Conclusion: Providing medical students with dedicated bedside teaching sessions led to significant increases in confidence in spending time on inpatient wards, and in the GMC core graduate outcomes of eliciting a psychiatric history, risk assessment and completing an MSE.

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Psychiatry E-Learning for Foundation Doctors: Creation and Review of Four Modules

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Aims: Foundation doctors rotate through six specialties during their programme. These may/may not include a psychiatry placement. E-learning for health (E-lfh) is a free resource which maps to the professional capabilities in the foundation curriculum, including mental health capabilities. During a six month fellowship, 4 topics were either newly created or improved within the psychiatry e-learning: anxiety disorders, substance use disorder, self-harm assessment and management and medically unexplained symptoms. Following this, the plan was to assess the impact and effectiveness of the e-learning.

Methods: The selection of modules were based on requirements from E-lfh and collaboration with the Royal College of Psychiatrists. It was agreed that the modules should be designed with as much interactivity as possible for an e-learning package, aimed at a foundation doctor (not what should be expected from a psychiatry trainee or higher) and also to equip a doctor with fundamental psychiatric knowledge regardless of if they choose psychiatry as a career.

Two modules were redesigns of pre-existing modules – self harm and substance use disorder. These originally were four distinct modules (two for each of the topics). Therefore the learning for each module was redesigned and updated. Medically unexplained symptoms (MUS) and anxiety disorders were new modules.

Feedback has been obtained via the E-lfh website which collates feedback at the end of each module and scores content, presentation, interactivity, self-assessments and overall rating. A separate survey has also questioned foundation doctors in the Northern deanery about their accessing of e-learning and evaluation.

Results: On the E-lfh website, all 4 modules have been accessed with number of feedback left ranging from 3 (MUS) to 11 participants (substance use disorders). The scores rated content, presentation, interactivity, self-assessments and overall rating. All of which were rated 4.4/5 and above.

In the Northern deanery survey, out of 27 participants, only 1 had accessed the modules – MUS. The doctor had rated the session's overall, clarity and relevance as good, with interactivity and engagement as average. They noted the difficulty as easy and rated their preparedness for psychiatry related cases as "somewhat prepared".

Conclusion: Whilst the scores from the E-lfh portal suggest good feedback for the completed modules, the more local feedback suggests limited uptake for e-learning modules in general. Therefore, the next stage of the project will be to design focus groups to further elicit views of foundation doctors before a full report is generated with suggestions to improve uptake and accessibility.

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A Comparison of Simulation Training and Didactic Teaching Around the Involuntary Detention Process

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Aims: Teaching around the involuntary detention process under the Mental Health (Northern Ireland) Order 1986 is typically given to new rotational doctors at changeover. This can include a lot of new and technical information and likely can present as overwhelming. Initially, Quality Improvement Project was commenced to assess whether Forms under the Mental Health Order were being completed correctly pre- and post-traditional changeover teaching session.

In Northern Ireland Form 5s are completed if someone is a voluntary patient who then asks to leave hospital and is found to be a substantial risk to themselves and others. Form 7s are completed if a patient arrives on a detained basis having been assessed by a GP and Approved Social Worker.

We subsequently then developed high-fidelity simulation pilot around a patient presenting with mania and psychosis to begin to compare whether using simulation as a teaching tool was better-retained at 6-week follow-up.

Methods: Driver Diagram initially developed to assess areas in which Form 5 and Form 7 detention forms may have errors.

Didactic teaching given at doctor's changeover in August and December with questionnaires developed to assess pre- and post-understanding.

Subsequent development of high fidelity Simulation using Scottish Sim model around the practicalities of the detention process using a patient with mania and psychosis.

Subsequent follow-up comparison at 6 weeks post-didactic teaching and simulation to compare confidence and retention of information.

Results: The trends around completion of Form 5 and Form 7s under Mental Health (Northern Ireland) Order were assessed pre- and post-didactic teaching in July, September and December 2024 was carried out.

Form 5 detention forms in July, September and December had completion rates without errors of 60, 66.6% and 100% respectively.

Form 7 detention forms in July, September and December had completion rates without errors of 35.71%, 50% and 12.5% in July, September and December.

However, in developing pilot Sim we initially ran it with one person in November 2024 and 6 weeks post-simulation, questionnaire resulted in 100% confidence in knowing when to complete Forms appropriately and comment that "simulation has been very useful in completion of forms".

When we compared this with the didactic teaching in December 2024 this level of confidence around retention of teaching was only 60% (n=3).

Conclusion: In reviewing other data such as Systematic Reviews on Simulation in Psychiatry, it is generally seen that information learned is retained better in comparison to didactic teaching.

This would correlate with our own findings, all be it with a small sample size.

