psychological well-being as well as the educational strategies that have been shown to enhance uncertainty tolerance for doctors-in-training. A significant part of the session will provide attendees the opportunity to consider their own responses to uncertainty and the



strategies that they employ when encountering uncertainty in clinical practice. This will be followed by a discussion about how we can support our students and trainees to develop their own strategies and responses to clinical uncertainty. This session will be delivered as a short presentation followed by facilitated discussion. This will be supported by the use of menti, an online interactive presentation software that will allow participants to contribute their own experiences to the discussion. This session will be delivered by Dr Jason Hancock and Dr Molly Dinnen. Jason is a consultant psychiatrist and joint director of medical education in Devon Partnership NHS Trust. He has recently completed his PhD with the University of Exeter examining the relationship between uncertainty tolerance and psychological well-being in doctors. He has an academic interest in developing medical education interventions to support uncertainty tolerance for doctors-in-training. Molly is an academic foundation doctor with an interest in uncertainty and has co facilitated similar sessions on the local University of Exeter Advanced Clinical Practitioner programme.

**Dr Jason Hancock** is a Consultant Psychiatrist and joint Director of Medical Education in Devon Partnership NHS Trust. He has recently completed his PhD with the University of Exeter examining the relationship between uncertainty tolerance and psychological well-being of doctors. He has an academic interest in developing medical education interventions to support uncertainty tolerance for doctors-in-training.

#### **Keynote: Dr Navina Evans, Chair and Chief Executive, Health Education England**

Dr Navina Evans has been Chief Executive of Health Education England since October 2020. She was previously Chief Executive of East London NHS Foundation Trust. She also held a number of positions across the Trust including Director of Operations & Deputy CEO, Director for Mental Health, Lead Clinician Newham CAMHS and Clinical Director for Child and Adolescent Mental Health Services. She has worked in Medical Education at Barts and The London Medical School as Honorary Senior Lecturer, Associate Dean, and Academic Year Tutor. Her experience is in Psychiatry and Paediatrics, Dr Evans holds a MBBS, DCH and MRCPsych.

#### **A novel teaching approach in North East London to deliver the new UK Foundation Programme**

##### **Curriculum 2021**

Dr Fergus Lewis and Dr Luca Polledri

The New UK Foundation Programme Curriculum 2021 introduced greater emphasis on the recognition and assessment of mental health disorders and suggests a list of topics that must be included in the programme. This is very welcome as all doctors should have basic skills and confidence in this area. But how can it be delivered making best use of limited resources? We adopted a proactive teaching approach with the acute trusts who lead the local foundation programs, using principles of Team Based

Learning (TBL). The basis of this is ten 20-30 minute case scenarios that we designed to cover the whole curriculum, using no more than 4 hours over the 2 years course period. The foundation doctors discuss questions in small groups and then bring their answers to the follow up plenary session, followed by explanatory slides summarising main learning points. This format allows for 2- 3 topics to be taught per hour and crucially allows delivery by non-expert trainers to maximise the faculty: as per the TBL model, the trainer is mainly a facilitator of the group and most of the learning is delivered via stimulating curiosity and collaboration between trainees. Facilitators are given a brief written guidance on how to deliver the module and a 15 minutes face to face introduction to the module. We have successfully delivered the modules both face to face and online. Feedback showed that 97% of trainees would recommend the innovative format, there was an improvement in confidence in all topic areas and mean confidence increased from 59%-78%. In our presentation we would share our approach with the audience in an interactive way, including a sample case study and feedback, and then engage trainers in a discussion about how the new Foundation Curriculum can be delivered in other areas of the United Kingdom.

**Dr Fergus Lewis** is currently a Fellow in Medical Education in Psychiatry North East London Foundation NHS Trust (NELFT) having completed his core psychiatry training in North East London in February 2022.

**Dr Luca Polledri** is a consultant in Liaison Psychiatry working at Whipps Cross University Hospital. He is a Training Programme Director and College Tutor in North East London. He has special interests in Medically Unexplained Symptoms and Education, and contributed to a number of educational initiatives, including the 4th Edition of Management for Psychiatrists published by the College.

### **Can we talk please?: enabling a helpful conversation between trainees and trainers about developmental feedback**

Dr Mustafa Alachkar and Dr Swapna Kongara

Can we talk, please?: Enabling a helpful conversation between trainees and trainers about developmental feedback. Although it is a standard part of training that a trainer gives feedback on developmental aspects of a trainee's work, this is often a difficult experience for both parties concerned. The trainee receiving the negative feedback worries about judgement about their own knowledge and skills and sometimes perceived this as a reflection on them overall as a doctor, or even as a person, instead of it being about a specific aspect of their work. Similarly, trainers providing such feedback worry about coming across as unhelpful, critical or discouraging. These anxieties may sometimes give rise to 'avoidance' on one end of the spectrum or 'confrontation' on the other. This could lead to unwanted consequences, such as, defensiveness, despondency, misunderstanding and even a breakdown of the relationship. A timely, insightful and appropriately delivered feedback provides opportunity for the trainee to learn and grow. Several factors influence the outcome of the trainer-trainee interactions. These

may include the physical setting, the specific issue in question, the personality and learning styles of both trainee and trainer, the cultural background of both parties and the culture of the organisation. In this workshop, participants will be taken through some common 'pitfalls' in such interactions and how these can be managed helpfully by both parties to enable a helpful conversation. The workshop will involve interactive exercises, quizzes and role-play to enable them to get a 'hands on' approach to managing such conversations effectively.

**Dr Mustafa Alachkar**, consultant psychiatrist and medical psychotherapist currently working in Pennine Care NHS Foundation Trust.

**Dr Swapna Kongara** is a Consultant psychiatrist in General Psychiatry and Medical Psychotherapy in the North West. She is a Regional representative for the Psychotherapy Faculty in the North West and has been recently elected as the Faculty Executive Committee member. She is passionate about Equality and Inclusion and co-chairs the Medics Race Equality Network in her Trust.

### **Enhanced Mental Health training experience for GP trainees - Our experience of facilitating a large cohort of GP+ trainees in 2021**

Dr Rebeca Martinez and Dr Indira Vinjamuri

Mental health is a key component of the RCGP training curriculum. Providing a training experience in Mental Health for all GP trainees has been a challenge due to limited number of psychiatry placements. Innovative solutions are needed to ensure that trainees can demonstrate their competence in this key area. HENW wished to offer Mental Health training placements to every GP trainee on the rotation, commencing in 2021. Locally we facilitated an expansion of GP training from 8 full time GP posts to hosting in addition 42 GP+ training placements. There were challenges- GP+ posts (60% component in Primary care and 40% in Mental Health) are one of the adaptations to enable large numbers of trainees to acquire skills within mental health settings – however the structure and educational opportunities that are provided need to be adapted to their needs. Through this workshop we provide guidance on the preparation and bespoke training that can enhance the training opportunities with a focus on:

- Preparation that the Trust has done to host a large cohort of trainees
- Provision of bespoke learning experience and training
- Adaptation to local induction
- Service delivery elements and supervision
- Engagement of clinical supervisors
- Creation of Medical Education opportunities within our existing specialty trainees to support GP trainee experience and learning

An evaluation with feedback that has been collected pre- and post training experience from both GP full time psychiatry trainees and GP+ posts will also be presented. We hope this workshop will provide a platform to explore how GP training experience can be enhanced and adapted to ensure that all GP trainees receive mental health training in line with their RCGP training curriculum requirements.

**Dr Rebeca Martinez** is a General Adult Psychiatrist and previously a GP. She has a long term commitment to Medical Education and has been a College Tutor for over 10 years.

**Dr Indira Vinjamuri** is a Consultant Psychiatrist and Director of Medical Education at Mersey Care NHS FT. She also is the General Adult Specialist Advisory Committee chair for RCPsych, and helped develop the new curriculum.

### **Trainer of the Year – Connecting Education and Training to Patient Outcomes: The Role of Local Education Providers**

Dr Roshelle Ramkisson

**Dr Roshelle Ramkisson** is a Child and Adolescent Consultant Psychiatrist. She is the Director of Medical Education and Associate Medical Director at Pennine Care NHS Foundation Trust. She is a Senior Lecturer and Deputy Director of the Institute of Psychiatry at the University of Bolton. She is a Fellow of the Royal College of Psychiatrists and a NICE Fellow. As the Global Mental Health and Cultural Psychiatry Research Group Education Lead and Honorary Senior Lecturer, University of Manchester, she also contributes to capacity and capability building in mental health research. Dr Ramkisson's recent achievements in 2021 include winning the National RCPsych Educator of the year, RCPsych 25 women feature, British Indian Psychiatric Association Star Award and Manchester's Indian Influencer. Her interests include developing the workforce through education & training, wellbeing of health care professionals and adolescent emotional disorders. Her focus is on developing low cost scalable mental health interventions and digital solutions in health care.

# Programme

Thursday 19 May 2022

Day Two	
<b>Session 1: Chaired by Dr Helen Bruce</b>	
9:00-9:15	<b>Curriculum Update</b> Dr John Russell
9:15-9:50	<b>EDI and CESR: how can we “de-other” the alternative route to CCT?</b> Dr Julie Miller and Dr Panos Preevezanos
9:50-10:25	<b>Fellows in Medical Education: Better together</b> Dr Yasmin Al-Asady, Dr Abigail Swerdlow and Dr Rachel Swain
10:25-11:00	<b>What London Can Teach Us About Psychiatry: A Humanities-Based Undergraduate Psychiatry Optional Module</b> Dr Lucinda Richards and Dr Mandip Jheeta, Emelia Pasternak-Albert, Binit Gurung and Ella Bauwens
11:00-11:30	<b>Morning break and poster viewing</b>
<b>Session 2: Chaired by Dr Roshelle Ramkisson</b>	
11:30-12:05	<b>The Royal College Of Psychiatrists Physician Associate Inceptorship Programme: Using Education To Integrate New Roles Into Pre-Existing Multidisciplinary Teams</b> Dr Pranav Mahajan and Dr Chris Kenworthy
12:05-12:40	<b>Raising Concerns with Training: What are the barriers for trainees?</b> Dr Shay-Anne Pantall, Dr Sambavi Navaratnarajah and Dr Sabrina Hasnaoui
12:40-13:40	<b>Lunch break and poster viewing</b>
<b>Session 3: Chaired by Dr Roshelle Ramkisson</b>	
13:40-14:20	<b>Co-production in Medical Education – a Pipe Dream?</b> Simon Rose, Dr Thomas Nicoll and Dr Arthita Das
14:20-14:50	<b>Teaching Health Inequalities: Lessons from North-West</b> Dr Seri Abraham and Dr Mrityunjai Kumar
14:50-15:20	<b>Afternoon break and poster viewing</b>
<b>Session 4: Chaired by Dr Charlotte Wilson-Jones</b>	

15:20-16:20	<b>Enhancing Psychiatry Risk Assessment Teaching for Medical Students using an online format – Clinical Skills Role Play</b> Dr Georgina Edgerley Harris and Dr Charlotte Turner
16:20-16:30	<b>Concluding remarks</b> Dr Subodh Dave, RCPsych Dean

# Speaker Abstracts and Biographies

Thursday 19 May 2022

## Curriculum Update

Dr John Russell

## EDI and CESR: how can we "de-other" the alternative route to CCT?

Dr Julie Miller and Dr Panos Preevezanos

Format: An open session seeking views on how the College can lead the way in valuing Equality, Diversity and Inclusion among its future workforce by promoting the alternative routes to CCT equitably from the outset. Background: Parity of esteem for CESR graduates is assured by the RCPsych's Equivalence committee. How can medical education providers promote "parity of aspiration" to the CESR route among potential candidates, many of whom have protected characteristics? The aim of this session is to help define further support needed by medical education providers – undergraduate and postgraduate - to allow them in turn to promote and support potential CESR candidates. Method: Session participants will be invited to respond to a narrative survey to best describe their experiences of CESR. By examining and sharing their own knowledge, attitudes, beliefs, experiences and preconceptions of the route, participants will assist with the CESR route's "de-othering".

