



Annual Medical Education Conference

20-21 May 2021 | Online

Conference Booklet

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Programme

Day One: Thursday 20 May 2021

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Session 1: Chair: Professor Vivienne Curtis

9:00-9:15	Welcome and introductions Dr Kate Lovett, RCPsych Dean
9:15-10:00	A Fair Exam: Making the MRCPsych fair for everyone, now and in the future Dr Ian Hall, RCPsych Chief Examiner
10:00-10:45	Not simply 'telling my story': experiences of the 'Expert Patients' that deliver seminars to undergraduate medical students at Derbyshire Healthcare NHS Foundation Trust Mr Simon Rose, Lived Experience Educator, Derbyshire Healthcare NHS FT
10:45-11:10	Morning Break and poster viewing

Session 2: Chair: Dr Charlotte Wilson-Jones

11:10-11:55	Introducing Trauma-Informed Care to Medical Education Dr Cate Bailey, ST, East London Foundation Trust and Queen Mary University, and Simon Partridge, Expert by Experience
11:55-12:40	Medical student "Psych Star" scheme – introduction and evaluation Dr India Lunn, FY1 and Dr Declan Hyland, Consultant, Mersey Care NHS Foundation Trust
12:40-1:40	Lunch break and poster viewing

Session 3: Chair: Dr Regi Alexander

1:40-2:25	Personalised Training Dr Chris O'Loughlin, Consultant, Cambridgeshire and Peterborough NHS Foundation Trust, and, Health Education England, East of England
2:25-3:10	In Conversation with... Dr Kate Lovett welcomes Dean-Elect Dr Subodh Dave

3:10-3:30	Afternoon Break and poster viewing
Session 4: Chair: Dr Kate Lovett	
3:30-4:15	<p>The Physician Associate in the general adult inpatient setting - a bold new world!</p> <p>Dr Declan Hyland, Consultant, Mersey Care NHS Foundation Trust</p>
4:15-5:15	<p>Using reflection in action to improve your learning and performance - 10 practical tips</p> <p>Dr Joan Rutherford, Chief Medical Member, Mental Health Tribunal, Dr Tharun Zacharia, Specialist Trainee and Dr Georgina Edgerley Harris, Core Trainee</p>
5:15-5:20	<p>Concluding remarks</p> <p>Dr Kate Lovett</p>

Speaker abstracts and biographies

Day One: Thursday 20 May 2021

A Fair Exam: Making the MRCPsych fair for everyone, now and in the future

Dr Ian Hall, RCPsych Chief Examiner

The MRCPsych Examination is a high stakes postgraduate examination, and it must be a fair exam for all candidates. It is imperative we apply the right standard, and follow best practice in assessment. We need to make sure that differences in attainment in the exam are due to differences in the in the core abilities we are aiming to assess, rather than other factors such as disability or ethnicity. In this presentation we will discuss how we have addressed these issues in the MRCPsych exam, and discuss how we can further develop this work. For further background see <https://www.rcpsych.ac.uk/training/exams/afairexam>

Dr Ian Hall is 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 methods and of clinical interventions including Positive Behavioural Support and Intensive Support Teams. He works as a Consultant Psychiatrist for people with intellectual disability in Hackney, at East London NHS Foundation Trust, where he has led on a series of service developments.

Not simply 'telling my story': experiences of the 'Expert Patients' that deliver seminars to undergraduate medical students at Derbyshire Healthcare NHS Foundation Trust

Mr Simon Rose, Lived Experience Educator, Derbyshire Healthcare NHS FT

Introducing Trauma-Informed Care to Medical Education

Dr Cate Bailey, ST, East London Foundation Trust and Queen Mary University, and Simon Partridge, Expert by Experience

Increasingly it is recognised that adverse childhood experiences (ACEs) are common and have a lifelong impact on physical and mental health. Trauma-informed care practices have emerged in response to the evidence base on the physiological and psychological impact of trauma. Such approaches are increasingly being employed in schools, prisons and mental health services. Although highly relevant to the care of people with chronic physical conditions in acute and community health settings most doctors received little or no education on the topic. This lecture will draw on the evidence for teaching medical students and junior doctors about the impact of ACEs and principles of trauma-informed care and make the case for incorporating such approaches to prepare the doctors of the future. The speakers will then describe the process of developing and delivering a novel program for 1st year graduate and 2nd year undergraduate medical students at Barts and the London. The sessions incorporated multidisciplinary and lived-experience perspectives on trauma-informed care. Dual perspectives from the speakers in this lecture will include Dr Bailey presenting on the challenges, feedback, considerations and future directions for integrating trauma-informed care into the curriculum. Mr Partridge will reflect on co-producing the program and its' importance, as someone with lived

experience of adverse childhood experiences. The session will be beneficial and relevant to anyone considering how to thoughtfully integrate trauma-informed care into education in their area, whether this be undergraduate or graduate.

Cate Bailey is a higher trainee in general adult and old age psychiatry and former Fellow in Medical Education at East London Foundation Trust. She is a Mental Health Research UK Scholar currently studying a part time MD in functional neurological disorders at the IOPPN/King's College and is the editor of the trainees' section of the BJPsych Bulletin.

Simon Partridge, Expert by Experience

Medical student "Psych Star" scheme – introduction and evaluation

Dr India Lunn, FY1 and Dr Declan Hyland, Consultant, Mersey Care NHS Foundation Trust

In 2019, the Royal College of Psychiatrists introduced the Psych Star Scheme for medical students with an interest in and commitment to psychiatry. This presentation provides an overview of the scheme, including the scheme benefits, tips on how to apply, and how doctors can support students on the scheme. It also presents the results of an evaluation of the effectiveness of the scheme from the perspective of both Psych Stars and mentors.

India Lunn is an Academic Foundation Year 1 doctor working in Sheffield, having recently graduated from the University of Sheffield Medical School. She was a "Psych Star" in the scheme's first year, during her fourth year of medical school. India is interested in pursuing a career in academic psychiatry, and has a keen interest in medical education.

Dr Declan Hyland, MBChB BMedSci (Hons.) MRCPsych PGDip PGCert MAcadMed FHEA, is a Consultant in general adult psychiatry at Clock View Hospital in Liverpool, Mersey Care NHS Foundation Trust. He has worked in the inpatient setting for almost five years. His main areas of interest are in postgraduate and undergraduate medical educational education and recruitment to psychiatry. He is the Chair of the North West Division of the RCPsych. He is a member of both the MRCPsych Quality Assurance Panel and Clinical Topics Panel (being Deputy Chair of the latter). He is an RCPsych CASC Examiner and a CESR Evaluator. He is a member of RCPsych Choose Psychiatry Committee group and Trainees Support Committee. Dr Hyland is the undergraduate psychiatry lead at the University of Liverpool and Deputy Director for Year 4 of the course. He has been interested in the potential for Physician Associates (PAs) to be integrated in the mental health workforce for the last couple of years and is a member of the RCPsych PA Working Group. He writes psychiatry questions for the National PA written exam is an Examiner for the National PA OSCE and an expert reviewer for the National PA written paper questions. Outside of work, Dr Hyland is a keen follower of most sports and rather addicted to twitter!

Personalised Training

Dr Chris O'Loughlin, Consultant, Cambridgeshire and Peterborough NHS Foundation Trust,
and, Health Education England, East of England

Personalised training draws on the underlying tenets of patient-centred care and evidence based individualised medicine and applies them to psychiatry training This talk will describe some of the challenges of current psychiatry training in the UK, from issues with exams to the experience of trainees. The talk will consider how supervisors can be more effective in their role in

supporting and developing trainees, and how trainees can proactively take control of their training to more effectively progress and fulfil their aspirations.

