Beyond the Hype: Practical Insights from an AI-Enhanced Bedside Teaching Tool in Psychiatry

The 'Do's and Don'ts' of Integrating Learning Theory and Technology

Dr Ahmad Kamaleldeen Abdou Mohamed (Kamal)

For trials or deployment in your locality:

Ahmed.k.hamad@gmail.com

Permission to take images of slides

- I **give permission** for images of my slides to be taken and shared on social media or with others
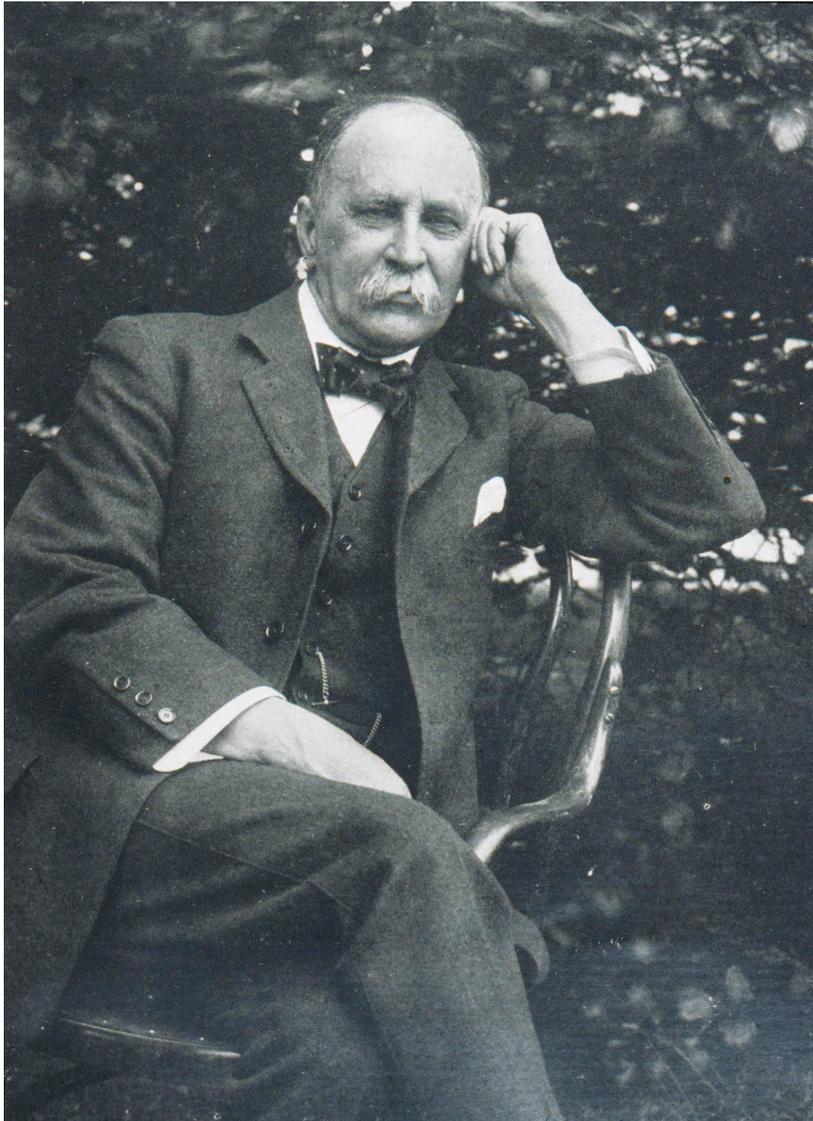
Declaration of Competing Interests

- The tool displayed in this presentation is a product of CLINIQ PLUS LTD, which I am the founder and director of.

Nexon, 2003

"To study the phenomena of disease without books is to sail an uncharted sea whilst to study books without patients is not to go to sea at all'

- Sir William Osler

Bedside Teaching's Decline

- Valued by students, educators, and patients
- Comprised ~75% of learning activities in the 1960s. Less than 20% in the 1990s

- What about currently?

Peters and ten Cate, 2014

But Why?

Policy Ambiguity (GMC, 2015; RCPsych, 2017)

Difficult to quantify (Hodges & Lingard, 2012; Hussey & Smith, 2002)

Hidden Curriculum (Hafferty, 1998)

Educator skill/confidence gaps (Newton et al., 2009)

Cultural Pressures (Cameron & Quinn, 2011; Mannion & Davies, 2018)

The AI Solution

Nexon, 2003

ClinIQ+

Vision

To FACILITATE (not replace) BST processes – addressing time, structure, skill barriers

AI Integration

The tool learns more about your preferences and gaps the more you use it

Features

Support for BST planning, reflection, session framework generation

OSCE Practice

Grounded in Learning Theories

Cognitive scaffolding, reflective theories, cognitive apprenticeship, mastery theories, experiential learning theory, and transformative learning theory

Demo

Choose vital skills focus vs tailored learning

PRACTICE NOW

Build a Scenario

Choose the context and optionally add any anonymised details that might help shape the scenario.

