of what it is like to live with mental health conditions and also showing accounts from family and friends who deal/dealt with mentally ill loved ones.
Conclusion: There is a space for the use of social media in the holistic approach to achieve the destigmatisation of mental health conditions in medical students. Social media can be used to drive empathy-based reflective practices in students via the utilisation of first-person experiences from the mentally unwell people themselves or their loved ones.

NHSE Regional International Medical Graduates Conference for Yorkshire and Humber School of Psychiatry

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Aims: International Medical Graduates (IMGs) represent over 30% of the NHS workforce. They play a vital role in addressing healthcare shortages and enhancing cultural diversity. They are a significantly mixed group in terms of their experience, skills and overall development. Due to differing systems, IMGs often require additional support. The right support ensures that they achieve their professional goals, highlighting the need for targeted conferences.

The conference aimed to facilitate collaboration and knowledge exchange between trainers and trainees, fostering mutual understanding. It also supported IMGs by providing insights into navigating the UK healthcare system while addressing their challenges through data discussion.
Methods: The "Untying the Knots" conference, held from 09:00 to 16:30, registered approximately 100 doctors and featured a poster competition. It included 21 speakers covering diverse topics, focusing on Language, Culture and the Clinical Encounter. International speakers shared insights on training in India and Nigeria, while sessions addressed IMG challenges and personal journeys. Pre- and post-workshop surveys evaluated effectiveness and informed future planning.
Results: 89% of those who attended were IMGs, with only 7% being trainers. Majority of the attendees were core trainees or Trust staff grades (28% each). There were participants from all 7 Trusts in the region and one Trust outside the region. Most achieved their primary degree in India, followed by Pakistan, then Nigeria. Most seemed to have a good confidence level (Predominantly or very confident) on topics relating to differential attainment, language/culture, portfolio management and compassionate leadership and less confident (slightly or fairly confident) about issues relating to the impact of patient safety incidents, navigating GMC referrals/SUIs and CESR pathway. The feedback was that people enjoyed the conference and 90% would attend again with 66% wanting it as a yearly event. 96% felt the conference was well organised with the presentations and networking being the most attractive components. 86% would prefer a face-to-face conference in the future and 10% a hybrid event.
Conclusion: Overall, the feedback was highly positive, with most attendees expressing interest in future events and suggesting it be held annually. The organisation, presentations, and networking opportunities were particularly well-received, with a strong preference for face-to-face events moving forward. These findings will help shape future conferences to better meet the needs of international medical graduates.

Upcoming conferences will implement feedback, explore topics of interest further like supporting the CESR pathway, and facilitating discussions on GMC referrals and Serious Untoward Incidents (SUIs).

Implementing and Improving Bedside Teaching and Experiential Learning for Medical Students During Psychiatry Placements

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Aims: The General Medical Council's (GMC) outcomes for graduate doctors includes the completion and interpretation of a psychiatric history, mental state examination (MSE), risk assessment and cognitive examination. To achieve these outcomes, medical students rotate through specialist psychiatry placements during their undergraduate training. Psychiatry rotations typically involve observing doctors in ward rounds and clinics and attending classroom-based teaching sessions. Feedback from local medical students highlighted that there was limited opportunity to complete a full psychiatric history, including a risk assessment, and mental state examination. This Quality Improvement Project (QIP) aimed to 1. Develop a reliable and accessible sign-up process and 2. Improve medical student's bedside teaching experience during their psychiatry placement.
Methods: A driver diagram was used to identify primary and secondary drivers and interventions relating to the aims of the project. An iterative four-stage problem-solving model, Plan-Do-Study-Act (PDSA) approach was used. Students were invited to join bedside teaching sessions in pairs, with students taking turns to complete a history including a risk assessment, and an MSE, followed by feedback from a facilitator. In total 74 students attended bedside teaching sessions. Facilitators were recruited on a voluntary basis and included both foundation doctors, general practice specialty trainees and core psychiatry trainees. Student experiences of both the sign-up process and confidence in core psychiatric skills were captured in pre- and post-teaching surveys consisting of free text responses and Likert scales. In total, eight PDSA cycles were completed with the feedback from each cycle used to refine the sign-up process and improve the bedside teaching experience.
Results: In total 74 students completed the pre-teaching surveys and 48 completed the post-teaching survey. Prior to bedside teaching sessions only 18% of students felt confident visiting an inpatient ward to take a history from a patient, 17% felt confident taking a psychiatric history and 27% felt confident completing an MSE. After attending bedside teaching sessions, 73% of students indicated that they felt confident visiting an inpatient ward, 85% felt confident in taking a psychiatric history, and 85% felt confident completing an MSE.