Dr Chris O'Loughlin is the Head of School for Psychiatry in the East of England. He also works in the Deanery Professional Support and Wellbeing Service seeing trainees across specialties. His work with the Royal College includes Supervisor Training, and working on the Choose Psychiatry Committee. Dr O'Loughlin has worked with trainees to improve the experience of ARCPs.

The Physician Associate in the general adult inpatient setting - a bold new world!

Dr Declan Hyland, Consultant, Mersey Care NHS Foundation Trust

This talk will provide an overview of my personal experience of supervising a newly qualified Physician Associate (PA) at Clock View Hospital, one of the general adult inpatient units in Mersey Care NHS Foundation Trust. I will reflect on the benefits of having a PA and the challenges encountered. I will then provide an overview of a survey of the knowledge of different members of the inpatient team on the role of the PA. Finally, I will provide my personal thoughts on the future of PAs in mental health, particularly in the general adult inpatient setting.

Dr Declan Hyland, MBChB BMedSci (Hons.) MRCPsych PGDip PGCert MAcadMED FHEA, is a Consultant in general adult psychiatry at Clock View Hospital in Liverpool, Mersey Care NHS Foundation Trust. He has worked in the inpatient setting for almost five years. His main areas of interest are in postgraduate and undergraduate medical educational education and recruitment to psychiatry. He is the Chair of the North West Division of the RCPsych. He is a member of both the MRCPsych Quality Assurance Panel and Clinical Topics Panel (being Deputy Chair of the latter). He is an RCPsych CASC Examiner and a CESR Evaluator. He is a member of RCPsych Choose Psychiatry Committee group and Trainees Support Committee. Dr Hyland is the undergraduate psychiatry lead at the University of Liverpool and Deputy Director for Year 4 of the course. He has been interested in the potential for Physician Associates (PAs) to be integrated in the mental health workforce for the last couple of years and is a member of the RCPsych PA Working Group. He writes psychiatry questions for the National PA written exam is an Examiner for the National PA OSCE and an expert reviewer for the National PA written paper questions. Outside of work, Dr Hyland is a keen follower of most sports and rather addicted to twitter!

Using reflection in action to improve your learning and performance - 10 practical tips

Dr Joan Rutherford, Chief Medical Member, Mental Health Tribunal, Dr Tharun Zacharia, Specialist Trainee and Dr Georgina Edgerley Harris, Core Trainee

This session will be presented jointly by a Consultant, Core Trainee and Specialist Trainee, showing the different aspects of presentation skills. By the end of this workshop delegates will have had tips on presentation skills and will be able to use reflection 'in action' to benefit their future learning. A film of a simulated Mental Health Tribunal and reflections by trainees on presenting in these settings will assist with learning. The practical tips will generalise to all settings where trainees present.

Dr Joan Rutherford. Chief Medical Member of the Mental Health Tribunal in England, and Honorary Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust. As Chief Medical Member since 2010, I have a management role but also sit on Mental Health Tribunal hearings as a Medical Member.

Dr Tharun Zacharia I am a dual trainee in General Adult and Old Age Psychiatry at South London and Maudsley NHS Foundation Trust, currently ST7. With a longstanding interest in training, I have obtained qualifications: PGCert, ClinEd, FHEA, and MAcadMED. I am the Higher Trainee Committee IT Representative.

Dr Georgina Edgerley Harris is a CT3 trainee at South West London and St George's Mental Health NHS Trust I have just obtained MRCPsych. My interest in reflection began in CT1 with a study on how reflection in action does improve trainee learning.

Programme

Day Two: Friday 21 May 2021

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Session 1: Chair: Dr Kate Lovett

9:00-9:15	Welcome and introductions Dr Kate Lovett, RCPsych Dean
9:15-10:00	RCPsych Curricula 2022: Development, Implementation and Quality Assurance Dr John Russell, RCPsych Associate Dean for Curricula, Dr Debasis Das, RCPsych Specialist Advisor for Quality Assurance
10:00-10:45	Credentialing: Past, Present and Future Professor Helen Bruce, Chair of Credentialing Working party, Dr Thirza Pieters, Consultant Liaison Psychiatrist, Dr Liz McDonald, Clinical Lead, Building Capacity in Perinatal Psychiatry, Dee Noonan, Project Lead, Building Capacity in Perinatal Psychiatry, and Pauline Whitelaw, RCPsych Curricula and Quality Assurance Manager
10:45-11:10	Morning Break and poster viewing

Session 2: Professor Helen Bruce

11:10-11:55	The need to return to basics: a case for thorough psychopathology and a phenomenological approach in psychiatry Professor Nandini Chakraborty, Consultant, Leicestershire Partnership NHS Trust
11:55-12:40	Addictions future training initiative -exploring new options for addictions training Professor Vivienne Curtis, Consultant, South London and Maudsley NHS Foundation Trust, and Dr Julia Sinclair
12:40-1:40	Lunch break and poster viewing

Session 3: Chair: Professor Nandini Chakraborty	
1:40-2:25	<p>Pilot of an exam anxiety seminar: teaching to University of Southampton Medical and Nursing students, who subsequently teach school and college students in Southampton</p> <p>Dr Bethan Impey, (ST5 ACF General Adult Psychiatry and Dr Beth McCausland (CT2 ACF Old Age Psychiatry), Southern Health NHS Foundation Trust</p>
2:25-3:10	<p>Understanding and Supporting Trainees with Burnout</p> <p>Dr Ian Collings, Consultant, Swansea Bay University Health Board & Health Education and Improvement Wales, and Dr Katie Webb</p>
3:10-3:30	Afternoon Break and poster viewing
Session 4: Chair: Dr Kate Lovett	
3:30-4:15	<p>The Psychiatric Escape Room – gamified simulation for foundation doctors</p> <p>Dr Rhiannon Newman, Consultant in Liaison Psychiatry & Medical Education, Hinchingsbrooke Hospital and Dr Eleanor Walder</p>
4:15-5:00	<p>Defining the new normal: insights into career progression in psychiatry</p> <p>Dr Asta Medisauskaite, Research Fellow, UCL Medical School, and Dr Kirsty Alexander, Research Fellow, UCL Medical School</p>
5:00-5:05	<p>Concluding remarks</p> <p>Dr Kate Lovett</p>

Speaker abstracts and biographies

Day Two: Friday 21 May 2021

RCPsych Curricula 2022: Development, Implementation and Quality Assurance

Dr John Russell, RCPsych Associate Dean for Curricula, Dr Debasis Das, RCPsych Specialist Advisor for Quality Assurance

In response to the Shape of Training review (2013), the GMC developed their *Generic Professional Capabilities* (GPC) Framework and *Excellence by Design* Standards for postgraduate medical curricula. All medical Royal Colleges are reviewing their curricula to ensure alignment to the new standards and framework. The RCPsych have taken a “Why, What and How” approach to developing their curricula, using the review as an opportunity to revise the current approach to the curricula, developing a more standardised approach to education and training in Psychiatry. The revised curricula are due to be implemented in August 2022. The curricula review is also providing an opportunity to enhance and develop more robust quality assurance processes, including ensuring that education and training standards are being upheld at local level.

