

- creating a safe and enabling environment to explore the specialty, create networks, and build connections
- challenging common misconceptions about psychiatry and reduce associated stigma
- increasing applications to the RANZCP Fellowship program.

Established in September 2013 the program now has over 5,100 members.

In 2023, the program achieved its highest annual number of new members joining to date, with 1,056 medical students and junior doctors choosing to join PIF. That year, 77% of all new trainees that joined the Fellowship pathway were former PIF members.

Survey data from PIF members who took part in the PIF program hosted at the Perth Congress in 2023 demonstrated that:

- 100% reported an increase in psychiatry knowledge following Congress.
- 82% reported their likelihood of pursuing psychiatry had increased following Congress, and 18% reported 'no change', as they reported strong certainty prior to the Congress attendance.
- 75% reported that the PIF networking sessions helped clarify misconceptions or stigmas that they previously held about psychiatry following Congress.

The voices of PIF members best illustrates the influence that inspirational experiences like these can have on future career directions:

'My favourite part of the PIF Congress was the ability to interact with likeminded PIF peers and psychiatrists and trainees from all over Australia and New Zealand. Another PIF member had said "I feel like I've found my tribe" which is a comment I particularly resonated with.'

Conclusion. Ten years on, PIF continues to expand its reach and impact to increase the pipeline of psychiatry trainees in Australia and Aotearoa New Zealand.

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Case Based Learning in Psychiatry: Use of Interactive Presentation Software and Fictional Narrative

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Aims. Undergraduate Psychiatry placements often struggle to provide the bedside teaching familiar to students from other specialties. Efforts to reproduce this experience in tutorials can be impaired by lack of interactivity, high student-to-teacher ratio, and use of mostly didactic pedagogy. Psychiatry trainees have provided weekly tutorials in 'Clinical Skills' to University of Glasgow students on Psychiatric placement for several years. Unfortunately, these tutorials suffered from poor attendance, poor engagement, and difficulty recruiting facilitators. We created an afternoon of teaching structured around three presentations of a fictional patient in a narrative fashion aimed at solving these issues and providing excellent experience for students.

Methods. Together with Glasgow University tutors, we selected Learning Objectives that would benefit from additional formal

teaching. We then created a fictionalised patient narrative incorporating presentations of self-harm, delirium and postnatal depression. Teaching materials were created using mentimeter.com to allow for maximal engagement and interactivity. The content included brief summary slides, groupwork, Word-Clouds, anonymous quizzes, and simulated clinical encounters/roleplay. Custom illustrated vignettes accompanied each scenario to increase verisimilitude. The day is delivered by three Psychiatry trainees to up to forty students in their penultimate week of placement. Feedback is gathered digitally and anonymously on the day. **Results.** 77/80 students invited attended. 71 (92%) completed feedback: 100% ranked the day positively - either "very helpful" (85.9%) or "somewhat helpful" (14.1%). Students advised it was "extremely useful" preparation for both clinical placements (73.2%) and exams (88.7%). All attendees provided free-text remarks; quotes include "One of the best teaching days I've been to" and "Best teaching of the block". 84.5% felt "very involved" in the day and the word "interactive" was used 30 times in freetext. When asked on what could be improved, the most common response was "another session" (34%).

Conclusion. Recruitment to Psychiatry relies on positive experiences during placement. Retention of Psychiatrists relies on providing rewarding and varied working experiences. Our hope is that successful events like this support both aims. The creative use of narrative, illustrated vignettes, roleplay and interactive questions afforded excellent engagement and enjoyable experiences for student and facilitator, as reflected in the feedback.

Going forward, we plan to refine this case and develop another. We are seeking review and design input from patient representatives and EDI experts. Comparison of students' exam outcomes and feedback from the replaced tutorials is also planned. Use of this format across other specialties is also being pursued.

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To Improve Higher Trainees' Experience With Out of Hour (OOH) Working Through Local Induction Programme

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Aims. Out-of-hours ('on-call') work can be perceived as daunting by junior doctors. When psychiatry trainees progress from core trainee to higher trainee, what entails 'on-call' work often shifts dramatically. Current allocation policy in Yorkshire and Humber Deanery means most of the higher trainees (HTs) begin their first on-call as a HT in a trust where they have never worked before. This frequently entails navigating an unfamiliar patient record system and various OOH care pathways in a new work environment, which can make the first few on-call shifts extremely stressful and potentially increase the risk of clinical errors.

