facilitated shared learning and encouraged creative approaches to support.
Conclusion: The UTLA initiative provides a personalized mentorship and supervision framework that enables medical students to excel during psychiatry placements and fosters interest in psychiatry as a career. Future steps include improving communication about UTLA roles, adjusting check-in frequency, and conducting regular evaluations to refine the scheme based on feedback from both students and the UTLAs.

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Changing Course: An Educational Tool for Antipsychotic Switching

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Aims: There is a notable lack of standardised guidelines on antipsychotic switching, including in the Maudsley Prescribing Guidelines. This presents a challenge for psychiatrists who must navigate complex decisions regarding efficacy, side effects, and receptor-binding properties when transitioning patients between antipsychotics. This project aimed to develop an educational tool that synthesizes information on antipsychotic efficacy and receptor profiles to assist clinicians in making evidence-based switching decisions. The tool was inspired by the need for a structured approach to antipsychotic transitions, incorporating data from Stahl's Essential Psychopharmacology and relevant receptor-binding research.
Methods: A comprehensive literature review was conducted to consolidate information on the pharmacodynamics and efficacy of commonly used antipsychotics. Research studies detailing receptor affinities for dopamine, serotonin, histamine, muscarinic, and adrenergic receptors were examined.
Results: The educational tool provides a structured framework for psychiatrists, offering guidance on selecting an appropriate switching strategy. The educational tool was designed to visually present this information, allowing clinicians to compare medications based on receptor binding, side effect profiles, and equivalent dosing strategies. It also included switching strategies, emphasizing cross-titration and pharmacodynamic considerations to minimize withdrawal and receptor rebound effects. It highlights receptor-mediated rebound effects e.g., H1-related insomnia, M1-related agitation. By integrating receptor-based pharmacological data with practical clinical considerations, the tool enhances decision-making in scenarios where guidelines are lacking.
Conclusion: The absence of clear guidelines for antipsychotic switching necessitates a standardized, evidence-based approach. This educational tool consolidates pharmacological knowledge to aid psychiatrists in optimizing treatment transitions, minimizing withdrawal effects, and improving clinical outcomes. Future iterations could incorporate real-world validation studies to assess its impact on prescribing decisions and patient outcomes.

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A Comparison of Online and Blended Learning for Improving Trauma-Informed Practice Education Outcomes

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Aims: This study aimed to compare the effectiveness of online and blended learning in improving doctors' understanding, recognition of trauma signs and symptoms, and confidence in applying trauma-informed practice. The goal was to determine which teaching method leads to greater self-reported improvements.
Methods: The online teaching method was delivered through Microsoft Teams. The blended learning programme consisted of both an online component via MS Teams and in-person attendees. Both methods encouraged discussion and interaction. Sessions were organised during established academic time slots for resident doctors. Pre- and post-teaching questionnaires, using a Likert scale, were administered to doctors with varying levels of experience, working across different roles. Results were analysed by calculating the percentage of participants' agreement in relation to key statements examining understanding, confidence, awareness, and recognition of signs and symptoms of trauma response, before and after the teaching intervention. Differences in sample size and participants' experience were considered when interpreting the results.
Results: Blended learning showed significantly greater improvements compared with online learning. In the blended learning group, the percentage of participants who strongly agreed that their understanding had improved rose from 0% to 60%, while the online learning group increased from 0% to 20%. For recognizing trauma signs and symptoms, the blended learning group showed an increase from 14% to 100%, compared with an increase from 0% to 20% in the online group. Confidence also improved more in the blended learning group, rising from 0% to 40%, compared with an increase from 0% to 20% in the online group.
Conclusion: These findings suggest that blended learning is a more effective teaching method for improving understanding, recognition, and confidence in trauma-informed practice education outcomes compared with online learning. However, the variation in participants' professional backgrounds and experience likely influenced the results, with more experienced doctors potentially benefiting more from certain aspects of the teaching. Future efforts should focus on tailoring blended learning approaches to participants' experience levels and expanding sample sizes to confirm these findings.

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Can Poetry Be Used as an Educational Tool to Improve Understanding of Psychosis?

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