



# **North West Medical Student & Trainee Presentations**

**Autumn 2022**

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# **Medical Student/ FY1 Poster Presentations**

## **MSP1 Asante Mbisa**

### **Prescribing stimulants to people with substance use disorder and comorbid attention deficient hyperactivity disorder: is this a good idea?**

#### **Context:**

Attention deficit hyperactivity disorder has been found to increase the risk of developing substance use disorder and this can often complicate treatment. Effective treatments have not yet been found for this population despite their prevalence in the community.

#### **Objective:**

To assess the available literature and determine whether there is enough evidence to support the use of stimulants for treatment of co-existing attention deficit hyperactivity disorder and stimulant use disorder.

#### **Data sources:**

Published articles available on PubMed, found using specific search terms.

#### **Study selection:**

Randomised controlled trials comparing a stimulant treatment arm with a control group, including individuals meeting Diagnostic and Statistical Manual of Mental Disorders criteria for attention deficit hyperactivity disorder and who are struggling with illicit substance abuse.

#### **Results:**

A total of seven trials were included in this critical appraisal. All seven reported on attention deficit hyperactivity outcome measures while six reported on substance use outcomes. Three studies found a significant improvement in attention deficit hyperactivity disorder symptoms when compared to placebo while two studies found a significant reduction in the use of illicit substances when compared to placebo. The studies which demonstrated the greatest effects were found to be those that utilised higher doses of stimulants.

#### **Conclusion:**

Although there is some evidence to support the use of stimulants in the treatment of co-occurring attention deficit hyperactivity disorder and substance use disorder, questions remain about which stimulants are most effective and in which population groups. Outcomes therefore require replication in additional studies using larger population sizes and dosages.

**Exploring medical students' opinions and Professional Identity Formation towards patients who use illicit drugs**

**Background:**

Illicit drug dependence remains significant problem. Public Health England reported in 2019-2020 that adults in contact with drug and alcohol services remained at high levels. Previous research revealed some clinicians and non-UK medical students hold stigmatising attitudes towards substance-users (SU). It is important research is undertaken to understand medical students' attitudes and factors influencing professional identity formation (PIF) towards SU so students are enabled to provide good patient care.

**Objectives:**

- To gain insight into students' attitudes towards SU
- To gain insight into students' opinions on current illicit drug use teaching, focusing on PIF, to inform future educational practice

**Method:**

Mixed methods approach: UK Drug Policy Commission questionnaire and 12 semi-structured interviews

**Results:**

Both data collection methods revealed many medical students hold non-stigmatising attitudes towards SU. 91.9% questionnaire respondents "strongly disagreed" "people who become dependent on drugs are basically just bad people". The interviews echoed this. Interpersonal, educational, and external influences on these attitudes and PIF were identified.

Disparities in perceived acceptability of different drugs were uncovered. Not all students found cannabis or "party drugs" acceptable, however, more students found these drugs acceptable compared to methadone, cocaine, and heroin.

Many students found current teaching inadequate, with an over-reliance on informal and hidden curriculum. Students wanted more timetabled, facilitated contact with SU.

**Conclusion:**

Interviews and questionnaire responses generally showed positive attitudes. Educators can use these findings to reflect on their educational/clinical settings, and how much facilitated learning students receive with SU. Further research examining students' opinions on methadone should be undertaken.

## **Evaluation of Films That Depict People With Dementia**

### **Background:**

Films are known to influence the public's perception about mental disorders. Dementia's prevalence in society has increased over the years due to the ageing population. However, the depiction of dementia in films has not been as widely explored. The aim of this paper is to evaluate the depiction of dementia in films to assess its clinically accuracy.

### **Methods:**

A systematic search of keywords related to dementia was completed on the Internet Movie Database. The search was conducted in May 2022. Non-foreign language feature films were used in this paper. Films from 2000 and onwards were used. The films were analysed on the type of dementia they portrayed. 8 themes and tropes were assessed for each film. The portrayal of healthcare was also assessed. Each film was measured against the Neuropsychiatric Inventory-Questionnaire.

