

anxious, psychotic, disinhibited or non-engaging patients. The facilitation of the session would be done by two medical doctors working alongside a communication skills coach (CSC).

Methods. Trainees were informed of these optional sessions via email. The majority of those who attended were core trainees, specialty doctors and foundation year doctors.

The session was around 3 hours in length. Trainees began by completing a questionnaire which rated their confidence in several domains including when dealing with patients that are anxious, psychotic and disinhibited. This would be repeated at the end of the session to allow for comparison.

Trainees were provided with background information for each scenario and were also given a task such as performing a brief risk assessment. The scenarios lasted 10 minutes and involved 1 trainee and 1 professional actor. A 15 minute debrief would then follow. This would cover what went well, what could be improved and feedback from the actor. The CSC would then provide detailed personalised feedback covering both verbal and non-verbal communication. 6 scenarios took place over the session.

The session was run 5 times in total. The first 4 sessions were held virtually (Zoom) and a total of 29 trainees attended these. The 5th session was held face to face at the Experiential Learning Centre and 5 trainees attended. 25 of the total 34 attendees completed both questionnaires.

Results. In all 5 sessions there was noted to be an increase in confidence ratings when comparing pre and post session scores. Trainees had been asked to rate themselves out of 10. Average increases of 1.8 (anxious), 1.6 (psychotic) and 2 (disinhibited) were noted. An average increase of 1.3 was noted when dealing with an angry/upset relative.

Trainees had rated the debrief process as 4.6 (scored from 1 to 5) and had given an overall rating of 8.8 (scored from 1 to 10) for the entire session. Oral and written feedback from trainees praised the input from all facilitators, especially the CSC.

Conclusion. We feel that the addition of a CSC enhanced our medical simulation training significantly. We hope that others may be inspired to trial something similar in their teaching.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Psych for 6th: A Novel Schools Outreach Programme for Aspiring Medical Students

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Aims. The COVID-19 pandemic had an adverse toll on undergraduate medical education, resulting in less access to work experience opportunities for aspiring medical students, a vital component of the application process. With some studies reporting over 75% of work experience opportunities being cancelled due to COVID-19 restrictions, King's College London Psychiatry Society offered a unique chance for sixth-form students to experience a day in the life of a medical student, providing an authentic insight into the healthcare world. 'Psych for 6th' was a novel outreach programme offered to aspiring medical students in Year 12, helping them to better understand the style of learning in medicine through the lens of psychiatry. This aimed to raise their awareness of mental illnesses, prepare them for medical school applications and promote a career in psychiatry.

Methods. In March 2021, the King's College London Psychiatry Society committee members delivered **two interactive sessions online** via Microsoft Teams. Session 1 saw students discussing the philosophy of psychiatry and medicine, being taught basic history-taking skills, followed by a chance to practice these as a group with simulated patients.

Under the safeguarding of their teachers, the second session involved teaching Major Depressive Disorder to the pupils as if they were medical students, and then having the chance to take a complete psychiatric history in groups from simulated patients.

Results. Out of 16 students who took part, 11 students (69%) reported not being confident at all talking to a patient before the sessions. After participating in the sessions, **14 students (88%) felt confident talking to a patient. 15 (94%) reported considering psychiatry as a career in the future, with all 16 (100%) recommending these workshops to other schools.** Qualitative feedback commended the **encouragement of active participation**, and how their **perception of psychiatry has positively changed.**

Follow-up with the students found that **14 (88%) of students mentioned this programme** either in their personal statements or their medical school interviews.

Conclusion. The Psych for 6th programme has given a **competitive edge to student applications**, especially in light of the effects of the COVID-19 pandemic on work experience, and expanded students' appreciation of mental health diagnoses and treatment.

Considering this was a school where **over 90% of the pupils were from BAME backgrounds**, these workshops have demonstrated that we have been able to put across a positive image of psychiatry, especially in communities where mental health disorders can carry a stigma.

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Dealing With Out of Hours Emergencies - A film Project

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Aims. The aim of the project is to support new psychiatric trainees identify common and serious physical health issues on psychiatric wards out of hours; along with the appropriate management and escalation.

Methods. The project began in March 2021, supporting our Medical Education Team with a film project to be shown at induction. Doctors coming to psychiatry jobs come from many different clinical roles. Feedback was received that trainees were unhappy managing medical emergencies in psychiatric hospitals. Most new trainees don't necessarily have knowledge of the capabilities and limitations of care on a psychiatric ward.

A survey completed from two trainee rotations regarding the most common physical health issues they encountered and the challenges they faced was used to narrow down to 3 film scenarios, incorporating a comprehensive list of clinical cases that could be encountered on call. We included physical health and mental health emergencies, use of MHA & capacity assessments. We worked with a production company producing scripts and expanded on the scenarios with the help of medical and nursing staff to ensure the scenarios remain

relevant, and as realistic as possible to existing trainees. The final stage of the project was November 2021 which involved filming with the production company and professional actors who brought our concept to life. Post-production, we presented them during trust academic program to launch the videos in mid-2022.

