However, it was clear that access to some form of a group was important, to contain anxiety during these unprecedented times.

Remote Mock OSCE (ReMO): The "new normal"?

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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.

Edu-couch-ing the masses: an online, multi-disciplinary psychiatry teaching programme

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Aims. In response to medical students expressing concer at limited access to psychiatric placements, particularly on-the-ground teaching or witnessed patient cases, we established "Psych From The Couch" – an open-access, free, Zoom-based, interactive teaching programme. We sought to:

Explore new means of psychiatric education, assess needs of multiple "categories" of student – medical, nursing, or PA students, junior doctors, wider MDT – and meet those needs in a creative, yet virtually-limited format.

Assess disparities between students' self-declared learning deficits and objective knowledge gaps.

To explore the use and value of virtual programmes as a structured means for inclusive multi-disciplinary education of psychiatric practice.

Method. We gathered information on students' self-declared learning needs and deficits, location, role, training level, and confidence at the outset of the programme, with data from ~180 "students".

We experiemtned with learning styles and methods of online interaction, running a series of 10 sessions - recorded for those unable to attend - incorporating the bredth of psychiatric curricula:

Diagnostic Principles
"Organic" Psychiatry
Substance Misuse
Psychotic Disorders
Affective Disorders
Old Age Psychiatry
CAMHS
Emergencies & Legalities
Examinations in Psychiatry
Real World Psychiatry

We utilised initial sign-up forms and repeated feedback requests to assess wider student needs, establish overarching structure to our programme, and ensure learning objectives were appropriate and met.

We collated final feedback and scores at the close, assessing via examination questions and self-defined Likert scale, and incentivising feedback with a final portfolio certificate.

Result. Demographics of open-access teaching varied broadly, from senior medical staff to access to medicine students; 92.9% were medical students. Students were diversely sourced from all years', with ~50% collectively in their penultimate or final years' of study.

Most common self-defined decficits reported were understandably anxiety regarding practical examinations or assessment given recent placement restrictions, however many reflected on anxieties regarding psychiatric emergencies, substance misuse, legal frameworks, personality disorders as a diagnostic category, and pharmacological management.

Our cohort responded warmly to our teaching style and techniques, with feedback and consequent improvements to teaching technique weekly. We were able to evidence improvements to global confidence, and confidence in key areas of prior learning anxiety.

Conclusion. Categorising self-defined deficits yielded fasctinating information on students' perception of their learning needs and deficits; these data may offer insight into potential deficits in the scope of nationwide psychiatric teaching.

We were able to separately identify international students' or professionals' self-defined needs as distinct from UK students and graduates, with further rich data on the potential needs of those entering the NHS workforce.

We also evidenced – with data regarding increased confidence, fewer self-defined learning deficits, significant Twitter social interaction, and in practical application of a virtual teaching methodology – proof of the concept of "Psych From The Couch".

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The catatonia syndrome: forgotten but not gone – a case report

