Conclusion: The project successfully identified a significant gap in training regarding SI investigations and Coroner's Inquests for psychiatric trainees at KMPT. The first two cycles of the QI process have demonstrated positive outcomes, and the need for regular, ongoing training has been clearly established. As a result, this training is now integrated into the Higher Trainees Teaching programme. Future considerations include evaluating feedback from the 2025 training session and potentially introducing Mock Coroner sessions and protocols for trainee involvement in SI investigations, under the new PSIRF framework.

Beyond the Conventional: PsyQ – a Space for Curiosity, Collaboration, and Cultural Sensitivity in Psychiatry

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Aims: Traditional psychiatry training often prioritizes service delivery, limiting reflection and exploration. Few opportunities for intellectual discussions outside academic meetings lead to monotony and rigidity in practice. Poor networking opportunities can be isolating, especially for those unfamiliar with the UK's multicultural landscape.

PsyQ was created by doctors at Northamptonshire Healthcare NHS Foundation Trust (NHFT) to overcome these gaps. The platform aims to nurture curiosity, cultural sensitivity, and receptiveness among doctors by offering a relaxed, judgment-free space to engage in meaningful discussions. The topics covered are wide-ranging, spanning psychiatry's intersections with disciplines like philosophy, religion and spirituality, law, and social sciences, as well as issues in the contemporary social milieu.

Methods: Launched in March 2024, PsyQ has hosted discussions on a wide array of topics, including evolutionary psychiatry, the assisted dying bill, sexual orientation and the nature versus nurture debate, patient confidentiality, the experience of immigrant doctors in the UK, free will, the role of psychiatrists in preventing death, and the psychological concept of safety. To assess the platform's impact, an electronic feedback form was distributed. Fifteen participants completed the form. The survey combined Likert-scale with open-ended questions to evaluate overall participants' experience, inclusivity, topic relevance, session engagement, and suggestions for improvement.

Results: The results highlighted PsyQ's success in creating an inclusive and engaging environment. Eighty per cent of respondents rated their overall experience 4/5 or higher, while 78% found the topics highly relevant to their practice and daily lives. The platform's relaxed and inclusive atmosphere stood out, with 85% of attendees commending its openness. Additionally, 75% described the format as highly effective, citing the balance between structured discussions and open-ended dialogue as conducive to exploring diverse viewpoints. PsyQ significantly influenced attendees, with 90% reporting that sessions challenged their thinking, 85% feeling encouraged to tolerate differing opinions, and 70% gaining practical insights applicable to their work. Participants valued the diversity of topics, the safe space for discussing sensitive issues, and networking opportunities. Suggestions for improvement included adjusting session timings, extending session lengths, and securing funding to enhance the overall experience.

Conclusion: PsyQ is a platform that allows doctors to network, think creatively, express opinions, and gain new insights. It is crucial for doctors to be flexible, culture-aware, and well-informed of broader societal perspectives. Moving forward, the programme plans to incorporate participant input, expand its range of topics and guest speakers, and develop strategies to measure its long-term impact, ensuring continued adaptability to participant's needs.

Redefining Psychiatry Placements: Improving Medical Education Through the UTLA Scheme

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Aims: Psychiatry placements can be challenging for medical students due to unpredictable settings, emotionally charged patient interactions, and potential risks. Limited hands-on experience, inadequate supervision, inconsistent teaching across the wards, and poor induction further amplify students' apprehensions, reduce engagement, and deter them from considering a career in psychiatry. To address these challenges, the University of Leicester Medical School (LMS) initiated the Undergraduate Teaching Liaison Associates (UTLA) scheme within Northamptonshire Healthcare NHS Foundation Trust to improve medical education in the mental health sector. This programme, grounded in the Near-Peer Teaching model, provides structured mentorship and personalized guidance to medical students. The quality improvement project focused on implementing and adapting the UTLA initiative specifically for psychiatry placements.

Methods: The project introduced the UTLA Blueprint, adapted from the LMS UTLA Handbook, to provide a structured yet flexible framework for guiding UTLAs in supporting students' needs. Key UTLA responsibilities included conducting ward orientation, facilitating learning outcomes, supporting portfolio development, and performing regular well-being check-ins. During induction, Medical Student Handbook and UTLA flyers were distributed, and Meet and Greet sessions were organized. A UTLA network was also established to foster collaboration and shared learning. Data collection involved student surveys and UTLA interviews to evaluate the initiative's impact.

