communicating with adolescent patients, 25% felt confident managing consultations involving both physical and mental health issues,
25–33% felt confident using a structured psychosocial approach or asking sensitive questions, and 33–50% felt prepared for OSCEs.

Post-simulation feedback showed marked improvement across all domains. 92% of students reported increased confidence communicating with adolescent patients, 83% felt confident building rapport in time-limited consultations, 83% felt confident exploring psychosocial factors, 92% felt confident using structured psychosocial approaches, and 83% felt prepared for OSCEs involving mental health components. Students also rated the simulation as a highly useful method for developing communication skills.

Qualitative analysis identified two key themes. First, students valued practising difficult and sensitive conversations in a safe environment ("It was a good chance to practise how to phrase things in difficult scenarios"). Second, they highlighted the benefit of realistic scenarios integrating physical and mental health, enhancing understanding of holistic assessment ("Seeing how different physical health scenarios may play into psych").

Conclusion: This QIP successfully co-developed and piloted a novel simulation-based teaching intervention addressing gaps in undergraduate CAMHS education. Pre-and post-session evaluation suggests it is effective in improving medical students' confidence and perceived preparedness for working with young people in mental health settings. The simulation will be embedded into future CAMHS rotations at UCLH, with iterative refinement guided by learner feedback. This project demonstrates how co-designed simulation can enhance undergraduate psychiatric education and support integrated physical and mental health learning.

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Whole Mind Body Psycho-Education Group– The Essence of MDT and Patients Participation Highlighting Holistic Psychiatry Learning Experiences and MDT Working to Achieve Better Outcomes for Patients, to Support with Patient's Recovery Journey

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Aims: Psychoeducation is a core component of recovery-focused inpatient mental health care, supporting service users to better understand their illness, treatment, and legal framework. The Whole Mind Group was developed to provide structured, accessible psychoeducation delivered collaboratively by a multidisciplinary team (MDT) within an inpatient setting.

The aim of the Whole Mind Group was to enhance patients' understanding of their mental health, medication, legal status, and wellbeing through interactive, MDT-led psychoeducational sessions, and to evaluate participant satisfaction with the knowledge gained, its applicability, and group facilitation.

Methods: The Whole Mind Group was delivered weekly on Mondays from 2:30 pm to 3:30 pm over a 16-week period, running from 12 May 2025 to August 2025, with two repeat cycles of six core topics: understanding medication, stress and trauma, affective disorders, psychosis, section and rights, and substance misuse. The group was open to patients acrossthree wards at Cygnet Churchill Hospital (two acute male wards and one male rehabilitation ward). Sessions were facilitated by the MDT, including consultant psychiatrist, occupational therapist, psychologist, mental health act lead, and assistant psychologists.Delivery was interactive, with emphasis on participation, shared learning, and maintaining a psychologically safe environment. Feedback was collected at the end of each session using a standardised questionnaire based on a 7-point Likert scale assessing satisfaction with practical knowledge received, ability to apply knowledge, and facilitation of the psychology group.

Results: Participant feedback was analysed using a 7-point Likert scale (1–7) across three domains: knowledge, application of knowledge, and group facilitation. Mean scores were converted to percentages to support interpretation.

Overall scores were high across all domains. Knowledge and group facilitation both achieved a mean score of 6.04/7 (86.3%), while application of knowledge achieved a mean score of 5.46/7 (78%).

Across individual sessions, Understanding Affective Disorders received the highest overall score with a mean total of 19.33/21 (92%). The lowest overall score was recorded for Understanding Your Medication, with a mean total score of 15.18/21 (72.3%).

The overall mean total score across all sessions was 17.54/21, indicating consistently positive participant feedback regarding knowledge gain, applicability, and facilitation of the Whole Mind psychoeducation group.

Conclusion: The Whole Mind Group demonstrates the value of structured, MDT-led psychoeducation within inpatient mental health services. The consistently positive feedback indicates that the group was well-received and supports its ongoing use as a collaborative, recovery-focused intervention promoting understanding, engagement, and shared learning among service users.

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From Guidelines to Practice: Embedding MEED Education for Safer Eating Disorder Care

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Aims: Medical Emergencies in Eating Disorders (MEED) guidelines provide essential recommendations for identifying and managing-high-risk eating disorder presentations in acute hospital settings. Local audit data showed inconsistent referral pathways and incomplete documentation of MEED aligned risk assessments, indicating gaps in clinician confidence and understanding. This project aimed to improve the knowledge and confidence of resident doctors, consultant psychiatrists, nurses and allied health professionals (AHPs) in applying MEED guidance, with an emphasis on risk assessment, safe refeeding, legal frameworks, and multidisciplinary collaboration.

Methods: A series of interactive teaching sessions were delivered to diverse clinical groups, including foundation doctors, psychiatry residents, consultant psychiatrists and multidisciplinary liaison psychiatry teams. Teaching was case-based, using real patient scenarios to illustrate MEED risk stratification, indicators for urgent medical admission, safe refeeding principles, decision-making under the Mental Capacity Act (MCA) and Mental Health Act (MHA), and best-practice multidisciplinary management. Participants completed structured pre- and post-session questionnaires evaluating

confidence, the relevance of case examples, the likelihood of applying learning, and suggestions for improvement.
Results: A total of 50 clinicians completed the pre-session questionnaire, and 67 completed the post-session questionnaire. At baseline, 68% reported low confidence. There was wide variation in clinical experience, with 32% having never encountered patients with eating disorders.

