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Introduction of High-Fidelity Simulation (HFS) for Teaching Undergraduate Medical Students About Electroconvulsive Therapy (ECT) and Its Impact on Their Knowledge and Attitudes Towards ECT

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Aims. Learning about and appreciating the use of Electroconvulsive therapy remains an integral part of the undergraduate psychiatry curriculum. The existing literature indicates that medical students frequently have unfavourable views regarding ECT and its adverse effects.

Therefore, this study aimed to introduce a new teaching tool that supplements traditional didactic ECT teaching with simulation-based procedural demonstration thus providing a real-life experience of an ECT room and subsequently evaluate the learning gains conferred by such a curriculum.

Methods. The demonstration was carried out by Clinical teaching Fellow with the help of a high-fidelity manikin and a live actor who played the role of the patient, in the ECT suite in Birmingham.

Participants of the study were fourth year medical students who completed a self-administered questionnaire before and after the simulation session. This survey was designed to explore changes in knowledge, attitudes, and perceptions of the students towards ECT and its side effects.

Results. Within a cohort of 88 students, 52 students successfully completed the pre-session questionnaire, and 43 students completed the post-session questionnaire. Students reported a global improvement in knowledge regarding ECT, when comparing results from both questionnaires. Prior to the simulation, many students used negative terms to describe ECT such as 'torture', 'barbaric' and 'uncontrolled', suggesting outdated stigmas around ECT. However, after the simulation, many students expressed a positive change in opinion, describing ECT as 'controlled', 'beneficial' and effective'.

Additionally, students reported improved knowledge about the side effects of ECT, especially regarding pain, memory loss and brain injury. Many students reported that their initial apprehension had been addressed over the course of the ECT simulation. Many noted ECT was more effective and beneficial than originally thought and the process was less extreme and invasive than they believed.

Conclusion. The results of the study reflect that the use of simulated ECT within medical students can help disperse some of the stigma and myths regarding this treatment. Simulation can humanise the process and shift attitudes around ECT by allowing students to become fully immersed into an almost real-life scenario. It can also address knowledge gaps around ECT indications, process, risks, side effects and benefits. This will in turn help educate future clinicians have a better understanding about ECT in the treatment of severe mental illness, thus optimising the utilisation of this effective treatment. Furthermore, such technique can be a useful tool for demonstrating ECT to potentially wider group of students, trainees and other health practitioners.

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Technology Enabled Remote Monitoring in Schools (TERMS): A Case Study Series Using Parallel Testing in Clinical Settings and School Workshops

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Aims. The TERMS (Technology Enabled Remote Monitoring in Schools) project aimed to elucidate the operational dynamics of remote monitoring with bluetooth-enabled physical health monitoring devices. The focus was on measuring key parameters such as usage, perceived value, accuracy, and satisfaction among patients, their families, and healthcare staff. Additionally, we sought to explore the potential future integration of remote monitoring in educational settings through school site workshops.

Background. Digital healthcare has become an indispensable part of effective healthcare provision on a global level. Remote monitoring is the use of technology, to monitor patients outside of a clinical setting with the help of medical devices, questionnaires, and clinical dashboards, allowing clinicians to review the data to assist in clinical assessment and decision-making. While this method is already established for conditions like Diabetes and Asthma it is not for other conditions like ADHD. This is especially a challenge for the younger demographic.

Schools are pivotal for promoting student well-being and early interventions, leading to reduced negative outcomes like exclusion and school absence and enhanced academic attainment. The TERMS project strives to bridge the gap between education and healthcare by collaborating with schools and clinicians. This is in alignment with the digital and data strategy for health and social care in Wales as outlined by the Welsh Government(2023).

Methods. This study had 2 parts:

Clinical Site Testing:

Blue tooth-enabled clinical monitoring device readings were obtained after they were monitored first with traditional clinical monitoring devices. Additional qualitative feedback was also obtained.

Educational Workshops:

Workshops were carried out with students and teaching staff to collect qualitative and quantitative feedback on the remote monitoring equipment and patient-facing dashboard. This also set out to determine if remote monitoring in schools is feasible and how it could be implemented.

Results. A total of 47 clinical patient cases were included. The accuracy of the bluetooth-enabled device readings and those of traditional equipment were compared. Analysis of the qualitative data revealed useful domains and subdomains of opinions along with the user-friendliness of the software interface.

Conclusion. Overall, we have identified that patient and family perception of remote monitoring is positive, suggesting an improved/comparable level of care for their condition. Additionally, school workshops highlight that this service could be implemented within a school setting. As long as considerations were made for who would conduct the remote monitoring and what the role of the school would be.

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Does an Association Exist Between Food Insecurity and Eating Disorder Symptoms Among Young People Living in England?

