

and theatre techniques could be easily incorporated into psychiatry training and potentially other medical education programmes.

Applying ethical dimensions in clinical dilemmas

Rachel Swain^{1*}, Kazeem Owudunni¹, Graham Behr², Jo Emmanuel² and Matt Malherbe²

¹West London NHS Trust and ²Central and North West London NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.442

Aims. Central and North West London's Clinical Ethics Committee (CEC) offers a non-judgmental space to discuss ethical concerns and challenges and provide ethical guidance. This project aims to publicise these ethical dilemmas and guidance to inform decision making trust-wide.

Background. A Clinical Ethics Committee (CEC) encompasses a diverse range of figures, from psychiatrists and general practitioners to members of the clergy and experts by experience. The CEC in Central and North West London have been meeting regularly since 2003 to provide ethical assistance to a wide range of medical, surgical and psychiatric teams. Complex ethical cases are presented by the treating team, allowing a subsequent discussion of the ethical theories and frameworks within the case with the committee members. This synthesis of information can then assist the treating team in the shaping of ethical based solutions to their dilemmas.

The committee wished to encourage ethical based clinical thinking within the trust and enable others to learn from the valuable insights already provided by the CEC over the years.

Method. Case notes, recorded from the last 17 years of meetings of the Clinical Ethics Committee were reviewed. 98 cases were identified between 2003-2019. The contemporaneous case reports were then anonymised and indexed into one easy to use file. This file was published on the local intranet and publicised to staff.

Result. The cases were compiled into a PDF document which is available for all staff members within the trust on the intranet. This resource is open to all clinical staff, and serves the dual purpose of encouraging ethical-based thinking and also promoting the ethics committee to those who might be in need of assistance.

Conclusion. Clinical decisions can be complex and nuanced, often complicated by multiple viewpoints and ways of thinking. The database demonstrates the use of ethical dimensions by the ethics committee to inform decision making in a series of varied clinical and management dilemmas. The project required careful consideration around preservation of confidentiality as well as overcoming the logistical barriers of trust-wide dissemination. The result is a document that will allow ethical based decision-making to be embedded into everyday practice.

Does attending psychiatry teaching lectures change attitude of medical students towards people with mental illness? A longitudinal survey from nepal

Suresh Thapaliya^{1*}, Shizu Singh², Bharat Goit², Sandesh Sawant² and Anoop Krishna Gupta²

¹Kent and Medway NHS and Social Care Partnership Trust and

²National Medical College and Teaching Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.443

Aims. The study aims to compare the attitude of early clinical year medical students towards people with mental illness at the

beginning and the end of their psychiatry teaching schedule. It hypothesizes that long exposure to psychiatry lectures can help to reduce the negative attitude.

Background. Health professionals are also known to harbour negative attitude towards people with mental illness. Reducing stigma among medical students is crucial to shape the attitude of future health professionals towards people with mental illness. However, the effect of Psychiatry training on the attitude of the medical students shows mixed results.

Method. It was a prospective longitudinal study conducted among fourth year medical students affiliated with a teaching hospital in Southern Nepal as an initiative to improve quality of Psychiatry training for medical students. The students who gave their consent for participation were assessed for their attitude at the beginning, after the first two introductory lectures and at the end of the Psychiatry lecture-based teaching schedule (36 two weekly lectures in 5 month period), using self-administered 16-item Mental Illness Clinician's Attitudes Scale (MICA-2) 'medical students version' questionnaire in English language. Permission was taken from the author of the study to use the scale. IRB approval was taken prior to the study.

Result. A total of 95 (approx. 67%) students participated in the study. At the first follow-up i.e. second week, (n = 85), there was no significant difference in negative attitude as assessed by MICA score (p = 0.47). However, at six months follow-up (n = 82), the negative attitude significantly differed compared to the baseline (p < 0.001).

Conclusion. While brief lectures about mental illness can provide some knowledge about mental illness, long term exposure to psychiatry lectures can reduce attitude of medical students on people with mental illness. Hence, it is also crucial to incorporate academic contents that reduce negative attitude about people with mental illness.

Financial declaration: The study was self-funded by the department of Psychiatry at National Medical College and Teaching Hospital, Parsa, Nepal.

Attitude and knowledge about electroconvulsive therapy (ECT) among medical students in Nepal: a pilot survey

Suresh Thapaliya^{1*}, Shizu Singh², Shuva Shrestha² and Anoop Krishna Gupta²

¹Kent and Medway NHS and Social Care Partnership Trust and

²National Medical College and Teaching Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.444

Aims. Electroconvulsive Therapy (ECT) is an important modality of treatment for treatment resistant psychiatric disorders. Young medical students like general public might harbor several misconceptions about ECT. In this pilot survey, we explored the knowledge and attitude about ECT amongst young medical students training in a medical college affiliated to a teaching hospital in Southern Nepal.

Method. A 23-item questionnaire in English language with either 'True' or 'False' response as outcome was developed by reviewing findings from previous studies. Brief information was also taken to record familiarity of medical students with ECT as a treatment procedure. The study was conducted as a departmental pilot survey for quality improvement of Psychiatry Undergraduate Training. A total of 128 medical students in early clinical year enrolled in MBBS curriculum at a teaching hospital in Southern Nepal participated in the survey. The students were not exposed

to any specific teaching regarding ECT while participating in the study.

