

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

Dr Emily Nelson^{1*}, Dr Deborah Cooper¹, Dr Pujit Gandhi², Miss Heather King³, Miss Elizabeth Lloyd³, Dr Jamie Burrell¹ and Miss Anushka Pathak³

¹NHS Lothian, Edinburgh, United Kingdom; ²NHS Fife, Cupar, United Kingdom. and ³University of Edinburgh, Edinburgh, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.142

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

Dr Lopez Okhiai* and Dr Jiann Lin Loo

Wrexham Maelor Hospital, Wrexham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.143

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)