Exercise Mode

⚡ **High-Yield Mode**
Get started fast

Targeted Practice
Difficulty & learning focus

Choose bedside teaching exercise with a patient vs OSCE roleplay with a colleague

Exercise Mode

High-Yield Mode
Get started fast

Targeted Practice
Difficulty & learning focus

Activity Type

Supervised Clinical Encounter
Case-based learning with discussion

OSCE Roleplay
Simulated patient encounter

If targeted practice, specify difficulty and skill category focus

Exercise Mode

High-Yield Mode
Get started fast

Targeted Practice
Difficulty & learning focus

Advanced Options

Difficulty Level

Foundation | Core | Advanced

Learning Focus

✓ Knowledge and recall
Assessment skills
Communication and explanation
Formulation and diagnosis
Management planning

✓

Add Case Details (Optional)
Add anonymised details to shape the scenario

✨ Create Scenario

Create Scenario

Exercise Mode

High-Yield Mode
Get started fast

Targeted Practice
Difficulty & learning focus

Activity Type

Supervised Clinical Encounter
Case-based learning with discussion

OSCE Roleplay
Simulated patient encounter

Exercise Details

Clinical Setting
Acute Inpatient Unit

Session Context
Ward Round

Are you joining a specific scheduled activity?

Clinical Topic
First episode psychosis

Type a diagnosis, clinical question, or specific skill you want to practice.

Advanced Options

Difficulty Level
Foundation | Core | Advanced

Learning Focus
Assessment skills

Add Case Details (Optional)
Add anonymised details to shape the scenario

✦ **Create Scenario**

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Exercise Features

- Clear learning objectives

- Guidance for students to prepare for and perform the exercise without spoon feeding

- Guidance for supervisors to alleviate time pressure, lack of background info on what students covered already, or limited experience in teaching

Assessment Skills: First Episode Psychosis (Focused MSE for Psychosis)

Acute psychiatric inpatient ward • 2/20/2026, 10:37:25 AM

assessment skills   mse focused on psychosis   schizophrenia spectrum

📖 **Supervised Clinical Encounter**

Learning Objectives

- 1. Elicit key symptoms of psychosis, including hallucinations and delusions, from a patient with first episode psychosis during a ward round.
- 2. Assess the patient's current level of insight and the impact of their symptoms on their functioning and safety.
- 3. Practice clear and empathetic communication strategies when exploring sensitive psychotic experiences.

Guidance for Student

Preparation: Before the ward round, review the core components of the Mental State Examination (MSE), specifically focusing on the sections relevant to psychosis (e.g., perception, thought form, thought content, insight). Also, consider communication techniques for engaging with patients who may be experiencing unusual or distressing thoughts and perceptions.

How to perform: During the ward round, you will be asked to conduct a focused Mental State Examination on a patient admitted with first episode psychosis. Your task is to: 1. Introduce yourself clearly and explain your role and the purpose of your interaction. 2. Empathetically enquire about any current unusual perceptual experiences (e.g., hearing voices, seeing things others don't). 3. Explore the presence and nature of any fixed, false beliefs (delusions), asking about their content, conviction, and impact. 4. Observe the patient's thought form, speech, and general behaviour for any signs consistent with psychosis. 5. Gently assess the patient's current level of insight into their illness. Remember to approach sensitive topics with an open, non-judgemental stance and allow the patient sufficient time to respond.

Guidance for Supervisor

Briefing: This exercise challenges the student to conduct a focused MSE for psychosis on an inpatient during a ward round. The primary learning challenge is navigating the balance between empathetic communication and the structured elicitation of sensitive, potentially distressing symptoms, especially in the context of a first episode where insight may be limited. Encourage the student to reflect on their own emotional responses during the interaction.

Support prompts: Ask the student: 'Before you start, what are three key things you'll be looking and listening for in this patient regarding their psychotic symptoms?'If the student is struggling to elicit information: 'How might you rephrase that question to make it more open-ended and less leading, while still being specific about psychotic experiences?'During the observation: 'Ask the student to compare this patient's presentation of unusual thoughts with a patient they have seen in a non-psychiatric setting. What similarities or differences are apparent in their communication?'To prompt reflection-in-action: 'What is your current hypothesis about the patient's level of insight, and what's leading you to that conclusion?'