**Dr Julie Miller** works in SW England as a specialty doctor in perinatal psychiatry, and associate director of medical education. She is a member of the College's Equivalence committee. She has special interests in the educational needs of doctors who are not in recognised training programs and in the furthering of Equality, Diversity and Inclusion in medical education.

**Dr Panos Prevezanos** is a consultant perinatal psychiatrist as well as an associate director of medical education for the Avon and Wiltshire Mental Health Partnership NHS Trust.

## Fellows in Medical Education: Better together

Dr Yasmin Al-Asady, Dr Abigail Swerdlow and Dr Rachel Swain

Medical Education Fellows hold unique positions within both undergraduate and postgraduate education. Psychiatry education fellows exist across the country with varying job descriptions, but, in common, they all act as a link between multiple hospital sites, trusts, universities and grades of doctors. Based on a highly successful local workshop, this session aims to highlight the benefits and utility of Fellows of Medical Education. The session will consider this in the context of the trainee, the host organisation and the training organisation. Speaking to our own experiences, we will demonstrate the value of fellowship for trainees of different grades in line with the new training curriculum. Participants will then be brought together to

consider the gains for the host and training organisations. This will be complemented with a showcase of the roles and achievements of the current cohort of teaching fellows. The session will then move towards a collaborative conversation around what makes a good fellowship, and the role of trainers in planning such posts. As medical education fellows are often an underused resource, we will then move to considering how to preserve the value of successful educational activities and procedures within our collective memory once fellows move on from their posts, by virtue of a network for past, present and aspiring education fellows. By encouraging such reflection, the workshop endeavours to increase awareness of the value of joined up working of Fellows of Medical Education and those in educational roles at both host and training organisations. Collaborating in this way will undoubtedly increase the quality of educational activities at both undergraduate and postgraduate levels and crucially, improve continuity between successive Fellows of Medical Education so that said good work is not lost.

**Dr Yasmin Al-Asady** is a Child & Adolescent Psychiatry Specialty Trainee and current Medical Education and Quality Improvement Fellow at CNWL NHS Foundation Trust. She is passionate about Medical Education and the task of equipping Junior Doctors with the skills to face the challenge of today's NHS whilst continuing to thrive personally and professionally.

**Dr Rachel Swain** is a Forensic Psychiatry Specialty Trainee based in West London. She is currently taking time out of training to act as a Fellow of Medical Education for students at Imperial College, London. She organises the Psychiatry Digital Teaching Programme, and has focussed on highlighting to students the lived experiences of people with mental illness.

**Dr Abigail Swerdlow** is a Higher Trainee in Child and Adolescent Psychiatry at the Tavistock and Portman NHS Foundation Trust and Honorary Lecturer and current Fellow in Medical Education at East London NHS Foundation Trust. She is passionate about introducing psychiatry to early year medical students and increasing their awareness and enthusiasm for the specialty.

## **What London Can Teach Us About Psychiatry: A Humanities-Based Undergraduate Psychiatry**

### **Optional Module**

Dr Lucinda Richards and Dr Mandip Jheeta, Emelia Pasternak-Albert, Binit Gurung and Ella Bauwens

**Aims** A new Student Selected Component (SSC) was designed and delivered to a group of medical students at King's College London with the aim of introducing the humanities into undergraduate psychiatry.

**Background** The humanities are increasingly being introduced into undergraduate medical education in the UK and abroad due to the recognition of their potential contribution to the development of humane and democratic medical practice. **Methods** The humanities-based SSC was designed using London as its focus

to explore Psychiatry over time and space using diverse methods of experiential learning. The SSC was delivered to 10 second year medical students for a total of 12 days over a three-month period. Students



attended a series of humanities-based sessions linked to London. Visits included the Coroner's court, the Freud Museum, the Gordon Museum of Pathology and the Bethlem Museum of the Mind. Seminars included topics such as narrative medicine and psychiatry on film. There were also expert patient speakers and an Open Alcoholics Anonymous (AA) meeting. Assessment involved podcast production and essay writing. Pre- and post-course questionnaires and evaluation were carried out. **Results** A pre-course questionnaire revealed that students were particularly interested in Law/Forensic Psychiatry (60%), Sociology (50%), Ethics (50%) and Music (40%). Students engaged exceptionally well during the SSC and provided excellent feedback. We discuss the factors to consider when introducing a humanities-based SSC, recommendations on how to make it a success, and feedback from students based on post-course evaluation. **Conclusions** Using the humanities in undergraduate psychiatry can be a powerful form of experiential learning with the potential to contribute to more humane practice.

**Dr Lucinda Richards** is a Medical Education Fellow at Kings College London and a higher trainee in General Adult Psychiatry at South London and the Maudsley. She has a special interest in Sleep Medicine, Medical Humanities and Green Space & Mental Health.

**Dr Mandip Jheeta** is a fellow in medical education and higher trainee in forensic psychiatry at the South London and Maudsley NHS Foundation Trust. He was previously a general adult trainee and consultant psychiatrist in Birmingham and Solihull. He has interests in volunteering, global mental health, substance misuse, psychotherapy and medical education.

## **The Royal College Of Psychiatrists Physician Associate Inceptorship Programme: Using Education To Integrate New Roles Into Pre-Existing Multidisciplinary Teams**

Dr Pranav Mahajan and Dr Chris Kenworthy

**BACKGROUND:** PAs are commonplace in psychiatric services to address workforce difficulties. Health Education England's (HEE) report, *Stepping Forward to 2020/21: The Mental Health Workforce Plan for England*, described a strategy to expand the mental health workforce, including recruiting 5,000 people into 'new roles' including PAs. The NHS Mental Health Implementation Plan 2019/20 – 2023/24 stated an aim of recruiting 140 PAs in addition to the requirements specified by HEE. HEE and RCPsych have sought to support the integration of PAs into psychiatric teams through the development of the Inceptorship programme. **METHOD:** Since 2018, Sheffield Health and Social Care Trust (SHSC) have been providing an Inceptorship Programme for PAs at the trust. Unlike with trainee doctors, there was no curriculum that could be followed. The programme covers the aetiology, diagnosis and management of common psychiatric problems, communication skills and reflective practice. This programme provided the basis for the RCPsych Inceptorship Programme supported by HEE. **RESULTS:** The SHSC programme has been well received by the 11 PAs that have been through the programme, with all recommending other organisations take a similar

approach. There have been additional benefits of the sessions. They allow PAs to gain peer support and it has been a forum to raise issues which often arise when integrating new roles into pre-existing MDTs.

**CONCLUSIONS:** The RCPsych Inceptorship Programme is a PA-specific educational programme. It is an important tool in addressing the gap between variable mental health experience as a student and working in a psychiatric setting. RCPsych and HEE recommend that all mental health organisations implement an inceptorship programme based on the work carried out at SHSC. These should comprise of regular, protected sessions that provide PAs with mental health training to support their integration into psychiatric multidisciplinary teams. HEE have agreed to provide funding to help organisations facilitate it.

**Dr Chris Kenworthy**, ST5 Dual Psychiatry Registrar currently undertaking a Leadership Fellow in the Future Leaders Programme in Sheffield Health and Social Care Trust

### **Raising Concerns with Training: What are the barriers for trainees?**

Dr Shay-Anne Pantall, Dr Sambavi Navaratnarajah and Dr Sabrina Hasnaoui

Raising concerns is an important part of being a doctor and part of the GMC 'Good Medical Practice' guidelines, however as a trainee it often comes with specific challenges. Historically trainees are often left feeling that their concerns are not taken seriously and there is no resolution to problems raised. The reasons for this are often multi-factorial but many unique difficulties arise from the nature of medical training. In this session, we will explore the issues facing trainees and the specific challenges of raising concerns about training within a large mental health Trust. We will share our learning from a scoping exercise completed in 2021 by trainees and supported by the Associate Medical Director for Medical Education, which sought to identify the barriers to raising concerns using a qualitative methodology. Through focus groups and survey participation, we heard how trainees find the process of raising concerns too time-consuming, inefficient and ineffective. Trainees shared a worry about their training progression being negatively impacted, being unemployable in the future and of being viewed as incompetent compared to their peers. They expressed a perception of being gas-lighted, their concerns being met with criticism and a culture of apathy from both trainees and trainers. Using a thematic analysis approach, we identified three core themes relating Process, Fear and Culture. We will share our change ideas, developed with the aim of improving psychological safety for trainees within our organisation and the wider region. Through audience participation, we seek to generate a rich discussion about the origin of the barriers we have identified and how we as educators can address these at local, regional and systemic level to improve the experience of psychiatry trainees.

**Dr Shay-Anne Pantall** is an ST6 in Forensic Psychiatry in Birmingham and Solihull Mental Health NHS Foundation Trust. She has held numerous roles within both undergraduate and postgraduate education in the West Midlands during her training, including current positions as an Honorary Leadership Tutor for the West Midlands School of Psychiatry and Academy Tutor for the University of Birmingham Medical School

Faculty of Psychiatry. Her primary interests are in wellbeing, recruitment and retention of postgraduate doctors in training, leadership and quality improvement. In 2021, she was awarded the Dean's Prize for Research and Innovation in Undergraduate Medical Education at the University of Birmingham for the development of wellbeing workshops to support medical students during their psychiatry rotation.