As part of my role as Education Fellow, I plan to further develop and expand use of Simulation in the Western Trust to be able to offer more tailored and realistic training around the involuntary detention process as well as other areas in Psychiatry.

This initial data is promising in terms of assessing whether simulation can be used as a more effective teaching tool and something that we plan to roll out more regularly for rotational doctors where resources allow, improving their confidence and scope to deal with the stressful situation of assessing and completing their part of the involuntary detention process under the Mental Health (Northern Ireland) Order 1986.

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Evaluating the Use of Balint Groups in Medical Student Psychiatric Education

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Aims: This qualitative research project examined the attitudes of third-year medical students to a new, weekly, one-hour, mandatory online Balint group during 4 weeks of their Psychiatry rotation.

Methods: All BSMS Year 3 students participated in 4 Balint group sessions as a compulsory part of their 5-week psychiatry rotation within a 10-week module. 193 students in the 2021–22 academic year took part in Balint groups as part of their formal psychiatry teaching. 81 participants completed part or all of the post-intervention questionnaire, which included free-text and Likert scale ratings. Thematic analysis of post-intervention free-text responses was conducted by three independent researchers.

Results: Four themes were identified.

Firstly, "Balint groups as a positive experience" with 86% (n=55 of 64) of respondents reporting they would consider attending Balint groups again as a medical student and 86% (n=53 of 61) that they would attend as qualified doctors. Students generally reported that they found Balint groups useful as a means to reflect upon clinical encounters.

Theme 2 was "Balint groups as a way to change clinical practice", students described developing a greater understanding of how emotions may impact upon the clinical encounter. Within this theme, the subtheme of "Coping in clinical practice" emerged, with students reporting that Balint groups helped them manage feelings of isolation and improved reflective skills.

Theme 3 was "Balint groups as a way to explore perspectives". Respondents reflected that Balint groups allowed them to explore different dimensions of the doctor-patient relationship. This included accepting that doctors may be impacted emotionally by patients and that the emotions of both the patient and the doctor can affect or challenge the clinical encounter and relationship.

Theme 4 centred around "Barriers to the experience", with recurrent themes of time pressure, fear of being judged by others and some feelings that Balint groups were not relevant to their practice. Within this theme, some students seemed to misunderstand the aims of Balint groups. For example, some students wished that concrete techniques and 'coping strategies' had been taught, a subtheme of an "expectation/reality mismatch".

Conclusion: Our results show that students found the Balint group both well tolerated and useful. However, notably few mentioned the doctor-patient relationship in their feedback, despite it being the core aim of the Balint group. Our research shows that while Balint groups can benefit students in various ways, further work may be needed to help students understand their scope and purpose.

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Developing a Bespoke Training Programme for Staff in a Psychiatric Intensive Care Unit: The Roxeth Ward Experience

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Aims: Psychiatric Intensive Care Units (PICUs) present a unique and challenging environment for staff, requiring specialised knowledge and skills to manage complex clinical presentations and ensure patient safety. Currently, there is a gap in readily available, comprehensive training programmes specifically tailored for PICU staff. This project aimed to develop and evaluate a bespoke training programme for staff at Roxeth Ward PICU, addressing this gap and focusing on key clinical and operational challenges pertinent to the PICU setting. The programme sought to enhance staff competency, improve patient care, and create a more positive and therapeutic ward environment.

Methods: A bespoke training programme was designed and implemented for all staff at Roxeth Ward PICU, including nurses, psychiatrists, allied health professionals, and support staff. The programme incorporated a variety of interactive learning modalities to maximize engagement and knowledge retention. These included didactic lectures providing foundational knowledge, simulated scenarios (covering both mental health crises, such as managing acutely agitated patients, and medical emergencies, such as NMS), interactive group discussions to facilitate shared learning and problem-solving, and problem-based learning activities focused on real-world case studies encountered in the PICU. Topics covered a range of pertinent PICU issues, including the ward's structure and processes, the function and purpose of operational/governance meetings, the safe and effective use of rapid tranquillisation and Acuphase, management of psychiatric emergencies, a comprehensive overview of the Mental Health Act and its legal implications for PICU practice, substance misuse management training, de-escalation techniques and strategies, quality improvement initiatives, the use of sensory modulation to create a therapeutic environment, understanding and applying knowledge of common mental health diagnoses, and the management of violence and aggression. Pre- and post-training assessments were conducted to evaluate the impact of the programme on staff knowledge, skills, and confidence.

Results: Quantitative feedback from the 35 participants demonstrated a substantial 64% improvement overall in knowledge and confidence following the training programme. These improvements were observed across all domains and topics covered in the training programme and a detailed breakdown of the results for each topic is included in the poster. Qualitative feedback from participants was overwhelmingly positive, with many staff highlighting the value of