

reduction in duplication of teaching; new curricula; changes to training patterns, including GP trainees moving to Integrated Training Posts (ITP); and promoting sustainability.

The project team included Medical Education team members, trainee representative and clinical staff involved in education. In the first QIP cycle between March and August 2022, a Medical Education Working Group reviewed teaching content for congruence with GP and Foundation curricula and to reduce duplication with other training settings. Medical education teams from other local mental health trusts were contacted to gather examples of best practice, and teachers and trainee supervisors were consulted. Qualitative trainee feedback for teaching between December 2020 and April 2022 was evaluated. Teaching delivery was revised to half a day fortnightly, and session length standardised to 75 minutes. After the new programme commenced in August 2022, a second QIP cycle evaluated trainee qualitative feedback and there was further engagement with teachers.

Results. First cycle trainee feedback revealed several themes: teaching was too long; content was useful, especially focus on primary care; presenters were engaging. Suggestions for improvements included using interactive teaching tools such as online polls or quizzes, increasing case-based teaching, and small group breakout sessions. Shortening the teaching day preserved clinical exposure, especially for ITP trainees. Online format reduces travel time and expense, promotes sustainability, and reduces impact on clinical experience. Second cycle trainee feedback identified some sessions could be shortened. Consultation with education teams from neighbouring acute trusts identified schedule overlap with other mandatory training, so teaching was condensed to one 75-minute session weekly. Delivering teaching more efficiently releases time for direct patient care.

Conclusion. We used a quality improvement approach to improve a teaching programme offered to GP and foundation trainees in Kent and Medway. Our outcome delivers an efficient teaching strategy, responding to trainee feedback, which meets curriculum objectives more efficiently, preserving time for direct patient care and to implement learning. Additional learning is the importance of liaison with medical education teams in acute trusts to optimise teaching.

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Poster Presentations

Arranged by the presentation category selected by the submitter and by order of presenting author surname.

Education and Training

Digital Psychoeducation for First Episode Psychosis

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Aims. Young people with their first episode of psychosis can feel lonely and isolated. Psychoeducation has been shown to increase patient insight, reduce the risk of relapse and forms part of the Quality Standards for Early Intervention in Psychosis Services. Our aim was

to increase knowledge of psychosis in service users in an urban cohort by delivering psychoeducation in an interactive online format, due to the restrictions on socialising during the COVID-19 pandemic. We hoped this would serve to empower service users, allow them to connect with each other and offer hope through understanding.

Methods. Appropriate service users aged 18–35 years were recruited from the caseload with the support of care coordinators, with 28 participating overall over a period of ten months. One-hour Zoom sessions of 2–4 participants were facilitated by a junior doctor. Each session consisted of a mix of teaching about basic neuroscience, including brain structure and the dopamine hypothesis theory, interspersed with factual quiz questions and opportunities for free-form answers in ‘thought clouds’. These explored feelings and experiences associated with psychosis. Data were also collected quantitatively in the form of anonymous self-rated pre- and post-session questionnaires on a 10-point Likert scale. These included self-reported questions about the understanding of the brain, psychosis, symptoms, medications and fear associated with the illness. Engagement was increased through the creation of flyers and reminder messages.

Results. Thought clouds constructed during the sessions described feelings such as ‘panic’, ‘unease’, ‘dreamy’ and ‘broken reality’. On average over all sessions, there was an increase of 1.2 points in understanding of the brain, 2.6 points in understanding of ‘psychosis’, 2 points in understanding of how symptoms relate to the brain, 1.8 points in the belief that psychosis can be managed with therapy, 1.5 points in the belief that psychosis can be managed by medication, and unfortunately a 0.1 point increase in fear of the disease – perhaps associated with increased knowledge of the disease process. Encouragingly, 91% of final responses in the sessions were positive, demonstrating hopefulness.

Conclusion. We have demonstrated that innovative digital psychoeducation sessions provide a highly effective way to deliver information to young people with psychosis whilst also allowing connection with peers. This model represents a great learning opportunity for trainees, and could be easily replicated in other geographical locations, or mental health conditions. We have also invited and encouraged co-production with service users.

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Improving the Knowledge, Skills and Confidence of Clinicians Towards Mental Health: An Educational Intervention Based on Reflective Practice

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Aims. Mental illness-related stigma, including that which exists in the healthcare system creates serious barriers to access and quality care. People with lived experience of a mental illness commonly report feeling devalued, dismissed, and dehumanized by many of the health professionals with whom they come into contact. While working in the mental health liaison team in a local general hospital I have experienced first-hand these issues. We decided to organise regular reflective sessions for staff to reflect on what the barriers are to being able to manage patients with mental illness better on the wards, raise mental health awareness, improve staff communication skills, and offer teaching sessions to improve the staff knowledge of psychiatric pathology.

Methods. Before starting, we offered a feedback form to staff to ascertain the value of the project.