**Dr Sabrina Hasnaoui** is currently in her final year of core psychiatry training, currently working in Birmingham, with plans to commence General Adult higher training in the West Midlands, August 22. Her interests include trainee wellbeing, mentorship and lifestyle medicine. She has led the University of Birmingham Psychsoc buddy scheme and has acted in the past as a trust and BMA representative.

### **Co-production in Medical Education – a Pipe Dream?**

Simon Rose, Dr Thomas Nicoll and Dr Arthita Das

### **Teaching Health Inequalities: Lessons from North-West**

Dr Seri Abraham and Dr Mrityunjai Kumar

**Dr Seri Abraham** is a liaison psychiatrist working in Pennine Care NHS Foundation Trust which is a mental health trust in the North West. I have a keen interest in medical education and I am one of the TPDs for core training in the North West.

### **Enhancing Psychiatry Risk Assessment Teaching for Medical Students using an online format - Clinical Skills Role Play**

Dr Georgina Edgerley Harris and Dr Charlotte Turner

Online clinical skills role play sessions were developed within South West London and St George's Mental Health Trust (SWLSTG) in order to provide opportunities for medical students to practice and receive feedback on their psychiatric risk assessment skills. The sessions were developed for an online format necessitated by the Covid-19 pandemic and to reflect the increased adoption of telemedicine since this time. They have received extremely positive feedback from students and teachers and continue to be used despite return to face to face teaching. Psychiatric risk assessment is a fundamental skill required of all medical students however, although the theory is often covered in depth, there can be limited opportunities for students to practice and obtain feedback. These sessions last 1 hour and are facilitated by psychiatry trainees. Medical students are observed performing a risk assessment and then receive individual feedback from the facilitator, mock patient, and their peers. This workshop has the following aims:

- To inform delegates of the format of the sessions so that they can be easily reproduced.
- Discussion around how role play sessions can be delivered successfully via an online format and the relevant considerations.
- Feedback from medical students on the challenges they perceive

with risk assessment and how the role play sessions have helped tackle these. Feedback from a psychiatry trainee on the challenges of these sessions as a teacher and how they can be overcome. This workshop will include a combination of interactive elements to encourage audience participation and engagement which could lead to further development of these sessions for future use.

**Dr Geo Edgerley Harris**, MRCPsych, currently works within South West London and St George's Mental Health Trust and is the clinical teaching fellow in Psychiatry. She is enthusiastic about promoting Psychiatry as a future career choice for medical students!

**Dr Charlotte Turner** is an ST4 in CAMHS in Plymouth, Devon. Prior to starting training, she spent a year as the clinical teaching fellow in psychiatry at St George's University London where she had to adapt quickly to teaching online and using new technology platforms. She has since become an advocate for using technology in teaching.

## Poster Abstracts

### **1. Improving access and confidence in learning lessons from serious incidents: a Quality Improvement project aimed at junior doctors**

**Dr Cornelia Beyers**, ST4-6

**Aims and hypothesis** By 31st December 2021, junior doctors within BSMHFT will have greater access to and improved confidence by 2 points on a Likert scale, of learning from serious incidents. **Background** Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) previously developed some methods of learning lessons following serious incidents. However, despite various systems available, frontline junior doctors were not regularly exposed to important learning opportunities. This potentially resulted in doctors not being aware of learning from serious incidents and not feeling embedded within the organisation, with potential effects on their training experience. As we identified an unmet need within the Trust amongst junior doctors, we aimed to improve access and confidence in learning from serious incidents by starting a Quality Improvement project on this theme. **Methods** The current approach involved a comprehensive quarterly bulletin circulated by email to staff. An initial survey confirmed that this was not effective in delivering learning lessons information to junior doctors. Using a QI driver diagram, we identified potential areas for change. Selected change ideas were sequentially trialled including shortened email bulletins, supervision templates and learning lessons sessions. Following positive feedback for the Learning Lessons sessions, these were subsequently rolled out to different cohorts of doctors with data and feedback collected throughout. **Results** Following implementation of the Learning Lessons focus groups, an average improvement of 2.1 on a Likert scale in confidence was recorded across various junior doctor cohorts. There was also good engagement and positive qualitative feedback recorded for this PDSA. **Conclusions** The team have been able to create a sustainable, effective and interactive short teaching session which has shown to be effective in engaging trainees in this vital area and help us meet our aim. This format further has the potential to be refined and implemented locally and nationally.

### **2. Medical student perception on changes in assessment style implemented during the COVID-19 crisis**

**Francesca Chiara Bladt**, Medical Student

**Aims and hypothesis** This study aimed to identify emerging medical school assessment formats during COVID-19 and factors influencing medical students' perspectives. We hypothesised open book exams would have higher student satisfaction due to prior research showing they are considered as more authentic to real life medical practice. **Background** COVID-19 created a need to implement assessments during total shutdown of in-person education in the United Kingdom (UK), leading to a variety of changes in assessment format and weighting. **Methods** 119 UK medical students were surveyed about assessment changes experienced, their satisfaction with these and their preferred assessment

format in a remote setting, using a questionnaire. Semi-structured interviews with six medical students from across the UK provided a deeper contextualised understanding. Results Online open-book assessments had highest student satisfaction and were most preferred. If assessment cancellation occurred, increase in weighting of future assessments was preferred over increase in weighting of past assessments. Perceived fairness, standardisation and familiarity of format were principal factors affecting student satisfaction, while technical issues, perceived unfairness around invigilation and uncertainty around changes contributed to dissatisfaction. Interview analyses indicated that although cancellation of summative assessments or replacement with formative assessments reduced anxiety, students worried about potential future knowledge gaps resulting from reduced motivation for assessment-related study. Conclusions This study highlighted factors that influence medical student perceptions of assessment strategies and will inform medical educators in the development of assessment strategies under COVID-19 restrictions, providing evidence to allow debate on ongoing assessment reform and innovation beyond COVID-19.

### **3. Impact on learning outcomes of interspersed questions in Massive Open Online Courses**

**Francesca Chiara Bladt**, Medical Student

**Aim and Hypothesis** This study aimed to investigate the relationship between interspersed questions within a Massive Open Online Courses (MOOCs) and improvements in grades and confidence. We hypothesized that interspersed practice questions within a MOOC will lead to greater grade and confidence improvement. **Background** MOOCs are a rapidly expanding accessible online learning method with 62.45% of users being between the ages 18-35. Test-enhanced studying has been shown to improve grades, but minimal research exists on the impact of question dispersion within a MOOC. **Method:** University students were assigned into 4 different types of MOOCs: video based with interspersed questions (VI, n=12 ) and questions at the end (VE, n=10); text based with interspersed questions (TI, n= 11) and questions at the end (TE, n= 10). Student's confidence and knowledge was assessed before and after the MOOC through a questionnaire and quiz. **Results:** All cohorts showed a statistically significant improvement in grade and confidence after completion of the MOOC with a tendency to greater improvements in end question cohorts, although not statistically significant. The spearman rank Rho values were positive for the TI (Rho=0.51, p=0.12), TE (Rho=0.22, p=0.57) and VE (Rho=0.67, p=0.055) group, while the VI group showed a negative correlation (Rho= -0.17, p=0.59), although none of these reached statistical significance. **Conclusion** This study highlighted the need for more research into MOOCs specifically on the structure and methods of teaching. Further larger studies are required to better understand the trends observed in this study.

### **4. A novel approach to help trainees development their medical education portfolio: a teaching clinic led by senior psychiatrists**

**Dr Daniela Borges**, CTI-3

Background: Psychiatry core trainees, CTs, are expected to develop teaching skills during their training. This may present a challenge, depending on their previous experience and formal training. Weekly consultant-led psychiatry tutorials were identified as an opportunity for CTs in Oxford Health NHS Foundation Trust to develop their medical education competencies. These are offered to Foundation (FY) and General Practice trainees in placement and cover the Foundation Programme curriculum for psychiatry. Aims: Our aim was to improve CTs' skills and confidence in teaching, by facilitating a regular supervised teaching opportunity: a teaching clinic. Methods: The project commenced in January 2022. Two CTs deliver two tutorials, under supervision by a senior psychiatrist, per four month FY rotation. This will provide 6 slots of teaching experience per academic year. We have started to gather qualitative feedback from CTs who delivered the tutorial sessions and attendees. Results: After the first round of teaching sessions, CTs described this experience as helpful due to the level of supervision, revision of knowledge on psychiatric topics, support in developing presentation materials and observation of their communication skills during the teaching. They felt more confident to deliver teaching and one of the CTs found the suggestion of using SMART goals very helpful. For one tutorial, 4 out of 6 attendees completed the feedback survey and rated teaching as very good. We intend to improve the feedback numbers, by allowing 5 minutes before the end of the teaching, for feedback completion using a web link in the chat function of Teams. Conclusions: CTs found this consultant led teaching clinic very helpful and the attendees rated it as good or very good. We will continue to develop the teaching clinic, ensuring the CTs use SMART goals for each session.

## **5. Evaluation of medical students' knowledge, skills and attitudes towards people with intellectual disability; development and implementation of intellectual disability curricula and an electronic learning module.**

**Dr Alexander Challinor, ST4-6**

Aims This study aimed to develop the Intellectual Disability (ID) curricula at University of Liverpool (UoL), which involved a restructure of curricula pedagogy and the introduction of an e-learning module. Students' knowledge, skills, and attitudes towards people with ID were investigated to assess for change following implementation of the curricula and e-learning module. Background, People with an ID have an increased likelihood to suffer from health conditions in comparison to the general population yet face extensive health inequality. This emphasises the need for medical students to be adequately trained to become competent and non-discriminatory towards people with ID. To achieve these goals representative educational bodies must ensure that the medical curricula for tomorrow's doctors meet the needs of its patients and the Health Service. Methods This study was an exploratory pilot study investigating the effectiveness of ID curricula and an e-learning module amongst medical students. Quantitative data was collected via a questionnaire, measured using a four-point Likert scale. Qualitative data was sought via feedback on the curricula and the e-learning module. Data analysis involved the statistical comparison of the means and thematic analysis. Results The results demonstrated a

significant improvement in students' knowledge and skills following completion of the ID curricula ( $p = <0.001$ ). There were incremental improvements in knowledge after the addition of the module ( $p = <0.001$ ). There was also a positive change in students' attitudes towards ID patients ( $p = 0.105$ ). Student's perceived need for greater exposure to ID teaching and/or patients were less with further reductions following the addition of the module. **Conclusions.** The re-structure and introduction of additional learning materials into the ID curricula demonstrated improvements in students' knowledge, skills, and attitude towards ID patients and teaching. This study highlights the importance of improving ID teaching in the university curriculum, and the inclusion of e-learning as a pedagogical tool for ID.