Exercise Features

- Guidance on safe use of the tool

- Modifiable post-exercise reflective prompts grounded in different learning theories to guide development of skills and professional identity

- Feedback received from the tool upon completing reflections to ensure good learning

- Export function for exercises depending on type of portfolio being filled

⚠ **Safety Warning**
This is a learning exercise. Students must not make changes to real patient medication, observations, or care plans. All clinical activities must be conducted under direct supervision and with the explicit consent of the patient and senior clinician. If this exercise involves a real patient, ensure their privacy and dignity are maintained at all times.

💬 **Reflection & Learning Log**
Record your reflections and chat with the AI mentor

❓ Reflective prompts for this exercise ✏

1. Describe the patient's current presentation of psychotic symptoms during your interaction. What were the most striking features you observed or elicited?
2. How did you feel when the patient described their experiences, especially if they were unusual or fragmented? What thoughts or feelings did this evoke in you, and how did you manage them during the assessment?
3. What was the most challenging aspect of assessing this patient's mental state for you? Where did you feel a tension between different objectives, such as building rapport versus obtaining specific diagnostic information?
4. How did this experience challenge or confirm your existing understanding of a 'first episode psychosis' and the importance of a detailed MSE? What clinical guidelines or theoretical concepts (e.g., biopsychosocial model, recovery principles) were most relevant to your assessment?
5. Based on this interaction, what is one specific communication technique or assessment strategy you will implement or refine in your next encounter with a patient experiencing psychosis? After the session, please access the exercise again on your learning log and enter the answers to those reflective questions for your logbook entry to be generated.

Reflection conversation

💬

No reflections saved yet.
Start your reflection below and the AI mentor will respond.

Your reflection

Describe what happened, how it felt, what you learned, and what you plan to do differently next time…

Press Shift+Enter for a new line   0/2000

Reflections are saved to your learning log. Each entry triggers an AI mentor reply.   ⚠ Save reflection

OSCE Features

- Similar approach to preparing the exercise

- Candidate instructions and simulator info are similar to what is expected in real OSCEs

- Feedback received from the tool upon completing reflections to ensure good learning

- Export function for exercises depending on type of portfolio being filled

---

OSCE Station

Risk Assessment   Student: 7 min   Examiner: 3 min

Learning Objectives

- 1. Elicit and interpret cues related to self-harm risk in a patient with active psychotic symptoms.
- 2. Formulate an immediate risk management plan tailored to a home visit context, considering patient autonomy and safety.
- 3. Practice building rapport and engagement with a patient who is paranoid and disengaged from services.

Candidate Instructions

SCENARIO

You are an FY1 doctor on a community mental health team. Your supervisor has asked you to conduct a home visit with Mr. James Smith, a 32-year-old man with a history of first-episode psychosis who has recently disengaged from services and missed his last depot injection. A neighbour called the team concerned about his welfare, reporting he seemed more withdrawn and was heard talking to himself. Your task is to visit him at his flat to assess his current mental state, specifically focusing on any immediate risks to himself, and to try to re-engage him with services.

TASK

In this 7-minute station, you are to introduce yourself to Mr. Smith, establish rapport, and conduct a focused risk assessment, particularly concerning self-harm, within the context of his current psychotic symptoms and living situation. Try to understand his views on medication and engaging with the team. At the end of the 7 minutes, you will be asked to summarise your findings.

TIME LIMIT

7 minutes.

Simulator Information

ROLE   **AGE**
Mr. James Smith   32

OPENING STATEMENT

"Oh, hello. I wasn't expecting anyone. Is everything alright?"

BEHAVIOUR & AFFECT

Appears dishevelled, clothing might be dirty. Hesitant and somewhat suspicious, keeping a slight distance. Eye contact is intermittent, darting around the room as if distracted. Affect is restricted, appearing generally flat, but can become agitated if pushed too hard on sensitive topics. Expresses feelings of isolation and a lack of purpose, but denies direct intent to harm himself, though he speaks of 'escaping the voices'. There may be some evidence of disorganisation in the flat (e.g., unopened mail, some mess).

▶ History Script (click to expand)

DISCLOSURE RULES

Offer information about the voices and feelings of worthlessness readily. Be more hesitant and evasive about specific plans of self-harm, denying direct intent but hinting at wishing to 'disappear' or 'escape'. Be defensive about medication adherence, stating he felt better without it. Express mild paranoia if asked about going out or neighbours. Only disclose feeling overwhelmed by the voices and wanting peace if asked directly and empathetically about how he copes.

OSCE Features

- Clear marking scheme with safety checklists, global domain rating, and anchor statements.

