Is There a Role for Artificial Intelligence in the Multidisciplinary Team? A Qualitative Case-Conference Comparison in Treatment-Resistant Schizophrenia

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Aims: To compare artificial intelligence (AI)-generated and consultant-generated formulation and management themes using an anonymised case of treatment-resistant schizophrenia, and to explore AI's potential future role as a clinician-supervised adjunct in psychiatry.
Methods: An anonymised longitudinal case summary of treatment-resistant schizophrenia was presented at a virtual academic meeting within the South Eastern Health and Social CareTrust, Northern Ireland, attended by approximately 50 clinicians including 32 consultant psychiatrists. No patient-identifiable information was used, shared, or processed in the case materials or subsequent write-up. Consultant priorities were captured and synthesised by the case presenter into core themes.

In parallel, the same anonymised case narrative was discussed within a single AI conversation using an OpenAI large language model (GPT-5.2 Thinking). The AI-generated themes were informed by the case narrative and an uploaded specialist prescribing reference (Maudsley Prescribing Guidelines, 15th edition). Themes were compared for overlap and difference with reference to evidence-aligned core domains relevant to treatment-resistant schizophrenia.
Results: The consultant group focused on the clozapine pathway, including whether clozapine had received an adequate trial and whether a monitored re-challenge could be considered. Discussion revisited reasons for discontinuation and relevant physical parameters, including electrocardiogram findings and inflammatory and cardiac blood markers. A second theme was improving treatment delivery through adherence strategies, including long-acting injectable antipsychotics, particularly haloperidol depot based on prior tolerability. The consultant group also highlighted tertiary specialist input for complex clozapine risk–benefit decisions amid substance misuse, risk, and psychosocial complexity; this was not proposed by the AI output. Electroconvulsive therapy was not openly proposed by the consultant group but was identified by the AI output as a potential consideration. Augmentation options, such as allopurinol, were noted by both groups.

Overall, the AI output proposed a similar pattern of thinking across major priorities and added value through structure and sequencing.
Conclusion: The consultant group and AI-generated themes were broadly similar andreflected guideline-consistent common practice in treatment-resistant schizophrenia, with differences in emphasis and service-level options. The consultant group contributed a grounded sense of feasibility shaped by engagement patterns, service capacity, and psychosocial circumstances. AI's benefit was structured presentation, with coherent formulation domains and sequencing of options and monitoring considerations.

This supports a role for AI as a clinician-supervised adjunct for formulation, treatment planning, documentation support, and education, without replacing clinician judgement or accountability. Future studies should plan the comparison in advance, use more than one independent rater, and test whether artificial intelligence support improves process measures under appropriate information governance.

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.

Exploring Medical Student's Attitudes to Electroconvulsive Therapy (ECT)

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Aims: Electroconvulsive therapy (ECT) is an effective and safe treatment for severe mental illnesses yet it remains stigmatised with widespread misconceptions- even among healthcare professionals and medical students. Previous studies have reported that medical students often have limited and inaccurate knowledge about ECT, particularly regarding itsadministration and safety. The aim of our study was to explore medical students' attitudes to ECT before they engaged with a Technology-Enhanced Learning and Teaching (TELT) resource which focused on ECT.
Methods: An online survey was sent to all medical students during their clinical placement in psychiatry to explore their knowledge and attitudes about ECT. The questionnaire was adapted from those used in other studies to explore knowledge and attitudes towards ECT. Ethical approval was obtained from the MVLS Ethics Committee as was approval from the Head of the Undergraduate Medical School.
Results: To date, 104 students have completed the pre-teaching questionnaire. Of the respondents,57% (n=59) identified as female and 40% (n=41) identified as male.The majority of respondents (70%, n=72) reported that a friend or relative had been diagnosed with a mental health problem and 16% (n=16) reported that they themselves, had been diagnosed with a mental illness.

Just under half (47%, n=48) stated that they would consider specialising in psychiatry. Respondents reported that prior knowledge about ECT came from movies and TV (67%, n=70), the internet (53%, n=55) and medical books and journals (37%, n=38). Baseline knowledge of ECT was limited: only 64% (n=66) were aware a general anaesthetic was given and only half (51%, n=53) were aware that muscle relaxants were used. Only 33% (n=34) recognised that ECT did not cause permanent brain damage and 38% (n=40) were aware that ECT did not cause burns. Moreover, 65% (n=68) reported they would be afraid to receive ECT themselves and 59% (n=61) reported that their view of ECT had been negatively impacted by the media.
Conclusion: Despite respondents reporting high rates of exposure to mental health problems in family and friends and high rates of respondents considering a career in psychiatry, baseline knowledge of ECT was very limited, and appeared to be influence by the media. Misconceptions around the procedure, were relatively common with many respondents expressing fear over receiving the treatment themselves. These results highlight the need for educational resources to address misconceptions, improve knowledge and counteract the negative influence of media depictions of ECT.

