BJPsych Open S13

**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

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.

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

Dr Lucia Almazan Sanchez<sup>1\*</sup>, Dr Zena Tansley-Ahmed<sup>1</sup>, Dr Hamilton Morrin<sup>1,2</sup>, Dr Lia Orlando<sup>1</sup>, Dr Grace Crowley<sup>1,2</sup>, Dr Theo Boardman-Pretty<sup>1</sup> and Dr Raphael Rifkin-Zybutz<sup>1,2</sup>

doi: 10.1192/bjo.2023.109

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 timepoints, 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.

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.

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

Dr Mohammad Amjad\*

Cardiff and Vale University Health Board, Cardiff, United Kingdom \*Corresponding author.

doi: 10.1192/bjo.2023.110

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.

<sup>&</sup>lt;sup>1</sup>South London and Maudsley NHS Foundation Trust, London, United Kingdom and <sup>2</sup>Institute of Psychiatry, Psychology & Neuroscience, London, United Kingdom

<sup>\*</sup>Corresponding author.

S14 Poster Presentations

**Results.** Total number of completed feedback forms = 15 (3 HCAs, 9 nurses and 3 student nurses). 11/15 indicated an improvement in their knowledge and understanding of the topics. 10/15 felt confident in managing patients presenting with the conditions. 10/15 felt the teaching material was 'very relevant' to their roles. 11/15 were 'very likely' to recommend these sessions to a colleague. 12/15 described the sessions as 'very useful' and everyone would like the sessions to continue on a regular basis. Open responses shared similar positive sentiments.

**Conclusion.** The results were reassuring that the 'Bitesized Teaching' approach was received well by staff. There is scope to incorporate this into the weekly schedule of mental health teams more long term. It also offers junior doctors a great teaching opportunity and foster greater inter-professional working relationships.

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.

## Is Borderline Personality Disorder Madness? a Qualitative Study of the Perceptions of Medical Students in Somaliland

Dr Hanny Arisna<sup>1,2\*</sup>, Dr Jibril Handuleh<sup>1,3</sup>, Professor Kamaldeep Bhui<sup>1,2,4</sup>, Dr Victor Pereira-Sanchez<sup>1,5</sup> and Dr Tennyson Lee<sup>1,2</sup>

<sup>1</sup>The Centre for Understanding of Personality (CUSP), London, United Kingdom; <sup>2</sup>East London NHS Foundation Trust, London, United Kingdom; <sup>3</sup>Department of Psychiatry St Paul Hospital Millenium Medical College, Adis Ababa, Ethiopia; <sup>4</sup>Department of Psychiatry & Nuffield Department of Primary Care Health Sciences Medical Sciences Division, University of Oxford, Oxford, United Kingdom and <sup>5</sup>Department of Child and Adolescent Psychiatry, New York University (NYU) Grossman School of Medicine, New York, United States of America \*Corresponding author.

doi: 10.1192/bjo.2023.111

Aims. As the next generation of doctors, medical students' perception of patients with personality disorder (PD) is critical. Yet a systematic review of the literature shows this has not been studied. The study aims to identify 1) the understanding and perception of medical students about PD and 2) factors that may relate to this knowledge and perception.

Methods. A focus group discussion (FGD) was conducted with eight medical students in their sixth year at Amoud University, Somaliland. We presented a case vignette of a patient with typical Borderline PD symptoms (which would meet DSM5 criteria for Borderline PD) and used Barts Explanatory Model Inventory (BEMI) to explore the issue. The FGD was recorded, transcribed, translated and thematically analysed.

Results. The Medical students showed accurate knowledge regarding Borderline PD, recognising features of unstable mood, impulsiveness, and emptiness. Medical students showed binary perception, whether this patient was 'crazy' (waali) or not crazy. They perceived their community as a strong African Muslim population. Half the participants believed religious intervention would be helpful "I believe in Islam. So, to some degree it could be managed in certain religious centrs". Importantly, medical students, when asked to divest of their professional identity, and to describe their personal views as members of the local population, then associated PD with craziness or madness. Conclusion. The views of PD as craziness or 'madness' and the role of religious intervention have important implications for

training and service development. The importance of a culturally

sensitive training to medical students regarding PD in order to match cultural and religious views, and consideration of development of health services which are sensitive to religious practice is highlighted. We recommend including social and cultural implications in the training of medical students to better prepare them for the complexity of managing PD.

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.

## King's College London's Psychiatry Society's Psych for 6th Programme: An Outreach Initiative in South London Sixth Forms

Miss Natasha Binnie\*, Mr Samyak Pandey, Miss Jada De Marchi-Taylor and Miss Tahani Dahir

King's College London, London, United Kingdom \*Corresponding author.

doi: 10.1192/bjo.2023.112

Aims. King's College London's (KCL) Psychiatry Society's 'Psych for 6th' programme is an outreach initiative for aspiring medical students in year 12 at sixth forms in South London. The aims of the programme are to raise students' awareness of mental illnesses; for students to gain a better understanding of the style of learning in medicine through the lens of psychiatry; to widen participation in medicine; and to promote a career in psychiatry. Methods. 25 state sixth forms in Southwark and Lambeth were invited to take part in the programme via email. The programme took place at 4 sixth forms for aspiring medical students in year 12 between September to November 2022. The programme involved 2 one hour sessions over 2 consecutive weeks and was run by KCL Psychiatry Society committee members. Session 1 covered the philosophy of health, illness, mental health and mental illness; an overview of the different mental health professionals and how to become a psychiatrist; an introduction to history taking; and an interactive historytaking activity. Session 2 covered the aetiology, pathophysiology, epidemiology, presentation, diagnosis and management of depression; mental health cases; and an interactive psychiatric history-taking activity. Pre- and post-programme questionnaires were sent to the attendees.

Results. The percentage of students considering a career in psychiatry increased by 20% on completion of the programme. The average attendee confidence with talking to patients increased from 2.3 to 4.2 on completion of the programme, with 1 being not confident at all and 5 being very confident. Students gained a better understanding of the different types of mental health conditions psychiatrists manage - "I thought the information about the different [mental health] disorders was very interesting." In response to "What did you enjoy the most about these workshops?", 78% of the students commented on the interactive roleplay activity where they were given the opportunity to practise taking a history. The programme also gave students a "broader and deeper understanding of what medical school [is like]".

**Conclusion.** The sessions were well received by the students with for many of them this programme being their first exposure to psychiatry. KCL Psychiatry Society looks forward to delivering the programme at further South London sixth forms in 2023, working with other university psychiatry societies to run the programme across the UK, and with other mental health multidisciplinary student societies to expand the programme to delve deeper into other mental health careers.