## Improving Medical Students' Confidence in Performing Mental State Examinations: A Quality Improvement Project Using Creative and Narrative Teaching Methods, Video-Based Learning, and Documentation Practice

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**Aims:** Starting a new role as Clinical Teaching Fellows, early student feedback identified a gap between students' academic understanding of the Mental State Examination (MSE), and confidence in its application and interpretation. Assessors recognised similar uncertainty in students regarding findings in the MSE, and a lack of confidence in presenting. This project aimed to improve medical students' self-reported confidence in the MSE via an interactive workshop. Each PDSA cycle, we aimed to implement feedback suggestions through creative teaching methods, to improve confidence, engagement, and interaction in the MSE teaching.

**Methods:** Year 3 and 4 medical students attended the MSE workshop during their rotation in Psychiatry. Quantitative and qualitative feedback was gathered via feedback surveys, accessible via a QR code. Using a Likert scale, students rated their confidence performing the MSE before and after the workshop. Thematic analysis of the qualitative feedback was undertaken to explore attitudes, aspects most enjoyed, and suggestions for improvement. The workshop began with simulated videos to explore and develop knowledge on the MSE. In the second PDSA cycle, we added a creative small group task, asking students to perform the MSE on a fictional/famous character and present back to the group. Finally, a documentation task was added whilst students observed a simulated patient interview.

**Results:** 64 students participated in the MSE Workshop feedback survey. Students reported an average confidence rating of 56.0% prior to the session. After the workshop, the average confidence level increased to 86.8%. Furthermore, 76.6% of students rated the session as "extremely useful" for improving their skills in MSE when compared with previous teaching at medical school. 81.3% would "definitely" recommend the workshop to other medical students.

Qualitative data showed the use of narrative videos was well received by students, with 16 responses highlighting this as a strength of the workshop. "I loved the example videos; helping to clarify and talking through it afterwards was exceedingly helpful!" The opportunity to practice documenting the MSE was another theme within the positive feedback (7 responses). Students highlighted the interactive elements, clarity, and structure as further strengths. Suggestions to improve the session included activities to support phrasing of questions to patients and promoting consolidation using a quiz.

**Conclusion:** The workshop increased students' confidence in MSE performance. Students appreciated the use of creative elements, video examples, and documentation tasks. Future improvements could be made to support communication skills, question phrasing, and promote engagement via game-based knowledge assessments.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Assessing Medical Students' Perceptions of High-Fidelity Psychiatric Simulation

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**Aims:** The use of high-fidelity simulation in psychiatry remains under-utilised. We aimed to evaluate the impact of high-fidelity psychiatric simulation on final-year medical students at two UK medical schools using a mixed-methods approach.

**Methods:** We delivered psychiatric simulation to final-year medical students using simulated patients, in a simulated medical ward or emergency department. Scenarios provided an integration between physical and mental health. Thirty-four students completed pre- and post-simulation questionnaires, rating their confidence in assessing patients with mental health problems, performing a suicide risk assessment, understanding different sections of the Mental Health Act and recognising bias towards patients with mental health problems on a 10-point Likert scale. Paired Likert data were analysed using Wilcoxon signed rank test, with correction for multiple comparisons with the false discovery rate (FDR). Ethical approval was sought from Queen Mary University of London to undertake a focus group, in which eleven students participated. Data were analysed using a reflexive thematic analysis technique using NVIVO 14.

**Results:** The simulation resulted in a statistically significant increase in students' confidence in assessing patients with mental health problems (pFDR <0.001), performing suicide risk assessments (pFDR <0.001), recognising bias (pFDR <0.001) and understanding different Mental Health Act sections (pFDR <0.001). 100% of participants enjoyed the integration of physical and mental health and felt the scenarios were realistic. Over 90% wanted to see more psychiatric simulation in the undergraduate curriculum. The following themes were identified from the thematic analysis; 1) Student anxieties relating to psychiatry, 2) Current psychiatry teaching methods, 3) Recognising the utility of simulation and 4) Limitations of psychiatric simulation.

**Conclusion:** There is a gap in the undergraduate curriculum to incorporate high-fidelity psychiatric simulation. Final-year medical students found the simulation to be enjoyable and beneficial for learning. Future work should involve larger sample sizes, simulation of psychiatric emergencies and expansion into postgraduate teaching programmes. Subsequent curriculum evaluations should distinguish between high and low-fidelity simulation so we can accurately assess its implementation in UK medical schools.

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## Understanding the Duration and Challenges of Completing Long Case Psychotherapy in Core Psychiatry Training

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