Dr John Russell, RCPsych Associate Dean for Curricula

Dr John Russell has been a Consultant Psychiatrist for adults with intellectual disabilities in SE Scotland for 18 years. Prior to Psychiatry he undertook GP training. He has a longstanding interest in teaching and training of doctors and his roles over the years have included being a Clinical, Psychiatric and Educational Supervisor, a RCPsych Regional Advisor, TPD for all ST4-6 trainees in his specialty in Scotland, Chair of the RCPsych Psychiatry of Intellectual Disability Specialty Advisory Committee (SAC). Since 2018 he has been the RCPsych Associate Dean for Curricula. In this role he leads the RCPsych Curriculum Revision Project which is developing the new Curricula (x10) as per the GMC Generic Professional Capabilities framework. These are due to be implemented by August 2022.

Dr Debasis Das, RCPsych Specialist Advisor for Quality Assurance in Training

Dr Debasis Das is a Consultant Psychiatrist in an early intervention in psychosis service in Leicester. He is the Head of the Postgraduate School for psychiatry in the East Midlands, Health Education England. His interests lie in clinical leadership, medical education, research and innovation. Dr Das helped to set up and develop the county-wide first episode psychosis service in Leicester, Leicestershire & Rutland (PIER Team); operational since 2005. As Clinical Director (2008-2015) in his Trust, he supported integrated services. He led the development of the freely available PIER App, a one-stop information resource for patients, carers and healthcare professionals. Dr Das has helped to improve the quality of training for core and higher specialist trainees in psychiatry and CASC pass rates in the East Midlands region in various educational roles, including MRCPsych Course organiser and Quality Lead. Currently, as Head of School, he leads the delivery and quality of postgraduate psychiatric training in the region and contributes nationally, through his Royal College role in assuring high quality of training. He chairs the College’s Quality Assurance Committee and sits on the Education and Training Committee as Quality Lead. He continues to be Principal Investigator in various multi-centre international studies and regularly contributes to international conferences.

Credentialing: Past, Present and Future

Dr Helen Bruce, Chair of Credentialing Working party, Dr Thirza Pieters, Consultant Liaison Psychiatrist, Dr Liz McDonald, Clinical Lead, Building Capacity in Perinatal Psychiatry, Dee Noonan, Project Lead, Building Capacity in Perinatal Psychiatry, and Pauline Whitelaw, RCPsych Curricula and Quality Assurance Manager

In 2019, the GMC introduced their proposed framework for GMC-regulated credentials for doctors. The RCPsych was chosen as one of the early adopters for the framework, using the Liaison Credential pilot to assess the framework's validity.

In October 2020 we submitted an application to the GMC's Curriculum Advisory Group (CAG) outlining our Liaison Credential Curriculum, with the GMC supportive of our direction of travel.

In addition, we have been running a successful HEE funded pilot for Perinatal Psychiatry looking at building capacity in perinatal mental health services. The work aligns to the Five Year Forward View for Mental Health, with the aim that by 2021 at least 30,000 more women in all areas of England will be able to access treatment closer to home where they need it.

This session will provide an overview of the GMC's credentialing framework, plans for the Liaison Psychiatry Credential, and overview of the Perinatal Psychiatry credential and plans for future credentials.

This workshop will update you on the credentialing process, what is proposed and how these proposals may look in practice. The first Credential Pilot in Liaison Psychiatry was completed in Aug 2017. We will describe how we set up the Liaison Credential, what the programme looked like and what were the lessons learned: what worked well and what needed modification. We will explore the time commitment required as well as how the assessment was completed. We will also consider the role of the mentors and assessors. There will be a discussion of the feedback from the pilot and how this helped inform a blueprint for future credentials. The second credential pilot in Perinatal Psychiatry will then be explored. The set-up of this was rather different due to funding but important lessons have been learned from this pilot too. We will then consider key directions for future credentials and how credentialing may influence future postgraduate training. Credentialing is an exciting opportunity for us as a College and we have an opportunity to influence future implementation in our role as Early Adopters.

Professor Helen Bruce, Chair, RCPsych Credentialing Working Group

Professor Helen Bruce is Associate Dean for Recruitment in Psychiatry at RCPsych and chairs the Credentialing Working Group. She is a Professorial Teaching Fellow at Great Ormond Street Institute of Child Health UCL and also works part time as a Consultant Child and Adolescent Psychiatrist in East London NHS Foundation (ELFT) where she is also Associate Dean for Undergraduate Medical Education for ELFT.

Dr Liz McDonald is a retired consultant perinatal psychiatrist who worked in developing and delivering services in east London. She has been a Chair or member of several committees including the Perinatal Faculty RCPsych; the Pan-London PMH Clinical Network; the IAG for MBRRACE; and the AIMH. She is currently Clinical Lead at the RCPsych for developing the perinatal psychiatric workforce and a visiting lecturer at the Tavistock and Portman NHS Trust. She teaches and lectures regionally and nationally and is passionate about and committed to developing knowledge and skills within the perinatal mental health workforce.

Dee Noonan is currently working with Dr McDonald on developing a capability framework for the perinatal service pathway, commissioned by HEE, as part of the structural work to underpin and support an MDT credential in perinatal mental health. Previously Dee delivered the Building Capacity in Perinatal Psychiatry project for NHS England and HEE, which incorporated a pilot programme evidencing a perinatal psychiatry credential. She has extensive experience in policy research and programming, developing evidence-based frameworks supporting the delivery of public services, most notably a commissioning model delivering social value for local authorities.

Pauline Whitelaw, RCPsych Curricula and Quality Assurance Manager

Pauline joined the RCPsych's Training and Workforce team in June 2019 and has since been managing their curricula review project as well as managing their quality assurance (in training) processes, Out of Programme (OOP) applications, requests for Externality, credentialing and the CAMHS run-through programme. Pauline has a professional background in Health Services Research, Health Policy, Quality Assurance, and project and committee management. Prior to her role at the RCPsych, she worked within the academic and health sectors, including at other Medical Royal Colleges and specialist societies. She has previously managed large-scale projects, including an NIHR funded Multi-Centred Randomised Controlled Trial at City University, London. Pauline has a BSc (hons) in Psychology and an MSc in Health Psychology and is currently a member of the British Psychological Society (MBPsS).

Dr Thirza Pieters, Consultant Liaison Psychiatrist

Dr Thirza Pieters is a Consultant Liaison Psychiatrist in Cambridge & Peterborough NHS Foundation Trust (CPFT). She is the clinical lead for the Psychological Medicine Service in the Royal Papworth Hospital, one of the largest specialist cardiothoracic hospitals in Europe. In addition to her clinical work, she has a keen interest in medical education and is completing her MSt in Medical Education. Thirza is employed by the Cambridge School of Clinical Medicine as Specialist in Clinical Communication Skills (CCS). This role involves developing, teaching, and assessing medical interviewing components of CCS and providing professional input into the progressive development of communication aspects of medical education.

From 2012 to 2017 she was the Chair of the Liaison Psychiatry Faculty Curriculum and Education Committee (FECC) leading the revision of the national Liaison Psychiatry training Curriculum and the development of an accredited postgraduate training pathway to allow the development of a more flexible workforce. In 2017 she was appointed Director of Medical Education for CPFT. In this role she is determined to bridge the gap between trainees and the organisation and involve trainees in all aspects of clinical leadership.

