

- creating a safe and enabling environment to explore the specialty, create networks, and build connections
- challenging common misconceptions about psychiatry and reduce associated stigma
- increasing applications to the RANZCP Fellowship program.

Established in September 2013 the program now has over 5,100 members.

In 2023, the program achieved its highest annual number of new members joining to date, with 1,056 medical students and junior doctors choosing to join PIF. That year, 77% of all new trainees that joined the Fellowship pathway were former PIF members.

Survey data from PIF members who took part in the PIF program hosted at the Perth Congress in 2023 demonstrated that:

- 100% reported an increase in psychiatry knowledge following Congress.
- 82% reported their likelihood of pursuing psychiatry had increased following Congress, and 18% reported 'no change', as they reported strong certainty prior to the Congress attendance.
- 75% reported that the PIF networking sessions helped clarify misconceptions or stigmas that they previously held about psychiatry following Congress.

The voices of PIF members best illustrates the influence that inspirational experiences like these can have on future career directions:

'My favourite part of the PIF Congress was the ability to interact with likeminded PIF peers and psychiatrists and trainees from all over Australia and New Zealand. Another PIF member had said "I feel like I've found my tribe" which is a comment I particularly resonated with.'

Conclusion. Ten years on, PIF continues to expand its reach and impact to increase the pipeline of psychiatry trainees in Australia and Aotearoa New Zealand.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard BJPsych Open peer review process and should not be quoted as peer-reviewed by BJPsych Open in any subsequent publication.

Case Based Learning in Psychiatry: Use of Interactive Presentation Software and Fictional Narrative

Dr Gareth McGuigan^{1,2*}, Dr Scott Barr³, Dr Megan Robertson⁴, Dr Syeda Ghouri³ and Dr Ayemyat Doris¹

¹NHS Forth Valley, Larbert, United Kingdom; ²University of Glasgow, Glasgow, United Kingdom; ³NHS GG&C, Glasgow, United Kingdom and ⁴NHS A&A, Kilmarnock, United Kingdom

*Presenting author.

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Aims. Undergraduate Psychiatry placements often struggle to provide the bedside teaching familiar to students from other specialties. Efforts to reproduce this experience in tutorials can be impaired by lack of interactivity, high student-to-teacher ratio, and use of mostly didactic pedagogy. Psychiatry trainees have provided weekly tutorials in 'Clinical Skills' to University of Glasgow students on Psychiatric placement for several years. Unfortunately, these tutorials suffered from poor attendance, poor engagement, and difficulty recruiting facilitators. We created an afternoon of teaching structured around three presentations of a fictional patient in a narrative fashion aimed at solving these issues and providing excellent experience for students.

Methods. Together with Glasgow University tutors, we selected Learning Objectives that would benefit from additional formal

teaching. We then created a fictionalised patient narrative incorporating presentations of self-harm, delirium and postnatal depression. Teaching materials were created using mentimeter.com to allow for maximal engagement and interactivity. The content included brief summary slides, groupwork, Word-Clouds, anonymous quizzes, and simulated clinical encounters/roleplay. Custom illustrated vignettes accompanied each scenario to increase verisimilitude. The day is delivered by three Psychiatry trainees to up to forty students in their penultimate week of placement. Feedback is gathered digitally and anonymously on the day. **Results.** 77/80 students invited attended. 71 (92%) completed feedback: 100% ranked the day positively - either "very helpful" (85.9%) or "somewhat helpful" (14.1%). Students advised it was "extremely useful" preparation for both clinical placements (73.2%) and exams (88.7%). All attendees provided free-text remarks; quotes include "One of the best teaching days I've been to" and "Best teaching of the block". 84.5% felt "very involved" in the day and the word "interactive" was used 30 times in freetext. When asked on what could be improved, the most common response was "another session" (34%).

Conclusion. Recruitment to Psychiatry relies on positive experiences during placement. Retention of Psychiatrists relies on providing rewarding and varied working experiences. Our hope is that successful events like this support both aims. The creative use of narrative, illustrated vignettes, roleplay and interactive questions afforded excellent engagement and enjoyable experiences for student and facilitator, as reflected in the feedback.

Going forward, we plan to refine this case and develop another. We are seeking review and design input from patient representatives and EDI experts. Comparison of students' exam outcomes and feedback from the replaced tutorials is also planned. Use of this format across other specialties is also being pursued.

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To Improve Higher Trainees' Experience With Out of Hour (OOH) Working Through Local Induction Programme

Dr Ting Miller^{1*}, Dr Chandrashekar Natarajan² and Dr Ismail Laher²

¹Leeds and York Partnerships NHS Foundation Trust (LYPFT), Leeds, United Kingdom and ²Leeds and York Partnerships NHS Foundation Trust, Leeds, United Kingdom

*Presenting author.

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Aims. Out-of-hours ('on-call') work can be perceived as daunting by junior doctors. When psychiatry trainees progress from core trainee to higher trainee, what entails 'on-call' work often shifts dramatically. Current allocation policy in Yorkshire and Humber Deanery means most of the higher trainees (HTs) begin their first on-call as a HT in a trust where they have never worked before. This frequently entails navigating an unfamiliar patient record system and various OOH care pathways in a new work environment, which can make the first few on-call shifts extremely stressful and potentially increase the risk of clinical errors.

We aim to evaluate the on-call experiences among higher trainees, collect feedback on ways of improving induction programme