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Aims. To highlight the presentation and treatment of catatonia in a patient with Schizophrenia.
Background. Catatonia is a syndrome of altered motor behaviour accompanying many general and neurological disorders. It frequently goes unrecognized, leading to the erroneous conclusion that it is rare. Signs and symptoms of catatonia are commonly relieved by the intravenous (IV) administration of a barbiturate or benzodiazepine. If the patient does not fully respond to the sedative drug, ECT becomes the default.
Result. A 61-year Caucasian male with a diagnosis of Paranoid Schizophrenia had been stable for 17 years on Clozapine. He was monitored by his GP. He resided in supported accommodation for 19 years and he was rehoused in a new borough. He was unable to obtain new prescription for Clozapine from his new GP and suffered a psychotic relapse following a period with no Clozapine and admitted under section 2 of the MHA. Clozapine was not restarted due to concerns of prolonged QTc and ectopics. Aripiprazol 15 mg and promethazine were prescribed. He was transferred to a medical ward three weeks later presenting as rigid with abnormal posturing on his bed, febrile, tachycardic and mute. He was confused, withdrawn and not responding to questions. In the medical ward he was bedbound, had high spiking temperatures, raised CK, ongoing fever.He was agitated , restless and confused with dystonic movements of arms and legs and echolalia. He developed an oral thrush, fecal impaction and was catheterised, had mittens put on due to pulling his iv cannulas. Clonazepam 2 mg QDS was prescribed, antipsychotic stopped and rehydrated. After two weeks in hospital clozapine was reintroduced and titrated accordingly. After 8 weeks Lorazepam was introduced as 1 mg QDS and he discharged to psychiatry unit on Lorazepam 1.5 mg QDS after 82 days in medical ward. He continued to be rigid and psychotic. Treatment continued with lorazepam increased up to 16 mg daily and 8 session of ECT were prescribed. Following ECT his mental state improved significantly and there was no rigidity or abnormal movements.
Conclusion. Catatonia is better regarded as a movement and behavioral syndrome with particular attributes and diverse antecedents. First line of treatment is high dose of Lorazepam and second line ECT. Catatonia is a diagnosable and treatable entity.More education is needed to reinforce this message for physicians, especially in emergency departments and psychiatric facilities.

A literature review for the introduction of psychiatric simulation to University of Liverpool Medical School

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Aims. The aim of this review is to systematically investigate simulation in psychiatry to enable the evidence based introduction of psychiatry simulation into the undergraduate curriculum at the University of Liverpool.
Background. Transformations in the structure of psychiatric delivery and reductions in funding to mental health care have limited the availability of direct patient clinical experiences for medical students. Experiential learning through simulation can be utilised as a powerful pedagogical tool and provide exposure to a broad range of psychopathology.

Although psychiatric skills and knowledge are gained from the current University of Liverpool undergraduate curriculum, there is no specific well-designed psychiatry simulation.
Method. The author searched MEDLINE, EMBASE and PsycINFO databases for studies that met the inclusion criteria. Search terms included 'simulation (psychiatry or 'mental health'). Studies were also searched using snowballing via citation tracking within the databases.

Inclusion criteria comprised studies of an educational intervention that involved simulation. The intervention had to be utilised within the field of psychiatric teaching.
Result. The literature review illustrated the dearth of studies analysing role-playing (RP) and/or simulated patients (SP) in psychiatry with it typically encountered as part of the more general communication skills curriculum. Studies analysing SP and RPs demonstrate how they build on the social context of learning alongside drawing on a range of educational theories, including experiential learning. However, studies show that well-designed simulation training should encompass more facets of learning to be transformative, specifically reflecting upon ones experiences alongside understanding and interpreting this new knowledge, allowing it to guide future actions and change practice.

Studies analysing virtual-reality in psychiatry are limited but demonstrate significant improvements in students' acquisition of key psychiatric skills and exposure to psychopathology. More studies are needed to evaluate the efficiency and cost-effectiveness of virtual-reality over more traditional methods.

Despite the increase in simulation teaching within psychiatry, and the expansion of innovative simulation approaches in other specialties, there was limited use of novel approaches found within the studies analysing psychiatric simulation. There were studies evaluating novel approaches to psychiatry simulation outside of the undergraduate curriculum.
Conclusion. Whilst there are barriers to overcome in simulation training, these are primarily logistical and are clearly outweighed by the educational gain demonstrated throughout this review. Simulation training in psychiatry has often remained limited to traditional communication-oriented scenarios using RP or SP. A greater emphasis on furthering the advancement and integration of more innovative approaches into psychiatric undergraduate teaching is needed.

The long and short of it!

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Aims. The aim of this study was to conduct a literature search on long and short QTc and its implications on prescribing medications.

We also intended to assess the knowledge of psychiatry core trainees in the South Yorkshire region regarding QTc and its implications on prescribing for patients.

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