We aim to evaluate the on-call experiences among higher trainees, collect feedback on ways of improving induction programme

relating to OOH work and re-evaluation after the interventions implemented in the latest induction.

Methods.

- A short survey using Likert scale was designed to capture HTs' experience and knowledge in relation to OOH work plus free text feedback at the end of each question.
- An online survey link was disseminated by email in May 2023 among HTs who joined LYPFT between August 2022 to Feb 2023.
- Interventions: a) A face to face induction in August 2023 to replace the online induction; b) 'A walkabout tour at Crisis office' led by Crisis consultant as part of the induction programme.
- Re-survey link was sent out in October 2023 to HTs who joined in August 2023.

Results.

1st Survey: 11 out of 16 new HTs completed the survey. 5 out of 11 had never worked in LYPFT.

2nd Survey: 11 out of 19 new HTs completed the survey. 8 out of 11 had never worked in LYPFT.

2nd Survey showed significant improvement in HTs' level of familiarity to on-call office environment, awareness of the multi-agency S136 pathway and local policy as well as alternative local crisis provisions other than hospital admission, and the relevant referral procedures. HTs' confidence of navigating OOH local care pathway was markedly enhanced.

Overwhelming positive feedback were received regarding the 'Walkabout tour' as part of the Induction programme.

Conclusion.

- Simple interventions at Induction programme can significantly improve HTs' confidence for OOH work.
- HTs valued high on practical support such as the 'Walkabout tour at Crisis office' and would like it to be expanded to other OOH services such as Seclusion unit and Acute Liaise Psychiatry Service.

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Making It PEACHY: Creation of an Innovative Immersive Simulation Day Promoting Empathetic, Attentive Communication for Holistic Care for Year 4 Medical Students

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Aims. This team of simulation fellows and a final-year medical student at a London teaching hospital created an innovative simulation course for fourth-year medical students with the aim to supplement existing undergraduate psychiatry teaching by providing additional opportunity to practice clinical skills. The course allowed students to practice and improve advanced communication skills across a range of inpatient and community settings across GP, A&E, medical and psychiatric environments, with themes exploring psychiatry, heightened emotional states and biopsychosocial influences on mental and physical health in a safe, ethical manner, supplementing the teaching provided on clinical placements.

Methods. The course was fully mapped to the university curriculum as well as the Health Education England Future Doctor Vision and the Medical Licensing Assessment content map. Scenarios were written by trained simulation faculty in conjunction with specialty experts across all core specialties for fourth year medical students including obstetrics and gynaecology, paediatrics, psychiatry, and healthcare of the elderly. Scenarios were created to reflect local demographics with addition of detailed social history and population health information. This involved creation of simulated patients from multicultural backgrounds, with limited English or other communication needs, and representation of numerous gender expressions, sexual orientations, and a range of mental health and neurodevelopmental needs.

Results. The pilot course took place on May 2nd with 7 student participants following approval from senior education stakeholders. During debriefs, participants differentiated between psychiatric symptoms and non-pathological human experiences, and reflected on how and why the patient in front of them is presenting the way that they are, with regards to social determinants of physical and mental health. They were also guided to reflect upon the technical and non-technical learning objectives of each scenario including use of Crisis Resource Management principles. Quantitative and qualitative feedback was collected through use of Likert-scales and white space questions; feedback showed heightened confidence and competence in core skills including psychiatric history taking, mental state examination and risk assessment, as well as core communication skills such as explaining a new diagnosis and managing heightened emotion.

Conclusion. Feedback shows the pilot successfully met its aims and enhanced undergraduate training, filling an educational need. Next steps would include formally approaching the university to discuss implementation of the course into the core curriculum. Additional refinements would include further consultation with service users and people with lived experience and consideration around use of actors to ensure complex subjects such as immigration and neurodivergence are portrayed ethically and accurately.

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Physical Issues in Mental Health Settings – Implementation of a New Immersive Course for Core Psychiatry Trainees

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Aims. This team of simulation fellows at a London teaching hospital created an immersive simulation course for core psychiatry trainees to explore the intersection between physical and mental health and impact on provision of care. The course was fully mapped to the updated Royal College Core Training Curriculum as well as Crisis Resource Management principles, and focusses on the integration of care across mental and physical health provisions. Scenarios are set in a range of inpatient and community environments to allow participants to consider differences in delivery of holistic care, prioritisation, ethical and legal considerations across settings. This would be particularly relevant for participants early in training with limited prior exposure who