The need to return to basics: a case for thorough psychopathology and a phenomenological approach in psychiatry

Dr Nandini Chakraborty, Consultant, Leicestershire Partnership NHS Trust

This lecture proposes to highlight the importance of embedding psychopathology and phenomenology in our clinical practice and training in psychiatry. It would include a discussion around the myths of psychiatry being 'ambiguous' and stimulate debate about whether the current practice of diluting the details of mental state examination and neglecting the details of phenomenology, lead to such myths. Does the advancing research in psychoradiology reduce the importance of identifying psychopathology clinically? The strength of psychiatric assessment lies in the detail of phenomenological approach and it is time for a cultural change in psychiatric practice to bring back the depth in mental state examination.

Psychiatrists live and work in complex, clinically challenging times. Their paperwork is geared increasingly towards defensive practice, key performance indicators and risk assessment forms. Somewhere in the process, detailed understanding of patient experience and clinical formulation based on key psychiatric expertise and skill in mental state examination have taken a backseat. I review the history behind the Present State Examination, the realisation in the 1980s of the need for a common psychiatric language internationally and the current position on phenomenology in psychiatry curricula in the UK. I conclude that it is time to think seriously about a return to basics in psychiatric phenomenology and psychopathology.

Professor Nandini Chakraborty is a consultant psychiatrist in early intervention in psychosis with Leicestershire Partnership NHS Trust. She is also an Honorary Professor with the University of Leicester and an Associate Dean for RCPsych. Among her international roles she is Secretary on the International SCAN (Schedules for clinical assessment in neuropsychiatry, WHO) panel and SCAN trainer for University of Leicester. She has delivered mhGAP training in Nigeria, have extensive teaching and training experience locally, nationally and internationally. She has had had trainees on the SCAN course from Denmark, Greenland, Ghana, Nigeria, Philippines and Taiwan. She has a special interest in patient experience and psychotic symptomatology.

Addictions future training initiative -exploring new options for addictions training

Dr Vivienne Curtis, Consultant, South London and Maudsley NHS Foundation Trust, and Dr Julia Sinclair

While the management of patients with addictions is a cornerstone of all areas of psychiatry opportunities to gain experience of the clinical management of patients with addictions are severely limited. Changes to funding means that many services and potential trainers work outside the NHS in the third sector and so “traditional” six month or year long placements are in short supply. HEE and the RCPsych recently supported an review of addictions training and proposed new options for delivery of training. This workshop will explore this review and proposed educational initiatives

Pilot of an exam anxiety seminar: teaching to University of Southampton Medical and Nursing students, who subsequently teach school and college students in Southampton

Dr Beth McCausland, Southern Health NHS Foundation Trust and Dr Bethan Impey

BACKGROUND: This is a pilot teaching programme, run by Wessex psychiatry trainees and the University of Southampton Psychiatry Society, with support from Solent NHS Trust. Our aim was to develop a 45 minute interactive seminar on exam-related anxiety, to be delivered to school children facing their GCSEs and A Levels. The seminar was first taught to University medical and nursing students, who then went on to teach it within local schools and colleges. We split the 45minute seminar (the length of the average school/college lesson) into 15minute slots: the first – using a CBT model to unpick the psychology behind exam anxiety and avoidant behaviours, the second – focusing on the neurobiology of anxiety and the third – on practical methods to reduce anxiety. Focussing on exam-related anxiety - which is normal affects most school, college and university students - allows an accessible way to talk with students about mental health and to help to reduce its stigma. Our aim was to improve both the University and school/college students’ understanding of the biology and psychology of anxiety, to increase interest in mental health and to improve the University students’ teaching skills. Psychiatry placements at the University of Southampton take place in the 4th year of medical school. The teaching programme was initiated as a way of trying to interest students, from all year groups, in psychiatry AIM: This workshop will focus on how we developed the seminar and tips and tricks for other trainees looking to run a similar programme in schools: 1. How to pitch a teaching session at University Students’ level, which enables them to go on to teach in schools at an appropriate level for 15-18 year olds; using lay terminology for the school children, but enough detail for the medical students to understand the principles. 2. How accessible models such as the ‘hot-cross bun’ model in Cognitive Behavioural Therapy can be used as an interactive and engaging means of explaining the psychology behind exam anxiety and avoidant behaviour. 3. How we adapted the neuroanatomy teaching via Play-Doh brain modelling from resources developed by the Royal College of Psychiatrists Gatsby/Wellcome Neuroscience Project. This interactive method allows complex biology to be broken down into an accessible format (to both University and school students). 4. The logistics of trying to engage and liaise with

local schools and University students; recruiting volunteers to receive the training, organising training workshops, finding mutually acceptable dates for the University students and schools, ensuring all students have appropriate DBS certificates and that schools have approved the attendance of external speakers with parental consent. 5. How to collect data using questionnaires from both the University and school students, and the need for ethics approval if aiming to analyse and circulate the results of this data. 6. The 'hidden curricula' of: challenging mental health stigma in schools and University students – opening the subject up for discussion, creating opportunities for University students to discuss careers with psychiatry trainees, embedding multi-disciplinary working between medical and nursing students, building ties with the local community and between psychiatry trainees and the Psychiatry Society. We hope that this will stimulate discussion and facilitate other trainees to start similar initiatives in their local Trust/University.

From 2019-20, Wessex Psychiatry Trainees planned a teaching programme, in collaboration with the University of Southampton Psychiatry Society. The aim was to give the university students sufficient knowledge and skill to teach an exam anxiety workshop in schools and colleges. In this presentation, we give a detailed guide as to how we planned and delivered this project and the hope is that interested participants will have ideas of how to set up a similar programme in their local universities.

Beth McCausland I am currently an Academic CT2 in Old Age Psychiatry at the Memory Assessment and Research Centre, Southern Health NHS Foundation Trust. Before this, I completed the Academic Foundation Programme in Psychiatry in Southampton. I am currently working on a pilot project using gadolinium enhanced MRI to measure blood brain barrier permeability in Alzheimer's disease, with Associate Professors Jay Amin and Ian Galea.

Bethan Impey I am an ST5 ACF trainee in General Adult Psychiatry working in Southern Health NHS Foundation Trust. I enjoy medical student teaching, including teaching psychiatry ethics and law to University of Southampton medical students and am doing research into the underlying biology of anxiety disorders.

Understanding and Supporting Trainees with Burnout

Dr Ian Collings, Consultant, Swansea Bay University Health Board & Health Education and Improvement Wales, and Dr Katie Webb
Since 2018 the General Medical Council (GMC) of the UK has routinely collected data on the prevalence of burnout amongst doctors in training and clinicians who are trainers. One fifth of both cohorts of doctors' report that they feel burnt out to a high or very high degree because of their work. Over a half of those surveyed always or often feel worn out at the end of the working day. Evidence suggests that burnout impacts patient care, increase mistakes and the development of patient safety issues and hinder individuals from performing to the best of their ability. Future implications may result due to reduced professionalism and engagement. Understanding the impact of burnout and the development of strategies to support those dealing with it are critical. The prevalence of burnout amongst doctors is well cited in the literature. What is less understood is how doctors make sense of the experience of suffering from burnout, both, in themselves or amongst colleagues. In 2018, Health Education and Improvement Wales and Cardiff University conducted research exploring the perceptions of burnout amongst foundation doctors. This research was replicated in 2021 in our amongst our trainer body in Wales at a critical time during the Covid-19 pandemic. This interactive workshop shares findings from the study, explores the perceptions of burnout with delegates including exploring strategies to identify burnout, likely triggers and support for those of our trainees that may be suffering from burnout. At the end of this session participants will be able to:

- Identify early signs of burnout in trainee doctors/trainers;
- Describe the common triggers involved in the development of burnout in trainee doctors/trainers;
- Apply strategies to assist in providing support to trainee

doctors/trainers where burnout has been identified; • Apply prophylactic strategies to reduce the likelihood of burnout amongst trainee doctors/trainers.