To ascertain that the learning has taken place, we have delivered a post-session formative quiz to assess the staff's knowledge of managing patients with mental illness.

To determine the effectiveness of the project, we decided to use Kirkpatrick's evaluation model and assess the first two levels of the programme outcome: (1) learner satisfaction- through staff feedback; (2) measures of learning- knowledge gained showed in the formative post-session quiz.

Results. The sessions were carried out on 2 wards in the general hospital

- Ward 1: 4 sessions; number of attendees: 12
- Ward 2: 4 sessions; number of attendees: 5

The student evaluation was done through a quiz offered to the participants at the end of each session.

9 quiz questionnaires were completed on ward 1:
Correct answers: Q1- 67%; Q2- 89%; Q3- 0%; Q4- 100%.

5 quiz questionnaires were completed on ward 2:
Correct answers: Q1- 20%; Q2- 60%; Q3- 0%; Q4- 40%.

The programme evaluation was done through a feedback form offered to the participants at the end of each session.

12 forms were completed on ward 1: 50% strongly agreed that the session was useful to their practice; 70% were quite confident in caring for patients with mental illness following the session.

5 forms were completed on ward 2: 20% strongly agreed that the session was beneficial; 75% were quite confident in caring for patients with mental illness following the session.

Conclusion. Difficult to implement a culture change.

Following a meeting with the stakeholders, we agreed on delivering monthly reflective sessions to the staff in their allocated "team time" where attendance is mandatory and we will also take part in a developmental teaching programme for band 5 nursing staff

We are in the process of extending our project to the Emergency department

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Evaluation of the Psychiatry Early Experience Programme: Thematic Analysis of Baseline and One-Year Follow-Up Surveys

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Aims. The Psychiatry Early Experience Programme (PEEP) is a long-standing scheme, collaboratively run by GKT School of Medical Education and SLam Trust, which pairs medical students with core psychiatry trainees for clinical shadowing, mentoring and educational talks for the duration of their degree. We aimed to understand the motives of first year students signing up to PEEP and compare these to their feedback after one year.

Methods. Before the 2015 and 2016 academic years we administered an online survey to 159 medical students interested in joining PEEP, asking the free-text questions: "What do you most hope to get out of PEEP?", and "Why are you interested in the PEEP

programme?". Eighty students were selected for enrollment and of these, sixty who participated in one year of the programme completed a follow-up survey, including the question "What have you taken away from your experience of PEEP so far?". Authors conducted thematic analysis of the qualitative responses at both time-points, identifying common themes and seeking feedback from third raters when conflicts emerged.

Results. Themes identified in responses to the baseline survey fell into two categories: psychiatry-related and non-psychiatry-related. The three most common psychiatry-related themes, were: Better understanding of the specialty (n = 67), Role of a psychiatrist (n = 16) and Evaluating interest/suitability to the specialty (n = 7). The four most common non-psychiatry-related themes were: Obtaining clinical experience (n = 70), Insight into the role of a junior doctor (n = 22) and to the Training pathway (n = 10) and Developing clinical and communication skills (n = 14).

Themes identified in responses to the follow-up survey closely reflected those from the baseline survey. Students commonly expressed that they gained a better understanding of what psychiatry is and what working in psychiatry entails (n = 24) and explored their interest in pursuing a career in psychiatry (n = 10). Similarly, they valued the ability to gain early clinical experience (n = 16) and to develop their clinical and communication skills (n = 9).

Conclusion. The results support the value of PEEP in providing opportunities for medical students to better understand what psychiatry is and explore their interest in the specialty. PEEP is also meeting students' expectations outside of the realm of psychiatry by facilitating early clinical experience and the development of clinical and communication skills which are less available for medical students in their pre-clinical years.

Further collection and analysis of annual quantitative and qualitative data will ensure continuous evaluation and tailoring of the scheme to meet both students' expectations and its purpose to foster interest in psychiatry.

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"Bitesized Teaching": Promoting Physical Healthcare in Mental Health Settings

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Aims. To assess the effectiveness of a new educational activity for mental health teams, which is intended to empower staff in the early recognition, escalation and management of acute medical problems.

Methods. Health Education England (HEE) has recently developed a teaching resource named 'Bitesized Teaching', which spans 24 physical health topics that are commonly encountered in mental health settings. It provides doctors an evidence based framework to deliver a concise 10–15 minute teaching session on each topic at a convenient time and place for everyone. I organised weekly 'Bitesized Teaching' sessions for staff at a long term community rehabilitation unit with complex psychiatric conditions. The topics selected for the 8 sessions were based off staff preferences and included; hypotension, deep vein thrombosis, hyperglycaemia and serotonin syndrome. The presentations covered the signs, symptoms, causes and basic ward level management that can be expected from nursing grades. An anonymous feedback form was distributed after the sessions to assess the effectiveness of this new teaching initiative.