environment where potential risks are well managed. However, there is no formal teaching to core psychiatry trainee doctors at East London NHS Foundation Trust regarding managing ligature emergencies on the mental health wards. Therefore the aim of this project was to improve confidence of resident doctors in managing ligature emergencies on inpatient mental health wards.
Methods: A 1-hour teaching session on managing ligature emergencies was given to core trainee psychiatry doctors during their weekly teaching afternoon, which included theoretical teaching and a clinical simulation. This was run on three occasions across two sites at East London Foundation Trust. A pre- and post-session questionnaire usinga 5-point Likert scale: 1 (Not confident) to 5 (Completely confident) was formulated and provided to core traineepsychiatry doctors (n=20) to assess confidence across three domains of strangulation management: (1) removing a ligature, (2) an A to E assessment of a person who has tied a ligature and (3) recognising the red flags after a ligature. The self-perceived competence score was calculated as a percentage for each domain.
Results: On average, scores improved by 2.33 (domain 1), 1.3 (domain 2) and 1.58 (domain 3). When we categorised into binary 'Not confident' (scores 1–3) and 'Confident' (scores 4–5) there was an improvement in confidence by 66.25% in domain 1, 49.6% in domain 2 and 83.75% in domain 3. The improvement between these categories was statistically significant with a p value of <0.05. Only one person had received any prior training regarding ligatures.
Conclusion: This simulation resulted in doctors' confidence improving significantly in all three domains. This pilot project demonstrates there is a gap in training for doctors and that peer-lead simulation is an effective way to address this. This project is live and we are continuing to complete more cycles of data. With each cycle, we are refining the teaching and the simulation based on the feedback. We aim to integrate the strangulation teaching session into the resident doctor's induction across all sites, with the plan for regional rollout in the future.

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.

Enhancing Nursing CPD, Development and Revalidation Through a Monthly Psychiatry Teaching Programme

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Aims: The aim of this initiative was to provide a structured, high-quality psychiatry teaching programme to support our Trust's nurses' Continuous Professional Development (CPD) and revalidation. This programme sought to further improve nurses' clinical knowledge, prescribing skills and legal understanding.
Methods: Since February 2025, monthly afternoon educational sessions were delivered face to face at Harplands Hospital, by experienced doctors, and open to all nursing staff, especially those pursuing higher education. Each session covers two clinically relevant topics, including psychosis, bipolar affective disorder, psychopharmacology, eating disorders, ADHD and medication monitoring. Attendees were encouraged to participate and to promote engagement and consolidate newly acquired knowledge, a Kahoot quiz was used each session.

Feedback was collected from attendees following each session. This questionnaire asked whether participants found the teaching helpful, whether the content was pitched at an appropriate level, asking for topic suggestions to cover in future CPD sessions, and what did they enjoy most about that day's teaching. Open-text qualitative feedback is regularly analysed to determine quality of teaching and shape future topics.
Results: Feedback has been consistently positive. The vast majority of nurses reported the sessions to be helpful and pitched at an appropriate level for their job role. Teaching was described as engaging, relevant, interactive, and supportive of their CPD and revalidation needs. Use of Kahoot and the enthusiasm of the teachers were frequently noted as being valued.

Analysis of feedback showed a recurrent theme among request including ADHD, ECG and blood test interpretation, clozapine monitoring, refeeding syndrome, mood disorders, and common comorbid physical health conditions. This feedback shaped subsequent teaching sessions, ensuring the programme continued to be response and learner-centred.
Conclusion: The feedback from this monthly psychiatry teaching programme has successfully provided medical education to support with nursing CPD and revalidation requirements. Engagement has always been high and consistently positive feedback demonstrated the value of the programme in enhancing nurses' knowledge, confidence, and clinical practice. Subsequently, our Trust is exploring protected teaching time for our nursing colleagues further reflecting the Trust's commitment to continued professional development and patient care. Future plans including expanding bespoke sessions tailored to service needs and inviting novel speakers with specialist knowledge.

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The Unbearable Weight of Autonomy: Simulating Moral Distress and Fundamental Legal Concepts for Psychiatry Trainees

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Aims: In Northern Ireland, the prevalence of mental health disorders is estimated to be significantly higher than in England, set against a backdrop of socioeconomic deprivation. Consequently, a resilient workforce is a clinical imperative. However, postgraduate training often leaves a critical gap between theoretical knowledge of The Mental Health Order (NI) 1986 and the emotional endurance required to apply its principles in acute settings. This paper describes the development of a high-fidelity simulation designed to bridge this gap. The primary aim was to transform a morally injurious personal experience into a safe educational tool, teaching trainees to navigate the conflict between the Hippocratic instinct to treat and the strict statutory limits regarding patient autonomy.
Methods: A high-fidelity simulation was developed within the Western Health & Social Care Trust as part of a Psychiatric Emergencies Simulation Day. Grounded in Kolb's experiential learning cycle and the author's dual background as a Solicitor and Psychiatrist, the scenario involves a voluntary patient with Emotionally Unstable Personality Disorder (EUPD) and Type 1 Diabetes refusing insulin. The patient is fully capacitous, aware of the risk of Diabetic Ketoacidosis (DKA), yet refuses treatment due to emotional dysregulation. The simulation utilizes Bion's theory of containment; the facilitator absorbs trainee anxiety (counter-transference) to prevent the loss of a mentalizing stance, modelling how to regulate the urge to utilize coercive measures prematurely.
Results: The simulation exposes the visceral conflict between the right to life (ECHR Article 2) and the right to private life/autonomy (ECHR