



significant outcome. The long-term success will depend on securing ongoing funding for training and supervision. Increased numbers of accredited leaders are crucial for expanding access to these valuable groups. Ongoing efforts to address financial barriers are necessary for sustaining and expanding the initiative.

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Shaping Minds, Changing Attitudes: A Systematic Review of the Impact of Different Teaching Interventions Regarding Attitudes and Knowledge Towards Electroconvulsive Therapy (ECT) Within Pre-Registration Healthcare Students

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Aims: Electroconvulsive therapy (ECT) is an effective treatment modality used to manage a variety of different psychiatric conditions including treatment-resistant schizophrenia, depression and catatonia. Different teaching methods have been employed by educational institutions to teach healthcare students about ECT, however synthesis of this evidence is lacking. Several sources cite that there is negative stigma and attitudes towards ECT amongst Healthcare Professionals (HCPs). Teaching within undergraduate curricula may improve knowledge surrounding ECT, further reducing negative associations.

Methods: Using pre-determined search terms, a large language model was used to screen relevant databases (including ERIC and CINAHL), identifying 5,550 studies, 453 of which were duplications, leading to a total of 5,097 relevant studies. Pre-agreed strict inclusion and exclusion criteria were applied, and 19 studies were identified suitable for inclusion. Another 14 studies were reviewed again due to conflicting views, of which 7 were deemed suitable, totalling 26 relevant studies for inclusion. These texts were analysed in their entirety. Both qualitative and quantitative data was gathered, and this was heterogenous in nature. Qualitative data was thematically analysed.

Results: Diverse teaching techniques and interventions were identified, and these were successful to varying degrees. These interventions included: the development and creation of new educational modules centred around ECT; real time ECT demonstrations; teaching sessions paired with specialised technology enhanced learning interventions hosted remotely by consultant psychiatrists. A plethora of different interventions centred around improving knowledge of ECT amongst healthcare students varied in creativity, and even included a Hollywood depiction of ECT.

Educational interventions focusing on the improvement of students' experience whilst on psychiatric placements correlated with a global positive improvement in knowledge levels regarding ECT. Video-based educational interventions were well received by

students, and an improvement in attitude and knowledge regarding ECT was noted. Passive interventions, including didactic based teaching interventions described a notable positive shift in attitudes amongst students regarding ECT. However, some studies reported that the longevity of this improvement in knowledge and attitudes may be short-lived, affecting its translation to future medical practice.

Conclusion: This systematic review highlights the need to improve education of ECT amongst healthcare students, to ensure that future clinicians are well equipped with relevant knowledge concerning this important treatment modality. Ultimately interventions that strive to improve knowledge of ECT and induce positive experiences with students, helps to reshape attitudes towards this treatment modality and future clinical practice.

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Destigmatisation of Mental Health Conditions: The Use of Social Media in the Holistic Education of Medical Students

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Aims: Medical students' stigma towards mental health conditions is a well-documented phenomenon in the scientific literature – recommendations to combat this include utilising a holistic approach when teaching about mental health conditions. The holistic approach can be done in a multitude of ways to deliver mental health topics in a multifaceted way. With the increase in social media consumption, there has been a significant rise in consumer exposure to mental health-based content. This content ranges from aetiology and diagnostic information to first-person accounts of living with mental health conditions, highlighting the wide range of discussion points provided by social media platforms.

The aim of this research is to determine whether there is a place for the use of social media in the holistic approach in the destigmatisation of mental health conditions in medical students.

Methods: A positivism-influenced approach was used to conduct anonymised two-part survey, using mostly a quantitative approach (60%). Participants were asked to fill out 'yes, no, maybe, don't know' questions about whether they think social media could be used to teach them in medical school about mental health conditions. The remaining 40% qualitative part of the survey, allowed participants to detail their experiences of mental health on social media and express their thoughts on if and how they thought social media could be used to educate medical students. 10 participants took part in this anonymised survey. All participants were based in medical schools in Northern Ireland, in their fourth or final year of medical school.

Results: All participants reported encountering mental health-based content on social media. 90% of those participants believed that social media contributed positively to their overall opinion on mental health conditions. 80% of participants believed that social media should play a role in educating medical students about mental health conditions. Suggestions on how social media can be used in the education of medical students include showing first-person accounts

of what it is like to live with mental health conditions and also showing accounts from family and friends who deal/dealt with mentally ill loved ones.