Conclusion: Providing medical students with dedicated bedside teaching sessions led to significant increases in confidence in spending time on inpatient wards, and in the GMC core graduate outcomes of eliciting a psychiatric history, risk assessment and completing an MSE.

Psychiatry E-Learning for Foundation Doctors: Creation and Review of Four Modules

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Aims: Foundation doctors rotate through six specialties during their programme. These may/may not include a psychiatry placement. E-learning for health (E-lfh) is a free resource which maps to the professional capabilities in the foundation curriculum, including mental health capabilities. During a six month fellowship, 4 topics were either newly created or improved within the psychiatry e-learning: anxiety disorders, substance use disorder, self-harm assessment and management and medically unexplained symptoms. Following this, the plan was to assess the impact and effectiveness of the e-learning.

Methods: The selection of modules were based on requirements from E-lfh and collaboration with the Royal College of Psychiatrists. It was agreed that the modules should be designed with as much interactivity as possible for an e-learning package, aimed at a foundation doctor (not what should be expected from a psychiatry trainee or higher) and also to equip a doctor with fundamental psychiatric knowledge regardless of if they choose psychiatry as a career.

Two modules were redesigns of pre-existing modules – self harm and substance use disorder. These originally were four distinct modules (two for each of the topics). Therefore the learning for each module was redesigned and updated. Medically unexplained symptoms (MUS) and anxiety disorders were new modules.

Feedback has been obtained via the E-lfh website which collates feedback at the end of each module and scores content, presentation, interactivity, self-assessments and overall rating. A separate survey has also questioned foundation doctors in the Northern deanery about their accessing of e-learning and evaluation.

Results: On the E-lfh website, all 4 modules have been accessed with number of feedback left ranging from 3 (MUS) to 11 participants (substance use disorders). The scores rated content, presentation, interactivity, self-assessments and overall rating. All of which were rated 4.4/5 and above.

In the Northern deanery survey, out of 27 participants, only 1 had accessed the modules – MUS. The doctor had rated the session's overall, clarity and relevance as good, with interactivity and engagement as average. They noted the difficulty as easy and rated their preparedness for psychiatry related cases as "somewhat prepared".

Conclusion: Whilst the scores from the E-lfh portal suggest good feedback for the completed modules, the more local feedback suggests limited uptake for e-learning modules in general. Therefore, the next stage of the project will be to design focus groups to further elicit views of foundation doctors before a full report is generated with suggestions to improve uptake and accessibility.

A Comparison of Simulation Training and Didactic Teaching Around the Involuntary Detention Process

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Aims: Teaching around the involuntary detention process under the Mental Health (Northern Ireland) Order 1986 is typically given to new rotational doctors at changeover. This can include a lot of new and technical information and likely can present as overwhelming. Initially, Quality Improvement Project was commenced to assess whether Forms under the Mental Health Order were being completed correctly pre- and post-traditional changeover teaching session.

In Northern Ireland Form 5s are completed if someone is a voluntary patient who then asks to leave hospital and is found to be a substantial risk to themselves and others. Form 7s are completed if a patient arrives on a detained basis having been assessed by a GP and Approved Social Worker.

We subsequently then developed high-fidelity simulation pilot around a patient presenting with mania and psychosis to begin to compare whether using simulation as a teaching tool was better-retained at 6-week follow-up.

Methods: Driver Diagram initially developed to assess areas in which Form 5 and Form 7 detention forms may have errors.

Didactic teaching given at doctor's changeover in August and December with questionnaires developed to assess pre- and post-understanding.

Subsequent development of high fidelity Simulation using Scottish Sim model around the practicalities of the detention process using a patient with mania and psychosis.

Subsequent follow-up comparison at 6 weeks post-didactic teaching and simulation to compare confidence and retention of information.

Results: The trends around completion of Form 5 and Form 7s under Mental Health (Northern Ireland) Order were assessed pre- and post-didactic teaching in July, September and December 2024 was carried out.

Form 5 detention forms in July, September and December had completion rates without errors of 60, 66.6% and 100% respectively.

Form 7 detention forms in July, September and December had completion rates without errors of 35.71%, 50% and 12.5% in July, September and December.

However, in developing pilot Sim we initially ran it with one person in November 2024 and 6 weeks post-simulation, questionnaire resulted in 100% confidence in knowing when to complete Forms appropriately and comment that "simulation has been very useful in completion of forms".

When we compared this with the didactic teaching in December 2024 this level of confidence around retention of teaching was only 60% (n=3).

Conclusion: In reviewing other data such as Systematic Reviews on Simulation in Psychiatry, it is generally seen that information learned is retained better in comparison to didactic teaching.