### **Results:**

32 films were used from an initial sample of 1,320. Alzheimer's was found to be the most frequently portrayed cause of dementia. Time-shifting was the most common theme. There was a predominantly negative portrayal of care homes with a positive portrayal of carers. The films, measured against the NPI-Q, produced on average a lower severity of neuropsychiatric symptom score and carer distress score.

### **Conclusions:**

The depiction of dementia was mild in comparison to dementia's clinical manifestation. Films showed a positive portrayal of healthcare workers which can be considered rare when looking at cinema's history with psychiatry. Overall, films focused more on the early-stages of dementia and the emotions behind the diagnosis, rather than its clinical presentation.



**Impact Of Visual Deficits In Assessment And Management Of Later Life Adults With Suspected Cognitive Impairment**

**Standard:**

NICE guideline [NG97]-Dementia: assessment, management and support for people living with dementia and their carers

1.3.6-Services should be designed to be accessible to as many people as possible, including people with sensory impairment.

1.5.7-Healthcare professionals should consider any sensory disabilities in their assessments and make any appropriate adjustments.

1.5.8-Healthcare professionals should not rely solely on cognition scores in circumstances in which it would be inappropriate to do so including sensory impairments.

**Method:**

Retrospective audit.

46 patients attending memory clinic from April to May 2022.

Data collected from patient electronic system.

**Results:**

Visual deficits lead to impairment in activities of daily living, mobility leading to falls and driving.

**Impact:**

Improved patient care:

- By identification of visual deficits when completing assessment of patients.
- By adjusting the assessment process to accommodate difficulties secondary to visual deficits.

By recognizing the impact of visual impairments in the clinical presentation of the patient.

Psychiatry MDT Learning Tool

**BACKGROUND:**

A multidisciplinary team (MDT) in psychiatry consists of psychiatrists, psychiatric nurses, care coordinators, social workers and occupational therapists. This study provides a unique insight on how an MDT provides an excellent environment for education and an opportunity for learning.

**OBJECTIVE:**

To assess the impact of education delivered by the consultant on healthcare professionals during psychiatric MDTs. Our hypothesis was that during MDTs, there would be a two-fold increase in clinical knowledge after provision of consistent deliberate teaching.

**METHOD:**

A learning tool (Appendix) was created to analyse knowledge before and after teaching. During patient formulation, planning or discharge, participants were asked to rate their knowledge (0-5) before and after teaching. Scores before teaching highlighted where learning was required. After receipt of teaching, participants rated their knowledge overall. 22 participants (junior doctors, mental health nurses, students (medical and nursing) and allied healthcare professionals) completed the learning tool.

**RESULTS:**

The average score before teaching for knowledge was 2.3/5. Post-teaching the average score improved to 4.4/5. Most participants scored a 4 or 5 after teaching and expressed an improved knowledge base. The greatest improvement in knowledge was noted in both registered mental health nurses and student nurses.

**CONCLUSION:**

Deliberate, consistent and spaced repetition during MDT meetings improves psychiatric medical professional knowledge in all present. This knowledge was transferable to clinical practice and improved confidence in acknowledging symptoms, treatment and risk assessment. We propose that efficient utilisation of teaching during MDTs is a useful tool in improving patient management, clinical practice and risk management.

# **FY2/Trainee Poster Presentations**

**Trauma psychotherapy and cancer: where are we at**

**Background:**

Patients with cancer are known to have high rates of PTSD that affect cancer treatment engagement and survival rates. It remains unclear how best to approach this diverse population using psychotherapeutic interventions.

**Aims:**

This research systematically reviews current literature on trauma-focussed psychotherapy techniques with cancer patients living with cancer-related PTSD. Following this, we aim to propose a novel intervention for managing PTSD and complex PTSD in cancer patients.

**Methods:**

We conducted a systematic literature search of research databases using key terms. We then identified and critically appraised suitable studies to gain an overview of information regarding psychosocial interventions for managing cancer-related PTSD in people living with cancer. We also conducted twenty semi-structured interviews with relevant patients at a regional cancer centre to garner further information to inform the proposed intervention.

**Results / Conclusions:**

Our literature review demonstrates that there is a scarcity of robust literature regarding interventions for managing PTSD in patients living with and surviving beyond cancer. By mapping the systematic review against the outcomes of the semi-structured interviews, we will propose a novel intervention of using techniques of self-management, education, EMDR and mentalisation-based treatment for managing PTSD and complex PTSD in cancer patients. This intervention could inform policy and treatment approaches for this patient group going forwards.

