agitated patients and exploring the mental-physical health interface. Access to complex psychiatric patients has always been challenging and this has been exacerbated by the current COVID-19 pandemic. This has further increased fear amongst students creating another barrier to engaging with psychiatric patients. Our aim of the study was to evaluate the use of simulation within psychiatry as the literature in this field is underrepresented compared to other medical specialities. We hope to advocate its use in future undergraduate training.

Methods. We developed 3 simulated scenarios for fourth year medical students; these involved identifying lithium toxicity and steroid-induced psychosis in ward settings and conducting an A&E risk assessment. The scenarios were developed following feedback from a focus group of foundation doctors on their psychiatry rotations. Data were collected pre- and post-simulation from a cohort of psychiatry students in this academic year. We assessed confidence levels in 7 domains using a 10-point Likert scale and obtained qualitative data to give context to the data collected.

Results. 81 and 83 students respectively completed the pre and post questionnaires. Quantitative data found that the student's confidence in all domains improved from pre to post simulation training. For example, confidence in performing a risk assessment improved from M = 4.12 to M = 7.04 and in making a basic management plan from M = 3.43 to M = 6.72. Qualitative data looked at skills gained, empathy and how the scenarios related to clinical practice. Key themes found improvements in de-escalation skills, handing over and self-reflection.

Conclusion. The study supports the evidence that high-fidelity simulation is an important education tool in psychiatry. As facilitators, we feel that confidence scores improved due to the debrief. The standard tool often used is the diamond debrief however we found we had to adapt this model due to fourth year students not having developed sufficient skills to reflect on complex psychiatric scenarios. Therefore, an adjusted debrief was developed featuring technical knowledge and constructive feedback. In the future, we hope to explore the long-term benefits of simulation and its impact on clinical practice.

"Decolonising" the University of Edinburgh Medical School Psychiatry Curriculum

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Aims. The concept of "decolonisation" has gradually evolved within higher education, and can be defined as seeking to discern how historical systems of discrimination have shaped the networks around us, and how to adjust to the perspectives of those who have been oppressed and minoritised by these systems. Our aim was to assess what gaps there are in the Edinburgh Medical School psychiatry curriculum, in order that this might inform our next steps in "decolonising" the curriculum.

Methods. We reviewed all the teaching materials used for teaching Year 5 Psychiatry at the University of Edinburgh (n = 101). We made a count of the number of people or cases in each resource and the diversity of examples used. We subsequently examined each resource to see if it touched on each of six key areas considered to be representative of a "decolonising" effort. These were the assignment of gender only where necessary, cultural/religious differences, historical context, health inequalities, the patient-doctor relationship and global topics.

Results. Of the resources where each of the criteria were applicable, 18% only assigned gender where necessary or left gender neutral, 4.35% addressed cultural or religious differences, 5.8% discussed the historical context, 4.35% tackled health inequalities, 1.45% raised the doctor-patient relationship and none introduced global topics. Of all the resources that include a direct reference to a patient or case, only 5.41% were explicitly from a different ethnic group other than "white".

Conclusion. Our results show that all the key areas can be improved on. Addressing these issues has not been a focus for the curriculum before now and our next steps will be to approach each topic in turn and consider how the key areas can be introduced. We are assembling a focus group of psychiatrists and medical students and have designed a survey for students who have completed their psychiatry block.

With time, we hope to cultivate an attitude amongst students and teachers of psychiatry at Edinburgh University that boldly confronts the historical development of our subject, acknowledges those who have suffered for it, picks up on what may be missing or misrepresented, and encourages critical analysis of research. Our teaching materials should include examples which explore stereotypes and challenge prejudices. By broadening our repertoire, confronting the darker parts of our history, listening to those with quieter voices, and paying attention to lived experience, we can foster a culture of teaching and learning which is open, flexible and humble.

Using Social Media to Improve Mental and Physical Health Literacy: The Meeting of Arts and Sciences

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Aims. Generation Z and millennials are tech-savvy and they learn more from videos compared to books. On average young people from the digital age spend more than five hours on digital gadgets. Innovative use of social media technology will improve the access to health information amongst this group of users. This article aims to share the project of using short video clips in social media, combined with poetry to improve mental and physical health literacy.

Methods. Short video clips (ranging from one to three minutes) were produced out of passion by the first author using the elements of poetry, rhyming, humour, artistic expressions, simulated play of clinical scenarios and news reporting style which depends on the creativity and suitability of the content. The production process includes initial conceptualisation, script drafting and editing, video-recording using a smartphone, and subsequent editing using phone and Canva software. Subtitles and captions were added to increase accessibility. The videos were uploaded in Instagram, Twitter, and TikTok under the name of "dr_lokai". There is no external funding involved. The cost involved included subscription of editing software and the purchase of recording equipment.

