However, it was clear that access to some form of a group was important, to contain anxiety during these unprecedented times.

Remote Mock OSCE (ReMO): The "new normal"?

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Aims. In March 2020, COVID-19 and its associated restrictions forced a halt to in-person teaching and assessment. To try and mitigate this disruption, the psychiatry undergraduate teaching faculty developed a knowledge based remote curriculum. However, it became clear that our students sorely missed clinical and consultation experience. Prior to the pandemic we had delivered a mock Objective Structured Clinical Examination (OSCE) to those undertaking their psychiatry block. In Somerset Academy, we wanted to deliver a distanced alternative: the remote mock OSCE (ReMO). We hoped to demonstrate this would be a feasible and valuable learning experience.

Method. In keeping with other OSCEs, ReMO had active stations (4) and a rest station. Four simultaneous Skype meetings were set up as clinical stations, each with an examiner and actor. To test the technology, students and facilitators were emailed links to each meeting in advance, and invited to sign in. Students were given individualised timings to rotate between stations. Stations involved history taking, risk assessment, and management discussions of common psychiatric presentations.

The students then rotated again, receiving personalised feedback about their performance, enabling immediate reflection and consideration of areas for development. This was followed up with written feedback, using examiner completed mark schemes.

Result. After ReMO we invited feedback from medical students and facilitators. 7 out of the 8 medical students that participated completed a post-ReMO survey. 100% of students found ReMO "useful", with 71% (5/7) rating it an "extremely valuable" experience and 29% (2/7) rating it "fairly valuable". Students felt it was well organised, realistic, and increased their confidence in remote consultations and OSCE practice. 6 out of 8 facilitators completed feedback on ReMO. 100% felt that ReMO was reproducible and 83% (5/6) rated it as "fairly realistic" when compared to the face-to-face standard.

Conclusion. Firstly, ReMO was feasible. However, it was logistically difficult, requiring extensive organisation to ensure this relatively small group were in the right place at the right time. In future, we would consider alternative platforms such as Zoom, or specific consultation software, such as Attend Anywhere, to reduce the logistics burden and utilise features such as 'breakout rooms'. We would recommend an allocated co-ordinator to troubleshoot any problems in real time via a group messaging service.

In conclusion, ReMO is achievable and a valuable student learning experience. Since the pilot it has become an integral part of our curriculum. We recommend that all undergraduate Psychiatry faculties consider adding it to their programme.

Edu-couch-ing the masses: an online, multi-disciplinary psychiatry teaching programme

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Aims. In response to medical students expressing concer at limited access to psychiatric placements, particularly on-the-ground teaching or witnessed patient cases, we established "Psych From The Couch" – an open-access, free, Zoom-based, interactive teaching programme. We sought to:

Explore new means of psychiatric education, assess needs of multiple "categories" of student – medical, nursing, or PA students, junior doctors, wider MDT – and meet those needs in a creative, yet virtually-limited format.

Assess disparities between students' self-declared learning deficits and objective knowledge gaps.

To explore the use and value of virtual programmes as a structured means for inclusive multi-disciplinary education of psychiatric practice.

Method. We gathered information on students' self-declared learning needs and deficits, location, role, training level, and confidence at the outset of the programme, with data from ~180 "students".

We experiemtned with learning styles and methods of online interaction, running a series of 10 sessions - recorded for those unable to attend - incorporating the bredth of psychiatric curricula:

Diagnostic Principles
"Organic" Psychiatry
Substance Misuse
Psychotic Disorders
Affective Disorders
Old Age Psychiatry
CAMHS
Emergencies & Legalities
Examinations in Psychiatry
Real World Psychiatry

We utilised initial sign-up forms and repeated feedback requests to assess wider student needs, establish overarching structure to our programme, and ensure learning objectives were appropriate and met.

We collated final feedback and scores at the close, assessing via examination questions and self-defined Likert scale, and incentivising feedback with a final portfolio certificate.

Result. Demographics of open-access teaching varied broadly, from senior medical staff to access to medicine students; 92.9% were medical students. Students were diversely sourced from all years', with ~50% collectively in their penultimate or final years' of study.

Most common self-defined decficits reported were understandably anxiety regarding practical examinations or assessment given recent placement restrictions, however many reflected on anxieties regarding psychiatric emergencies, substance misuse, legal frameworks, personality disorders as a diagnostic category, and pharmacological management.

Our cohort responded warmly to our teaching style and techniques, with feedback and consequent improvements to teaching technique weekly. We were able to evidence improvements to global confidence, and confidence in key areas of prior learning anxiety.

Conclusion. Categorising self-defined deficits yielded fasctinating information on students' perception of their learning needs and deficits; these data may offer insight into potential deficits in the scope of nationwide psychiatric teaching.

We were able to separately identify international students' or professionals' self-defined needs as distinct from UK students and graduates, with further rich data on the potential needs of those entering the NHS workforce.

We also evidenced – with data regarding increased confidence, fewer self-defined learning deficits, significant Twitter social interaction, and in practical application of a virtual teaching methodology – proof of the concept of "Psych From The Couch".

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