## DNACRP Status and Documentation Review

**Background:** This audit reviewed the documentation and discussion of resuscitation status for patients on Cavendish Ward, Laureate House. It was noted that documentation of resuscitation status in patient notes was often missing, or inconsistent. It is important to discuss resuscitation status, so that decisions can be made in advance of a possible arrest situation, and these situations can be managed appropriately

**Standards:** The GMMH Trust policy for DNACPR (CL05 Do Not Attempt CPR Policy) inform this audit, in particular the section *“The DNACPR decision making process should be measured, monitored, and evaluated to ensure a robust governance framework.”*

**Method:** All patients on Cavendish ward between 01/03/2022 and 01/04/2022 were included. Patient physical notes were reviewed to establish whether DNACPR form had been completed. Then, electronic patient records including ward round notes, nursing handover documents, the legal tile and nursing care plan on Paris were reviewed to determine if discussions and decisions had been documented clearly and correctly.

**Results:** There were 23 patients on Cavendish Ward between 01/03/2022 and 01/04/2022; of these, 6 (26.09%) had DNACPR decision in place. Of the 23 patients, 34.78% had their resuscitation status discussed and documented in first ward round. On review of Paris Legal Tile, 0% of the 6 patients with DNACPR decision had this documented.

**Impact:** Following this, a QIP was conducted with interventions including increased resuscitation discussions at ward rounds, alongside a newly implemented safety huddle. After these changes, the re-audit showed significant improvement in resus documentation but room for further improvement.

**What is the Core Psychiatry Trainees' experience of the online delivery of the North West School Of Psychiatry MRCPsych Regional Academic Programme during the COVID 19 pandemic and how can this inform the future development and delivery of the training scheme? – A mixed methods review**

**Background:**

Due to the COVID 19 pandemic, the North West School Of Psychiatry MRCPsych Regional Academic Programme (RAP) was delivered online. As the UK's vaccination programme continued and COVID-19 restrictions were lifted, there were a number of competing priorities in planning the future delivery of the course. Because of this, it became paramount that the trainees' experiences were sought to enable future course planning and quality assurance processes.

**Method:**

Firstly, we used session feedback forms to compare the percentage of trainees who rated the session as very good or excellent, for each online session during September- December 2020, to the equivalent face-to-face session in 2019. This provided an overview of trainee satisfaction.

Secondly, a questionnaire was circulated to the CTs. The questionnaire requested that the trainees consider their overall experience of the online RAP when compared to face-to-face teaching before responding to questions on a Likert scale or with free text. Anonymous responses were collated.

Thirdly the CTs were invited to voluntarily participate in focus group discussions hosted via MS Teams.

**Results:**

From the results it was clear that the CTs are satisfied with the quality of the online MRCPsych RAP teaching. Trainees were clear that online teaching is more convenient and accessible but the missed opportunities for socialisation with colleagues and social learning with peers were felt. CTs suggested increased interactivity through break out rooms and interactive polls could improve online teaching. Overall, further online teaching on the MRCPsych RAP is a viable option to be considered.

**Autoimmune Screening in first episode psychosis: Is it routinely being done in Mother and Baby Units (MBUs)?**

**Background**

There is evidence to suggest that a proportion of psychosis has an immune basis. Autoimmune encephalitis is thought to account for approximately 1,000 cases/year in the UK. Hard to ascertain what portion of that are those in perinatal settings.

The SINAPPS2 is a randomised phase II double-blinded placebo-controlled trial of intravenous immunoglobulin and rituximab in patients with antibody-associated psychosis. It is contraindicated for pregnant and breastfeeding people - are we missing a particular subset of patients?

The reason for researching this – there was a patient identified to have an autoimmune encephalitis on our MBU (Wythenshawe – Manchester). This has left us wondering if MBUs are doing autoimmune screening and is it an area we should be developing and how should we give information to patients?