3. Communication & Professionalism

BELOW EXPECTATIONS	AT EXPECTED LEVEL (SAFE FY1)	EXCEEDS EXPECTATIONS
Used an interrogative style that increased the patient's suspicion. Lacked empathy regarding the distressing nature of the hallucinations. Failed to introduce themselves or explain the purpose of the home visit clearly.	Maintained a non-threatening and professional manner. Validated the patient's distress regarding the 'noise' of the voices. Respectful of the patient's home and his reluctance to engage.	Demonstrated exceptional skill in building rapport with a paranoid patient, using open-ended questions to explore medication 'side effects' without being confrontational. Validated the patient's feelings of loneliness while maintaining professional boundaries.

OSCE Marking Scheme
Assessment Skills: Assessing Risk to Self in Psychosis during a Home Visit

Critical Safety Checklist

1 Explicitly screened for suicidal intent or plans to 'stop the noise' / 'disappear'.

2 Identified that the patient has been non-adherent with his depot medication for 6 weeks.

3 Recognized the risk posed by auditory hallucinations telling the patient he is 'worthless' and a 'burden'.

Global Domain Ratings

1. Integrated Clinical Assessment

BELOW EXPECTATIONS	AT EXPECTED LEVEL (SAFE FY1)	EXCEEDS EXPECTATIONS
Failed to elicit the specific content of the auditory hallucinations or the degree of paranoid ideation. Did not adequately explore what the patient meant by wanting to 'escape' or find 'peace'. Missed the significance of the 6-week gap in medication.	Successfully elicited that the patient hears voices calling him a burden and feels people are watching him. Confirmed medication non-adherence. Conducted a basic risk assessment showing no immediate plan for suicide but significant hopelessness.	Elicited subtle cues of self-neglect (messy flat, unopened mail) and linked the command-like nature of the 'worthless' voices to the patient's desire for 'peace'. Thoroughly explored the patient's paranoia about the outside world and its impact on his social isolation.

2. Clinical Reasoning & Management

BELOW EXPECTATIONS	AT EXPECTED LEVEL (SAFE FY1)	EXCEEDS EXPECTATIONS
Could not provide a coherent summary of risk. Management plan was unsafe (e.g., leaving the patient with no follow-up) or failed to mention the legal framework (Mental Health Act) for a patient with no insight and high risk.	Summarized risk as moderate-to-high due to untreated psychosis and hopelessness. Proposed restarting medication and increasing frequency of visits. Mentioned the need to assess capacity and consider the Mental Health Act if risks escalate.	Provided a sophisticated risk formulation balancing the lack of intent against the 'burden' delusions. Proposed a Crisis Resolution Home Treatment Team (CRHTT) referral as an alternative to admission. Clearly articulated the ethical tension between autonomy in a home setting and the duty of care.

Copy to Clipboard   Close

Portfolio and Dashboard Features

- All exercises are saved for further reflection and generating summaries

- Search feature

- Option to re-explore recently practiced topics

- **Portfolio learns about you as you do more exercises, e.g. if you do many MS... exercises, the tool will automatically make those more difficult or shift to a different skill if saturated. This is decided based on university needs.**

YOUR PROGRESS

Portfolio

All exercises you've generated with CliniQ+. Filter, search, and click a card to view details.

● 21 Supervised   ● 8 OSCE Roleplay

Activity type

All activities ⌄

Search

🔍 Title, focus, setting...

● Supervised Clinical   ● 0   Download PDF 🗑

21/02/2026

Assessment Skills: Personality Disorders

Dissocial pd patient

forensic inpatient

● Supervised Clinical   ● 0   Download PDF 🗑

20/02/2026

Assessment Skills: First Episode Psychosis (Focused MSE for Psychosis)

First episode psychosis

acute inpatient   medium   assessment skills

● Supervised Clinical   ● 0   Download PDF 🗑

20/02/2026

Assessment Skills: MSE Focused on Psychosis in First Episode

First episode psychosis

acute inpatient

● Supervised Clinical   ● 0   Download PDF 🗑

19/02/2026

Assessment Skills: Assessing Treatment Response and Side Effects in Anorexia...

Anorexia nervosa

Eating disorder unit

TOTAL EXERCISES 📄

29

Across all placements and topics

ACTIVITY MIX ◔

● 21 Supervised
● 8 OSCE Roleplay

RECENT FOCUS 💡

Dissocial pd patient
First episode psychosis
Anorexia nervosa

🔄 **Quick Replay**
Practice your recent focus areas again

Dissocial pd patient   First episode psychosis   Anorexia nervosa   Psychosis   mania

For trials or deployment in your locality:

Ahmed.k.hamad@gmail.com