Dr Ian Collings works as a Consultant Psychiatrist in Swansea Bay University Health Board and Director of Medic Professional Support and Development in Health Education & Improvement Wales. He has worked as a Consultant in South Wales since 2012. Dr Collings has worked in acute inpatient psychiatry, home treatment and rehabilitation and recovery. Dr Collings has always been passionate about the education of all healthcare professionals. Between 2015 and 2017 Dr Collings was the Wales Deanery Head of School for psychiatry. From 2017 Dr Collings has worked as the Deputy Postgraduate Dean (interim) and Associate Postgraduate Dean/Lead for Trainee Development and Wellbeing (interim) in Health Education & Improvement Wales. In this role he has had the opportunity to lead in a number of portfolio areas including leadership development in postgraduate trainees, single lead employer arrangements, clinical academic training and workforce development governance. Dr Collings has an interest in the use of technology to deliver education and training, trainee wellbeing and leadership development.

Katie Webb has worked academically within the field of health and work for 15 years with a research background in mental health and decision-making, the academic focus of her PhD. She has worked as a researcher in the School of Social Science in Cardiff University for 5 years moving into the School of Medicine in early 2018 as a lecturer. Katie works at the boundaries of psychology and applied social science, exploring and understanding stress management and behaviour change, and how education research makes a difference to clinicians' workplace practice and hence has an impact on patient care. Katie has led a number of high impact evaluations in the health related education and training including the impact of Broad Based Training for HEE, evaluating the training and implementation of quality improvement skills by pharmacists and medical practitioners in primary and secondary care. Current projects include the evaluation of HEE's SuppoRTT programme; Cardiff School of Medicine's Longitudinal Clerkship ('CARER'); and exploring the understanding, prevalence and management of Burnout in final year Medical Students, Foundation Trainees and Postgraduate trainers. Her work is underpinned by the principles of identifying education and training that improves clinician wellbeing and patient care.

Poster abstracts

1. Putting Praxis into Practise: The New BJPsych Bulletin Trainees' Section In Its Second Year

Dr Cate Bailey, Higher Trainee, BJPsych Bulletin, East London NHS Foundation Trust, Queen Mary University

AIMS: The BJPsych Bulletin created a new trainees' section called Praxis in 2018. The aim has been to engage trainees, improve their confidence in approaching clinical complexity, support personal and professional development and to foster collaborations with people with lived experience. **METHOD:** Since 2018 Praxis has showcased two new article types as well as a yearly editorial competition which launched in July 2019. The first article type is clinically inspired and problem based; aiming to capture the fertile discussion of local case presentations with comprehensive analysis from a variety of perspectives. Trainee authors have collaborated with experts from different disciplines to examine how existing evidence can be applied in practice. Involvement of people with lived experience is strongly encouraged. The second article type reflects commissioned or proposed editorials on subjects relating to personal and professional development. **RESULTS:** Praxis launched with the editorial "Praxis Makes Perfect?" in the January 2019 Bulletin, followed by case-based papers on Functional Non-Epileptic Attacks (Rollo Sheldon and Niruj Agrawal) and "Assessing asylum seekers, refugees and undocumented migrants" (Lauren Waterman, Cara Katona and Cornelius Katona). Published editorial pieces include "Addressing shame: what role does shame play in the formation of a modern medical professional identity?" (Sandy Miles), "Training in psychiatry: making person-centred care a reality" (RCPsych Person-Centred Training and Curriculum Scoping Group) and "Disclosing mental illness: a doctor's dilemma" (Rebecca Lawrence). The Inaugural Praxis Editorial Competition on the topic of "A day in the life of a psychiatrist in 2050" closed on 30th November 2019 and has been awarded to George Gillett. Dr Gillett's winning piece will be published in the June 2020 Bulletin. The 2020 Competition topic will be revealed in July 2020 and details included in this poster. **CONCLUSIONS:** Praxis strives to publish articles which explore complexity in clinical practice and issues related to trainees' personal and professional development. Multidisciplinary co-authoring and collaboration with people with lived experiences remain strongly encouraged. Inquiries and ideas are very welcome and prospective authors should discuss with the Praxis editor during the conference or via email.

2. Exam-Related Anxiety – A pilot project to evaluate a cascading teaching programme for university and school age students

Amber Beardow, Medical student, University of Southampton, Dr Christopher Lawrence², Dr Beth McCausland^{1&2}, Dr Rachel Stores², Dr Chloe Taylor², Dr Carlos Hoyos³, Dr Bethan Impey^{1&2} ¹Department of Psychiatry, University of Southampton, ²Southern Health NHS Foundation Trust, ³Solent NHS Trust

Aims: This project aimed to improve both university and school students' understanding of the biology and psychology of anxiety, to reduce stigma, to increase interest in mental health and medical education, and to improve university students' teaching skills. **Methods:** A teaching programme was designed by Wessex Psychiatry trainees and the University of Southampton's Psychiatry Society. A 45 minute interactive seminar on exam-related anxiety was designed and taught to university medical and nursing students, to then be delivered to school students preparing for GCSEs and A Levels. The seminar was divided into three sections: the first using a CBT model to demonstrate the psychology behind exam anxiety, the second focusing on neurobiology, and the third giving examples of practical methods to reduce anxiety. Feedback was collected through questionnaires from the university students, including continuous rating scales to assess their confidence in delivering the different sections of the teaching session. **Results:** 20 students attended the course, and 15 completed feedback questionnaires. 27% were nursing students and 73% were medical students, ranging from their first to fourth year of study. 40% had not yet had a placement in Psychiatry, and 80% stated an equal interest in Psychiatry and teaching as their reason for attending. In terms of confidence in teaching each section, the mean level of confidence was 9/10 for the "hot-cross bun" model, 8/10 for explaining how physical symptoms of anxiety are driven

by the brain, 9/10 for strategies to reduce exam-related anxiety, and 8/10 for the teaching session as a whole. 73% of responders were more interested in teaching following this training, and all 15 said they would recommend the course to a friend. Conclusions: Medical and nursing students showed interest in this teaching programme, with the feedback positive overall. The demographics of attendees suggest that future advertising could target more nursing students, students further into their training, and potentially expanding to include psychology students. There has been interest from a number of local schools and colleges. Next steps would involve allocating university students in groups of 3 or 4 to deliver the seminar, and collect feedback from the school students.

3. 10 Top Tips for Reflective Practice

Dr Georgina Edgerley Harris, CT2, South West London and St George's Mental Health Trust, **Dr Maria Alonso Vicente**, Consultant Psychiatrist, South West London and St George's Mental Health NHS Trust

Aims: Doctors have become increasingly wary of reflective practice especially after high profile cases such as Dr Bawa-Garba where the use of reflective practice in GMC hearings has been brought into debate. This study was designed to support medical colleagues in reflective practice and improve engagement with and depth of reflection by focusing on 'on action' rather than 'in action' reflections as defined by Schon. **Method:** The study was a qualitative study focusing on reflective practice during an academic teaching session. Members of the audience included Core and Specialist Psychiatry trainee doctors, GP trainees, SAS doctors, Consultants in Psychiatry and also medical students on placement. Specifically designed reflective prompts were used to guide delegates alongside the use of other methods such as allocated time and written handouts. Reflective prompt sheets were duplicated so that one set could be analysed and the other was for the delegates to take away as an aid memoire. **Results:** Emerging themes highlighted that incorporating reflective practice into the teaching session, by providing specific reflective prompts and supporting material, engage the reflector and appear to promote considered and 'on action' reflections. Allocated time for reflection ensured the majority of reflective forms were fully completed. Simple learning points were firmly acknowledged and there were secondary benefits noted for further education and care of service users. **Comments:** With this promising demonstration, we hope the incorporation of reflective practice within teaching sessions can help promote personal educational development and improve patient care as suggested by the GMC.