Results: Eleven medical students participated in the survey, with 73% rating the UTLA programme eight or higher on the satisfaction scale, indicating high overall satisfaction. Furthermore, 64% of respondents found UTLA support highly accessible, and all expressed willingness to recommend it to their peers. The most frequently cited areas of UTLA assistance included arranging learning opportunities, providing well-being check-ins, and facilitating case-based discussions. The well-being check-ins and the Medical Student Handbook were distinguished as the two most useful elements. Suggested areas for improvement included clarifying UTLA roles at the start of placements, optimizing the frequency of check-ins to balance support and avoid over-contact (with 73% of students preferring 2–3 check-ins per fortnight), and educating UTLAs about required placement competencies. The UTLAs reported gaining valuable insights from frequent meetings, which

facilitated shared learning and encouraged creative approaches to support.
Conclusion: The UTLA initiative provides a personalized mentorship and supervision framework that enables medical students to excel during psychiatry placements and fosters interest in psychiatry as a career. Future steps include improving communication about UTLA roles, adjusting check-in frequency, and conducting regular evaluations to refine the scheme based on feedback from both students and the UTLAs.

Changing Course: An Educational Tool for Antipsychotic Switching

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Aims: There is a notable lack of standardised guidelines on antipsychotic switching, including in the Maudsley Prescribing Guidelines. This presents a challenge for psychiatrists who must navigate complex decisions regarding efficacy, side effects, and receptor-binding properties when transitioning patients between antipsychotics. This project aimed to develop an educational tool that synthesizes information on antipsychotic efficacy and receptor profiles to assist clinicians in making evidence-based switching decisions. The tool was inspired by the need for a structured approach to antipsychotic transitions, incorporating data from Stahl's Essential Psychopharmacology and relevant receptor-binding research.
Methods: A comprehensive literature review was conducted to consolidate information on the pharmacodynamics and efficacy of commonly used antipsychotics. Research studies detailing receptor affinities for dopamine, serotonin, histamine, muscarinic, and adrenergic receptors were examined.
Results: The educational tool provides a structured framework for psychiatrists, offering guidance on selecting an appropriate switching strategy. The educational tool was designed to visually present this information, allowing clinicians to compare medications based on receptor binding, side effect profiles, and equivalent dosing strategies. It also included switching strategies, emphasizing cross-titration and pharmacodynamic considerations to minimize withdrawal and receptor rebound effects. It highlights receptor-mediated rebound effects e.g., H1-related insomnia, M1-related agitation. By integrating receptor-based pharmacological data with practical clinical considerations, the tool enhances decision-making in scenarios where guidelines are lacking.
Conclusion: The absence of clear guidelines for antipsychotic switching necessitates a standardized, evidence-based approach. This educational tool consolidates pharmacological knowledge to aid psychiatrists in optimizing treatment transitions, minimizing withdrawal effects, and improving clinical outcomes. Future iterations could incorporate real-world validation studies to assess its impact on prescribing decisions and patient outcomes.

A Comparison of Online and Blended Learning for Improving Trauma-Informed Practice Education Outcomes

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Aims: This study aimed to compare the effectiveness of online and blended learning in improving doctors' understanding, recognition of trauma signs and symptoms, and confidence in applying trauma-informed practice. The goal was to determine which teaching method leads to greater self-reported improvements.
Methods: The online teaching method was delivered through Microsoft Teams. The blended learning programme consisted of both an online component via MS Teams and in-person attendees. Both methods encouraged discussion and interaction. Sessions were organised during established academic time slots for resident doctors. Pre- and post-teaching questionnaires, using a Likert scale, were administered to doctors with varying levels of experience, working across different roles. Results were analysed by calculating the percentage of participants' agreement in relation to key statements examining understanding, confidence, awareness, and recognition of signs and symptoms of trauma response, before and after the teaching intervention. Differences in sample size and participants' experience were considered when interpreting the results.
Results: Blended learning showed significantly greater improvements compared with online learning. In the blended learning group, the percentage of participants who strongly agreed that their understanding had improved rose from 0% to 60%, while the online learning group increased from 0% to 20%. For recognizing trauma signs and symptoms, the blended learning group showed an increase from 14% to 100%, compared with an increase from 0% to 20% in the online group. Confidence also improved more in the blended learning group, rising from 0% to 40%, compared with an increase from 0% to 20% in the online group.
Conclusion: These findings suggest that blended learning is a more effective teaching method for improving understanding, recognition, and confidence in trauma-informed practice education outcomes compared with online learning. However, the variation in participants' professional backgrounds and experience likely influenced the results, with more experienced doctors potentially benefiting more from certain aspects of the teaching. Future efforts should focus on tailoring blended learning approaches to participants' experience levels and expanding sample sizes to confirm these findings.

Can Poetry Be Used as an Educational Tool to Improve Understanding of Psychosis?

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