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From Classroom to Connection; Experiential Learning Disability Education in Psychiatry Training

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Aims: People with learning disabilities experience significant health inequalities, yetundergraduate medical education often provides limited opportunities for sustained,meaningful engagement with this population outside clinical settings. This cancontribute to anxiety, uncertainty, and communication barriers for future doctors. Thecollaboration between Transition2 (T2), a specialist education provision for youngadults with special educational needs and disabilities (SEND), and the PsychiatryTeaching Unit (PTU) at Derbyshire Healthcare NHS Foundation Trust was developedto address this gap. The projectaimed to embed experiential, learning disabilityfocused teaching within undergraduate psychiatry placements, prioritising livedexperience, communication, and relational learning.
Methods: During undergraduate psychiatry placements, medical students spent structured timeat Transition2, engaging with young adults with learning disabilities throughfacilitated sessions and informal interactions. Activities included shared discussions,collaborative tasks, and reflective conversations, designed to support authenticengagement rather than observational learning. Teaching was informed byexperiential education principles, including Kolb's experiential learning cycle, enabling students to experience, reflect, conceptualise, and apply learning related toholistic, person-centred care. Sessions were co-designed with Transition2 staff toensure they provided a safe, respectful, and empowering environment for learners.

Evaluation was qualitative, drawing on feedback from students, staff, and Transition 2 participants.
Results: Feedback from students and staff demonstrated improved communication skills,increased confidence, and deeper understanding of learning disability within a real-world context. Students valued the opportunity to engage openly with individuals withlived experience, describing learning that extended beyond traditional classroom orclinical teaching. Many reflected on feeling genuinely invested in learners' journeysand reported enhanced empathy and awareness of how language, pace, andenvironment influence communication. Transition2 learners benefited fromopportunities to practise communication, express personal perspectives, and interactwith future clinicians in a collaborative, non-clinical setting. The partnershipaddressed a critical gap in medical education by enablingrelational learning rarelyachievable in standard placements and successfully translated experiential learning theory into meaningful practice.
Conclusion: The Transition 2 and PTU partnership demonstrates an innovative, exciting model for learning disability education within undergraduate psychiatry. By embedding livedexperience and fostering respectful, reciprocal relationships, the programme enhances communication skills, empathy, and confidence among future doctorswhile empowering young adults with learning disabilities. Similar partnerships couldbe embedded within community education settings, colleges, and supportedemployment services, contributing to a more inclusive, informed, and compassionatehealthcare workforce.

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Are Medical Students Prepared to Recognise Perinatal Mental Illness? Impact of a Targeted Teaching Intervention on Obstetrics & Gynaecology Placements

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Aims: To evaluate whether a structured perinatal psychiatry teaching series delivered during Obstetrics & Gynaecology (O&G) placements improves medical students' awareness of perinatal mental health services, understanding of common and severe perinatal psychiatric conditions, knowledge of psychotropic safety in pregnancy and breastfeeding, and confidence in recognising and managing perinatal mental illness.
Methods: An online perinatal psychiatry teaching series was delivered to 5th-year medical students during their O&G placements. Sessions covered: (1) an introduction to perinatal psychiatry and services, (2) common perinatal psychiatric conditions, (3) severe perinatal mental illness, and (4) psychotropic medication in pregnancy and breastfeeding. Pre- and post-session questionnaires assessed self-reported understanding and confidence using Likert-scale responses. Qualitative feedback explored students' perceptions of relevance and educational value.
Results: Across the four teaching sessions, 99% of students (85/86) reported the sessions were useful. Following the introductory session, 100% of respondents (34/34) agreed that perinatal mental health teaching should be incorporated into O&G placements, and 85% of students (29/34) reported being at least 'somewhat likely' to consider perinatal mental health in their future clinical practice. Significant improvements in self-rated understanding were observed across all sessions. For the introductory session, the proportion of students reporting 'moderate' to 'very good' understanding increased from 32% (9/28) pre-session to 95% (35/37) post-session. For the session on common perinatal psychiatric conditions, 'good' or 'very good' understanding increased from 23% (5/22) pre-session to 94% (15/16) post-session. Understanding of severe perinatal mental illness improved from 14% (3/21) of students rating their understanding as 'good' or 'very good' pre-session to 87% (20/23) post-session. Prior to the psychotropics session, no students reported 'good' or 'very good' understanding (0/12); following the session, 92% (12/13) rated their understanding as 'good' or 'very good', with no students reporting 'no' or 'basic' understanding post-session. Qualitative feedback consistently highlighted the clinical relevance of the teaching and perceived value of the programme.
Conclusion: A structured perinatal psychiatry teaching programme delivered during O&G placements is feasible, highly acceptable to students, and associated with substantial improvements in self-reported understanding and confidence. Embedding perinatal mental health teaching into undergraduate O&G curricula may support earlier recognition of maternal mental illness and strengthen multidisciplinary maternity care.

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The Pressurised Leaky Funnel: A Systems Framework for Recruitment, Selection and Retention in UK Psychiatry

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Aims: Recent increases in competition ratios for UK psychiatry training suggest recruitment success, yet consultant vacancies and