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

the interactive learning methods, particularly the simulated scenarios, in enhancing their understanding of complex clinical situations and improving their ability to apply theoretical knowledge to real-world practice. Participants specifically mentioned the increased confidence they gained in managing acutely agitated patients, understanding the legal implications of the Mental Health Act, and applying de-escalation techniques. The programme's practical application to the PICU setting was consistently highlighted by participants, reinforcing the need for bespoke training tailored to this specialised area.

Conclusion: Our bespoke training programme represents a significant step towards addressing the gap in PICU-specific staff training. The diverse and interactive learning modalities, combined with the focus on key clinical and operational challenges specific to the PICU environment, appear to have a positive impact on staff knowledge, skills, and confidence. Further evaluation will explore the longer-term impact of the programme on staff practices, patient outcomes, and the overall ward environment. This model could serve as a valuable framework for other PICUs seeking to develop and implement tailored staff training programmes and contribute to best practice in mental health care.

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Navigating Through ARCP and CT Portfolio

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Aims: To support psychiatry core trainees in navigating their core training, ensuring a smooth and successful ARCP outcome, and facilitating the development of a comprehensive CT portfolio for competitive HST applications.

Methods: We analysed data from the Royal College of Psychiatrists' Gold and Silver Guides, supplemented by additional relevant resources. Based on this, we developed scripts and storyboards for an educational short film, currently in progress, and designed an accompanying educational poster to present the key information.

Results: The analysis led to the identification of key training strategies and resources critical for psychiatry core trainees. The development of the educational short film and poster has facilitated clear, accessible guidance, enhancing trainee understanding of the ARCP process and HST application requirements.

Conclusion: The educational resources developed offer valuable support to psychiatry core trainees, aiding in ARCP preparation and HST applications. Continued refinement of these tools will further enhance their utility.

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Simulation OSEs (Observed Structured Educational Stations) to Develop Inter-Professional Education (IPE) and Collaborative Working (CW) in Healthcare at Cygnet Churchill Hospital London, UK

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Aims: Calhoun et al. assessed the effectiveness of in-situ simulation education and showed that adding in-situ simulation to current educational practices may improve patient mortality and morbidity.

Collaborative Working is when individuals with various professional backgrounds work together and combine their expertise with other individuals to provide the best care possible. The essence of collaborative working is "working as a team with respect and value for each team member's unique role and contribution".

The practice of interdisciplinary learning is already in place when Immediate Life Support simulation training is delivered. The concept of broadening this practice out to other areas of clinical practice is therefore not far-fetched and is evidence based.

Aims: Embed lessons learnt from serious untoward incidents within an simulated inter-professional educational environment; OSE implementation will improve staff ability to respond to clinical scenarios.

Methods: A total of 27 participants attended these sessions conducted across 2 days. The staff rotated through a four-station circuit (10 minutes each with 5 minutes verbal feedback): completing a NEWS2 chart (National Early Warning Score); recording glucose levels on a blood glucose monitoring chart; documenting neurological observations following Rapid Tranquillization administration and effective communication.

At each station, participants were asked to complete a Likert questionnaire to self-report their status in 4 key areas: Knowledge, Confidence, Management, Resource Awareness, and preference between Face-to-Face (F2F) or E-learning teaching. Following the station, participants received constructive feedback on their performance and repeated the questionnaire.

Results: Qualitative and quantitative data analysis was completed to assess the questionnaire responses, with all stations showing a significant increase in average scores (AS) across all Key Areas, ranging between 16.4% (NEWS2) and 54% (Neurological Observation).

Confidence in handling clinical scenarios showed the smallest AS increase across all stations ranging from 12.3% (NEWS2) to 46.1% (Neurological observation).

Awareness of trusted resources available had consistent minimal score change, with lowest score change of 6.1% observed in NEWS2. Post-session learning preferences strongly favoured F2F teaching, with all 27 participants preferring it for Communication and Blood Glucose monitoring stations. Neurological observation station showed the biggest improvements in knowledge (58.3%) and confidence in management (65.2%).

Conclusion: These findings highlight the importance of interactive teaching to improve clinical competency and knowledge retention. The data also suggests the need for improved resource awareness and accessibility and as a result resource folders have been disseminated. Cygnet Healthcare is also implementing OSEs across other hospital sites.

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Establishing a Mentoring Scheme for Psychiatrists in the South West, UK

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