## **6. Investing in the Future; Trust Doctor Programme**

**Dr Eleni Fixter**, Consultant

**Aims and hypothesis,** This project explores how Tees, Esk and Wear Valleys Foundation NHS Trust (TEWV) are investing in their future doctors by providing streamlined recruitment and training of Trust doctors, to progress into psychiatry core training (CT). **Background.** TEWV provides mental health care to a population of around two million people living in the NorthEast and North Yorkshire. Trust doctor is a term applied to a doctor who is working in a non training post, typically at FY1-2 level. Many doctors in these posts are from overseas. International medical graduates (IMGs) play an important role in the NHS, representing one third of the total number of UK doctors. The Trust Doctor Programme provides opportunities that are equal to that of their trainee counterparts. Weekly supervision, education events and portfolio opportunities, in addition to tailored training for IMGs. **Methods.** This project evaluates the journey and outcome of the 81 Trust doctors recruited to the Trust since 2016. **Results** 81 Trust Doctor have been recruited into TEWV. 18 doctors are currently in post. TEWV Trust Doctor programme has successfully progressed 65% (41/63) of Trust doctors into psychiatry CT positions. 54% (22/41) into positions that the trust covers; 13 in Health Education England North-East and 9 within Yorkshire and Humber. 46% (19/41) entered CT in other areas of the UK. 4 doctors remain in TEWV in SAS positions. 3 have entered higher training. 2 entered the GP training scheme. 3 in medical specialities. 1 into a foundation standalone post. 2 doctors took career breaks. **Conclusions.** IMG Trust Doctors face many challenges, distance from family and loved ones, culture and language barriers. However, from the analysis of data, TEWV have engaged these doctors to enable them to progress in the NHS into CT with the majority opting to stay within the organisation.

## **7. Our Caring Responsibilities Makes Us Better Doctors-a trainee led initiative for doctors on psychiatry training programmes within London who have additional caring duties.**

**Dr Ashu Handa**, ST4-6

**Aims and Hypothesis** The aim of this evaluation of a cares group was to review if the group is helpful for trainees as a form of information and support. The hypothesis is that this group will be beneficial to the wellbeing of trainees with additional caring responsibilities. **Background** Trainees who are carers may



experience difficulties progressing in training, and experience burnout professionally and personally. Adequate support is paramount in ensuring they have a fair trainee experience. The author went out to set up a group space for psychiatry trainees who are carers for children with additional needs, or for family members with extra needs. **Methods** The author met with the Training Programme Director for Wellbeing and Retention in London to discuss setting up the group. All psychiatry trainees in London were contacted about the group, via Health Education England (HEE) and by trainee WhatsApp groups. The group meets monthly, virtually. The group has had guest speakers discussing aspects of carers needs and support. Following several sessions, a survey was sent out to those on the mailing list to deduce their views about the group. **Results** The results of the survey showed 60% of responders found the group to be informative. Positively, 80% said the group had been very or somewhat beneficial to their wellbeing. Comments showed that trainees felt supported through learning from the shared experience of the group, and that it had helped to enhance resilience and to feel valued. **Conclusions** Trainees with caring responsibilities bring a diverse skill set to their patient interactions, however they need to feel valued in doing so. The results show that this initiative is helpful to trainees, in terms of the connections and the information provided. Hopefully, this group can continue to evolve to meet the needs of all attendees.

## **8. Evaluation of online General Adult Higher Psychiatry Trainees Regional teaching program during Covid19 pandemic using Postgraduate Virtual Learning Environment (PGVLE).**

**Dr Asma Javed**, Consultant

**Aims** To review effectiveness and quality of Virtual teaching for Higher psychiatry trainees and their experience. **Background** General Adult Higher psychiatry trainees in West Midlands arrange peer group teaching every month as part of their continuous professional development. During Covid-19 Pandemic, teaching was moved to Post Graduate Virtual Learning Environment (PGVLE) based on Moodle platform. It was managed by psychiatry trainees who volunteered to be Digital Teaching Fellows with collaborative effort and support from West Midlands Head of Virtual Learning. The platform supports the recording of videos that can be archived and viewed at a later date. Regional teaching is attended by all General Adult Higher trainees (ST4-ST7) in West Midlands. **Methods** Anonymised feedback was collected from participants regarding their experience of setup and running of online teaching session, educational value of teaching day and suggestions for improvement. Data was analysed for sequential teaching days. **Results** Regional teaching days were attended on average by 20 out of 40 higher trainees. Total 65 feedback responses were completed across 7 regional teaching days. The respondents were ST4 20%, ST5 33.85%, ST6 43.08% and ST7 3.08%. The teaching was rated as 'Excellent educational value' by 75% of respondents. The experience of setup and running online teaching session on PGVLE platform was rated excellent by 69.23%, good by 27.69% and average by 3.08%. Suggestions for improvement were mainly related to technical issues, such as PGVLE site blocked by some NHS Trusts. It was resolved by liaison with local Trusts IT departments. **Conclusions** Overall organisation of teaching days via PGVLE platform seems promising due to ease of unique user log in and access to recorded videos and presentation files.

It looks promising to continue it as a uniform platform for regional teaching sessions for higher psychiatry trainees beyond the times of Covid19 restrictions.

## **9. An Evaluation of trainee satisfaction with Dual and General Adult Psychiatry Higher training posts in West Midlands Deanery**

**Dr Saima Jehanzeb**, Consultant

**Aims** West Midlands Dual and General Adult Psychiatry Higher Trainees conducted a survey with the aim to collect anonymous feedback from the higher trainees to evaluate the higher psychiatry training posts. **Background** Due to lack of feedback and trainees' reluctance to raise issues like inadequate supervision with training program directors, some higher psychiatry training posts persistently remained unpopular and unfilled. General Adult Psychiatry and Dual trainees undertook a survey to gather anonymous feedback from higher psychiatry trainees to explore any unidentified training issues with the aim to make changes. **Methods** An anonymous survey, using trust survey monkey, was emailed to trainees to gather feedback from trainees about their previous post in August 2021. **Results** Sixty-five percent of the Higher Psychiatry trainees completed the survey. 80.77% of trainees were General Adult, 11.54% were older adult, and 7.69% were psychotherapy trainees. 84.62% trainees had local induction. 96.15 percent trainees had regular clinical supervision. 80.77% had weekly and 15.38% had 2 weekly supervisions. 15.38% were neither satisfied nor dissatisfied with the quality of their clinical supervision. 47.62% trainees did not have any educational supervision. 88% trainees were satisfied with workplace-based assessments opportunities. 73.07 % trainees were very satisfied with ARCP process. 39.13% of the trainees remained unsatisfied with the psychotherapy opportunities. 92.31% trainees felt confident to raise concern about training post. 88.45% trainees were likely to recommend their post to other trainees. 40% trainees were, dissatisfied with availability of acting up opportunities. 84% trainees were neither satisfied nor dissatisfied with quality improvement opportunities. 73.08% trainees were satisfied with pursuing their special interest. **Conclusion** This survey identified few issues like a need for separate educational supervisor, better psychotherapy, acting up and quality improvement opportunities. These issues were highlighted to the training program director. We aim to tailor training posts according to trainees' unmet needs.

## **10. Group reflective practice in medical students: a systematic review**

**Dr Kelvin Leung**, ST4-6

**Aims and hypothesis** This study aimed to systematically review literature on the use of reflective practice (RP) groups for medical students. **Background** The face of medical education has seen a major paradigm shift in recent decades, with the use of RP being increasingly utilised. Although recent medical curricula have seen an integration of reflection, it has been used primarily as a pedagogical evaluation tool for didactic teaching and skill development, rather than as a means to foster empathy, wellbeing and professionalism. Evidence regarding the use of RP for its own merits thus remains sparse. **Methods**

Electronic searches of empirical studies published between 1 January 2010 and 22 March 2022 of databases, including Medline, Embase, and PsycINFO, were conducted using terms designed to identify those reporting the use of any forms of group RP in medical students. Articles with a focus on empathy, reflective capacity, communication skills, interprofessional collaboration, professionalism, challenging patient situations and personal wellbeing were included. Duplicates, non-English language articles and those using RF to examine pedagogy were excluded. Results Of 314 articles identified, 29 articles were included: 18 using qualitative; 8 using quantitative and 3 using mixed methodology. Settings included United States(11), United Kingdom(7), Australia(3), Germany(3), France(2), Taiwan(2), Netherlands(1). A number of themes were generated: (1) Specific use of Balint groups; (2) Novel methods of RF delivery written reflection and group interaction; (3) RP for complex patient discussions in specific settings. Conclusions This is the first systematic review to investigate specifically the use of group RP in medical students. These data suggest that group reflection may help medical students create a bridge between theory and practice, encouraging further learning that arises from dilemmas in their clinical practice. This study may enable academic leaders and educators to identify specific areas where efforts should be focused to promote RP.

## **11. A novel teaching approach in North East London to deliver the new UK Foundation Programme Curriculum 2021**

**Dr Fergus Lewis**, Fellow in Medical Education (Psychiatry)

**Aims and hypothesis** To deliver a high-quality teaching approach for foundation doctors incorporating all areas of the new curriculum. **Background** The New UK Foundation Programme Curriculum 2021 introduced greater emphasis on the recognition and assessment of mental health disorders and suggests a list of topics that must be included in the programme. But how can it be delivered making best use of limited resources? **Methods** We adopted a proactive teaching approach with the acute trusts who lead the local foundation programs, using principles of Team Based Learning (TBL). The basis of this is ten 20-30 minute case scenarios that we designed to cover the whole curriculum, using no more than 4 hours over the 2 years course period. The foundation doctors discuss questions in small groups and then bring their answers to the follow up plenary session, followed by explanatory slides summarising main learning points. This format allows for 2- 3 topics to be taught per hour and crucially allows delivery by non-expert trainers to maximise the faculty: as per the TBL model, the trainer is mainly a facilitator of the group and most of the learning is delivered via stimulating curiosity and collaboration between trainees. Facilitators are given a brief written guidance on how to deliver the module and a 15 minutes face to face introduction to the module. **Results** We have successfully delivered the modules both face to face and online. Feedback showed that 97% of trainees would recommend the innovative format, there was an improvement in confidence in all topic areas and mean confidence increased from 59%-78%. **Conclusions** We have demonstrated that foundation doctors would recommend the new format and their confidence has improved following the teaching. Our approach allows high quality delivery of

multiple topics, using limited resources, and we hope that this can be replicated in other areas of the United Kingdom.