4. 1 Year as General Adult Psychiatry Training Day Representatives

Dr Margaret Gani, ST5, Royal Oldham Hospital, Pennine Care Foundation Trust, Dr Hina Rehman, Psychiatry ST6 and Dr Saika Rahuja, General Adult Psychiatrist

Aim - To improve the quality of 'Training Day' organisation and delivery. Hypothesis – Simple interventions could facilitate delivery of training days, and improve outcomes. Background - General Adult Psychiatry Training events in the North West are organised by representatives. When we started our year as representatives, there was a lot to learn. We felt it was important to codify this information. No such guideline existed prior to this. We also introduced a number of other initiatives. Methods - Manual developed using PDCA (Plan, do, Check, Act) approach for improvement. Plan - October/ November 2018 – planning. Do - December 2018 to April 2019 – manual development. May 2019 - roll out of manual. Check – May and June 2019 - pre and post roll-out surveys. Act – responsibility of new representatives. Other initiatives: Transition Period – Meeting and shadowing, Improving attendance - Doodle polls and social media, Scheduling training dates up to 12 months in advance, 'Intended Learning Outcome' linkage to training day sessions, Sample Size: Total number of new representatives – 4: 4 respondents in pre roll out, and 3 in post roll out survey, Results: Survey: 75% felt it had been difficult planning their first training day, pre-manual. 100% found it easy planning the second training day, post-manual. 67% say the manual was very useful in organising the second training day. 25% said the proposed availability of a manual influenced their decision to become a representative. 75% said they were very likely to look through the manual when planning a training day. 67% found transition period prior to starting role very useful. 100% found being added to the Leadership Social Media Group (Whatsapp), prior to commencement of role, useful. Attendance: Improved – from 24/21 (May 2018 morning/ afternoon) to 33/27 (March 2019 morning/ afternoon). Conclusions We successfully introduced a number of improvement approaches, with positive results.

5. Wellbeing in Foundation Doctors

Dr Romy Garbutt, Foundation Dr, East Lancashire Hospitals Trust

Aims: Medicine is a profession that is notorious for poor wellbeing and burnout; doctors have a higher prevalence of depression and suicide than the general population. There is a significant link between poor wellbeing and poor clinical care, with stressed and emotionally drained doctors being more likely to make mistakes, take sick days, suffer from depression and leave the profession. With increasing workload and understaffing, improving doctors' wellbeing is paramount. This ongoing project aims to improve the wellbeing of foundation doctors at East Lancashire Hospital Trust (ELHT) by offering regular sessions focused on mindfulness and resilience. The course was initially delivered during compulsory teaching sessions and continues to offer optional sessions. It allows doctors a space to voice concerns, practice mindfulness and develop skills to cope with the challenges of the job. Methods: A wellbeing survey was distributed to foundation doctors at ELHT to evaluate the current problems faced. Results: Provisional results showed that 87.5% of foundation doctors felt at least moderate burnout during their training and 80% felt they were becoming emotionally hardened. Only 7.5% reported that they have always felt able to cope. 72.5% rarely or never sleep for 8 hours per night. Only 27.5% feel at least moderately supported by the foundation team. Over 60% would like to take a break from medicine or leave completely, despite only being in the first 2 years of training. Only 10% have never felt the need to miss a meal whilst working, and less than half feel they have somebody at work that they can raise concerns regarding stress and wellbeing. 62.5% have at least been moderately affected by emotional problems and job-related stress has affected the home life of 66%. Conclusions: These shocking results illustrate the impact of job-related stress on foundation doctors and the importance of improving wellbeing in order to support them in achieving their potential. This project should be the first step in implementing permanent changes to the foundation programme to ensure a safe and supportive work environment, whilst encouraging increased retention rates through job satisfaction.

6. Evaluating role play based learning to improve the confidence and competence of Junior Doctors undertaking on call shifts in inpatient Psychiatry

Dr Katherine Gardner, CT3, Surrey & Borders Partnership

Background: In Psychiatry placements the junior doctor on call is frequently the only doctor on the hospital site outside of normal working hours. This can cause anxiety amongst junior doctors who are new to psychiatry. Lecture based learning about psychiatric emergencies is a part of the induction programme for all junior doctors starting their placements at Surrey and Borders Partnership, however practical learning and practice of skills in this area is not. Aims: The author has designed role play based learning scenarios with the aim of providing a way for junior doctors to practice their clinical skills in managing psychiatric emergencies, and to gain confidence and competence in these skills prior to 'on the job' exposure. Methods: The author sampled all Junior Doctors who were starting their psychiatry placement and who were on the Junior Doctor on call Rota for Psychiatry at one Psychiatric hospital. N=9. This teaching session lasted 1 hour and consisted of 3 different role play scenarios based around acute psychiatric emergencies. Each scenario lasted ten minutes with five minutes for feedback afterwards. These role plays were performed in small groups with one core psychiatry trainee per group acting as a facilitator. Junior doctors took it in turns to play the patient, the examiner and the doctor. After each role play scenario feedback was given by the facilitators. Categorical, ordinal data was collected via questionnaires administered before and after the teaching session to assess its effectiveness. The questions were asked using a Likert scale, and general feedback was also gathered via free text. Results: 100% of participants found role play based learning 'quite' or 'very' effective in teaching skills in managing common psychiatric emergencies, and all participants felt it was an acceptable way to practice these skills. 100% of participants reported 'low' or 'neutral' confidence and competence before starting on call shifts, improving to 77% reporting feeling 'quite' confident and competent after the role play based learning. Conclusions: Role play based learning is an acceptable and effective method in improving the confidence and competence of junior doctors undertaking on call shifts in inpatient psychiatry.

7. Introducing a Multi-Disciplinary Approach to Teaching within a Liaison Psychiatry Team

Dr Hannah Grafton-Waters, Foundation Year 1 Doctor, Surrey and Sussex Healthcare Trust, Dr O Bashford, Consultant Psychiatrist. Surrey and Borders Partnership Trust

Aims: Multi-disciplinary teams are fast becoming the standard practice in the NHS with many important decisions being decided by them. There are already movements to incorporate an undergraduate multi-disciplinary curriculum but little is known about its benefits of postgraduate multi-disciplinary teaching in liaison psychiatry teams. This study aims to determine the benefits of a multidisciplinary teaching programme in learning and group dynamics. Methods: The Liaison Psychiatry team is based in an English NHS Hospital. It consists of approximately 20 individuals from varied training backgrounds, including Psychiatric Liaison Practitioners, junior doctors, students, administration staff and consultants. The teaching program consisted of one hour of didactic lectures weekly for six weeks in early 2020. The topics were identified and delivered by the team members. Examples include 'Medical Assessment of Delirium' and 'Music Therapy'. A paper-based survey was completed (n = 14) at the end of 6 weeks, which consisted of a series of statements using a 5-point Likert scale from strongly disagree to strongly agree. Results: Before the program, 64% agreed or strongly agreed that they could seek advice from other members of the team and 43% felt confident in giving a presentation. Afterwards, it was 100% and 86% respectively. All team members felt they gained knowledge because of the program and two-thirds of them had since applied that knowledge in their practice. 86% of team members felt it had a positive impact on team cohesion and morale. All felt it supported their educational development and would recommend a multidisciplinary teaching program to colleagues. Conclusion: The results demonstrated that multi-disciplinary teaching creates a positive impact on the team dynamics without a detrimental effect on learning. Due to the success of this trial, we will be continuing the teaching program indefinitely. On this basis, we would recommend the use of multi-disciplinary teaching events.

