EPP0323

"Engaging, interactive, not boring" – A new innovative tutorial programme for medical students with promising longevity at the University of East Anglia.

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Introduction: Medical students at the University of East Anglia (UEA) complete a psychiatry rotation in the fourth year of their MBBS degree. There are four rotations each academic year, in 2022-2023 there were 24 students per rotation. The rotation consists of two weeks of lectures, a four-week clinical placement, and then a further two weeks of lectures. Students are based across Norfolk and Suffolk for their clinical placements. Although case-based discussions occurred every Wednesday morning via Teams, there were no face-to-face small group teaching sessions during placement.

Objectives: To design an interactive set of tutorials for medical students covering a wide range of psychiatric topics which can be easily delivered by other facilitators.

Methods: Three 1.5 hour tutorials were created: 1)" Psychotic Bingo" - Students have a unique card with terms used in descriptive psychopathology to play Bingo, 2) "Medical ethics, mental health and the law" – Explores the case of Kerrie Wooltorton to discuss the mental capacity act, advanced decisions, and the mental health act, 3) "Team Quiz" – Played in groups and covers the different sub-specialties of psychiatry and pharmacology. Tutorials were only mandatory for students in Norwich (average 11 students per tutorial) due to a large geographical area across placements. Tutorials were delivered for three rotations between December 2022 – May 2023, the initial two rotations by the first author and the third rotation by other facilitators. Facilitators were provided with a tutorial guidance document to ensure consistency. The same feedback form was used to obtain qualitative and quantitative feedback from students at all tutorials.

Results: The table below shows that feedback from students was consistently high, and there was little difference in average students rating between tutorials delivered by the first author and other facilitators. The predominant qualitative feedback was that the tutorials were "very interactive", "engaging" and "fun".

Image:

Tutorial	Average score out of 10 for each student feedback domain							
	Delivered by first author				Delivered by others			
	Useful	*Relevant*	*Interesting*	*Taught well*	*Useful*	*Relevant*	*Interesting*	*Taught well*
Psychotic Bingo	9.09	9.48	9.17	9.52	9.31	9.69	9.15	9.23
Medical ethics	9.48	9.57	9.38	9.67	8.47	9.13	8.27	8.13
Team Quiz	9.50	9.67	9.50	9.50	9.36	9.64	9.45	9.36

Conclusions: This tutorial programme consistently received excellent feedback. The results show that the tutorials can be effectively delivered by other facilitators whilst maintaining a high standard, which ensures the programmes longevity. The tutorial programme is being formally implemented for all medical students at UEA from October 2023.

Disclosure of Interest: None Declared

EPP0324

Parental Experiences of Grief after Pregnancy Loss: systematic review of qualitative studies

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Introduction: Gestational Loss represents a set of abrupt and unexpected losses throughout pregnancy or after childbirth. Every year, around two million babies die after 28 weeks of gestation, with between 14% and 20% of all pregnancies ending in loss. In most situations, pregnancy loss occurs in a pregnancy without signs of risk or irregularities, something that increases the shock and suffering felt by parents.

Objectives: The present study aims to understand the relationship between pregnancy loss and parents' grief experiences after spontaneous abortion, stillbirth or neonatal death with qualitative evidence.

Methods: This review followed the principles of PRISMA, and the search was carried out in the Web of Science and Scopus databases, aiming to find relevant articles about parental grief experiences resulting from pregnancy loss, published between 2012 and 2022. After research and analysis Of the studies, 15 qualitative studies were included.

Results: The pain and sadness when experiencing the loss of a child was a common point in all the studies found. In this review, the majority of men revealed a duality in wanting to protect, physically and emotionally, their partner, while experiencing their own grief, something that led to the internalization of their emotions and the minimization of their pain. Grieving fathers and mothers report experiencing this process alone, describing the difficulty in expressing what they feel due to the lack of recognition of the loss. It was found that confrontation with other pregnant women leads bereaved parents to reveal jealousy and shame, as well as feelings of guilt. The farewell rituals, the process of writing and talking about their experience helped the women to not feel so alone and to find a purpose: to transform their pain and help other grieving mothers. Fathers and mothers who experienced pregnancy loss stated that the death of their child provided change and growth.

Conclusions: After Pregnancy Loss, adapting to the new reality is extremely painful, despite the work of mourning being necessary and crucial. This process is a search to integrate and accept the reality of the loss of the baby in a way that has meaning for the mother and father, it is the adaptation to a world without the lost child and to a relationship that had been built during the gestation period, which was violently broken. It is necessary for health professionals to be present and available to address these parents' fears, provide advice and support.

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