Results. The videos were received positively and quantitative scores completed by a questionnaire before and after showing the videos showed an improvement in confidence in assessing, managing and treating patient with physical health issues and those with physical health complications of their mental health in a psychiatric hospital from 39% to 88% (response rate 62/90).

Conclusion/recommendations. We are proud to report that these videos are now being used during every junior doctor induction and can be referred to if a refresher on that topic is required later.

We are excited about this innovative method of training using high-quality videos to ensure trainee engagement. We hope it will form a baseline for further discussions and teaching around the topics derived from the scenarios. The videos were designed to last many years and so we hope will be of benefit to current and future trainees of all levels. This successful project will be expanded further and we are in the process of developing other scenarios that can be used for training.

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Depictions of Mental Health in “ Top Boy ”

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Aims. Social psychiatry faces a challenging relationship with pop culture. Understanding pop culture portrayals of mental health culture could be valuable to public mental health. ‘ Top Boy ’ is a fictional show touching upon the experience of individuals living in the grip of a mental health syndemic in inner-city London. **Methods.** AS & WQ had structured discussions to analysing themes, social determinants and psychiatric correlations in Top Boy. **Results.** Top Boy touches on aspects of mental health including immigration, the impact of violence, the impacts of urbanicity and deprivation syndemics, domestic abuse and PTSD.

Violence as a trigger for PTSD is illustrated in the story of Jason, a young child who is exposed to domestic violence, resulting in avoidance of this environment and association with gangster Sully. Jason becomes desensitised to violence. Greater PTSD is linked with violence in a dose-dependent fashion (Abram et al., 2004).

Sully watches Jason die after a racially motivated attack, illustrating the nested nature of such trauma as Sully develops PTSD; he is seen re-experiencing the fire. Sully can later be seen to be hyperaroused to perceived threat. Exposure to violence, particularly in the context of gang membership, is strongly associated with anxiety disorders. (Coid et al 2011)

Impacts on relationships and childhood neglect are explored through Ra’Nell and Lisa. Lisa is a single mother who’s survived an abusive relationship. She becomes severely depressed resulting in her being sectioned and an extended psychiatric admission. Ra’nell, her son, falls into the narcotic trade, leading to truancy and violence. His friend Gem is seen to try drugs when forced

to act as a mule. Involvement in the drug economy leads to drug dependence among gang members (Coid et al 2011).

These come together in the estate syndemic; psychiatric morbidity is exacerbated synergistically with health inequalities caused by poverty, stress, structural violence and racial discrimination. This leads to educational disadvantage through truancy in the cases of Ra’nell and Ats, who’s mother suffers from the mental health effects of unemployment and deportation threat. Individuals are then more likely to interact with gangs in this syndemic environment and so the cycle of illegal activity, violence and ill health perpetuate.

Conclusion. Gang members currently will make a large contribution to mental health disability and service burden in syndemic areas. Top Boy illustrates the challenge and opportunity for public mental health in the context of such syndemics.

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Is Simulation a Practical and Effective Training Modality in Psychiatry? an Evaluation of What Works and Doesn’t From Our Experience in North East

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Aims. Several studies on simulation as a method of teaching have identified advantages- on attitudes, skills, knowledge and behaviours, and non-technical skills such as situational awareness, team working, interpersonal interactions with improved confidence. Use of simulation in Psychiatry is growing, but studies are limited. We decided to evaluate our own delivery of simulation in trust and align this to the national strategy to identify gaps and further work

Methods. What are we offering now?

- Core trainees- Emergencies in Psychiatry- seclusion, suicide risk assessment and fracture neck of femur. Communication skills course, mock CASC, ILS.
- Higher trainees- Tribunal preparation and providing evidence, Induction- Out of hours supervising 1st on call, Managing serious incident
- In development-Immersive technology- Higher trainee supervising a junior doctor OOH

Results. Challenges and solutions

- Participant anxiety-Performing in front of peers can be demanding and reduces take up. ‘What to expect’ pre-session workbook, small group numbers (3), reiterating the focus of session on learning and confidentiality has improved participation.
- Resource (scenario development) - Takes time and effort to achieve high quality, piloting and continual adjustments to tailor to the learners’ needs. We appointed 3 SIM leads and hold regular meetings.
- Resource (trainers)- Hard to resource trained trainers. Developed an in-house training programmes for trainers, but persistent difficulties in maintaining consistency and time commitments with same group of ‘trained trainers’. Included brief training pre-session in morning for facilitators.