## **12. The Health Education England and Royal College Of Psychiatrists Physician Associate Inceptorship Programme: Using Education To Integrate New Roles Into Pre-Existing Multidisciplinary Teams**

**Dr Pranav Mahajan**, ST4-6

**BACKGROUND:** Physician associates(PAs) are becoming more commonplace in psychiatric services in the UK to help address long term workforce difficulties. Health Education England's(HEE) report, Stepping Forward to 2020/21: The Mental Health Workforce Plan for England, described a strategy to expand the mental health workforce, including recruiting 5,000 people into 'new roles' including physician associates. The NHS Mental Health Implementation Plan 2019/20 – 2023/24 stated an aim of recruiting 140 PAs to the workforce over five years in addition to the requirements specified in the HEE report. HEE and the Royal College of Psychiatrists(RCPsych) have sought to support the integration of PAs into psychiatric teams through the development of the Inceptorship programme. **AIM:** Develop a national training programme for PAs to bridge the gap between university and working in psychiatry. **METHOD:** Since 2018, Sheffield Health and Social Care Trust (SHSC) has been providing an Inceptorship Programme for PAs. Unlike with trainee doctors, there was no curriculum that could be followed. The programme covers the aetiology, diagnosis and management of common psychiatric problems, communication skills and reflective practice. This programme has provided the basis for the RCPsych/HEE Inceptorship Programme. **RESULTS:** The SHSC programme was well received by the 11 PAs at the trust, with all PAs recommending other psychiatric organisations take a similar approach. Additional benefits include allowing PAs to gain peer support and raise issues which often arise when integrating new roles into pre-existing MDTs. **CONCLUSIONS:** The RCPsych Inceptorship Programme is a PA specific educational programme. It addresses the gap between variable psychiatry experience as a student and working in a psychiatric setting. RCPsych and HEE recommend that all organisations employing PAs implement an inceptorship programme comprising of regular sessions that provide PAs with bespoke psychiatric training to support their integration into multidisciplinary teams. HEE are to provide funding to facilitate it.

## **13. Liaison Psychiatry Teaching - the missing piece in mental health education?**

**Dr Binish Mannan**, Foundation Doctor

**Aims and Hypothesis** Our aim was to develop a Liaison Psychiatry (LP) based teaching programme for medical students to increase understanding of common psychiatric conditions. We hypothesised that LP teaching improves students' knowledge of general psychiatry, and is a useful adjunct to ward-based and lecture-based mental health teaching. **Background** Liaison psychiatry specialises in the interface between general medicine and psychiatry. Whilst these are taught independently in medical school, the inter-relationship between these two is a crucial component of medical training. We sought to devise LP

teaching to enhance students' exposure to psychiatric presentations seen in hospital presentations, and enhance their understanding of the interplay between physical and mental health. **Methodology** Over 4 weeks, a total of seven 5th year Imperial College medical students attended LP weekly. Students assessed patients under supervision, followed by case-based discussions. Alongside clinical teaching, students received weekly tutorials on psychiatric topics devised by foundation year doctors. Feedback was collected after each tutorial and the overall rotation asking students to rate the LP teaching by assessing the extent to which they agreed with various statements, with 1 = strongly disagree and 10 = strongly agree. **Results** Of 7 students, 77.5% scored  $\geq 9$  when asked whether they received opportunities to develop their assessment skills of patients with psychiatric presentations and 85.8% scored  $\geq 8$  to LP increasing their confidence in doing so. 85.7% scored  $\geq 9$  in having greater confidence in recognising and managing psychiatric conditions. 100% scored 10 when asked if LP was a useful adjunct to their psychiatry rotation, with 85.7% finding the tutorials "very useful" to overall psychiatry training. **Conclusion** Our teaching programme increased confidence in assessing patients, recognising and managing psychiatric conditions. As a service that encounters a range of acute psychiatric conditions, LP is uniquely positioned to enhance medical students' psychiatric training.

#### **14. The use of simulation to address team-related barriers to implementing Quality Improvement methodology within NHS services**

**Mia Morgan**, Research Coordinator

**Aim/Hypothesis** Oxford Healthcare Improvement (OHI) developed a two-day simulation training course to support Quality Improvement (QI) coaches to manage team-related barriers to progress in QI projects. **Background** Team-based coaching is vital to ensuring success in QI. Coaching requires particular skills for managing people through change separate to knowledge of QI methodology. These include motivational techniques, strategic thinking, empowerment, and collaboration. However, such skills are not typically taught in QI coach training. Despite simulation often being used in leadership and management training, little is known about its effectiveness in QI training. Whilst simulation has been used to teach QI methodology to medical students, there is no evidence for its use to teach the skills needed to be a successful QI coach. **Methods** Immersive simulations were used to promote experiential learning in the training of QI coaches. Each simulation contained a different team context (e.g. disengaged, overwhelmed) and required the coach to focus on different aspects of a QI project (e.g. driver diagram, process map). The simulations, trained coaches in the facilitation of QI methods alongside managing the different team barriers that might exist. The training was evaluated using the Kirkpatrick Training Evaluation Model (KTEM). A survey with Likert scales and open-ended questions, and observations during debriefs captured participant reaction and learning (Levels 1 & 2). **Results** Preliminary data (n=9) demonstrated that all participants felt the use of simulation increased their confidence in coaching teams. During debriefs, participants highlighted several techniques they had learnt that they intend to use in practice. Further evaluation will be conducted over time, as part of the

KTEM, to establish how learning is being used in practice and guide future course development. Conclusion Preliminary evidence suggests that simulation can be used to improve QI coaches' skills and confidence for working with team-related barriers to implementing QI methodology.

## **15. Covid Recovery Fellowship**

**Dr Megan Moxon-Holt**, ST4-6

**Aims and hypothesis** The pandemic necessitated a rapid transition to online teaching, and although this is broadly acceptable to learners, it may hinder opportunities for interpersonal contact. The ability to learn, and to develop an awareness of what we know and don't know, depends on the ability to reflect on our personal experiences and interactions with others. By providing novel social and collaborative spaces for learning and reflection, I hoped to engage trainees in meaningful learning experiences, promote reflection, and help them identify ongoing learning and development needs. **Background** The Covid Recovery Programme was established to mitigate the effects of the pandemic on training. The importance of individualised training recovery was emphasised and every trainee was offered a 1:1 conversation with their supervisor. Further attempts were made to solicit opinions opportunistically via existing formal and informal forums. Early conversations were dominated by workforce and workload issues and trainees struggled to identify specific training and development needs. This is unsurprising given the recognition by the Kings Fund that the staffing crisis was the biggest issue facing mental health services. It can be difficult to develop an understanding of challenges during times of uncertainty. One of the roles of educators is to facilitate opportunities which allow for a deepening awareness of outstanding needs. **Methods** Trainees were offered novel learning experiences, providing opportunities to collaborate and develop skills in teaching, interview skills, team-building, ensuring their own wellbeing, and reflective practice. **Results and conclusions** Thirty-three of forty-seven trainees signed up to at least one of the scheduled interventions. Feedback has been broadly positive, with trainees using the social and reflective aspects to identify further learning needs and identify purposeful learning activities.

## **16. Effective Clinical Interview Skills Training Using Online Platforms**

**Dr Rajini Mulukutla**, ST4-6

**Aims:** To continue to deliver effective clinical interview skills training during the COVID-19 pandemic despite restrictions to usual practice. **Background:** Core psychiatry trainees in West, North and East Yorkshire have teaching on a Psychiatry Training Course (PTC) which, prior to the COVID-19 pandemic, was delivered in person by the School of Medicine at the University of Leeds. In their first semester, Year 1 core psychiatry trainees receive Clinical Interview Skills Training (CIST) over four three-hour sessions. However, when the COVID-19 pandemic prevented face to face delivery of CIST, it was decided to deliver this training online. **Methods:** Within the online platform, 'rooms' were created to emulate breakout rooms used at the Medical School. Core trainees were divided into groups and assigned a 'room' where they attended for each of the CIST sessions. Facilitators, all consultant psychiatrists or experienced higher

trainees, had a meeting before and after each CIST session to discuss any issues. Results: Trainee attendance improved using the remote platform. More feedback forms were received from attendees, and feedback given was more positive than pre-pandemic. The facilitators were still able to get to know trainees in their groups and support those trainees who found sessions more challenging. Conclusions: Although a change from in-person delivery of the CIST sessions was initiated out of necessity, it was a move that was ultimately well-received. As the College examinations are now also delivered online, working online was welcomed as further preparation for the examinations. There were downsides, however. For example, both facilitators and trainees had less opportunity to pick up on non-verbal cues, and there was less camaraderie amongst the trainees. As COVID-19 restrictions lift, our service will need to consider whether CIST sessions return to in-person delivery, as there are strong arguments for both.

## **17. Psych for 6th: outreach programme for aspiring medical students**

**Samyak Pandey**, Medical Student

**Aims and hypothesis** To provide a novel outreach programme to year 12 students, helping them to gain a better understanding of the style of learning in medicine through the lens of psychiatry. This would aim to raise their awareness of mental illness, prepare them for medical school applications and promote a career in psychiatry. **Background** The COVID-19 Pandemic had an adverse impact on access to work experience opportunities for aspiring medical students. With some studies reporting over 75% being cancelled due to restrictions (Bligh et al., 2021), King's College London Psychiatry Society offered a unique chance for sixth-form students to experience a day in the life of a medical student, providing authentic insight into the healthcare world. **Methods** In March 2021, two interactive sessions were delivered online via Microsoft Teams by the Psychiatry Society committee members. Session 1 saw students discussing the philosophy of mental health and being taught history taking skills, being then able to practice these as a group with simulated patients. Under the safeguarding of their teachers, the second session involved teaching the pupils major depressive disorder as if they were medical students, and then having the chance to take a full psychiatry history in groups from simulated patients. **Results** Out of 16 students who took part, 11 students (69%) reported being not confident at all talking to a patient before the sessions, increasing up to 14 students (88%) being confident after taking part. 15 (94%) reported considering psychiatry as a career in the future, with all 16 recommending these workshops to other schools. Qualitative feedback commended the active participation, and how their perception of psychiatry has positively changed. **Conclusions** Follow up with the students had found that 14 (88%) of students had either mentioned this in their personal statements or their medical school interviews. The Psych for 6th programme has given a competitive edge to student applications, and expanded their appreciation of mental health diagnoses and treatment.

