unwell patients, and restricted opportunitiesfor students to practise high-stakes consultations. Generative artificial intelligence (AI) simulation platforms offer a potential solution by enabling students to rehearse clinical encounters in a structured and safe environment. This poster aims to present lessons learned from the implementation of generative AI-supported simulations for fourth-year medical students at Aston Medical School. Specifically, it explores how students and tutors experienced the integration of AI-facilitated consultations into the curriculum and identifies factors that influenced engagement, learning value, and trust in assessment.

Methods: A mixed-methods educational evaluation was conducted following the introduction of AI-based consultation simulations within the fourth-year psychiatry programme. Feedback was gathered through anonymised student questionnaires, facilitated debrief sessions after simulation use, and structured discussions with clinical tutors involved in teaching and assessment. Data focused on students' perceived learning value, alignment with clinical placements, clarity of feedback and marking criteria, and overall usability of the platform. Tutor reflections on feasibility, integration with existing teaching, and impact on small-group learning were also collected. Qualitative themes were identified through thematic review of student and tutor comments.

Results: Students generally recognised the potential value of generative AI simulation as a safe environment to practise structured consultations, particularly for OSCE preparation and rehearsal of high-risk scenarios such as suicide risk assessment and capacity evaluations. Many reported that the tool was most effective when used after formal teaching or placement exposure, supporting consolidation and revision. However, engagement was reduced when simulations were used as a first exposure to unfamiliar clinical material or were misaligned with placement timing. Some students expressed uncertainty about AI-generated markingcriteria and pass thresholds, noting that checklist-based feedback could sometimes feel disconnected from authentic clinical reasoning. Mandatory debrief sessions were valued when they facilitated reflection and discussion but were perceived as less helpful when they repeated automated feedback. Tutors highlighted the importance of clear learning objectives, integration with small-group teaching, and transparency around assessment processes.

Conclusion: Generative AI simulation can enhance undergraduate psychiatry education by providing scalable opportunities for structured practice and feedback. Its effectiveness depends on thoughtful curriculum integration, alignment with clinical teaching, and clarity around assessment and feedback. Student and tutor perspectives suggest that AI is most beneficial when used to augment, rather than replace, traditional teaching and reflective debriefing. These lessons offer practical insights for educators seeking to incorporate generative AI into medical education in a pedagogically meaningful and learner-centred way.

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.

Students' Perceptions of Psychiatry Placements and Absenteeism

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Aims: The aim of this study was to explore medical students' perceptions of psychiatry placements, with a particular focus on factors influencing engagement and absenteeism.Psychiatry placements represent a critical component of undergraduate medical education, yet concerns persist regarding inconsistent attendance and variable student engagement. This study sought to better understand the lived experiences of students during these placements in order to identify modifiable educational and structural factors. We hypothesised that stigma associated with psychiatry, the quality of the teaching environment, and the organisation and structure of placements significantly influence students' attendance, enjoyment, and overall engagement during psychiatry rotations.

Psychiatry placements play an essential role in preparing future doctors to recognise, assess, and manage mental health conditions with competence and compassion. Despite this importance, psychiatry has historically been associated with stigma, both within society and the medical profession, which may negatively influence students' attitudes and motivation. Reports of absenteeism and disengagement during psychiatry placements raise concerns about the effectiveness of current educational approaches. Gaining insight into students' perspectives may help educators better understand barriers to engagement and inform improvements in placement design, teaching delivery, and student support.

Methods: A qualitative study design was employed using semi-structured focus groups. Seven focus groups were conducted with medical students undertaking psychiatry placements, moderated by a Teaching Fellow to encourage open discussion. Topics explored included experiences of psychiatry placements, perceptions of the specialty, and factors influencing attendance or absenteeism. Audio recordings were transcribed verbatim, resulting in six usable transcripts. Data were analysed using reflexive thematic analysis, with coding and data management supported by Taguette software. The study was conducted with appropriate ethical approval and institutional governance oversight (Newcastle University; Application: 2524/30425).

Results: Four key themes were identified: (1) stigma and misconceptions surrounding psychiatry, (2) teaching and learning environment, (3) drivers of absenteeism, and (4) factors promoting engagement. Stigma and limited understanding of psychiatry were found to negatively affect students' motivation to attend placements. Positive teaching environments, supportive supervisors, and clear learning objectives were reported as strong facilitators of engagement. Absenteeism was commonly associated with perceptions of limited relevance to future practice, inconsistent teaching quality, and competing academic pressures.

Conclusion: This study highlights the multifactorial drivers of engagement and absenteeism during psychiatry placements. Addressing stigma, improving teaching quality, and fostering supportive learning environments may enhance attendance and student experience. These findings support the development of targeted educational interventions aimed at improving engagement with psychiatry and nurturing confident, compassionate future clinicians.

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Advancing Community Mental Health Awareness Through Resident-Led Leadership: A Three-Year Psychiatry Initiative at Hamad Medical Corporation

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