**Methods**

Used a set of 8 questions regarding autoimmune screening. This was distributed to all MBUs in the UK

**Results**

When a patient does present with 1<sup>st</sup> episode psychosis 78.57% are not doing an autoimmune screen. 35.71% feel it is a suitable test. 64.29% know what tests are done for an autoimmune screen. 85.71% of MBUs would like an information leaflet made available in their trust. 64.29% think there should be a standard protocol established for autoimmune screening on MBUs and not one answered no.

**Conclusions**

Overall, there is a general consensus that MBUs would like a standard protocol and patient information leaflet to be established for autoimmune screening.

## **Improving GPST knowledge and confidence on trans and non-binary healthcare**

### **Background**

Trans and non-binary people present with condition-specific health needs; as the gender diverse population grows, GPs face increased demand in attending to these needs. We assessed GPSTs' self-reported knowledge and developed an interdisciplinary teaching intervention targeting problem areas.

### **Methods**

A preliminary questionnaire was distributed to all GP trainees in the north-west which showed very limited knowledge of trans and non-binary healthcare, with most responders receiving no prior training. A teaching session was developed, and four initial sessions were delivered to GP trainees. Self-reported feedback was gathered before (n=61) and after (n=49) sessions via a questionnaire using a likert scale. The numerical data was analysed as parametric and independent t-tests were used to assess changes in knowledge and confidence.

### **Results**

The comparison between pre and post-teaching questionnaires revealed a statistically significant improvement (CI 95%) in self-reported knowledge in all areas targeted. Overall knowledge improved by a mean of 1.05 points out of 5 (CI 95%: 0.72-1.38). Feedback on teaching quality achieved a total mean score of 4.18 points out of 5. Open-text feedback was very positive.

### **Conclusions**

Baseline knowledge of trans and non-binary healthcare is generally very low.

A brief educational intervention made a statistically significant improvement to self-reported knowledge and confidence.

Moving forwards, the teaching materials have been updated on the basis of feedback and wider stakeholder involvement. A larger faculty of interdisciplinary doctors (GPs and psychiatry trainees) are being trained to deliver the teaching, with further sessions arranged in GP training programmes around the north-west and hopefully beyond.



## **Effectiveness of a trainee-led Online CASC teaching program**

### **Background:**

In response to COVID 19 local academic programs(LAPs) across Mental Health Trusts were shifted online, as was RCPSYCH examinations. This impacted training opportunities.

### **Aims:**

A trainee-led Online CASC teaching course was conceptualized within Mersey Care NHS Trust with an aim to aid trainee preparation.

### **Methodology:**

Pre-course survey responses were collected from twenty eight trainees to identify their perspectives with the aim to develop a regionwide CASC teaching program within the Trust. A pre-course flyer was sent to all core trainees. Eight sessions facilitated by the Trust Medical Education Department included an introductory music track followed by five minutes of teaching by specialty specific higher-trainees(CAMHS, General Adult, etc) and three timed CASC scenarios with feedback by Consultant examiners. This was attended by thirty five trainees across the north-west trusts on Thursday afternoons. A pre and post-exam focus group was conducted on seven trainees due to appear for the September 2022 CASC diet to check effectiveness. A post-course survey was collected. Certificates were provided to all course providers.

### **Results:**

Results showed positive reception and consistent attendance across all teaching days and trainees requested continuance of the CASC sessions within the trust.

### **Conclusion:**

Trainees and trainers were in consensus that CASC teaching sessions within the trust would likely aid trainees in their preparation. Following positive response, organizers worked with Medical Education to build on the learnings to continue the course. A recommendation was also made to create the role of a Trainee CASC Lead to coordinate similar sessions for the future.

## **TP7 Tatiana Campo-Celaya**

### **Improving LGBTQ+ inclusivity for service-users and staff**

#### **Background/objectives**

The Royal College of Psychiatrist LGBTQ+ Survey 2022 showed worrying levels of discrimination in the workplace. Minority stress contributes to higher rates of mental illness in the LGBTQ+ population. This project aimed to improve LGBTQ+ inclusivity for service-users and staff at Trafford Home-Based Treatment Team.

#### **Methods**

A literature search identified 12 LGBTQ+ audit tools. Recurrent themes were identified and adapted into a local tool. Three key components of an inclusive team were highlighted: staff awareness; a welcoming team and a safe and acceptable service. Three standards per category were identified to measure inclusivity. A staff survey was designed to identify areas for improvement.

