encountered and the factors that contributed both negatively and positively to health and wellbeing.
Methods: We conducted online focus groups with psychiatry trainees in different stages in their training (CT1-ST8), to explore factors affecting health and wellbeing. Each session was co-facilitated by the research team, and structured into three sections: challenges faced, unhelpful experiences, and helpful experiences. Sessions were transcribed via Microsoft Teams, with participants informed of confidentiality and anonymity, and demographic data collected via an anonymous online questionnaire. Transcripts were thematically analysed by the research team to identify key themes.
Results: Trainees reported multiple factors negatively affecting their wellbeing, including the rotational nature of the job, significant workload, lack of rest facilities, lack of appropriate supervision, and lack of individualised support for trainees with personal vulnerabilities. Challenges were compounded by difficulties navigating administrative systems and accessing occupational health or professional support. Helpful factors included supportive and flexible supervisors, strong team relationships, good workplace integration, as well as respecting and nurturing trainees' autonomy and sharing constructive feedback.
Conclusion: The quality of the trainee–supervisor relationship emerged as the most important factor influencing wellbeing, with emotionally intelligent supervisors who notice struggles and encourage reflective practice being particularly beneficial. While multiple support resources exist, they are often not tailored to individual needs or widely known; targeted training for supervisors, including guidance on supporting neurodiverse trainees, may improve accessibility and effectiveness of wellbeing support.

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Never Miss Neuroleptic Malignant Syndrome! – A Trainee-Led Collaborative Learning and Improvement Programme Initiative

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doi: 10.1192/bjo.2026.11274

Aims: The Collaborative Learning and Improvement Programme (CLIP) is a hospital-wide educational initiative on medication safety, co-visioned and co-produced by interdisciplinary members of the Changi General Hospital (CGH) Medication Safety Committee (MSC). CGH is a public hospital in Singapore, where CLIP has been operational since October 2023 and various educational materials have been implemented into hospital-wide junior, senior doctor and interprofessional education and training. In September 2024, inspired by a departmental case conference which triggered discussions on Neuroleptic Malignant Syndrome (NMS), the MSC Chairperson from the department of Psychological Medicine worked with departmental trainees on developing CLIP educational material on NMS. We aimed to design a CLIP educational infographic on NMS and implement this in hospital-wide mental health training.
Methods: Digital technology-enhanced learning using the infographic, with microlearning as the pedagogy, formed the framework to design the CLIP interprofessional educational infographic.

The design phase involved engaging stakeholders and end-users from the department, including Psychiatry trainees, from September–October 2025. Pharmacist, nursing and medical members of the MSC were engaged at the committee meeting in November 2025 to ensure interdisciplinary stakeholder contribution to designing the infographic. The final version of the infographic was implemented and shared in a mental health training session for the hospital's Internal Medicine department conducted by a Psychiatry consultant in December 2025.

Qualitative feedback was captured at the planning, design and iteration phases.Qualitative and quantitative methodology was employed to capture end-user feedback from medical doctors in the implementation phase.
Results: Qualitative feedback in the design phase led to various iterations of the infographic content, design and aesthetics, with the finalised infographic incorporating the themes captured from this feedback.In the implementation phase, quantitative feedback captured from end-users showed improvements in self-rated awareness of risk factors (69.6% to 100%) and signs and symptoms (60.9% to 100%) of NMS, and confidence in recognizing and managing NMS (4.3% to 70.6%). All participants rated the infographic as useful in aiding recognition and management of NMS. Qualitative feedback centred on the usefulness of the infographic's design, organization and informativeness.
Conclusion: We designed a trainee-led infographic on NMS underpinned by interdisciplinary feedback, the implementation of which in the mental health training of general medical doctors has shown promising results, reinforcing the value of the CLIP. The CLIP NMS infographic will be made accessible to all hospital staff via the hospital intranet as a systems intervention and will be incorporated into interdisciplinary CLIP educational programmes.

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AI Use in Psychotherapy Teaching and Training: The Perspective of Psychotherapy Tutors Across England

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doi: 10.1192/bjo.2026.11273

Aims: To evaluate the impact of AI use on psychotherapy training for "core trainee" psychiatry residents as understood by the psychotherapy tutors. The psychotherapy training for residents includes theory-based teaching, courses, Balint groups, and completion of two psychotherapy cases across different modalities, all supervised by experienced psychotherapists. This includes an anonymised case summary with a formulation.
Methods: A questionnaire was sent to the psychotherapy tutors via a national (England) email list enquiring about their use of AI in psychotherapy training. The data is both quantitative and qualitative, summarising emerging themes. A similar survey was done for core trainees and is reported in a separate poster.
Results: 16 tutors completed the questionnaire (sent to 48 tutors).

75% of tutors stated that they don't use AI for psychotherapy training or teaching. Of the 4 tutors who use AI, their responses include using it to: brainstorm, create images, find references, summarise different models, or serve as a "thinking partner".

Most tutors (56.3%) were unsure whether residents used AI; 18.8% said residents used it, and 25% reported they didn't. 7 tutors commented on the residents' use of AI, with 4 expressing concerns about its use for formulations or summary letters. Other examples of