Aims. The 2024 National Student Psychiatry Conference, hosted at the University of Sheffield with the theme 'Me, Myself and I,' explored the intersection of the 'self' and the 'other.' It delved into the dynamics of individuals in the context of their lived experiences, environment, and emerging paradigms within psychiatry and beyond. Talks and workshops aimed to heighten attendees' interest in psychiatry by challenging societal stigma and traditional norms and expanding their perspectives of psychiatry.

Methods. The pre-conference questionnaire included attendees' year of study, university/NHS trust affiliation, current likelihood of pursuing psychiatry and career aspirations, knowledge of conference themes, and ten subspecialties represented at the conference via a faculty carousel. The post-conference questionnaire enquired about changes to the above aforementioned factors, to explore changes in career aspirations. Standardized dropdown options were used in both forms to facilitate data evaluation.

Results. 71 attendees were included in the final evaluation; 17 were excluded due to duplication or not completing both forms. Of the attendees, 31% were in their pre-clinical years, 56% were in their clinical years, and 4% were doctors. 9% of the participants were non-medical attendees.

Demographics of attendees included a majority from Yorkshire and Humber (52%), Midlands (11%), South England (6%), North England (10%), North East (8%) and Others (13%).

21% of attendees had been to a prior psychiatry-related conference and 34% were currently taking part in or had completed a psychiatry-related project in the past.

The level of interest in attendees aspiring to pursue psychiatry increased from 62% to 72%. An increased interest in medical psychotherapy (82%), forensic psychiatry (68%), and perinatal psychiatry (67%) after the faculty carousel was observed.

Following the conference, 97% reported increased knowledge of each theme. Findings from the faculty carousel revealed that, on average, over 90% of attendees reported an increased understanding of each speciality represented.

Conclusion. The National Student Psychiatry Conference plays a significant role in increasing exposure of psychiatry to medical students and increasing their understanding of the diverse career paths within the speciality. The conference fosters networking opportunities and facilitates meaningful connections within the field, positively influencing attendees' considerations and perceptions.

Virtual RAMPPS: A Virtual Teaching Method Inspired From the RAMPPS Model

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Aims. RAMPPS (Recognising and assessing medical problems in Psychiatric settings) training was set up over a decade ago by the then Health Education Yorkshire and Humber Task Group of Clinical skills project workers. Main aim was to address the Physical health agenda in mental health. It was felt that the clinical and support staff in psychiatric settings lacked confidence in recognising and managing physical health issues early on, possibly due to inadequate training in this area. RAMPPS course was designed to address this gap. The course is set up as a face to face multidisciplinary, interprofessional simulation based training with simulated actors, mannequins and other hybrid teaching models .Like any such training, there is a constant need for resources, mannequins, simulated actors, space and funding which could limit the extensive use of this training. We adapted this face to face teaching model for virtual audience to deliver an interprofessional interactive adaptable teaching module using realistic scenarios.

Methods. We adapted some of the scenarios from the RAMPPS module which suited the virtual audience and incorporated into Power point presentation and using an interactive teaching software called Slido we developed Virtual RAAMPPS.

Conducted a few trial sessions within the team and later produced a sample scenario and presented to the medical education team at the trust. The main teaching is the interactive discussion whilst going through the scenarios allowing an impact as close to a face to face teaching as possible.

Next is to do a PILOT Virtual RAMPPS morning session delivered to a group of trainees (psychiatry and foundation trainees) and gather detailed feedback and continue to deliver the pilot teaching a few more times at other avenues and continuously modify the teaching based on the feedback.

Results. Collecting Qualitative feedback from PILOT conducted.

Conclusion. The aim is not to replace simulation based face to face training, but to provide a near enough realistic virtual experience of real life scenarios and to think through them in a systematic and structured way thus enabling better management of some of the physical health dilemmas faced in our psychiatric settings.

It provides the multidisciplinary staff a functional working knowledge of common physical health conditions and its complications encountered in psychiatric setting. The teaching can be modified based on the audience by changing the scenarios relevant to that area of clinical practise or of the patient group.

Allowing anonymity in responses provides a non-judgemental and safe place to make mistakes and eventually improving patient safety and staff experience within Psychiatry.

Simulated Learning for Psychotherapy: A Focus Group Study of Psychiatry Core Trainees in the North West of England

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Aims. Competence in delivering psychotherapy is a mandatory part of the core trainee (CT) curriculum, as mandated by the Royal College of Psychiatrists. CTs who are confident in delivering psychotherapy may provide more meaningful benefit for patients receiving therapy. Simulation is a well-established educational modality but is not widely utilised to teach psychotherapeutic competencies. We aimed to ascertain the views of current CT doctors regarding the use of simulation in psychotherapy training. A greater insight into learning needs would guide development of novel simulated psychotherapy educational resources. This was deemed a priority area for Simulation Based Education in the North West School of Psychiatry.