#### **Results**

The survey found low staff awareness of: LGBTQ+ identities, communication strategies, local services and access to informative material. 50% of staff had experienced a microaggression at work targeted at an LGBTQ+ person; 38% were uncertain of how to report this.

Training was organized covering a range of LGBTQ+ topics. Trust policies on discrimination and bullying were highlighted.

An information leaflet of local LGBTQ+ services was created and included in service-user packs. Inclusive material was displayed. Toilets were made gender neutral. Staff agreed to challenge homo/transphobic language and behaviour.

Feedback showed staff found the session informative and useful. A repeat survey showed improvement in all areas of staff awareness and knowledge of reporting microaggressions.

#### **Conclusion**

This Project has been successful in fostering inclusivity in this team. Other teams could use these standards as a template to improve LGBTQ+ inclusivity. Future projects could include the patient experience.

**TP8 Taghrid Tahoun**

*Bernadka Dubicka, Susanne Marwedel,  
Sabah Banares, Amy McCulloch, Jasmine  
Hearn & Leo Kroll.*

**Feasibility study of a new behavioural activation programme for young people with depressed mood****Background:**

Behavioural activation (BA) is effective in adults with depression but the evidence for young people (YP) is less clear. We therefore developed and tested a new coproduced BA programme.

**Method:**

In phase one (2014 to 2015 inclusive), we codeveloped with young people attending specialist child and adolescent mental health service (CAMHS) an 8-session BA workbook. In Phase two (2019 to 2020 inclusive), we ran an uncontrolled feasibility study in two specialist CAMHS, with BA being offered to YP by less specialised staff.

**Results:**

In phase one, we tested the workbook with 15 YP with depression and other comorbidities. Satisfaction was good from both YP and staff, and 9 YP reported improvement in mood. In phase two, 51 YP were offered BA; 15 declined to take part. 36 consented with three dropping out after consent. 33 YP (mean age 14.6, 12 males, 24 females) continued treatment attending a mean of 6.6 sessions. At the end of treatment, youth-rated Mood and Feeling Questionnaire (MFQ) mean score decreased from 43.2 to 27.6, difference 14.6 (95% CI 8.7 to 20.2; n = 28), and Clinician Global Assessment Score (CGAS) mean score increased from 52.3 to 69.8, difference 18.0 (95% CI 11.9 to 24.2; n = 29). Of the 33 YP who participated in therapy, 12 (36%) recovered and were discharged.

**Conclusions:**

This programme demonstrated preliminary evidence for effectiveness and utility. Less specialised staff were able to use BA, and this may reduce secondary waits for more specialist therapy. More research is needed about the role of BA in specialist CAMHS.

**TP9 Nikhita Handa**

*Sylvia Chudley, Romy Chudley & Fiona Lobban.*

**Evaluating participant experience in Balint online sessions held during the Covid19 pandemic – lessons learnt and moving forward**

**Background:**

From the outset of the Covid19 lockdown a challenge was posed to reshape previously face-to-face meetings. One area that rose to this was the Balint Group. We aimed to analyse the themes identified about the online Balint experience at this particularly challenging time. We hope to inform both leaders and participants of future online groups of the benefits and pitfalls found by members reflecting on their first experiences of online Balint.

**Methods:**

Seven members of Balint groups across the UK were randomly selected for interview from a pool of volunteers facilitated by the UK Balint Society after 6 months of online groups. Qualitative thematic analysis was conducted on these interview transcripts.

**Results:**

Key positive themes identified were ease of access, increased anonymity, attention to facial expressions and interaction with participants from different parts of the country. Common drawback themes were a lack of socialising and different group dynamic as well as the expected technical/environmental challenges. Core theme analysis indicates sentiments of safe, open and structured sessions. In these early sessions a frequent theme was the increased role of the leader.

**Conclusions:**

All participants interviewed felt their online experiences have had many positive aspects. They highlight areas they feel online Balint could better replicate the original sessions. The fact some interviewees would prefer to maintain online Balint groups makes it likely that the style may be here to stay.