## **18. Raising Training Concerns: What are the Barriers?**

**Dr Shay-Anne Pantall**, ST4-6

**Aims:** To identify barriers to raising training concerns amongst trainee doctors working in psychiatry.

**Background:** Raising concerns is an important part of being a doctor and part of the GMC 'Good Medical Practice' guidelines, however as a trainee it often comes with specific challenges. Anecdotally trainees are often left feeling that their concerns are not listened to. Here we present a scoping exercise exploring the drivers for these difficulties within a large mental health Trust.

**Methods:** Trainees across all training grades from Foundation doctors to higher trainees were invited to engage in virtual focus groups specific to their training programme. Contributions were analysed anonymously using a thematic analysis approach by two independent coders.

**Results:** Key results included:

- 6 focus groups were attended by more than 35 trainees, with high turnout particularly within Foundation trainees and CT1 doctors.
- Three key themes were identified:
  - o Difficulties with the process, for example a lack of independent oversight, inadequate feedback and inefficient resolution of issues
  - o Fear, such as being seen as a troublemaker, fear of impact on training progression and feelings of inadequacy
  - o Culture of the organisation including gaslighting, not being supported to resolve issues and a sense of learned helplessness and apathy amongst trainees and trainers.
- Change ideas have been generated to address each sub-theme, including developing clear guidelines, anonymous reporting, training for trainee representatives and a Raising Concerns newsletter.

**Conclusions:** The majority of trainees had experienced concerns about their training. Confidence and psychological safety to raise concerns was low, preventing trainees from raising issues. It will be necessary to address the barriers highlighted to enable trainees to raise concerns effectively. Increasing awareness of escalation processes, streamlining the processes themselves and fostering a supportive environment which encourages trainees to raise concerns will be important.

## **19. Establishing a multi-faceted regional leadership programme for Higher Trainees in the West Midlands**

**Dr Shay-Anne Pantall**, ST4-6

**Aims and hypothesis** To evaluate the regional leadership programme for Higher Trainees in the West Midlands

**Background** There is increased appetite for formal leadership teaching to be provided within psychiatry training programmes. The West Midlands Psychiatry Leadership Development Programme aims to support the acquisition of important leadership skills already set out in the curriculum through provision of high-quality specialist leadership content in a variety of formats. Here we outline the programme content thus far and evaluate its success.

**Methods** Following a survey of psychiatry higher trainees in the West Midlands Deanery in November 2021, a leadership development programme was rolled out from January 2022 including two structured study days, monthly podcasts, a webinar and a monthly newsletter. Feedback about the formal teaching was gathered using post-event surveys.

**Results**

- Virtual teaching days were attended by trainees from all subspeciality training programmes
- Feedback about the virtual teaching days was overwhelmingly positive, with almost all attendees (94%) reporting that they were likely or very likely to recommend the programme to their



peers. • 35 trainees attended the inaugural webinar, of which 8 (23%) provided feedback. • 100% of trainees rated the webinar as good or very good in terms of relevance, content and delivery. • The monthly newsletter has been viewed 65 and 132 times, for month of February and March respectively. • Two podcasts have been released thus far and have been downloaded 35 times.

Conclusions Higher trainees are keen to expand their leadership skills. It is necessary to provide leadership teaching in a variety of accessible formats which meet different preferred learning styles. Our multi-faceted regional leadership programme has been well-received thus far and will continue its expansion over the rest of the academic year, designed to meet the identified needs of trainees and respond dynamically to trainee feedback to support their personal leadership journeys.

## **20. Looking After Yourself in Psychiatry: Virtual wellbeing for undergraduate students**

**Dr Shay-Anne Pantall, ST4-6**

**Aims and Hypothesis** To develop and provide virtual wellbeing support to medical students during their psychiatry rotation **Background** Working in psychiatry increases the risk of poor wellbeing, burnout and psychiatric co-morbidity compared to other medical specialities. Reasons for this include emotional burden, safety concerns and isolation due to geographical spread of services. In 2018, the British Medical Association found that over 80% of medical students identified as 'disengaged' and 'exhausted'. As a result of the Covid-19 pandemic, peer support has been less accessible due to limited face to face contact. Here we share our experiences of introducing wellbeing initiatives for medical students in psychiatry on a virtual platform. **Methods** Throughout 2020-21, seven wellbeing workshops were held for medical students during their psychiatry placement using MS Teams. The content focussed on the pillars of wellbeing including connectedness, learning and reflection. Activities included an overview of burnout and resilience, stress-busting exercises, professional goal-setting, peer coaching and guided meditation. Feedback was collected via a post-attendance survey and logbook reflective entries. **Results** Key results included: • 63 students attended in total, with attendance increasing across the academic year to a maximum of 18 per session. • Feedback was broadly positive, with students reporting that they enjoyed the opportunity for 'sharing of experience and collaboration'. • Students highlighted practical strategies they had learned, with one student noting that they felt 'better equipped to manage periods of sustained high work load' and another feeling able to 'create realistic goals'. • Technological challenges were apparent which sometimes reduced time available for group working. **Conclusions** Promoting wellbeing is an important and valuable aspect of supporting medical students during their psychiatry rotation. We have demonstrated that it is possible to successfully deliver wellbeing resources in an accessible and interactive way using a virtual platform during the Covid-19 pandemic.

## **21. Revitalising dementia communication skills training– an evaluation of teaching video material**

**Dr Alex Patrick, ST4-6**

**Aim and hypothesis:** the aim was to gain student feedback on the material used for the dementia communication skills sessions after creating video content in the university department. Our hypothesis is that the new material will be more relevant to students. **Background:** as part of elderly care & psychiatry placements, 5th year students participate in dementia communication skills training. These sessions moved online during the pandemic and prior to in house videos being created, publicly accessible videos were used to facilitate learning **Methods:** During 2021, a group of medical educators (psychiatrists, elderly care physicians, general practitioners) created and filmed 5 scenarios, with the help of two experienced actors. This is now being used as part of the sessions. Students were encouraged to participate in giving feedback, with the incentive of a £50 voucher (author sponsored) to be allocated at random. In addition to attending their training, students were asked to watch 3 videos and complete a 10-item questionnaire- maximum time 20 minutes. **Results:** 13 students gave feedback. 100% of respondents agreed or strongly agreed that the video material is relevant to their training. 100% of respondents agreed or strongly agreed that their learning objectives were met. 85% of respondents agreed or strongly agreed that the material was more relevant to their training compared to the alternative. 85% of respondents rated the length of video material "just right."100% of respondents rated the quality of the video material good, very good or excellent. 100% of respondents would recommend the departmental videos be used instead of the previous version. **Conclusions:** The feedback on the newly created video material was positive and continues to be used in dementia communication skill sessions. This continues to be evaluated by educators and students.

## **22. Exploring the role of online student conferences about medical research in inspiring and engaging medical students during COVID-19**

**Anusha Prabhu**, Medical Student

**Aims and Hypothesis** We aimed to explore the utility of an online conference involving both talks and workshops about advancements in medical research in engaging students, hypothesising that it would be effective in furthering interest in medical research. **Background** There is a global shortage in academic doctors, and prior in-person conferences have been shown to inform medical students about becoming involved in research and academia and encourage them towards future research opportunities. COVID-19 made traditional in person conferences almost impossible, causing the emergence of online conferences. **Methods** 244 medical students from 35 countries globally, including attendees from 30 UK universities attended the online London Medical Research Conference: Medicine in a Post-COVID world on 20th February 2021. Pre and post conference questionnaires involving Likert scales(1=low;5=high) were completed by delegates. This service evaluation did not require ethical approval. **Results** Talks highlighted research into COVID vaccination, rapid PCR testing and digital healthcare. Workshop topics included coding, how to write and publish papers, Academic Foundation programme application, medical journalism, critical appraisal and obtaining a research mentor. The most common satisfaction score for both talks and workshops was 5/5(extremely satisfied). Themes identified through open text

questions were that students found talks “inspiring”, “educational” and “engaging”, and had “great information on different perspectives”. Students also appreciated the “interactivity” of workshops and “ability to ask questions easily” due to the online format. Conclusion Students reported that both talks and workshops in this international online conference were satisfactory and engaging. This showed that the online conference format is effective in engaging students who wish to learn more about becoming involved in medical research and may assist in aiding decisions about the format of future conferences, both during the COVID-19 pandemic and beyond.

### **23. A Quality Improvement Project to improve handover and continuity of care on two older adults psychiatry inpatient wards.**

**Amelia Redman**, Foundation Doctor

**Aims & Hypothesis:** We hypothesise that a written handover will improve physician rated continuity of care and handover for patients on two Older Adult Psychiatric wards. Our aim is to develop an effective written handover tool for this purpose. **Background:** The current working patterns of junior doctors often leads to a discontinuity of care for psychiatric inpatients. A key aspect of minimising this is to ensure effective written handover of each patient, detailing their current and planned care. We identified a need to formally assess the quality of handover across two older adult psychiatric inpatient wards following informal feedback from medical and nursing colleagues. **Methods:** Using a PDSA cycle and driver diagram to structure this project, doctors working across the older adult psychiatry wards were surveyed to ascertain the effectiveness of the current handover system and to measure physician reported continuity of care. Following this, a handover spreadsheet providing a summary of patients on each ward was stored on an internal shared drive. After 4 weeks a post intervention-questionnaire was distributed. **Results:** Mean scores for effectiveness of handover and continuity of care both increased following the implementation of a handover document. Ratings of handover effectiveness rose from 2.8 to 8.6 (10 being optimal) whilst ratings of continuity of care rose from 5.2 to 8.1. All respondents believed there was potential for further improvement in the handover process, including recommending a verbal daily ward handover. **Conclusion:** Effective handover is key to safe care when junior doctors work highly variable shifts. We instituted an electronic handover that improved physician rated scores for continuity of care and effectiveness of handover. Further work is needed to assess the impact on patients that this intervention has made and to implement a daily verbal handover.

