

systematically gathered since 2022, has been pivotal in continuously refining the curriculum and teaching methods, ensuring they remain up-to-date and effective.

Results. The bootcamp demonstrated notable success in enhancing the preparedness of new psychiatry trainees for on-call duties. Post-course evaluations revealed an improvement in participants' confidence levels when managing psychiatric emergencies and various on-call situations. Through the practical and interactive nature of the training, trainees reported a deeper understanding of acute psychiatric care and an increased ability to apply theoretical knowledge in real-life scenarios. The hands-on experience with simulated scenarios was particularly effective in bridging the gap between classroom learning and clinical practice. Trainees expressed greater comfort in handling challenging situations, such as rapid tranquilisation and emergency detention under the Mental Health Act, which were previously areas of concern.

Conclusion. The Psychiatry Bootcamp represents a targeted and effective approach to preparing new psychiatry trainees for the demands of on-call duties. By focusing on key areas of need and employing a variety of teaching methods tailored to enhance practical skills and confidence, the bootcamp successfully addresses the gap between theoretical knowledge and clinical application. Preliminary feedback underscores the value of such programs in psychiatric education, suggesting that this model could be beneficial for similar settings seeking to improve trainee preparedness and overall patient care quality.

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Bringing Simulation-Based Education in Psychiatry Into the Virtual Sphere

Dr Thomas Scurr^{1*}, Dr Abdallah Adbelkerim², Dr Jessica Scott³ and Mr Stephen Haupt¹

¹Devon Partnership Trust, Exeter, United Kingdom; ²Devon Partnership Trust, Barnstaple, United Kingdom and ³Livewell Southwest, Plymouth, United Kingdom

*Presenting author.

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Aims. Simulation-based education (SBE) is widespread in both undergraduate and postgraduate medical education, but less frequently in psychiatry. Despite this, the relatively small evidence base suggests high levels of participant satisfaction and educational benefit from SBE in psychiatry. Bringing SBE into the virtual environment presents another set of challenges we identified both through current medical education research and through our own experience. Our poster will demonstrate our current model of virtual simulation, the evidence base we used to develop this, and the feedback we have had from this new venture.

Methods. Background – As part of our undergraduate CAMHS teaching, where students spend 1 week within our service as part of a 3-week psychiatry clinical placement, we provide a single session of CAMHS SBE. This is delivered by 2 facilitators and a professional medical actor providing the role of the adolescent patient. Our virtual simulation teaching session has now been integrated into our teaching program. We have developed this session in line with current medical education research, and have presented this at the Annual Medical Education Conference and integrated feedback on our session into the current model.

Results. We have successfully adapted this session to be delivered remotely, and have received overwhelmingly positive feedback from our students, citing improvements in their confidence and learning after our session. Along with the challenges to engagement, participation, and patient involvement of remote teaching, we further adapted our session to accommodate increased numbers of students attending – a national trend. However, from current research and our experience, there are also benefits to both educators and students from virtual SBE.

Conclusion. Our results show that simulation can be used effectively in psychiatry through virtual media to expand student clinical experience and provide excellent educational opportunities. We present our model for virtual SBE and the evidence base we have used to develop this session, along with the feedback we have had from students, staff, and teams across the country.

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Tailored CAMHS Educational Sessions for Primary Care Staff

Dr Anna Sherratt^{1*} and Dr Michael Foster²

¹Midlands Partnership NHS Foundation Trust, Telford, United Kingdom and ²North Staffordshire Combined Healthcare NHS Trust, Stoke-on-Trent, United Kingdom

*Presenting author.

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Aims. To develop and evaluate a tailored teaching session for local non-medical primary care staff on common CAMHS (Child and Adolescent Mental Health) conditions. It was hypothesised that quizzes administered before and after the educational session would evidence an improvement in clinician's knowledge of these clinical presentations.

Methods. Invitations were extended to all local PCNs to attend educational sessions held on four separate occasions in December 2022 and January 2023. Multiple choice quizzes were administered before and after a presentation on four common CAMHS conditions. The presentation and quizzes covered the presentation, diagnosis, and management of autism, eating disorders, depression and emotional dysregulation. Quizzes were scored out of a maximum 16 points with four questions per clinical condition. A paired T-test (following tests for normal variance) was performed using JASP software to compare the before and after scores.

Results. A total of 22 non-medical clinical staff attended the sessions. This included physician associates (n = 1), allied health professionals (n = 5), practice nurse (n = 3), care coordinator (n = 3), health care assistant (n = 4), social prescriber (n = 1), mental health practitioner (n = 3), advanced clinical practitioner (n = 1) and advanced nurse practitioner (n = 1). For the 22 pairs of quizzes, mean differences and 95% confidence intervals (CIs) were calculated between before-and-after scores. The mean difference between total score was 6.9 CI [6.1, 7.7] which was statistically significant (p < 0.001).

