Conclusion: Providing medical students with dedicated bedside teaching sessions led to significant increases in confidence in spending time on inpatient wards, and in the GMC core graduate outcomes of eliciting a psychiatric history, risk assessment and completing an MSE.

Psychiatry E-Learning for Foundation Doctors: Creation and Review of Four Modules

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Aims: Foundation doctors rotate through six specialties during their programme. These may/may not include a psychiatry placement. E-learning for health (E-lfh) is a free resource which maps to the professional capabilities in the foundation curriculum, including mental health capabilities. During a six month fellowship, 4 topics were either newly created or improved within the psychiatry e-learning: anxiety disorders, substance use disorder, self-harm assessment and management and medically unexplained symptoms. Following this, the plan was to assess the impact and effectiveness of the e-learning.

Methods: The selection of modules were based on requirements from E-lfh and collaboration with the Royal College of Psychiatrists. It was agreed that the modules should be designed with as much interactivity as possible for an e-learning package, aimed at a foundation doctor (not what should be expected from a psychiatry trainee or higher) and also to equip a doctor with fundamental psychiatric knowledge regardless of if they choose psychiatry as a career.

Two modules were redesigns of pre-existing modules – self harm and substance use disorder. These originally were four distinct modules (two for each of the topics). Therefore the learning for each module was redesigned and updated. Medically unexplained symptoms (MUS) and anxiety disorders were new modules.

Feedback has been obtained via the E-lfh website which collates feedback at the end of each module and scores content, presentation, interactivity, self-assessments and overall rating. A separate survey has also questioned foundation doctors in the Northern deanery about their accessing of e-learning and evaluation.

Results: On the E-lfh website, all 4 modules have been accessed with number of feedback left ranging from 3 (MUS) to 11 participants (substance use disorders). The scores rated content, presentation, interactivity, self-assessments and overall rating. All of which were rated 4.4/5 and above.

In the Northern deanery survey, out of 27 participants, only 1 had accessed the modules – MUS. The doctor had rated the session's overall, clarity and relevance as good, with interactivity and engagement as average. They noted the difficulty as easy and rated their preparedness for psychiatry related cases as "somewhat prepared".

Conclusion: Whilst the scores from the E-lfh portal suggest good feedback for the completed modules, the more local feedback suggests limited uptake for e-learning modules in general. Therefore, the next stage of the project will be to design focus groups to further elicit views of foundation doctors before a full report is generated with suggestions to improve uptake and accessibility.

A Comparison of Simulation Training and Didactic Teaching Around the Involuntary Detention Process

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Aims: Teaching around the involuntary detention process under the Mental Health (Northern Ireland) Order 1986 is typically given to new rotational doctors at changeover. This can include a lot of new and technical information and likely can present as overwhelming. Initially, Quality Improvement Project was commenced to assess whether Forms under the Mental Health Order were being completed correctly pre- and post-traditional changeover teaching session.

In Northern Ireland Form 5s are completed if someone is a voluntary patient who then asks to leave hospital and is found to be a substantial risk to themselves and others. Form 7s are completed if a patient arrives on a detained basis having been assessed by a GP and Approved Social Worker.

We subsequently then developed high-fidelity simulation pilot around a patient presenting with mania and psychosis to begin to compare whether using simulation as a teaching tool was better-retained at 6-week follow-up.

Methods: Driver Diagram initially developed to assess areas in which Form 5 and Form 7 detention forms may have errors.

Didactic teaching given at doctor's changeover in August and December with questionnaires developed to assess pre- and post-understanding.

Subsequent development of high fidelity Simulation using Scottish Sim model around the practicalities of the detention process using a patient with mania and psychosis.

Subsequent follow-up comparison at 6 weeks post-didactic teaching and simulation to compare confidence and retention of information.

Results: The trends around completion of Form 5 and Form 7s under Mental Health (Northern Ireland) Order were assessed pre- and post-didactic teaching in July, September and December 2024 was carried out.

Form 5 detention forms in July, September and December had completion rates without errors of 60, 66.6% and 100% respectively.

Form 7 detention forms in July, September and December had completion rates without errors of 35.71%, 50% and 12.5% in July, September and December.

However, in developing pilot Sim we initially ran it with one person in November 2024 and 6 weeks post-simulation, questionnaire resulted in 100% confidence in knowing when to complete Forms appropriately and comment that "simulation has been very useful in completion of forms".

When we compared this with the didactic teaching in December 2024 this level of confidence around retention of teaching was only 60% (n=3).

Conclusion: In reviewing other data such as Systematic Reviews on Simulation in Psychiatry, it is generally seen that information learned is retained better in comparison to didactic teaching.