## Wednesday Wisdom: Implementing a Bitesize Multidisciplinary Teaching Programme on an Inpatient Psychiatric Ward

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**Aims:** Teaching on an inpatient acute ward is often ad-hoc and deprioritised due to clinical pressures, with structured teaching usually targeted primarily at medical trainees. The aim of this project was to establish a weekly 'bitesize' teaching programme delivered immediately following the Wednesday morning huddle. The objectives were to improve shared understanding of physical health and core psychiatric topics, improve inter-disciplinaryunderstanding and to create a positive culture of regular, expected and structured MDT teaching on the ward.
**Methods:** A weekly 'bitesize' teaching programme called *Wednesday wisdom* was established and delivered immediately following the Wednesday morning team huddle. Sessions were designed to be time-efficient and sustainable within a busy inpatient environment, lasting 10–15 minutes. Members of staff from multiple disciplines were contacted to deliver sessions, including pharmacists, dieticians, chaplaincy and mental health nurses.

Anonymous pre-programme questionnaires were distributed to the MDT to assess perceived adequacy of current teaching opportunities on the ward and acceptability of the proposed programme.
**Results:** Baseline questionnaires (n=7) highlighted a lack of structured MDT teaching, with 71% of respondents reporting that there were not enough opportunities for MDT teaching on the ward. Mean self-rated confidence scores were 6.4/10. There was a high perceived likelihood of attendance if the sessions were scheduled immediately after the Wednesday morning huddle (72%).

Post-programme feedback demonstrated high satisfaction across all measured domains. 100% of respondents wanted the programme to continue and would recommend the format to other wards. Mean scores were high for relevance to role 9.7/10, being pitched at an appropriate level 9.3/10, appropriate session length 10/10, overall usefulness 9.6/10, increased confidence at applying learning 9.4/10, inclusivity and relevance to MDT 9.5/10 and integration intoward routine 10/10. A small number of respondents suggested refining pharmacy and medically focused sessions to ensure accessibility for the wider MDT.
**Conclusion:** This programme demonstrates that short and structured MDT teaching embedded within existing ward structures can be a highly effective way of improving learning opportunities in a busy inpatient psychiatric setting and can be delivered with minimal resources.

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.

## Race, Ethnicity and Teaching the 'Mental State Examination'

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**Aims:** During a routine presentation of a 'mental state examination' (MSE) within clinical supervision, we noted a hesitancy to describe a patient's appearance with regards to their race and ethnicity, in a manner routinely taught during training. Our aim was to critically engage with relevant literature to inform our understanding of whether teaching the routine inclusion of race and ethnic descriptors within the MSE should be challenged.
**Methods:** We conducted a review of relevant literature. Six articles were included (full references available).
**Results:** Limitations within diagnostic formulation: Race, associated with physical characteristics, and ethnicity, associated with descent and cultural factors, are poorly defined, Racial categories do not robustly represent biological predisposition to mental illness. Ethnicity might be considered a 'shortcut' to understanding an individual's sociocultural predisposition to mental illness, however this is shaped by broader societal influences across the lifespan.

Risks of stereotyping: Despite a decline in stereotyping of patients by psychiatrists, racial stereotyping, whether arising from conscious or unconscious biases, remains an issue. Such stereotyping can lead to inaccurate assumptions which may contribute to disparities in diagnosis and healthcare delivery.

Impact of racial/ethnic mis-assignment: Visual assessments of race/ethnicity, based on offhand observations, risk mis-assignment. There is evidence from non-clinical settings that this has a negative impact on sense of identity and mental health. In a specialty where patients often have a complex sense of their own identity, this may cause additional unintended harm. A positive view of one's 'self' is important to recovery; conversely invalidation of a patient's 'knowledge of self' may contribute to epistemic injustice. Being mis-labelled by professionals may also reinforce mistrust of mental health services by some ethnic minorities, contributing to perpetuation of inequalities in accessing care.

Risks of 'colour blind' practice: Recognising and understanding an individual's ethnicity may validate a patient's sense of identity and is vital for providing holistic care. Recording, recognising and researching race and ethnicity is crucial to better understand and address health disparities within mental health.
**Conclusion:** Understanding patients' ethnic and cultural identities is crucial to appreciate and respond to their mental health difficulties. However, we challenge teaching the routine inclusion of race and ethnic descriptors within the 'mental state examination'. It has little value in supporting formulation and treatment planning, and may contribute towards damaging stereotyping and mis-assignment. Teaching psychiatric trainees to engage in conversations around patients' heritage and to incorporate relevant aspects within their formulation and treatment is crucial.

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## The Art of Supervision: Perspectives from Psychiatric Trainees on Effective Supervision

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**Aims:** Educational, clinical and psychiatric supervision play a crucial role in the development of psychiatric trainees, contribute to safe clinical practice, and promote trainee wellbeing. Whilst resident doctors express high levels of satisfaction with supervision within the National Training Survey, the lived experience of psychiatric trainees