8. Improving the Confidence of Paediatric SHOs in Taking A CAMHS Mental State Exam

Dr Betty Guang Xu, CT1, Central and North West London NHS Foundation Trust

Induction and background: During an out-of-hours shift, the initial assessment of a CAMHS (child and adolescent mental health) patient is performed by the paediatric trainee, usually the paediatric SHO (senior house officer). During my placement as a paediatric SHO, I was aware of a gap in formalised metal state examination teaching for paediatric juniors, which would be crucial for a thorough assessment of these patients, and to better guarantee they are safely managed until further assessment by a paediatric senior and later by a CAMHS professional. Aims and hypothesis: The aim is to provide a short teaching session on mental state examining of the CAMHS patient to paediatric SHOs in order to improve their confidence in assessment. Methods: In order to assess initial confidence in assessing the mental state of a CAMHS patient, a pre-teaching questionnaire was given to 10 paediatric SHOs. A 30 minute teaching session on the mental state exam was then carried out for the trainees. A post teaching questionnaire was then given to the same trainees and the results analysed. Results: Paired sample Wilcoxon s signed rank test found that training significant improved trainees' confidence in taking a psychiatric mental state exam ($p = 0.005$, $r = 0.628$), and improved their confidence in presenting a mental state exam ($p = 0.0041$, $r = 0.6420$). Conclusions: Being able to confidently assess the mental state of a CAMHS patient in an on call shift is important for the initial assessing paediatric trainee. However this is often not taught in the paediatric curriculum and trainees have expressed some anxiety in performing this assessment overnight, before a more comprehensive assessment by a CAMHS professional. A simple teaching session may help to reduce this anxiety and improve trainees' confidence. An initial success in this pilot project could facilitate a more formalised metal state examination teaching scheme for paediatric trainees, and be launched in other hospital sites.

9. Improving the quality of risk assessments conducted for new psychiatry patients

Dr Nikhita Handa, FY1, East Lancashire Hospitals Trust, **Dr Meena Shivalingam**, Consultant psychiatrist, Lancashire Care Foundation Trust

Aims: An audit was conducted to assess if thorough risk assessments had been documented in electronic clinical record notes (ECR) clerking for new patients in Lancashire mental health units. The rationale for this was doctors are advised to document assessed risks when clerking a new patient. Risk assessment is a vital part of admission clerking and when done well it can prevent early incidents and aid the ward nursing team greatly. Junior doctors reported they were unclear on how to complete a good risk assessment and what would be of use to the ward team. **Methods:** 30 inpatients on acute male and female psychiatric wards were selected (February - March 2020). The admission clerking was analysed for clear statements of risk to self, others or property. Within these domains, quantitative results were calculated. The term 'risk' was also searched for each patient in their ECR notes to assess if risk assessments appear in notes other than admission clerking. **Results:** 12 out of the 30 patients had a full risk assessment documented in their clerking (40%). 14 patients had no mention of risk assessment (46%). Of this 14; 4 patients had no clear evidence of a clerking onto their ward, 2 had incomplete clerking, 6 refused to have a clerking assessment of any kind, 2 had complete clerking with no mention of risk assessment. Of the assessments completed in clerking; all assessed self harm/suicide risk and violent risk to others. Only 1 mentioned absconding, 8 illicit substance use and 8 vulnerability. Within the category of vulnerability, 2 mentioned physical health concerns, poor eating/drinking or refusal of medications and 6 mentioned financial vulnerability. **Conclusions:** Documentation of risk assessment was lacking in clerking. When risks were assessed it was mainly violent risk to self or others. Vulnerability and physical health risks were poorly documented. Based on these findings we have designed more comprehensive teaching on risk assessments and a template for how to complete a risk assessment. Within this we have included advice on how to assess risk if a patient is refusing to be clerked or is uncooperative with assessment.

10. Developing and Delivering a Pilot Psychiatry Teaching Programme to Refugee and Asylum-Seeking Doctors

Dr Amy McCulloch, Core trainee, Pennine Care NHS Foundation Trust, and North West Boroughs Healthcare NHS Foundation Trust, **Dr Jan Klimach**¹ & **Dr Amy McCulloch**^{1,2} 1. Pennine Care NHS Foundation Trust, 2. North West Boroughs Healthcare NHS Foundation Trust

Background: REACHE North West is an education centre funded by Health Education England, which delivers comprehensive training for doctors who are refugees and asylum seekers. **Method:** We developed a pilot psychiatry teaching programme comprising of six sessions to sit within the REACHE North West Curriculum. The sessions covered key psychiatry topics such as dementia, anxiety, bipolar disorder, schizophrenia, mental state examination, risk assessment and use of the Mental Health Act. Most of the doctors were preparing for the Professional and Linguistic Assessments Board (PLAB) tests so we chose the topics that commonly come up the PLAB tests to assist them with their preparation. **Results:** Thirty-three doctors took part in the pilot teaching programme and we asked them to complete a short knowledge test before and after the course, plus an evaluation at the end of the course. The number of sessions attended was positively correlated with the post-test score. The average pre-course test score was 8.3/20 and the average post-course test score was 12.1/20. In the post-course evaluation the doctors gave an average score of 4.65/5 for delivery, 4.76/5 for organisation, and 4.88/5 for relevance to the PLAB tests. The feedback was predominantly positive and described the course as useful, interesting, relevant and helpful. **Discussion:** One of the challenges of delivering the programme is the fluid nature of the group. Doctors join and leave the teaching programme throughout the year, so whilst some doctors attended most of the sessions, we also had new doctors at every session. Additional challenges included the wide variety of knowledge and experience of psychiatry within the group and the wide range of English language ability within the group. However, the mix of backgrounds and experiences within the group stimulated interesting discussions about the role of psychiatry and the ethical implications of mental health care. **Conclusion:** We developed and delivered a psychiatry teaching

programme for doctors who are refugees and asylum seekers, which was feasible and well-received. We are planning to deliver an extended course this year with additional topics, based on the feedback received.