Following the teaching, most participants reported improvements in confidence, with 76% reporting "significant" or "quite a bit" of improvement, frequently citing clearer understanding of MEED principles, including "*MEED guidelines and applying it to patients*", as well as practical skills such as "*give thiamine before glucose*". 97% of participants indicated that they are "very likely" or "somewhat likely" to implement the learning in their practice. Post-session, clinicians expressed a stronger grasp of legal frameworks, noting improved confidence in "*treatment under MCA*" and recognising the need to "*always assess for capacity in patients refusing treatment*". The importance of coordinated multidisciplinary practice was repeatedly highlighted by clinicians, noting that "*managing patients jointly with physicians will produce the best result*" and that effective care relies on close "*interaction between medical team, PLT and dieticians*".
Conclusion: Interactive, case-based MEED teaching is an effective educational approach that improves clinicians' confidence and readiness to manage eating-disorder emergencies. Embedding MEED teaching within routine induction and MDT training, alongside accessible reference materials, may strengthen clinical practice and patient safety across acute care settings. The next steps involve training physicians in accident and emergency departments and in acute medical wards.

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Psych Surf Soc: A Preliminary Study Evaluating the Effect of Surfing on the Wellbeing of Resident Doctors

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Aims: The positive effects of exercise on wellbeing are well established, and an increasing body of evidence suggests feelings of nature connectedness and exposure to 'blue space' (aquatic environments) may also benefit wellbeing. Maintaining wellbeing is important for resident doctors who face high levels of academic and clinical stress, risking burnout. The author hypothesises that surfing, which combines exercise, nature immersion, and blue space, may benefit wellbeing. This preliminary research aims to evaluate resident doctor perceptions of their wellbeing, and how they felt it was impacted by surfing.
Methods: Participants were recruited from the 'Bristol Psych Surf Soc', a surfing society for doctors. Respondents were predominantly psychiatry trainee doctors, although also includedwere foundation doctors and trainee doctors in other specialties. A six-question digital questionnaire measured how the doctors rated their wellbeing, how recently they had last surfed in the ocean, their perceptions of the effect of surfing on their wellbeing, beliefs on how surfing affected work-related stress, how surfing impacted feelings of connection to nature, and possible mechanisms by which surfing affected wellbeing. Responses were a mix of numerical rating scales, 5-point Likert scales, and free-text boxes.
Results: 15 responses were gathered. The mean wellbeing score was 7/10 (1=low, 10=high), with a range from 3–9. There was no correlation between time from last surf and wellbeing score (R^2=0.13). 93% of respondents rated surfing as having a positive or strongly positive effect on their wellbeing, and 80% felt that surfing specifically reduced work-related stress. 93% of respondents reported surfing increased feelings of connection to nature. Free-text themes included mindfulness during surfing and increased feelings of connection to nature being beneficial for wellbeing, and surfing acting as a 'reset' with a subsequent uplift in feelings of wellbeing.
Conclusion: While there was no clear correlation between recency of surfing and ratings of wellbeing, this preliminary research shows that participants nearly unanimously reported that surfing has a positive impact on their wellbeing and reduces work-related stress. Potential mechanisms for this effect are suggested by the free text responses. Limitations include the small sample size, potential sample bias due to participants being selected from a society for people who are enthusiastic about surfing, and a lack of a control group who did not surf. Further research could assess in more depth which aspects of surfing might provide the perceived positive impact on wellbeing, and whether surfing in wave pools could have similarly positive impacts.

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Is There an Association Between Poor Sleep and Worsened Mental Health Outcomes in Medical Students: A Systematic Review

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Aims: This review aimed to examine the relationship between sleep disturbances and mental health outcomes in medical students, focusing on key mental health issues such as depression, anxiety, suicidal ideation and dropout intentions. It sought to determine the prevalence of sleep disturbances, assess the strength of the associations with mental health issues and evaluate the quality of the evidence across different study designs using a thematic approach. The study aimed to uncover gaps in the literature, particularly regarding longitudinal research, objective biological sleep assessments and interventional studies.
Methods: Following PRISMA guidelines, a comprehensive search was conducted in Scopus, PubMed and Web of Science, as well as hand-searching and citation tracking. Studies examining sleep disturbances were measured using validated tools such as Pittsburgh Sleep Quality Index (PSQI) and Epworth Sleepiness Scale (ESS). Mental health outcomes such as depression, anxiety and burnout in medical students were included.

An initial appraisal was conducted extracting strengths and weaknesses of each study and then the Joanna Briggs Institute (JBI) Critical Appraisal Tool was used to assessmethodological quality of the included studies. Thematic analysis was applied to compare findings across studies.
Results: Seven studies met the inclusion criteria, comprising a meta-analysis, a longitudinal study, a mixed methods study and four cross-sectional studies. Thematic analysis highlighted four key areas: (a) Prevalence and impact of poor sleep quality; (b) Sleep and mental health; (c) Risk factors for poor sleep and mental health; (d) Coping strategies and sleep's role.

55% of participants in the Jahrami study reported poor sleep, confirming that there is a high rate among medical students. Poor sleep was linked to depression, anxiety, and suicidal ideation. However, most studies were cross-sectional and used self-reported data which limits causal conclusions. Only one study, Vollmer-Conna

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