Conclusion. More than 31,000 additional staff have been recruited into healthcare roles at general practices across the country since 2019 to meet soaring demand for primary care services. Since the pandemic record numbers of children and adolescents are presenting with mental health difficulties, therefore, it is likely that primary care clinicians will encounter these

presentations in their practice. Our results suggest that such a tailored approach can offer effective means in improving knowledge in this growing group of professionals. Such sessions may also provide informal spaces in which to network with secondary mental health professionals, improving links between services.

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Neuropsychiatry Teaching for Medical Students: A Narrative Review

Mr Philip Spani-Orchin*, Mr Elliott Tsai-Goodman and Dr Mohan Rathnaiah

University of Nottingham, Nottingham, United Kingdom

*Presenting author.

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Aims. Neuropsychiatry is a new and burgeoning field of medicine that combines neuroscientific principles with neurology and psychiatric medicine. Currently, there is little to none medical school literature and/or teaching in the subject. Re-integration of Neurology and Psychiatry disciplines has been recommended, especially in undergraduate and graduate medical training as well as in research. Neuropsychiatry disorders are considered one of the most important causes of disability by the World Health Organization. As a concept, Neuropsychiatry is still not clear on a global scale, from neurological examination to medical school teaching. There have already been active efforts to design and implement Neuropsychiatry training to post-graduate trainees worldwide, particularly in USA, Australia and UK. However, there seems to be no such endeavours towards teaching medical students the role of the brain in the manifestation of neurological as well as psychiatry symptoms. We set out to complete a targeted literature review looking for Neuropsychiatry teaching, if any, in medical schools worldwide.

Methods. A systematic literature search of relevant key phrases was carried out in PubMed and Google Scholar databases. These phrases were searched between 29–31 January 2024 aimed to encompass the full scope of available teaching resources and materials across psychiatry and neurosciences worldwide. These searches included:

((Neuropsychiatry) AND (Medical students)) AND (Medical school)) AND (Medical education)
 (((Neuropsychiatry education) AND (training)) AND (medical students)) AND (Medical education)
 (Neuroscience-in-psychiatry) AND (medical school)
 ((Neuropsychiatry) AND (Medical education)) AND (Medical students)

Further reading was completed from the selected articles (six in total).

Results. A total of 324 results were found from systematic literature search after leaving out the duplicates, of which only 6 articles were included as relevant to aim of our study. None of the articles described clear Neuropsychiatry teaching to the medical students.

Conclusion. Our review highlighted a distinct lack of Neuropsychiatry learning outcomes within medical school curriculum. Neuroscientific principles and methodologies are incorporated in treatment of patients, rationalising clear differentiation between neurology or psychiatry, but the overall picture from both disciplines and utilisation towards diagnosing and managing

the cluster of symptoms manifesting from aberrant brain processes is still unclear. In line with previous research around education measurement, we propose that fundamentals from both Neurology and Psychiatry need to be introduced as clinical neuroscience early in medical school and this can be further continued.

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Psychiatry and the Cinema for the Wellbeing and Development of Psychiatry Trainees: A Survey and Thematic Analysis

Dr Tomos Jones, Dr Kate Preston and Dr Jonathan Stone*

Avon and Wiltshire Partnership, Bristol, United Kingdom

*Presenting author.

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Aims. The importance of the humanities has been highlighted in developing a holistic person-centred model of psychiatry. The use of film to explore topics related to psychiatry, known as ‘cinemeducation’, has been shown to encourage reflection. Wellbeing has been identified as a key area in the quality of psychiatry training, however there is currently no evidence exploring the wellbeing and educational benefits of ‘cinemeducation’ within psychiatry training programmes

Our primary aim was to measure the impact of ‘cinemeducation’ events on attendees’ wellbeing and professional development, with a secondary aim to explore attendees experience of ‘cinemeducation’.

The hypothesis is that attendees will experience a wellbeing and educational benefit from the initiative.

Methods. 6 events were assessed between January and August 2023. Each event involved the showing of a feature length film, followed by a 30-minute discussion. 4 out of 6 events were facilitated by guest speakers, usually a consultant psychiatrist. Following events, questionnaires were distributed which included a series of statements with Likert scales and open ended questions. Mean Likert scale scores were calculated with qualitative data interpreted by the authors using thematic analysis.

Results. A total of 108 trainees attended events, predominantly core trainees (64.52%). All events scored consistently high for self-reported wellbeing, however facilitated events demonstrated higher scores for self-reported reflective and educational benefits. The themes derived from qualitative data were of ‘cinemeducation’ being a *novel educational opportunity* where attendees were able to use film to work through challenges associated with psychiatry, as well as being an opportunity for *connecting with other trainees*, where attendees could share experiences and foster a sense of community.

Conclusion. Core psychiatry trainees in particular, appear to value ‘cinemeducation’ as a tool to connect with their peers and develop their understanding of psychiatry in a relaxed, but stimulating environment, which is best achieved under the guidance of a senior colleague. The study suggests that the introduction of ‘cinemeducation’ across psychiatry training programmes would benefit trainees’ wellbeing and development. Further research is required to assess the impact of such initiatives across a broader cohort of trainees, using more robust methods of data collection, as well as formal measures of skills such as reflective functioning.

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