11. The judgeMental Project: An evaluation of the effectiveness of short term mental health teaching interventions

Sara Morgan, Medical student, , Ruchi Desai¹, Dr Sarah Fitch², Cardiff University, ST6 Psychiatry, Cardiff and Vale UHB

Aims: 1 in 10 young people in the UK have a diagnosed mental health condition. Schools play an integral role in protecting children's wellbeing, with the new curriculum currently being implemented in Wales highlighting the importance of this. However, a lack of formal teaching sessions and little training and support for teachers raises the question as to whether these needs will be met. The aim of this study was to discover whether mental health teaching sessions are relevant and effective in improving student's knowledge, and therefore an useful addition to school's curricula. **Methods:** A total of 188 11 and 12 year old pupils (Year 7) from one secondary school in Cardiff took part in the study. Eight hour-long teaching sessions were provided by two medical students and a Psychiatrist focusing on stigmas surrounding mental health and resources for help and advice. Pre and post-lesson quizzes containing the same statements about mental health were used to measure the pupils' previous knowledge and any changes following the session. **Results:** Although students had some prior awareness of mental health conditions, there was shown to be an increase in the number of correct answers between pre and post-questionnaires in 13/15 questions. 98% of students stated that they felt the session had improved their knowledge of mental health at least "Slightly", and an overall improvement was reported in the pupils confidence on where to look for support. **Comments/Conclusions:** A limitation of this study was its failure to analyse the long term impact of the sessions. Including a follow-up questionnaire to be completed 6 months later may be beneficial to explore this further. Providing additional sessions could also be useful to consolidate learning and further engagement in mental health literacy. Collating information from teachers may highlight areas to focus within these sessions. Following feedback from the pupils and the results of the questionnaires, it is evident that there is a need for mental health education within secondary schools today. The short teaching sessions proved to be effective in improving the pupils' basic knowledge of mental health and subsequently reducing stigma surrounding the subject.

12. Evaluation of a peer mentoring programme: Providing support for trainees in psychiatry.

Dr Louise Robinson, CT3, Southern Health NHS Foundation Trust, Dr Cynthia Gil-Rios Consultant Psychiatrist in Perinatal Psychiatry. Southern Health NHS Foundation Trust

Aims: It is important for all doctors to feel supported in specialities such as psychiatry where Trainees are often spread out over a large geographic area and can feel isolated compared to acute hospitals where trainees work in teams with peers. The aim of the programme was to provide peer mentoring support to trainees who were joining a particular geographical region within the Wessex deanery. **Methods:** Five trainees from Core Psychiatry and Higher Specialist training volunteered for the role of mentors. An optional formal teaching session on coaching and mentoring skills was offered to mentors. The mentees consisted of Core, GP and Foundation trainees. The role of the mentor included: providing peer support, being a point of contact to respond to general queries about working in psychiatry, exams, career advice, the on call rota and useful contacts. Some mentors provided teaching sessions with support from the Clinical Tutor. Contact between mentors and mentees was face to face, through email and online communication such as Whatsapp. At the end of the placement an open ended questionnaire was sent to mentees to complete. The answers were analysed in order to identify key themes. **Results:** All trainees who responded felt that the mentoring scheme had been helpful to them. Positive themes identified included trainees feeling more supported, better bonding with colleagues and having a named contact for practical advice. Core trainees valued the SpR to Core trainee mentoring relationship with regard to thinking about future career development. Although some trainees liked the informal nature of the mentoring arrangements the majority of feedback suggested that they would like more frequent or more structured meetings to take place. **Comments/conclusions:** We plan to implement the suggestions from the feedback as well as focussing on how we can improve it to meet the needs of GP and FY trainees so they get the most from their psychiatry rotations. We will continue to measure and evaluate this as well as considering the experience of the mentors in future work.

13. Design Thinking: A novel approach to improving the Keele Cluster Core Psychiatry Programme.

Dr Joshua Whitehurst, CT3, Midlands Partnership NHS Foundation Trust, Dr Joanne Barton, North Staffordshire Combined Healthcare NHS Trust

AIMS: The aim of this project was to explore options for the future delivery of the Keele Cluster Core Psychiatry Programme. **METHODS:** A design thinking methodology was employed. Design thinking is a human-centred creative approach to problem solving that originates in design engineering. The authors identified three questions, referred to in the process as 'wicked problems' to explore through a design thinking approach, drawing upon their experience of delivering and receiving teaching through the current arrangements. The wicked problems were: (1) "What is the course trying to achieve?" (2) "How do we evaluate the teaching programme?" (3) "How do we future-proof the programme?" Trainees, module leads and the course administrator attended a three hour workshop to work through the initial design thinking steps (empathise, define, ideate, prototype). Their work was captured on paper and transcribed to an electronic form. **RESULTS:** Headline findings for each of the wicked problems are outlined below: (1) "What is the course trying to achieve?" The course needs to continue to meet two aims: equipping trainees to pass exams and be excellent psychiatrists. Modules should be co-produced by trainees and trainers. (2) "How do we evaluate the teaching programme?" More opportunities for face-to-face feedback would be valued when evaluating the programme. (3) "How do we future-proof the programme?" Some sessions could be opened to a wider audience, or video recorded to be re-used in the future. Attaining academic credits, for example towards a Masters qualification would make the course more attractive. **COMMENTS/CONCLUSIONS:** Course organisers need to interpret Royal College of Psychiatrists' guidance for academic courses to meet local need. Furthermore, courses must be agile and adaptable to changes, e.g. in trainee numbers or a new curriculum. Design thinking has been an invaluable framework to facilitate reflection and change for the Keele programme, ensuring it remains relevant for all who come into contact with it, and has had a higher yield compared with traditional forms of feedback.

14. 'Imagination & Interest': Pilot Simulation-based educational event for healthcare staff on the new Mental Capacity Act (Northern Ireland) 2016

Dr Graeme Young, ST6, Belfast Health & Social Care Trust, Dr Dearbhail Lewis (Consultant Psychiatrist, Liaison Psychiatry for Older People, BHSCT), Dr Paul Murphy (Lecturer, School of Arts, English & Languages, Queen's University, Belfast)

Aims: The Mental Capacity Act (Northern Ireland) 2016 (MCA) is new legislation, fusing mental capacity and mental health law for those aged over 16 in Northern Ireland. Phased implementation of the Act commenced in December 2019, beginning with the new statutory framework in relation to deprivation of liberty safeguards (DoLS). A multidisciplinary simulation event was developed and piloted in 3 sites with the aim of improving 8 domains: staff awareness of what the DoL component of the MCA means for patients; awareness of how DoLS processes will affect daily work; awareness of conditions for DoL; awareness of the differences between Short Term Detention Authorisation (STDA) and Trust Panel Authorisation (TPA); awareness of the legal test of capacity; confidence in assessment of capacity; knowledge of what forms are required for a DoL; and confidence in completion of the statutory forms.

Methods: A high fidelity, multi-disciplinary simulation event was developed collaboratively between clinicians and a specialist in simulation research in the School of Arts, English & Languages, Queen's University, Belfast. Simulation-based education (SBE) enables a team of learners to interact as they would in real-life situations in a psychologically safe environment with timely feedback and debriefing to consolidate knowledge. Two scenarios were constructed, focusing on a patient in acute alcohol withdrawal. The simulations focused on assessments of capacity for: STDA for treatment in hospital (Scenario 1); and TPA for discharge to residential care (Scenario 2). Following this, participants consider how statutory forms would be completed. The event was piloted in 3 clinical environments, with the role of simulated patient undertaken by a specialist in SBE for health and social care. Questionnaires with 5-point Likert scales were paired (pre- and post-event) and analysed for statistical significance with paired samples t test.

Results: Across the three simulation events, 42 paired questionnaires were collected. Paired samples t tests demonstrated statistically significant difference ($t = 4.81 - 8.06$, $p < 0.005$) between the paired pre-simulation and post-simulation scores for each of the eight domains, with positive mean differences ranging from 0.57 to 1.29.

Conclusions: This pilot demonstrates that SBE is beneficial in training healthcare staff in the DoLS component of the MCA, and ought to be considered as part of future training.