challenges the practice of lighting the funeral pyre only by the sons. She reminisces telling her mother that once she dies she will get all her jewellery and displays guilt around this, leading to significantly low mood and bargaining as well. Once they are in the process of finishing all the rituals she comes to terms with her mother's death and reconciles with her father, showing acceptance.

The cultural milieu plays a strong role in various responses to bereavement. The family follows various Hindu rituals for 13 days, which helped them stick to each other's side and reach the stage of acceptance following the death of a daughter, a sister, a wife and a mother.

Conclusion. This movie beautifully exemplifies how grief is a universal concept even in various socio-cultural backgrounds. It is a good study for anyone interested in understanding grief through a cultural medium. It demonstrates the importance of support network in tiding over significant life events.

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.

Disseminating Lessons Learned From Serious Incidents (SI): Multidisciplinary Ward Based Simulation and Bite-Sized-Teaching

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Aims. Improve staff confidence in responding to and managing ward based medical emergencies

Methods. The deputy borough lead nurse, a clinical nurse manager and a core trainee met to discuss how to build confidence across all staff in responding to ward-based medical emergencies following a number of recent SI.

Initially, weekly ward-based simulations were conducted. Scenarios were SI focused and included choking, drug overdose, head injury and hanging. Whilst it was clear there was an appetite for learning and upskilling, unannounced simulations did not appear to foster a relaxed, productive learning environment conducive to building confidence.

Following four weeks of simulation, the approach was altered. Instead of unannounced simulations, sessions were broken down into three parts. Firstly, each session began with a brainstorm of 'key roles for any medical emergency' (call for help, vital signs, scribe…), this was followed by a skills session on key topics. Areas for learning were identified following an MDT discussion and staff feedback focus group. These were; 1. Grab bag orientation, 2. Oxygen delivery, 3. SBAR handover, 4. Operating the suction machine, 5. A-E assessment. Finally, all sessions ended with practicing CPR on first aid training manikins. Sessions ran once or twice a week, depending on availability, rotating through the seven inpatient wards. Each session lasted approximately 20 minutes and two sessions were run back-to-back in order to ensure where possible every staff member working that shift was able to attend. These sessions have been running since mid-September. To date we have run a total of twelve sessions conducted both in and out-of-hours. After each session participants were asked to fill out feedback.

A 'flash card' aid providing quick action prompts applicable to all medical emergencies was drafted and reviewed by the trust's resuscitation lead for inclusion in ward emergency grab bags.

In addition to ward based teaching, grab-bag orientation sessions were run during doctor's induction.

Results. Ward based learning:

Sessions were attended by nurses, social therapists, occupational therapists and doctors of all grades. Approximately sixty people have attended the bite-sized teaching to date. All participants across all sessions found the teaching useful and relevant.

Junior doctor induction:

All attendees at the inductions strongly agreed the session was useful. 100% agreed that the session helped to increase their confidence around responding to medical emergencies with 78% strongly agreeing. All participants strongly agreed the session improved confidence in utilising the emergency grab bag.

Conclusion. People with severe mental illness are at greater risk of poor physical health and have higher premature mortality than the general population. Responding to medical emergencies in the psychiatric inpatient setting is a source of anxiety for most staff. Currently, nursing staff in psychiatric settings are required to have ILS training, many feel this annual course is insufficient. The majority of the emergency response team have BLS or no physical health training at all. Lone doctors, unfamiliar with available emergency equipment and psychiatric settings lack confidence to act optimally.

There is a great appetite for regular emergency physical health training. Our weekly sessions were well received, useful and relevant.

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Examination of Medical Students' Expectations of Psychiatry Prior to Placement: A Qualitative Study

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Aims. There is limited literature regarding medical students' expectations of psychiatry placements, although studies focussing on nursing students reveal fear and anticipation of aggression and violence to be prominent factors. Anecdotally, authors have been aware of medical students having reported impressions of psychiatric wards which were at odds with the reality. This study aims to explore what medical students specifically imagine and expect from psychiatric wards and psychiatric intensive care units prior to their placement. Psychiatric intensive care, arguably the most intense experience students will have in psychiatry, was used as a specific focus to highlight the full extent of their preconceptions.

Methods. Students undertaking their psychiatry attachment between July and December 2021 were invited to complete a semi-structured questionnaire, deemed to be more preferable to interviews as it was thought that anonymity would encourage more students to participate, provide open and honest responses, thereby exposing the full scope of presumptions. Question content was designed by 2 psychiatrists, with modifications after consultation with 2 student advisors. Questions explored student emotions regarding their visits to psychiatric wards and psychiatric intensive care, as well as expectations of the ward atmosphere, layout, activities, where patients would be, what they would be doing and how they would be managed. 37 responses were received.

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