in sciences other than anatomy, biochemistry, physiology and pharmacology. On clinical placement, there is little cross-speciality support for those students who want to be psychiatrists and sometimes even lost opportunities for those publically aspiring towards psychiatry. Placements in psychiatry give students a better understanding of psychiatry but this does not seem to significantly change their career aspirations and this is rather defined from the admission stages.

Conclusion. After comparing experience with literature, stigma towards psychiatry appears to be universal. It may be important to consider the types of students who are being attracted to medical school as currently students seem to have an intrinsic disinterest in psychiatry despite later becoming better informed through psychiatric placement. Culture is notoriously hard to change, particularly within medicine. This stigma exists both in the lay and medical communities with early potentially inaccurate lay views of psychiatry being validated and reinforced throughout medical school.

Improving quality of psychiatry training in Northern Ireland through the introduction of postgraduate education fellows

Catherine Boucher[1]*, Roisin Connolly[2], Michael Doris[3], Colin Gorman[4], Michael McMorran[4] and Aisling Sheridan[5]

[1]South Eastern Health & Social Care Trust; [2]Southern Health & Social Care Trust; [3]Belfast Health & Social Care Trust; [4]Northern Health & Social Care Trust and [5]Western Health & Social Care Trust
*Corresponding author.

Aims. To improve postgraduate psychiatry education and training in Northern Ireland.

Background. Historically within Northern Ireland there has been a postgraduate Member of the Royal College of Psychiatrists (MRCPsych) teaching programme delivered to core trainees in preparation for MRCPsych examinations. There has been no official teaching programme for higher trainees. Northern Ireland Medical and Dental Training Agency (NIMDTA), in collaboration with the Royal College of Psychiatrists in Northern Ireland and all five Trusts developed the novel idea of introducing Postgraduate Education Fellows, to oversee and improve core training, and to develop a bespoke higher training programme.

The Postgraduate Education Fellows met to collate information from various sources in relation to issues within the current teaching programme and address these along with the development of new initiatives. The fellows further act as a point of contact for all trainees within their Trust to provide advice and support with education if needed.

Method. One higher trainee was appointed to the role of Postgraduate Education Fellow in each Trust within the NIMDTA deanery for a term of 1 year.

The starting point was delivering the pre-established teaching timetable and gaining feedback from core trainees to identify areas for improvement. The next phase involved piloting traditional and contemporary methods of feedback. A further development was designing a mock paper A delivered under exam conditions. Two mock Clinical Assessment of Skills and Competencies (CASC) exams were organised under exam conditions, offering other trainees the opportunity to act as simulated patients and examiners.

The third aspect of this role involved creating a programme of higher trainee seminars. Baseline data were collated and identified key areas that higher trainees felt they needed further training and guidance in.

Result. Using baseline data on the current teaching programme and from higher trainees as well as incorporating quality improvement methodology, we have been making small changes to each aspect of the teaching programme and evaluating the changes made. The feedback from trainees has been positive as evidenced by quantitative and qualitative feedback. 8 candidates sat our first mock CASC with a 100% pass rate in their MRCPsych CASC examination. There has been a positive response to the higher trainee seminar programme.

Conclusion. This programme has produced good outcomes to date and sets foundations for the future development of post graduate psychiatry education in Northern Ireland.

Virtual balint group experience due to the COVID-19 pandemic

Rebecca Brown* and Nicola Philips
Nottinghamshire Healthcare NHS Foundation Trust
*Corresponding author.

Aims. In the changes brought about by remote working, the local psychotherapy case discussion group (Balint Group) has developed as a remote service via video consultation. It is important to consider the effect that this change in method of delivery has had on experience.

Method. An anonymous survey was distributed to determine the benefits and challenges from participants and facilitators with at least a month of virtual Balint Group experience. The open-ended survey questions captured extended answer responses from 16 students and trainees, and 5 (co-)facilitators, within Nottinghamshire Healthcare NHS Foundation Trust. The qualitative feedback was analysed by thematic analysis, identifying three main themes.

Result. The first theme of practicalities was centred around access to the group. The virtual format had benefits in terms of reducing travel and time commitment and so improving attendance. However, disadvantages were in technological issues and finding a private and safe environment, individuals often not leaving the work environment on which they were reflecting.

The second theme of communication identified how virtual methods are a less natural way of interacting (for example sequential point making), losing both immediacy of reactions and non-verbal communication. There was a loss of essential communication cues, with disjointed conversation affecting contribution.

The third theme of group dynamics had some advantages, feeling less intimidating virtually. Yet disadvantages included loss of group cohesion, with participants not building the same relationships (on arriving and leaving a group space), and trust. The more subtle emotions in the group might be missed and opinions given less openly. The facilitators needed to be more directive and experienced difficulties maintaining group engagement and managing the frame.

Conclusion. The advantages of virtual format are more based on accessibility and the disadvantages more experiential. There are elements of being physically remote that lead to a disembodied experience, that might impact on capacity to reflect emotionally. This might make it more difficult to identify unconscious processes and the experience might be more cognitive. There is a risk that virtually participants will feel more alone with difficult feelings and unsupported by the group.

When mental health is being affected by social isolation due to the pandemic, having groups virtually can mimic this isolation in working life. Overall the preference remained for an in-person group.

However, it was clear that access to some form of a group was important, to contain anxiety during these unprecedented times.

