level (3.3±1.1 vs. 4.0±0.8), confidence in teaching others (3.0±1.1 vs. 3.8±1.0), respectively. The overall change was from 16.0±5.2 to 19.7±4.0 ($p<0.001$). This was consistent across topics and professional groups. Qualitatively, attendees perceived this method as a quick refresher of existing knowledge, and a source for relevant new information that is useful in clinical practice, especially while supporting patients and families.

Conclusion: It appears that the bitesize teaching is an effective method for training on diverse clinical topics. Post-session responses showed positive changes in domains of knowledge, skills, and confidence. Further studies are required about the persistence of the effectiveness over time.

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Reflections on Transitioning a Regional Teaching Programme from Online to In-Person Delivery

Dr Estela da Rosa Reckziegel, Dr Joshua Withers, Dr Jonathan Monk-Cunliffe and Dr Daniel McNamara

Avon & Wiltshire Mental Health Partnership, Bristol, United Kingdom

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Aims: Online teaching is common practice in postgraduate medical education. For the past three years our trust has provided an optional postgraduate education programme in psychiatry to GPs and foundation doctors. This has been run online due to perceptions of increased learner convenience, reduced time-cost for busy clinician teachers and reduced financial cost to the organisation. However, the programme's teaching faculty observed little learner engagement in interactive learning during online sessions and were concerned about the impact of this on the teaching and learning experience. It was postulated that in-person sessions might increase group proximity, cohesiveness and psychological safety leading to a more interactive learning and teaching experience and increased learner and teacher satisfaction.

Methods: We reorganized our regional teaching programme and changed 6 online sessions to one half educational day with 3 sessions, and a full day with the remaining 4 sessions. We delivered the first of these sessions in early January 2026. Session content included psychiatric emergencies, communication skills, and comparisons between psychiatry and other specialties.

Results: 7 out of 52 learners attended the first session, the majority of whom were based in Bristol placements. This attendance was lower than that observed for previous online sessions (between 8 and 15 attendees out of 52 invited) and could reflect commuting and obtaining time away from clinical duties. In contrast, online sessions had previously been attended bytrainees from across the region, raising potential equity and accessibility considerations. Despite the lower attendance, formal feedback from attendees was uniformly positive. Informal feedback indicated a preference for in-person teaching, with learners reporting improved concentration and greater ease of interaction with both faculty and peers. Teachers had the impression learners engaged more in the sessions in contrast to previous online ones, and had higher satisfaction with the format, which may have implications for teacher motivation and retention.

Conclusion: We have recently changed our GP and foundation doctors teaching programme from online to in-person sessions due to concerns about low engagement within sessions. Our early reflections include a better perceived experience from learners and teachers, although difficulties in attending sessions could limit success in the future. We have demonstrated satisfaction with returning to in-person teaching, and will continue to assess learners' responses and feedback.

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Codes, Clues, and Clinical Skills: Building a Psychiatric Escape Room

Dr Jasleen Deol[1,2] and Dr Joanna Pegg[2]

[1]Aston University, Birmingham, United Kingdom and [2]Black Country Healthcare NHS Foundation Trust, Dudley, United Kingdom

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Aims: Innovative teaching methods and gamification are increasingly sought in medical education to promote active learning and engagement amongst students. This interactive andnovel approach has gained popularity within medical education and allows students to consolidate their clinical knowledge and apply their skills to unfamiliar scenarios.Students are encouraged to think in a holistic manner, and this teaching intervention facilitates experiential learning.

The aim of this study was to design and deliver a psychiatry-themed escape room for Fourth year medical students at Bushey Fields Hospital. This is a novel approach to undergraduate psychiatric teaching, which focused on consolidating clinical knowledge regarding basic principles of psychiatry and encouraging collaborative problem-solving.

Methods: A 45–60minute escape room was developed, centred around a fictional patient who was admitted to hospital after experiencing psychosis. Students were given a backpack with a padlock that contained clues and five tasks to solve. Working in groups of 3–5, students solved tasks centred around history taking, mental state examinations, assessing risk, physical health monitoring and contemplating management approaches.

A mixed method approach was undertaken, and pre- and post-session questionnaires (Likert scaled) assessed student-rated confidence regarding management of psychiatric situations, assessing risk, formulating differentials and management plans were distributed. Further qualitative data was gathered from students regarding their learning and experiences regarding the psychiatry-themed escape room.

Results: Eighteen students participated over four escape room sessions. Post-session confidence scores increased across all measured domains, especially when undertaking risk assessments and knowledge of the Mental Health Act.

Qualitative data was thematically analysed and students reported that this was a useful opportunity to apply their skills and knowledge, using a simulated case.

Conclusion: The results of this study suggest that this approach helped students to engage with psychiatric teaching in a novel and innovative manner. Students reported that they felt that consolidating their psychiatric knowledge using a simulated case was a safe environment to learn further.

Students reported a greater appreciation regarding the use of legal frameworks, history taking skills and undertaking mental state examinations. These are key considerations and skills used within psychiatry, which will lead to resident doctors being well equipped with key psychiatric principles, improvement in future practice and patient care.