### **24. Balint group sessions for medical students, a pilot study**

**Dr Annette Ros**, CT1-3

**Aims and hypothesis** We hypothesised that it would be helpful to start Balint group sessions at an earlier stage of medical training than core psychiatry training. **Background** Core trainees all complete a year of Balint group sessions. These sessions help us improve our awareness of our own thoughts and feelings, a crucial part of our development as clinicians. We acknowledged that this could be useful for all clinicians,

not just psychiatrists. We approached the University of Liverpool School of Medicine and proposed a pilot Balint programme with 4th year medical students rotating through psychiatry in Cheshire Wirral Partnership Trust.

**Methods** The hour-long sessions were conducted in 4-week blocks, on Microsoft Teams because of COVID-19-related restrictions. Facilitators (core trainees) had supervision with a consultant psychotherapist.

**Results** 18 (approximately 50%) of the students from the first 3 cohorts submitted feedback:

- All said the experience helped them reflect more on their interactions with patients and colleagues and improved their insight into how others think/feel in caring for patients.
- 94% said they enjoyed it; they thought they would use the skills they had developed; and they would participate again in future if given the option.
- 83% said 4 sessions was 'just right', 11% said 'not enough' and 6% said 'maybe too much';
- 72% rated their overall experience of the programme as 'excellent,' 17% as 'good,' 11% as 'fair'.

Students valued the opportunity to reflect on the emotions and interpersonal dynamics experienced in clinical scenarios. Critical feedback was around a preference to have sessions face-to-face and a desire to have more sessions.

The experience was rewarding for facilitators, helping them gain confidence in managing group dynamics and setting boundaries.

**Conclusions** Student experience of the programme was positive. This pilot study provides supporting evidence for extending the scheme to all 4th year Liverpool University medical students.

## **25. Domestic violence: using Simulation training to improve knowledge and skills in healthcare professionals**

**Olivia Scott**, Research Assistant

**Aims and hypothesis** This paper aims to explore whether Simulation Based Education (SBE) is effective in training healthcare professionals working with patients who may have mental health needs and are experiencing domestic violence. It aims to contribute to the limited field of literature around this topic.

**Background** Those with mental health needs have increased vulnerability of experiencing domestic violence with prolonged exposure also correlating with onset and recurrence of mental illness. During the Covid-19 pandemic, demand for domestic abuse support services increased, however despite national guidelines and recommendations, training in this area is lacking. Data on training and SBE for domestic violence remains sparse but has yielded positive results previously.

**Methods** Course development – The Domestic Violence Education Course (DOVES) comprises of a one-day simulation course designed to address challenges healthcare professionals face around recognising signs of abuse, enquiring about it and determining and managing risk.

**Participants** – Over 3 years, 2019-2021, 39 participants attended the DOVES course. Thirty-three participant responses were included in the study.

**Materials** – Questionnaires were conducted pre- and post-training which measured human factors skills using the Human Factors Skills for Healthcare Instrument and included course specific questions assessing knowledge based on learning objectives. Self-reported learning experiences were also collected.

**Procedure** – The course involved 5 scenarios using trained actors as simulated patients, and 1-2 participants were invited to participate in each. Every scenario was followed by a group debrief using an adapted diamond debrief

model. Results The results found a significant difference in human factors scores and assessed knowledge scores post DOVES course. Thematic analysis showed improvements in confidence and communication skills, knowledge and awareness of domestic violence, and practical skills. Conclusions The DOVES simulation course is effective in addressing identified training needs amongst healthcare professionals through improved confidence, communication, knowledge, and skills. This study received no funding.

## **26. Improving psychiatry placement experience for undergraduate medical students at Southwest Yorkshire NHS Foundation Trust**

**Dr Shumaila Shahbaz**, ST4-6

**Aims:** We aimed to improve the psychiatric placement experience for undergraduate medical students at South West Yorkshire Partnership NHS Foundation Trust. **Background:** The GMC and the Royal College of Psychiatrists have provided guidelines for Trusts for undergraduate medical education so that medical students get a fantastic placement experience to become excellent clinicians in the future. We suggested three more proposals (mindfulness, peer support, and inspiring talk for medical students) into the existing medical students' educational timetable. **Method:** We planned a virtual mindfulness session for medical students with a trained coach. The session covered various aspects of mindfulness (theoretical part, reflection, and take-home material) along with mindfulness practice during the session in a psychologically safe place to reduce stress, enhance performance and improve wellbeing. We attached a psychiatric trainee with the student during the placement to enhance their clinical experience. The students were encouraged to have one-to-one time with the doctor to discuss interesting cases, theories, and practice clinical scenarios. To encourage and motivate medical students to consider psychiatry as a longer-term career option, we arranged an inspiring talk with the title "Choose Psychiatry" by expert psychiatrists (consultants and higher trainees). We also invited a patient who shared her story, and the improvement in her mental health and wellbeing using a holistic approach and treating a patient at a human level. **Results:** The pilot session showed splendid results. Most students rated overall 10 out of 10 for the mindfulness session. For peer support during the placements, one of the team received a "commendation letter" from the University. Medical students felt that their placement experience has improved with peer support. The feedback for inspiring talk showed excellent results (above 80%). **Conclusion:** This project showed mindfulness, peer support, and inspiring talk further enhanced clinical placements experience for undergraduate medical students during psychiatric placement.

## **27. Education and training-Survey: Improving FY trainees educational sessions**

**Dr Manar Shaheen**, ST4-6

Six Academic Educational sessions has been designed to meet the educational needs for every cohort of Foundation trainees. The Trust is currently aiming at improving the quality of the sessions and acting on participants' views. **Aim:** To evaluate the effectiveness of the sessions in meeting the educational needs

of trainees and to explore views around improving the sessions. Methodology: Survey was electronically generated and sent to trainees who completed the latest 6 FY training sessions.

Trainees were asked to evaluate self confidence in dealing with common psychiatric situations before and after attending training sessions. Trainees asked to add scores to estimate percentage improvement in their practice with specific reference to areas highlighted in their curriculum. Trainees were also asked to express their views on how to improve the sessions. Educators were asked for their views on how to improve the training sessions and to facilitate pastoral support. Results:

Trainees reported improvement in self confidence in all the clinical topics assessed in the survey. FY trainees evaluate the sessions to be of major help in improving their ability to recognize mental illness, make diagnosis as well as improving knowledge in initiating medications and monitoring side effects.

Sessions were less beneficial in improving their history taking and in helping them understand the psychosocial model of treatment. Collective views indicate that sessions need to include short case presentations and the Schedule for the sessions to be planned. Informal pastoral support is needed.

Recommendations: 1. Each session will have 30 minutes of academic discussion and 30 minutes of case presentations aimed at improving history taking and addressing the role of Biopsychosocial model in the assessment and management of cases. 2. The Schedule to be communicated during the induction days. 3. Monthly Balint group to be facilitates to improve pastoral support.

## **28. Quality Improvement Project: Developing a tailored teaching programme to improve GP trainees learning needs in mental health**

**Dr Oliver Shorthouse**, ST4-6

Aims and hypothesis: The aim of this quality improvement project was to offer an intervention to help meet the learning needs of GP trainees during their mental health placement in line with the 'Being a GP' curriculum. It was hypothesised that delivering a tailored teaching programme to GP trainees would improve their overall placement experience and confidence when assessing and managing patients presenting with a mental illness.

Background: Approximately 40% of people who see their GP have a mental health component to their illness. Integrated Training Posts (ITP) or 'GP+' posts in psychiatry were introduced to help GP trainees gain valuable experience in mental health settings. MerseyCare NHS Foundation Trust subsequently supported much larger cohorts than before of up to fifty GP trainees.

Methods: Written feedback via an online survey was collated from a cohort of GP trainees three months after starting a mental health placement assessing their placement experience and whether their learning requirements outlined in the curriculum guide were being addressed. Based on feedback, a tailored online group teaching programme was delivered in favour of specialist psychiatry teaching.

An online feedback survey was repeated following the delivery of the intervention to assess whether it improved their experience. Results: 100% of GP trainees who completed the online survey reported that the teaching programme was helpful. All trainees reported that it had improved their confidence when assessing and managing patients with a mental illness in a GP setting.

Conclusions: Offering

tailored teaching sessions that focussed on areas identified within the 'Being a GP' curriculum improved the experience of GP trainees during their placement. In the future it will be imperative to collaborate with our GP colleagues to help offer additional tailored teaching sessions focused on common psychiatric presentations and scenarios to help support the training requirements of GP trainees.

## **29. Neuropharmacology; linking science to practice**

**Dr Harkanwar Singh**, ST4-6

**Aims and hypothesis :** Students were able to sign-up for a neuro-pharmacology discussion series that we implemented to address a curriculum gap. Its central ethos was to demonstrate that scientific knowledge is directly relevant and valuable for the practice of mental and physical health care. **Background:** Psychotropic medications are used widely across several disciplines, yet the fundamentals of how they influence our body and mind can be elusive to students. Teaching on this topic is a fertile ground for showing the link between pathophysiology, symptoms, and treatment rationale. For example, we can utilize the interactive matrix of neurotransmitters, pain, and low mood to understand chronic pain and the use of antidepressants for the same. **Methods:** We designed a new series of six interactive small group sessions on significant areas in psychiatry (including addiction, antipsychotics etc.) Each session included a short presentation of our current understanding of receptor pharmacology, and we drew links to clinical practice using case vignettes. There were interspersed MCQ style questions to engage students and promote discussion. We asked students to fill in an evaluation form after each session. **Results** The series was run 4 times as an online small group teaching (on average 10 students). All students enjoyed the structure of the sessions. Two interesting themes emerged; • Students felt this series had positively influenced their interest in psychiatry as it helped them understand the physiology behind psychiatry • Students felt that critically thinking about the patient's symptoms made it easy to understand the side effects of the medications without having to rote learn them. **Conclusions:** A narrative journey through the fundamentals of neurophysiology and its relation to clinical practice can help make pharmacology less daunting and more interesting. We are looking at how to integrate this series into the curriculum so all students can access it.

## **30. STEEP LEARNING CURVES – Do we support doctors' transition from trainees to consultants?**

**Dr Yasmin Spaulding**, Consultant

STEEL LEARNING CURVES – Do we support doctors' transition from trainees to consultants? Authors Dr Ravinder Hayer, Dr Yasmin Spaulding, Dr Feroz Nainar and Dr Ruairi Page. **Aims/hypothesis** 1.

