

anxious, psychotic, disinhibited or non-engaging patients. The facilitation of the session would be done by two medical doctors working alongside a communication skills coach (CSC).

Methods. Trainees were informed of these optional sessions via email. The majority of those who attended were core trainees, specialty doctors and foundation year doctors.

The session was around 3 hours in length. Trainees began by completing a questionnaire which rated their confidence in several domains including when dealing with patients that are anxious, psychotic and disinhibited. This would be repeated at the end of the session to allow for comparison.

Trainees were provided with background information for each scenario and were also given a task such as performing a brief risk assessment. The scenarios lasted 10 minutes and involved 1 trainee and 1 professional actor. A 15 minute debrief would then follow. This would cover what went well, what could be improved and feedback from the actor. The CSC would then provide detailed personalised feedback covering both verbal and non-verbal communication. 6 scenarios took place over the session.

The session was run 5 times in total. The first 4 sessions were held virtually (Zoom) and a total of 29 trainees attended these. The 5th session was held face to face at the Experiential Learning Centre and 5 trainees attended. 25 of the total 34 attendees completed both questionnaires.

Results. In all 5 sessions there was noted to be an increase in confidence ratings when comparing pre and post session scores. Trainees had been asked to rate themselves out of 10. Average increases of 1.8 (anxious), 1.6 (psychotic) and 2 (disinhibited) were noted. An average increase of 1.3 was noted when dealing with an angry/upset relative.

Trainees had rated the debrief process as 4.6 (scored from 1 to 5) and had given an overall rating of 8.8 (scored from 1 to 10) for the entire session. Oral and written feedback from trainees praised the input from all facilitators, especially the CSC.

Conclusion. We feel that the addition of a CSC enhanced our medical simulation training significantly. We hope that others may be inspired to trial something similar in their teaching.

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.

Psych for 6th: A Novel Schools Outreach Programme for Aspiring Medical Students

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Aims. The COVID-19 pandemic had an adverse toll on undergraduate medical education, resulting in less access to work experience opportunities for aspiring medical students, a vital component of the application process. With some studies reporting over 75% of work experience opportunities being cancelled due to COVID-19 restrictions, King's College London Psychiatry Society offered a unique chance for sixth-form students to experience a day in the life of a medical student, providing an authentic insight into the healthcare world. 'Psych for 6th' was a novel outreach programme offered to aspiring medical students in Year 12, helping them to better understand the style of learning in medicine through the lens of psychiatry. This aimed to raise their awareness of mental illnesses, prepare them for medical school applications and promote a career in psychiatry.

Methods. In March 2021, the King's College London Psychiatry Society committee members delivered **two interactive sessions online** via Microsoft Teams. Session 1 saw students discussing the philosophy of psychiatry and medicine, being taught basic history-taking skills, followed by a chance to practice these as a group with simulated patients.

Under the safeguarding of their teachers, the second session involved teaching Major Depressive Disorder to the pupils as if they were medical students, and then having the chance to take a complete psychiatric history in groups from simulated patients.

Results. Out of 16 students who took part, 11 students (69%) reported not being confident at all talking to a patient before the sessions. After participating in the sessions, **14 students (88%) felt confident talking to a patient. 15 (94%) reported considering psychiatry as a career in the future, with all 16 (100%) recommending these workshops to other schools.** Qualitative feedback commended the **encouragement of active participation**, and how their **perception of psychiatry has positively changed.**

Follow-up with the students found that **14 (88%) of students mentioned this programme** either in their personal statements or their medical school interviews.

Conclusion. The Psych for 6th programme has given a **competitive edge to student applications**, especially in light of the effects of the COVID-19 pandemic on work experience, and expanded students' appreciation of mental health diagnoses and treatment.

Considering this was a school where **over 90% of the pupils were from BAME backgrounds**, these workshops have demonstrated that we have been able to put across a positive image of psychiatry, especially in communities where mental health disorders can carry a stigma.

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Dealing With Out of Hours Emergencies - A film Project

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Aims. The aim of the project is to support new psychiatric trainees identify common and serious physical health issues on psychiatric wards out of hours; along with the appropriate management and escalation.

Methods. The project began in March 2021, supporting our Medical Education Team with a film project to be shown at induction. Doctors coming to psychiatry jobs come from many different clinical roles. Feedback was received that trainees were unhappy managing medical emergencies in psychiatric hospitals. Most new trainees don't necessarily have knowledge of the capabilities and limitations of care on a psychiatric ward.

A survey completed from two trainee rotations regarding the most common physical health issues they encountered and the challenges they faced was used to narrow down to 3 film scenarios, incorporating a comprehensive list of clinical cases that could be encountered on call. We included physical health and mental health emergencies, use of MHA & capacity assessments. We worked with a production company producing scripts and expanded on the scenarios with the help of medical and nursing staff to ensure the scenarios remain