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Aims. Food insecurity, defined as lacking regular access to nutritious food due to financial hardship, is associated with a range of adverse developmental outcomes for children and adolescents. Emerging evidence suggests food insecurity in adults may be associated with disordered eating behaviours, including binge eating and unhealthy weight control strategies. However, the nature of this relationship in adolescents remains unclear. This study aimed to investigate whether an association exists between food insecurity and eating disorder symptomatology in a large and diverse sample of adolescents living in England.

Methods. Cross-sectional data were collected from 34,730 young people in school years 7 to 13 (aged 11 to 18) in classrooms across England, as part of the OxWell 2023 Student Survey. Eating Disorder symptomatology was measured, on a scale of 0 to 6, with five self-report screening questions from the Eating Disorder Section of the Development and Well-Being Assessment (DAWBA) and one additional question on meal skipping due to shape/weight concerns. Food insecurity was measured, on a scale of 0 to 6, with three questions adapted from the Wales Young People's Survey on Child & Family Poverty 2019. A complete case analysis was conducted using Stata, v18. Regression analyses were performed to test for associations between food insecurity and eating disorder symptomatology, stratified by gender and adjusting for age and ethnicity.

Results. 12,571 (36.2%) participants were excluded due to missing data in key study variables. Our final sample comprised 22,159 adolescents with a mean age of 13.8 years (50.8% female, 54.4% white ethnicity). 63.6% of participants reported experiencing at least one eating disorder symptom and 45.7% scored ≥ 2 on the DAWBA screening items, a more stringent cut-off for possible eating disorder. Food insecurity was found to be a significant predictor of eating disorder symptomatology in participants of all genders (female: β 0.54, 95% CI 0.48–0.60, $p < 0.001$, male: β 0.40, 95% CI 0.36–0.44, $p < 0.001$, other: β 0.52, 95% CI 0.43–0.61, $p < 0.001$). The association was particularly marked amongst those reporting purging behaviours (OR 1.62, 95% CI 1.55–1.69, $p < 0.001$).

Conclusion. In keeping with previous research, our findings indicate that adolescents experiencing food insecurity exhibit increased rates of eating disorder symptomatology. Further research is needed to explore potential mechanisms behind this association, as well as to develop effective intervention strategies. Our study adds to a body of evidence identifying a high-risk and disenfranchised group of young people who may benefit from targeted support.

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The Body Multiple: Conceptualizing the Body to Explain Functional Somatic Symptoms

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Aims. Functional somatic symptoms (FSS) is an umbrella term for symptoms inadequately explained by structural disease or damage. FSS show complex causality, and fall between the gaps in mainstream medical epistemology and/or mind-body dualism. Lack of explanations for FSS exacerbates uncertainty, anxiety and stigma for patients, and contributes to fragmented care and inappropriate management. We aimed to develop an open access health-educational resource that provides an acceptable, relevant, and usable explanatory model of FSS to internet users.

Methods. We carried out a participatory design study to develop the website bodysymptoms.org. Explanatory concepts were developed through iterative stages of dialogue between individuals with lived experience of multi-system FSS ($n = 7$), researchers, health-care professionals and designers/developers. Initial explanatory components were collected from currently existing patient education about FSS, a review of the literature, and participants' illness narratives. Principles were developed to filter, and organize these explanatory components into a coherent model. The model was translated into 5 European languages and through iterative rounds of feedback incorporated a diverse range of perspectives.

Results. We describe the explanatory model that developed through the bodysymptoms project, and considerations that arose through the dialogic process. The model is based on the body as a complex adaptive system with causal interactions operating across bio-psycho-socio-ecological levels. Mechanistic processes that can maintain persistent symptoms were chosen as the main nodes (or topics) of the model, and minor topics were structured to demonstrate interactions between mechanisms. Considerations that arose during the process included coherence across philosophic, scientific and clinical levels of explanation; a therapeutic model of agency, within which explanations empowered without blame; the need to introduce notions of biological time, like body rhythms and body memory; and the role of multi-media, embodied metaphors and lived experience narratives in communication of the explanatory model. Personalisation of the model was achieved through embedding the structure of the model into the graphical and navigational structure of the website, which allows website visitors to explore the model in a non-linear manner, tailored by relevance, acceptability, and preferred level of information.

Conclusion. We present results from a research in action study to develop a novel resource for understanding functional somatic symptoms. bodysymptoms.org is based on the model of the body as a complex system that adapts in personal ways. To explain FSS there is a need for new ways to understand the body and how we become unwell. Bringing diverse perspectives into dialogue generated new forms of knowledge and allowed the power of scholarship to be harnessed for immediate shared value.