Remote Mock OSCE (ReMO): The "new normal"?

Rachel Brown*, Elsa Brew-Girard and Stephen De Souza

Taunton & Somerset NHS Foundation Trust, University of Bristol
*Corresponding author.

Aims. In March 2020, COVID-19 and its associated restrictions forced a halt to in-person teaching and assessment. To try and mitigate this disruption, the psychiatry undergraduate teaching faculty developed a knowledge based remote curriculum. However, it became clear that our students sorely missed clinical and consultation experience. Prior to the pandemic we had delivered a mock Objective Structured Clinical Examination (OSCE) to those undertaking their psychiatry block. In Somerset Academy, we wanted to deliver a distanced alternative: the remote mock OSCE (ReMO). We hoped to demonstrate this would be a feasible and valuable learning experience.

Method. In keeping with other OSCEs, ReMO had active stations (4) and a rest station. Four simultaneous Skype meetings were set up as clinical stations, each with an examiner and actor. To test the technology, students and facilitators were emailed links to each meeting in advance, and invited to sign in. Students were given individualised timings to rotate between stations. Stations involved history taking, risk assessment, and management discussions of common psychiatric presentations.

The students then rotated again, receiving personalised feedback about their performance, enabling immediate reflection and consideration of areas for development. This was followed up with written feedback, using examiner completed mark schemes.

Result. After ReMO we invited feedback from medical students and facilitators. 7 out of the 8 medical students that participated completed a post-ReMO survey. 100% of students found ReMO "useful", with 71% (5/7) rating it an "extremely valuable" experience and 29% (2/7) rating it "fairly valuable". Students felt it was well organised, realistic, and increased their confidence in remote consultations and OSCE practice. 6 out of 8 facilitators completed feedback on ReMO. 100% felt that ReMO was reproducible and 83% (5/6) rated it as "fairly realistic" when compared to the face-to-face standard.

Conclusion. Firstly, ReMO was feasible. However, it was logistically difficult, requiring extensive organisation to ensure this relatively small group were in the right place at the right time. In future, we would consider alternative platforms such as Zoom, or specific consultation software, such as Attend Anywhere, to reduce the logistics burden and utilise features such as 'breakout rooms'. We would recommend an allocated co-ordinator to troubleshoot any problems in real time via a group messaging service.

In conclusion, ReMO is achievable and a valuable student learning experience. Since the pilot it has become an integral part of our curriculum. We recommend that all undergraduate Psychiatry faculties consider adding it to their programme.

Edu-couch-ing the masses: an online, multi-disciplinary psychiatry teaching programme

Chiara Cattra[1]* and Laur Evans[2]

[1]Solent NHS Trust, Sussex Partnership NHS Foundation Trust and [2]South West London and St George's Mental Health NHS Trust
*Corresponding author.

Aims. In response to medical students expressing concer at limited access to psychiatric placements, particularly on-the-ground teaching or witnessed patient cases, we established "Psych From The Couch" – an open-access, free, Zoom-based, interactive teaching programme. We sought to:

Explore new means of psychiatric education, assess needs of multiple "categories" of student – medical, nursing, or PA students, junior doctors, wider MDT – and meet those needs in a creative, yet virtually-limited format.

Assess disparities between students' self-declared learning deficits and objective knowledge gaps.

To explore the use and value of virtual programmes as a structured means for inclusive multi-disciplinary education of psychiatric practice.

Method. We gathered information on students' self-declared learning needs and deficits, location, role, training level, and confidence at the outset of the programme, with data from ~180 "students".

We experiemtned with learning styles and methods of online interaction, running a series of 10 sessions - recorded for those unable to attend - incorporating the bredth of psychiatric curricula:
Diagnostic Principles
"Organic" Psychiatry
Substance Misuse
Psychotic Disorders
Affective Disorders
Old Age Psychiatry
CAMHS
Emergencies & Legalities
Examinations in Psychiatry
Real World Psychiatry
We utilised initial sign-up forms and repeated feedback requests to assess wider student needs, establish overarching structure to our programme, and ensure learning objectives were appropriate and met.

We collated final feedback and scores at the close, assessing via examination questions and self-defined Likert scale, and incentivising feedback with a final portfolio certificate.

Result. Demographics of open-access teaching varied broadly, from senior medical staff to access to medicine students; 92.9% were medical students. Students were diversely sourced from all years', with ~50% collectively in their penultimate or final years' of study.

Most common self-defined decficits reported were understandably anxiety regarding practical examinations or assessment given recent placement restrictions, however many reflected on anxieties regarding psychiatric emergencies, substance misuse, legal frameworks, personality disorders as a diagnostic category, and pharmacological management.

Our cohort responded warmly to our teaching style and techniques, with feedback and consequent improvements to teaching technique weekly. We were able to evidence improvements to global confidence, and confidence in key areas of prior learning anxiety.

Conclusion. Categorising self-defined deficits yielded fasctinating information on students' perception of their learning needs and deficits; these data may offer insight into potential deficits in the scope of nationwide psychiatric teaching.

We were able to separately identify international students' or professionals' self-defined needs as distinct from UK students and graduates, with further rich data on the potential needs of those entering the NHS workforce.

We also evidenced – with data regarding increased confidence, fewer self-defined learning deficits, significant Twitter social interaction, and in practical application of a virtual teaching methodology – proof of the concept of "Psych From The Couch".