Results. The project was first conceptualised in 2014. Total videos produced so far is 70. The topics of mental health included both normal psychological topics (mental health, self-reflective practice, self-motivation, self-compassions, and self-actualisation)

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and disorder-related topics (delirium, generalised anxiety disorder, emotionally-unstable personality disorder, attention-deficit hyperactivity disorder); while the physical health topics included cardiology, dermatology, infectious diseases, etc.). There were also videos on stigma, interesting contemporary topics around public health and healthcare education. One of the videos was a collaborative work with The Royal College of Physicians, elaborating on the personal and non-clinical facet of journey in medical school. As of the day of submission, the number of followers was 1710. Qualitative feedback from the audiences was generally positive. There were frequent requests from audiences for videos on specific medical topics.

Conclusion. A creative generation requires a creative approach in outreach. The strength of this initiative is the low-cost production nature and it is freely accessible by anyone with internet access. In the future, more videos which involve debunking medical myths and history of medicine can be added. The main challenge is finding time to write the script, rehearse and record. Although the effectiveness and efficiency of this innovative initiative requires a systematic evaluation, passions in sharing medical knowledge using social media have kept this initiative alive.

Enhancing Innovation and Creativity Amongst Trainees in Psychiatry: Linking the Clinical Practice, Academic, and Social Experiences

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Aims. In the face of constant and rapid changes in the landscape of medical practices especially psychiatry, innovation and creativity are essential competencies for all trainees to remain future-proof and competent in facing the future healthcare-related challenges. Recognising this, the General Medical Council (GMC) has highlighted the need for trainees to undertake any form of quality improvement initiatives to improve patients' care, which trainees can struggle with. This article is aimed to share the authors reflective experience on how to improve their creativity during their training in psychiatry.

Methods. This is a self-study based on the authors' personal reflections on experiences on promoting innovation and creativity in academic and non-academic work.

Results. One of the beginning points of learning how to be creative is to learn from others on how to formulate a question that can be answered using research. It can be achieved by reading journals, attending conferences, and watching up-to-date webinars. By modelling others, their ideas can be translated to local practice through adaptation which essentially involves the process of innovative work. Once a person has become more adept in asking questions, deliberate observation in clinical practice helps to consolidate creativity and ideas. With an appropriate level of curiosity, everyone's experience can potentially be transformed into research questions. Effort needs be invested to review available literatures. This will help to construct a clear picture of what is available and what is the gap that has yet to be filled in, i.e., the opportunity of improvement through innovation and creativity. Working in groups allows collaborative problem-solving approaches, which is a good platform to spark new ideas. It is common to encounter obstacles and pitfalls where perseverance is crucial as a trainee can explore alternative ways of problem-solving, which again is a source of innovation.

Conclusion. From the experience of the authors, a broad-based creative exploration is helpful at the initial stage and further narrowing of focus once a creative idea has taken off is important to ensure the vision of a project is achieved. Erich Fromm once said creativities requires the letting go of certainties. The core nature of psychiatry, i.e., the uncertainties is not a limitation but an opportunity to be capitalised. Rather than telling ourselves what is not possible, ask the question of "how can I do this differently".

Redeveloping Leadership Training for Higher Trainees in the West Midlands

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Aims. Many of the competencies that trainees in psychiatry are required to achieve can be linked to leadership in the broadest sense, yet specific training is not often systematically provided. The West Midlands Psychiatry Leadership Development Programme aims to support the acquisition of important leadership skills already set out in the curriculum through provision of high-quality specialist leadership content within the existing programme. Here we present the findings of a scoping exercise exploring the views and attitudes towards leadership training held by higher trainees in psychiatry within the West Midlands.

Methods. All psychiatry higher trainees within West Midlands Deanery were invited to complete an anonymous online survey using Survey Monkey in November 2021. This survey incorporated questions about their preferred learning styles, confidence in their leadership skills and barriers to accessing leadership opportunities, generating both quantitative and qualitative data.

Results. Key results included:

- 37 responses were received. All subspeciality training programmes were represented. Almost half of respondents (46%) were ST6 or above and most were in training full time (84%).
- Trainees expressed a preference for experiential learning about leadership (87%) as well as small group teaching (62%) and interactive workshop style content (62%).
- Awareness of leadership opportunities was typically via their peer group (81%) or clinical supervisor (60%). Only 52% of trainees were aware of leadership opportunities within the Deanery.
- Only 54% felt that existing leadership training met their curriculum requirements. Less than half of trainees (46%) felt confident to evidence their leadership experience within their training portfolio.
- One-fifth of trainees (21%) reported experiencing barriers to leadership development. These included: inadequate awareness of opportunities, lack of senior support, time constraints and difficulty matching interests with available opportunities.

Conclusion. Trainees expressed interest in the redevelopment of a regional leadership training programme which would support them to achieve their curriculum competencies and prepare

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