Methods. Primary data were collected from a virtual focus group of CTs (n = 3) from the North West School of Psychiatry, UK. All CTs in the region were invited to take part, participation was voluntary and informed consent was obtained prior to participation. The focus group was transcribed, analysed and data anonymised to ensure confidentiality.

Results. Participants expressed concerns about embarking on their first psychotherapy case with subthemes relating to: insufficient experience and training in psychotherapy prior to starting a case, the ability to provide an effective intervention for patients and progression through core training. Ideas for how simulated learning may help trainees develop skill in psychotherapy centred around: introductory teaching (with opportunities to watch recordings of simulated patient encounters, examples of psychotherapeutic techniques used as well as using simulation to experience psychotherapeutic supervision) and having opportunities to actively participate in, and observe, individual or group role plays. Engagement with professional actors and psychotherapy faculty during role plays was identified as a priority. Finally, the notion of an introductory Psychotherapy Simulation "one day workshop" was proposed.

Conclusion. There are many ways in which psychiatry CTs' anxieties regarding psychotherapy may be addressed. They may feel better prepared to embark on undertaking therapy clients by engaging in simulated learning opportunities: whether this be actively taking part in role plays and simulations or accessing pre-recorded content of pedagogical simulations outlining underpinning psychotherapeutic theory. The findings from the focus group will be used to inform development of a novel Psychotherapy simulation resource. This will aim to improve the quality of Psychotherapy training in the North West and foster trainees' confidence in conducting therapy sessions. Psychotherapy faculty will also be interviewed in a subsequent Focus group. Co-production of resources with stakeholders could maximize acceptability and help to maintain ongoing engagement with the project.

3 Quality Improvement

Optimising Care: Quality Improvement for Sustainable Practices in the Paediatric ADHD Clinic in Wrexham Maelor Hospital

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Aims. To make a case for E-prescribing within the Paediatric Neurodevelopmental Team in Wrexham Maelor Hospital.

To trial a different way of approaching 6 monthly reviews within the ADHD clinic (option for remote reviews).

To show how we could reduce the carbon footprint of the ADHD clinic.

Methods. Process mapping was completed to consider areas in the ADHD prescribing process that could be made more sustainable.

For each patient appointment in the ADHD clinic a questionnaire was completed. The data collection period was over 3 weeks during August and September 2023. Data was collected and interpreted.

Results. 99 appointments were offered, 82 appointments attended. 77 appointments were face-to-face and 22 were via telephone. Of the face-to-face appointments, 54 families travelled in by car and 4 used public transport (2 taxis). Of those who commented 31 people found it hard to find parking by the clinic, 13 people did not.

Of the appointments attended face to face via car/taxi (57):

- Average of 4.4 miles travel to the clinic (8.8 miles total journey)
- Shortest journey 1.1 miles (2.2 miles total journey)
- Longest journey 16 miles (32 miles total journey)
- Total patient mileage for these appointments (assuming travel to and from clinic) 855.8 miles

Carbon emissions from the ADHD Clinic:
- Average journey 0.005t CO_2
- Total journeys 0.472t CO_2
- Assuming average sized petrol car used
- Extrapolating this data for a whole year approximately: 8.024t CO2 from patient journeys to and from the ADHD clinic

For context the average amount of CO_2 generated by a single person in the EU is 7.2t.

Conclusion. We have made a case for e-prescribing within the ADHD clinic in Wrexham Maelor Hospital.

The current system impacts on:
- Patient and carer's travel time and convenience.
- Clinician's travel time.
- Carbon emissions.

Alternative processes have the potential to streamline this process making it more sustainable socially, clinically and environmentally.

Developing an Electronic Handover System for On-Call Doctors in a South London Mental Health Trust

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Aims. To replace pre-existing paper-based and informal handover systems with a confidential electronic handover system for on-call doctors across a large South London mental health trust, thereby improving the safety and quality of handovers.

Methods. A quality improvement project was registered within our trust. At baseline, we surveyed core trainees, GP trainees, and locum doctors about their experiences using a paper handover system for on-calls at the Bethlem Royal Hospital and Lambeth Hospital, South London and the Maudsley NHS Foundation Trust (SLaM). Their feedback guided the implantation of a confidential and secure electronic handover system integrated into the trust's Microsoft SharePoint, using the *Microsoft To Do* app and then *Microsoft Teams*. We alerted doctors to these changes via formal and informal means, such as trust