Conclusion: There is a space for the use of social media in the holistic approach to achieve the destigmatisation of mental health conditions in medical students. Social media can be used to drive empathy-based reflective practices in students via the utilisation of first-person experiences from the mentally unwell people themselves or their loved ones.

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NHSE Regional International Medical Graduates Conference for Yorkshire and Humber School of Psychiatry

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Aims: International Medical Graduates (IMGs) represent over 30% of the NHS workforce. They play a vital role in addressing healthcare shortages and enhancing cultural diversity. They are a significantly mixed group in terms of their experience, skills and overall development. Due to differing systems, IMGs often require additional support. The right support ensures that they achieve their professional goals, highlighting the need for targeted conferences.

The conference aimed to facilitate collaboration and knowledge exchange between trainers and trainees, fostering mutual understanding. It also supported IMGs by providing insights into navigating the UK healthcare system while addressing their challenges through data discussion.

Methods: The “Untying the Knots” conference, held from 09:00 to 16:30, registered approximately 100 doctors and featured a poster competition. It included 21 speakers covering diverse topics, focusing on Language, Culture and the Clinical Encounter. International speakers shared insights on training in India and Nigeria, while sessions addressed IMG challenges and personal journeys. Pre- and post-workshop surveys evaluated effectiveness and informed future planning.

Results: 89% of those who attended were IMGs, with only 7% being trainers. Majority of the attendees were core trainees or Trust staff grades (28% each). There were participants from all 7 Trusts in the region and one Trust outside the region. Most achieved their primary degree in India, followed by Pakistan, then Nigeria. Most seemed to have a good confidence level (Predominantly or very confident) on topics relating to differential attainment, language/culture, portfolio management and compassionate leadership and less confident (slightly or fairly confident) about issues relating to the impact of patient safety incidents, navigating GMC referrals/SUIs and CESR pathway. The feedback was that people enjoyed the conference and 90% would attend again with 66% wanting it as a yearly event. 96% felt the conference was well organised with the presentations and networking being the most attractive components. 86% would prefer a face-to-face conference in the future and 10% a hybrid event.

Conclusion: Overall, the feedback was highly positive, with most attendees expressing interest in future events and suggesting it be held annually. The organisation, presentations, and networking opportunities were particularly well-received, with a strong preference for face-to-face events moving forward. These findings will help shape future conferences to better meet the needs of international medical graduates.

Upcoming conferences will implement feedback, explore topics of interest further like supporting the CESR pathway, and facilitating discussions on GMC referrals and Serious Untoward Incidents (SUIs).

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Implementing and Improving Bedside Teaching and Experiential Learning for Medical Students During Psychiatry Placements

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Aims: The General Medical Council’s (GMC) outcomes for graduate doctors includes the completion and interpretation of a psychiatric history, mental state examination (MSE), risk assessment and cognitive examination. To achieve these outcomes, medical students rotate through specialist psychiatry placements during their undergraduate training. Psychiatry rotations typically involve observing doctors in ward rounds and clinics and attending classroom-based teaching sessions. Feedback from local medical students highlighted that there was limited opportunity to complete a full psychiatric history, including a risk assessment, and mental state examination. This Quality Improvement Project (QIP) aimed to 1. Develop a reliable and accessible sign-up process and 2. Improve medical student’s bedside teaching experience during their psychiatry placement.

Methods: A driver diagram was used to identify primary and secondary drivers and interventions relating to the aims of the project. An iterative four-stage problem-solving model, Plan-Do-Study-Act (PDSA) approach was used. Students were invited to join bedside teaching sessions in pairs, with students taking turns to complete a history including a risk assessment, and an MSE, followed by feedback from a facilitator. In total 74 students attended bedside teaching sessions. Facilitators were recruited on a voluntary basis and included both foundation doctors, general practice specialty trainees and core psychiatry trainees. Student experiences of both the sign-up process and confidence in core psychiatric skills were captured in pre- and post-teaching surveys consisting of free text responses and Likert scales. In total, eight PDSA cycles were completed with the feedback from each cycle used to refine the sign-up process and improve the bedside teaching experience.

Results: In total 74 students completed the pre-teaching surveys and 48 completed the post-teaching survey. Prior to bedside teaching sessions only 18% of students felt confident visiting an inpatient ward to take a history from a patient, 17% felt confident taking a psychiatric history and 27% felt confident completing an MSE. After attending bedside teaching sessions, 73% of students indicated that they felt confident visiting an inpatient ward, 85% felt confident in taking a psychiatric history, and 85% felt confident completing an MSE.