measures to mitigate some of the difficulties for trainees in such posts:

We have created a standardised handover sheet which is advised to be used and updated routinely, so that patient safety and continuity of care is maintained.

We suggest to assign a clinical supervisor to each post within a split-post placement, to ensure a trainee has ease of access to their weekly supervision in either setting, outside of the usual daily clinical discussions.

The Effects of Suicide and Homicide on Clinicians

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Aims: The effects on professionals following the death of a patient by suicide can be phenomenal and life changing. The Royal College of Psychiatrists has developed guidelines to promote operational strategies and adequate pastoral care for professionals affected by patient suicides. Recognizing the profound impact on mental health, burnout, retention and career progression, these guidelines aim to foster a supportive culture. Enhanced support could facilitate genuine reflection and learning from such incidents, ultimately leading to improved patient care.

The aim was to discuss the impact of suicides and homicides on clinicians while exploring available support structures and understanding relevant psychological processes.

Methods: On October 25, 2024, a one-hour medical webinar hosted 87 participants, including doctors, medical students, and nursing staff. Led by Dr Rachel Gibbons, an experienced consultant psychiatrist, the session focused on clinician vulnerabilities and defensive mechanisms. Pre- and post-workshop surveys evaluated areas of interest and effectiveness for future planning.

Results: The pre-survey results revealed that 34% of respondents were primarily interested in the potential blame associated with incidents, while 16% sought guidance on supporting colleagues. Notably, 65% had experienced a Serious Untoward Incident (SUI), predominantly suicides and homicides (92%), with many professionals expressing self-blame and feelings of failure. They struggled to support affected families and felt the review process often emphasized blame rather than learning.

In the post-survey, 77% of responders reported involvement in an SUI, with 88% linked to suicides or homicides. Support perceptions varied: 36% felt supported by fellow doctors, and 20% by their trust, while colleagues (52%) and family and friends (56%) were highlighted as key sources of support. Most learned about incidents through emails, phone calls, or word of mouth (64%), and only 40% were satisfied with how they were informed. Respondents emphasized the importance of sensitive communication and individualized support plans in enhancing their experiences.

Conclusion: Overall feedback was overwhelmingly positive, with 93% of attendees expressing interest in future events. An impressive 97% found the seminar very or extremely helpful, while 93% wanted webinars on supporting clinicians, bereaved families, and attending coroner's court. Many reported significant emotional impacts from suicides, affecting performance in 41% and prompting 27% to consider leaving psychiatry. Attendees emphasized the need for better support systems, compassionate communication, and debriefs to alleviate blame culture and improve coping with immediate effects.

Upcoming webinars will utilise feedback, ensure wider participation, engage senior management, and raise awareness of pastoral support strategies.

Mind Over Medical School: A QIP on Wellbeing Interventions for Medical Students on Their Psychiatry Rotation

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Aims: The mental wellbeing of medical students has remained a pressing issue. A recent longitudinal study named 'less supportive' educational environments as a contributing factor to this ill-health. Anecdotally, authors of this study have found topics taught within psychiatry can be emotionally affronting for students. During their psychiatry placement, 4th-year medical students at the University of Birmingham and Aston University were offered voluntary interventions with the aim to foster an environment of wellbeing. These included 1) an Open-Door Policy with Clinical Teaching Fellows (CTFs), 2) a formal Drop-in Session, 3) a Psychiatry Film Club Evening, and 4) a Creativity Prize, for students to submit reflective pieces in any artistic medium. A mandatory final wellbeing lecture included personal testimony from two CTFs on their own mental health journeys.

Methods: All students were asked to complete pre- and post-placement questionnaires accessed online on their first and last day, no matter their participation with interventions. During the placement, interventions were promoted after plenary lectures and on an ad-hoc basis. The post-placement questionnaire ascertained student participation in interventions. Questionnaires used a forced Likert scale to measure agreement with various statements. Statements were developed by adapting validated tools (such as ATP-30 and MICA-4) to cover three domains: perceptions of psychiatry's culture of wellbeing; stigma toward others' mental health; stigma toward one's own mental health. 117 responses were gathered. All responses were anonymous and could not be linked to individual students.

Results: Of the 177 respondents: 99% attended the mandatory wellbeing lecture, 11% attended the formal CTF drop-in, 9% participated in the creativity prize, 7% joined the film club, and 3% used the informal open-door policy. Across all domains, there was a general shift toward more favourable perceptions. Notably, responses to the statement "Psychiatry prioritises the wellbeing of its clinicians" improved from a median of "agree" to "strongly agree". This was a statistically significant change. Stigma toward personal and colleagues' mental health remained more resistant to change.

Conclusion: Results suggest that these interventions had a meaningful impact on students' perceptions of psychiatry as a supportive specialty. Aside from obvious personal benefit, integrating wellbeing initiatives into clinical placements may be key in promoting