in sciences other than anatomy, biochemistry, physiology and pharmacology. On clinical placement, there is little cross-speciality support for those students who want to be psychiatrists and sometimes even lost opportunities for those publically aspiring towards psychiatry. Placements in psychiatry give students a better understanding of psychiatry but this does not seem to significantly change their career aspirations and this is rather defined from the admission stages.

Conclusion. After comparing experience with literature, stigma towards psychiatry appears to be universal. It may be important to consider the types of students who are being attracted to medical school as currently students seem to have an intrinsic disinterest in psychiatry despite later becoming better informed through psychiatric placement. Culture is notoriously hard to change, particularly within medicine. This stigma exists both in the lay and medical communities with early potentially inaccurate lay views of psychiatry being validated and reinforced throughout medical school.

Improving quality of psychiatry training in Northern Ireland through the introduction of postgraduate education fellows

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Aims. To improve postgraduate psychiatry education and training in Northern Ireland.

Background. Historically within Northern Ireland there has been a postgraduate Member of the Royal College of Psychiatrists (MRCPsych) teaching programme delivered to core trainees in preparation for MRCPsych examinations. There has been no official teaching programme for higher trainees. Northern Ireland Medical and Dental Training Agency (NIMDTA), in collaboration with the Royal College of Psychiatrists in Northern Ireland and all five Trusts developed the novel idea of introducing Postgraduate Education Fellows, to oversee and improve core training, and to develop a bespoke higher training programme.

The Postgraduate Education Fellows met to collate information from various sources in relation to issues within the current teaching programme and address these along with the development of new initiatives. The fellows further act as a point of contact for all trainees as well as incorporating quality improvement methodology, we have been making small changes to each aspect of the teaching programme and evaluating the changes made. The feedback from trainees has been positive as evidenced by quantitative and qualitative feedback. 8 candidates sat our first mock CASC with a 100% pass rate in their MRCPsych CASC examination. There has been a positive response to the higher trainee seminar programme.

Conclusion. This programme has produced good outcomes to date and sets foundations for the future development of postgraduate psychiatry education in Northern Ireland.

Virtual balint group experience due to the COVID-19 pandemic

Rebecca Brown* and Nicola Philips
Nottinghamshire Healthcare NHS Foundation Trust
*Corresponding author.

Aims. In the changes brought about by remote working, the local psychotherapy case discussion group (Balint Group) has developed as a remote service via video consultation. It is important to consider the effect that this change in method of delivery has had on experience.

Method. An anonymous survey was distributed to determine the benefits and challenges from participants and facilitators with at least a month of virtual Balint Group experience. The open-ended survey questions captured extended answer responses from 16 students and trainees, and 5 (co-)facilitators, within Nottinghamshire Healthcare NHS Foundation Trust. The qualitative feedback was analysed by thematic analysis, identifying three main themes.

Result. Using baseline data on the current teaching programme and from higher trainees as well as incorporating quality improvement methodology, we have been making small changes to each aspect of the teaching programme and evaluating the changes made. The feedback from trainees has been positive as evidenced by quantitative and qualitative feedback. 8 candidates sat our first mock CASC with a 100% pass rate in their MRCPsych CASC examination. There has been a positive response to the higher trainee seminar programme.

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Remote Mock OSCE (ReMO): The “new normal”?  
Rachel Brown*, Elsa Brew-Girard and Stephen De Souza
Taunton & Somerset NHS Foundation Trust, University of Bristol  
*Corresponding author.


Aims. In March 2020, COVID-19 and its associated restrictions forced a halt to in-person teaching and assessment. To try and mitigate this disruption, the psychiatry undergraduate teaching faculty developed a knowledge based remote curriculum. However, it became clear that our students sorely missed clinical and consultation experience. Prior to the pandemic we had delivered a mock Objective Structured Clinical Examination (OSCE) to those undertaking their psychiatry block. In Somerset Academy, we wanted to deliver a distanced alternative: the remote mock OSCE (ReMO). We hoped to demonstrate this would be a feasible and valuable learning experience.

Method. In keeping with other OSCEs, ReMO had active stations (4) and a rest station. Four simultaneous Skype meetings were set up as clinical stations, each with an examiner and actor. To test the technology, students and facilitators were emailed links to each meeting in advance, and invited to sign in. Students were given individualised timings to rotate between stations. Stations involved history taking, risk assessment, and management discussions of common psychiatric presentations.

The students then rotated again, receiving personalised feedback about their performance, enabling immediate reflection and consideration of areas for development. This was followed up with written feedback, using examiner completed mark schemes.

Result. After ReMO we invited feedback from medical students and facilitators. 7 out of the 8 medical students that participated completed a post-ReMO survey. 100% of students found ReMO “useful”, with 71% (5/7) rating it an “extremely valuable” experience and 29% (2/7) rating it “fairly valuable”. Students felt it was well organised, realistic, and increased their confidence in remote consultations and OSCE practice. 6 out of 8 facilitators completed feedback on ReMO. 100% felt that ReMO was reproducible and 83% (5/6) rated it as “fairly realistic” when compared to the face-to-face standard.

Conclusion. Firstly, ReMO was feasible. However, it was logistically difficult, requiring extensive organisation to ensure this relatively small group were in the right place at the right time. In future, we would consider alternative platforms such as Zoom, or specific consultation software, such as Attend Anywhere, to reduce the logistics burden and utilise features such as ‘breakout rooms’. We would recommend an allocated co-ordinator to troubleshoot any problems in real time via a group messaging service.

In conclusion, ReMO is achievable and a valuable student learning experience. Since the pilot it has become an integral part of our curriculum. We recommend that all undergraduate Psychiatry faculties consider adding it to their programme.

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