Evaluate newly qualified Consultants' views on how well their higher training prepared them to apply for Consultant posts and the challenges thereafter. 2. To develop a bespoke training programme for higher trainees to support their transition to Consultant. **Background** A group of recently qualified Consultant Psychiatrists identified that guidance around preparing and applying for Consultant jobs and some of the challenges in those first few months is not an integral part of their higher

training. As such, the authors set about capturing the experience of early career Consultant Psychiatrists on this topic and designed a bespoke training day based on the information gained. **Methods** An anonymous electronic survey was sent to Consultant Psychiatrists who achieved completion of training in West Midlands in the last 3 years. 10 of 20 responses were received. This information was used to develop a one-day virtual programme as part of the West Midlands School of Psychiatry Leadership Course for higher trainees. **Results** 78% applied for consultant posts with support from peers and seniors; 44% via specialised workshops delivered by Health Education England; 33% via an external course. 67% felt the main challenge they faced was managing complaints/conflicts. 67% felt they would have benefitted from a face-to-face/virtual training day to support with the job application process and early life as a consultant. Feedback received from 18 higher trainees attending the training day was positive. **Conclusion** This research demonstrated that newly qualified Consultant Psychiatrists do not feel their training prepared them for the job application process or the challenges thereafter. Feedback from the training programme the authors designed in response to this indicated that it meets this training need.

### **31. Working and training experiences of Less Than Full Time (LTFT) Psychiatry trainees in the North West (NW)**

**Dr Eleanor Swift**, ST4-6

**Aims** To evaluate the experience of LTFT Psychiatry trainees in the NW in terms of their rotas, training and support. **Background** LTFT trainees should have an equitable training experience to their full time colleagues, taking into account their reduced working hours. Psychiatry is a hard to fill specialty making recruitment and retention particularly important. **Methods** In September 2021, a survey was distributed to all LTFT Psychiatry trainees in the North West region containing questions about rotas and training in their current post. This consisted of 23 questions, a mixture of tick box, likert scale and white space questions. **Results** A total of 29 trainees responded to the survey, a response rate of 30%. Half of trainees reported an issue with their rota. 77% of trainees had attempted to resolve these issues however two thirds of these had not received a resolution. 70% reported finding it difficult or very difficult to resolve, which impacted their ability to manage caring responsibilities and health issues. A quarter of trainees reported their workload was equivalent to a full time trainee, a quarter reported difficulties meeting educational requirements and a quarter reported feeling disadvantaged at ARCP due to being LTFT. The majority of trainees reported feeling valued and advocated for by their LTFT leads and over 80% are part of the LTFT What's app group which they found helpful for peer support. **Conclusions** This survey found that educational support is largely positive but issues with rotas have a significant impact on the working lives of LTFT trainees. It is important to try and resolve these issues to meet trainees' right to flexible working and to ensure trainees are retained in the specialty. Mutually agreed guidelines between HR and trainees are the next step in trying to address this.

### **32. Journal Club Presentations – Time to Change Our Approach?**



**Dr Vikram Thacker**, ST4-6 - *Poster not submitted*

**Aims:** • To better understand Core Psychiatric Trainees' experiences of Journal Club Presentations and improve their experience for the future. **Background:** • Journal Club Presentations (JCPs) form a mandatory part of Core Training. • Critical appraisal skills are seen to be very important within all fields of medicine and the Royal College of Psychiatrists introduced a critical review component to the Membership Examinations in 1999, which now comprises a third of the questions within MRCPsych Paper B. • JCPs also form an opportunity for clinicians to become aware of novel research findings relevant to their clinical work and therefore impact on patient care and hopefully improve patient outcomes. •

From personal experience, there is no consistent structure to the presentations and the level of engagement from the audience is highly variable and often poor. Furthermore, some trainees struggle with the critical appraisal component of Paper B. **Method:** • An online questionnaire was devised and distributed to all Core Trainees within Surrey and Borders Partnership NHS Foundation Trust via e-mail. • The majority of questions utilised a Likert scale. Responses were anonymised. **Results:** •

62% of trainees had already passed Paper B at the time of their participation. • Despite this, only 6 trainees (46%) felt confident in interpreting results from studies. • 77% of trainees were unable to consistently read the article prior to the JCP. • All trainees, including those who have already passed MRCPsych Paper B, would like for a teaching element to be incorporated into JCPs in the future. **Conclusions:** • 100% of trainees wanted a teaching element to be included in JCPs. • The majority of trainees were unable to read the paper beforehand - without this, trainees are unlikely to get the most out of JCPs and the level of meaningful engagement in discussion is likely to be adversely affected.

### **33. Outcomes From A National Online Psychiatry School for Year 12 Students from Widening Participation Backgrounds**

**Dr Gavin Tucker**, CT1-3

**Aims and hypothesis** We hypothesised that a one-day online psychiatry school for Year 12 students from widening participation (WP) backgrounds could promote knowledge and interest in working in psychiatry. **Background** School students have limited opportunities for work experience in psychiatry, especially high-quality experience. This is particularly severe for students from WP backgrounds, and has been made worse by the coronavirus pandemic. Online events have been created to promote medical school applications for students from WP backgrounds, but none have focused on psychiatry. **Methods** We distributed information to schools via pre-existing widening participation networks throughout the United Kingdom (UK). We asked schools to nominate students who were a) in Year 12, b) were studying appropriate subjects for medical school applications, and c) had grades which were competitive for medical school entry. The programme included lived experience talks, introductions to subspecialties of psychiatry, and a question & answer session. Students were administered pre- and post-course surveys, and a qualitative feedback form. **Results** 83 students from all four nations of the UK participated, and completed pre- (100%; n=83) and post- (94%, n=78) surveys. The surveys showed that students being

'confident of what a psychiatrist does' increased from 55% to 85%. Students 'likely to choose psychiatry as a career' increased from 64% to 70%. The feedback form indicated particularly positive feedback on talks from lived experience speakers. 95% of students rated the event as "good/very good". 100% of participants stated that they would recommend attending. **Conclusions** A one-day online psychiatry school is effective at promoting knowledge and interest about working in psychiatry. This is particularly helpful with limited psychiatry work experience opportunities due to the pandemic. Lived experience speakers receive especially positive feedback. Research will be needed on long-term outcomes including eventual applications to medical school, and choosing psychiatry as a career.

### **34. Narrowing the gap - using CASC clubs to eliminate differences in attainment between IMG and UK graduates at MRCPsych CASC examinations'**

**Dr Ioana Varvari**, CT1-3

**Aims:** We aimed to evaluate the role of CASC Club in improving pass rates and supporting International Medical Graduates (IMG) in successfully managing the exam. **Background:** Tees, Esk, and Wear Valleys NHS Trust is a highly ranked training organization hosting around 300 medical trainees yearly including a large proportion of international graduates. The newly developed CASC Club has offered bespoke coaching and feedback from experienced CASC examiners supported by professional role-players. This occurs over 16 to 20 sessions, of 2 hours each over 8 weeks, comprising of 6 trainee-led scenarios. The focus is on the development of an understanding of the broader CASC concept rather than focussing on known CASC scenarios. **Methodology:** We retrospectively looked at our CASC medical education records between the September 2020 and January 2022 diets to evaluate our pass rate, looking at training status and primary medical background. We then compared the differences in numbers before and after the initiation of CASC Club, to objectively quantify the improvement in both UK and non-UK graduates. We subsequently surveyed our cohort, to evaluate their opinion on the impact of CASC Club. **Results:** Our cohort of 31 doctors consisted of 21 IMGs and 10 UK graduates. All UK graduates were successful in their first attempt; however, IMGs pass trends fluctuated over time. The IMG pass rate is 66.6%, with a rising trend observed from 14.2% in 2020 to 100% in 2022. This coincided with the running of CASC Club in preparation for January 2022 diet. The main feedback themes highlighted were 'realistic experience', 'detailed feedback', 'aid to gain confidence, and 'IMG support'. From the last diet, 67% found this resource helpful in combination with other CASC resources, whilst 11% rated this useful on its own. **Conclusions:** Results suggest CASC Club is beneficial towards narrowing the gap for IMGs attainment.

### **35. Virtual Simulation Programme Improves Junior Doctor Confidence and Knowledge for Psychiatry Rotation**

**Dr Robert Vaughan**, CT1-3 - *Poster not submitted.*

**Aims and hypotheses** To design a virtual simulation training session for junior doctors starting their psychiatry rotation, to be delivered virtually at induction. To measure how this changes doctors'

confidence and knowledge about the rotation. **Background** Many doctors, even those with significant medical experience, commonly describe feeling unprepared for many psychiatry-specific scenarios they encounter within their rotations. A simulation programme was designed to address these concerns. **Methods** A small committee of experienced psychiatric trainees decided on a set of 5 common on call scenarios. These covered: Using section 5(2), risk assessment rapid tranquilisation neuroleptic malignant syndrome alcohol detoxification managing self harm and ligatures. Each scenario utilised real world documentation as tools for the candidate to utilise (drug charts, NEWS charts etc) to increase fidelity. Detailed actor briefs were drawn up with instructions for the facilitators. 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. Candidates were provided with feedback forms at the conclusion. **Results** Feedback from the sessions was overwhelmingly positive. Every 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 simulation 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.

### **36. Do Junior Doctors feel confident using Emergency Detention Certificates?**

**Dr Sarah Wordie**, CT1-3

**Aim:** To assess junior doctors understanding of the law surrounding the use of The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA), focusing on confidence and knowledge of the emergency detention certificate (EDC). A secondary aim was to develop educational tools to improve junior doctors understanding in using the MHA. **Background:** It is reported that junior doctors lack confidence and knowledge in using the MHA. **Methods:** We distributed a comprehensive electronic survey to 152 Foundation Year Two Doctors working in NHS Lothian, Fife and Borders. We subsequently interviewed 20 respondents to enquire about additional resources needed to improve knowledge of the MHA. Following on, we completed worked EDC exemplars, created an easily accessible guide with step-by-step instructions on implementing an EDC and devised a checklist pro-forma that can be accessed and inserted into a patient's electronic notes to ensure all necessary steps are completed for the EDC. **Results:** 51 doctors (34%) responded to our survey, of which 10 (19%) had previously worked in psychiatry and 16 (31%) had previously completed an EDC. 27 respondents (52%) reported a lack of self-confidence and 26 (51%) reported a lack of understanding in the legal processes as barriers faced when putting an EDC in place. Respondents who worked in psychiatry reported greater awareness of the MHA. From the focused interviews, colleagues requested worked EDC examples, an accessible checklist with relevant

contact details and an electronic pro-forma for patients notes to assist with completing the legal steps when implementing an EDC. Conclusion: Our study identified a lack of confidence in understanding the MHA and completing an EDC. Our educational materials will provide invaluable information for junior doctors, in particular those with little experience of the MHA. Our resources will ensure the legal aspects of implementing an EDC are both complied with and documented appropriately.