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

Dr Lewis Kitchen and Dr Ben Johnston

South Eastern Health and Social Care Trust, Belfast, United Kingdom

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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)

Dr Isabel Schlegel[1], Dr Georgia Wylie[2] and Prof Julie Langan Martin[1]

[1]University of Glasgow, Glasgow, United Kingdom and [2]NHS Ayrshire and Arram, Glasgow, United Kingdom

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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

Mrs Hayley Lawrence

DHCFT, Derbyshire, United Kingdom

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