Result. The students were aged between 21 and 28 years with almost equal gender distribution. Among them, 89.1% had heard about ECT before whereas 15.6% knew someone who has received ECT. Although 90.6 % of students believed ECT can be lifesaving many times, a substantial number of students had misconception about ECT such as assuming it as a painful procedure (71.9%). Almost half of them believed ECT can have severe consequences like death or permanent brain damage. Around one fourth to one third believed ECT is inhumane, without scientific proof or a form of punishment for violent angry patients. Surprisingly, a significant higher percentage of male students believed that 'ECT leads to permanent loss of memory' (11/34 vs. 3/30, $p=0.04$) and 'ECT is given as a punishment to violent/angry patients' (15/34 vs. 4/30, $p=0.01$).

Conclusion. Several misconceptions about ECT are prevalent in medical students that need to be adequately addressed during their training to develop a positive attitude and basic knowledge about the treatment.

Developing a differential attainment e-learning course for consultants who supervise trainees within Oxleas NHS Foundation Trust

Naomi Tomlinson^{1*}, Bani Kahai² and Femi Balogun²

¹SLaM and ²Oxleas NHS Foundation Trust, London

*Corresponding author.

doi: 10.1192/bjo.2021.445

Aims. To create an e-learning course to promote awareness of differential attainment and encourage supervisors to reflect on their own experiences and practice.

Method. Funding was gained from Health Education England to create the e-learning course. A questionnaire was constructed to gauge baseline knowledge and attitudes towards differential attainment amongst the consultant body. All consultants attending a local Faculty Day were asked to respond, and following this an explorative discussion on the topic was chaired by the authors. The results of the survey were collated and free-text answers were coded thematically. In parallel, information from academic publications and professional resources was gathered and summarised. A script was created with support from web developers Kineo and was refined over several drafts. The e-learning module was published on the Oxleas learning environment on the 10th February 2021.

Result. 34 supervisors responded to our questionnaire. 75% had heard of DA, with 45% identifying personal experience of it. However only 35% identified it as a problem in their work place and 39% did not consider it in their clinical practice. Thematic analysis of free text comments revealed three main themes – emotions and experiences associated with differential attainment, a desire for increased training and a desire for more open discussions with struggling trainees. Some answers also revealed poor or incomplete understanding of the topic.

From the questionnaire and the literature, four key areas were identified – defining differential attainment, describing the scope of the problem, challenging misconceptions about differential attainment and the role of the social network in attainment. These four areas became section titles for the e-learning course.

Conclusion. There is an appetite for information pertaining to differential attainment amongst our consultant body. A trainer

facing e-learning course was created to promote awareness and reflection on current practice. Evaluation of the impact of the module is ongoing. The course is being shared with the confederation of South London local education providers.

A UK-wide survey of speciality doctors and associate specialist (SAS) psychiatrists' psychotherapy case experience, barriers and benefits to professional development and clinical capabilities

Alina Vaida* and Masud Awal

Birmingham and Solihull Mental Health NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.446

Aims. Research suggests that seeing psychotherapy cases benefits psychiatric trainees' professional development and clinical capabilities, however there is lack of such evidence for SAS psychiatrists, who require this experience for Certificate of Eligibility for Specialist Registration (CESR) applications.

Having provided frequently requested psychotherapy training support to our Trust's CESR training programme in Birmingham we aimed to study nationwide SAS psychiatrists' psychotherapy case experience, professional benefits and barriers to access.

Method. An online questionnaire was sent to UK-wide SAS Psychiatry doctors, with the support of the RCPsych Speciality Doctors and Associate Specialist Psychiatrists Committee (SASC), whilst being promoted on social media. It asked about psychotherapy-related experience, barriers and plans.

Result. 122 doctors completed the questionnaire, estimated to constitute approximately 8% (or more if considering all vacancies) of SAS psychiatry posts based on the RCPsych Census (2015), from across all UK nations and regions. 23% had gained experience in delivering psychotherapy (57% of whom confirmed CESR or training application plans), seeing cases mainly in CBT (52%) and psychodynamic psychotherapy (41%). Those who had delivered psychotherapy agreed or strongly agreed that it helped them become a better listener (82%), become more empathetic (75%), enjoy work more (71%), understand the unconscious communication better (82%), be more confident about referring for psychotherapy (82%) and overall be a better psychiatrist (86%).

44% planned to start a psychotherapy case but had not started, of whom only 22% had identified a supervisor and 15% identified a case. Only 11% felt confident they could get the psychotherapy training experiences they needed. Barriers reported included it not being part of their job plan (70%), time constraints (57%), difficulties in accessing psychotherapy supervision (61%), difficulties in identifying suitable cases (32%) and limited knowledge about psychotherapy (30%).

Conclusion. Doctors who delivered psychotherapy reported benefits on many levels, making a strong case it develops their clinical capabilities, which may facilitate psychologically-informed care.

The results indicate interest in psychotherapy training outstripped available opportunity and support. Whilst some barriers mirrored those previously reported for trainees (difficulties accessing supervision and cases) others identified particularly related to SAS workload (not being part of their job plan and time constraints) and lack of support (with trainees prioritised). This may highlight a potential concern given the SAS Charter covers CESR-related support and advocates appropriate Supporting Professional Activities (SPA) time.