

Methods. Before starting, we offered a feedback form to staff to ascertain the value of the project.

To ascertain that the learning has taken place, we have delivered a post-session formative quiz to assess the staff's knowledge of managing patients with mental illness.

To determine the effectiveness of the project, we decided to use Kirkpatrick's evaluation model and assess the first two levels of the programme outcome: (1) learner satisfaction- through staff feedback; (2) measures of learning- knowledge gained showed in the formative post-session quiz.

Results. The sessions were carried out on 2 wards in the general hospital

- Ward 1: 4 sessions; number of attendees: 12
- Ward 2: 4 sessions; number of attendees: 5

The student evaluation was done through a quiz offered to the participants at the end of each session.

9 quiz questionnaires were completed on ward 1:

Correct answers: Q1- 67%; Q2- 89%; Q3- 0%; Q4- 100%.

5 quiz questionnaires were completed on ward 2:

Correct answers: Q1- 20%; Q2- 60%; Q3- 0%; Q4- 40%.

The programme evaluation was done through a feedback form offered to the participants at the end of each session.

12 forms were completed on ward 1: 50% strongly agreed that the session was useful to their practice; 70% were quite confident in caring for patients with mental illness following the session.

5 forms were completed on ward 2: 20% strongly agreed that the session was beneficial; 75% were quite confident in caring for patients with mental illness following the session.

Conclusion. Difficult to implement a culture change.

Following a meeting with the stakeholders, we agreed on delivering monthly reflective sessions to the staff in their allocated "team time" where attendance is mandatory and we will also take part in a developmental teaching programme for band 5 nursing staff

We are in the process of extending our project to the Emergency department

programme?". Eighty students were selected for enrollment and of these, sixty who participated in one year of the programme completed a follow-up survey, including the question "What have you taken away from your experience of PEEP so far?". Authors conducted thematic analysis of the qualitative responses at both time-points, identifying common themes and seeking feedback from third raters when conflicts emerged.

Results. Themes identified in responses to the baseline survey fell into two categories: psychiatry-related and non-psychiatry-related. The three most common psychiatry-related themes, were: Better understanding of the specialty (n = 67), Role of a psychiatrist (n = 16) and Evaluating interest/suitability to the specialty (n = 7). The four most common non-psychiatry-related themes were: Obtaining clinical experience (n = 70), Insight into the role of a junior doctor (n = 22) and to the Training pathway (n = 10) and Developing clinical and communication skills (n = 14).

Themes identified in responses to the follow-up survey closely reflected those from the baseline survey. Students commonly expressed that they gained a better understanding of what psychiatry is and what working in psychiatry entails (n = 24) and explored their interest in pursuing a career in psychiatry (n = 10). Similarly, they valued the ability to gain early clinical experience (n = 16) and to develop their clinical and communication skills (n = 9).

Conclusion. The results support the value of PEEP in providing opportunities for medical students to better understand what psychiatry is and explore their interest in the specialty. PEEP is also meeting students' expectations outside of the realm of psychiatry by facilitating early clinical experience and the development of clinical and communication skills which are less available for medical students in their pre-clinical years.

Further collection and analysis of annual quantitative and qualitative data will ensure continuous evaluation and tailoring of the scheme to meet both students' expectations and its purpose to foster interest in psychiatry.

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Evaluation of the Psychiatry Early Experience Programme: Thematic Analysis of Baseline and One-Year Follow-Up Surveys

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Aims. The Psychiatry Early Experience Programme (PEEP) is a long-standing scheme, collaboratively run by GKT School of Medical Education and SLam Trust, which pairs medical students with core psychiatry trainees for clinical shadowing, mentoring and educational talks for the duration of their degree. We aimed to understand the motives of first year students signing up to PEEP and compare these to their feedback after one year.

Methods. Before the 2015 and 2016 academic years we administered an online survey to 159 medical students interested in joining PEEP, asking the free-text questions: "What do you most hope to get out of PEEP?", and "Why are you interested in the PEEP

"Bitesized Teaching": Promoting Physical Healthcare in Mental Health Settings

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Aims. To assess the effectiveness of a new educational activity for mental health teams, which is intended to empower staff in the early recognition, escalation and management of acute medical problems.

Methods. Health Education England (HEE) has recently developed a teaching resource named 'Bitesized Teaching', which spans 24 physical health topics that are commonly encountered in mental health settings. It provides doctors an evidence based framework to deliver a concise 10–15 minute teaching session on each topic at a convenient time and place for everyone. I organised weekly 'Bitesized Teaching' sessions for staff at a long term community rehabilitation unit with complex psychiatric conditions. The topics selected for the 8 sessions were based off staff preferences and included; hypotension, deep vein thrombosis, hyperglycaemia and serotonin syndrome. The presentations covered the signs, symptoms, causes and basic ward level management that can be expected from nursing grades. An anonymous feedback form was distributed after the sessions to assess the effectiveness of this new teaching initiative.