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Introduction of High-Fidelity Simulation (HFS) for Teaching Undergraduate Medical Students About Electroconvulsive Therapy (ECT) and Its Impact on Their Knowledge and Attitudes Towards ECT

Dr Vishi Sachdeva*, Dr Supriya Dastidar, Dr Meena Murugan, Dr Thomas Rourke and Dr Jasleen Deol

Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom

*Presenting author.

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Aims. Learning about and appreciating the use of Electroconvulsive therapy remains an integral part of the undergraduate psychiatry curriculum. The existing literature indicates that medical students frequently have unfavourable views regarding ECT and its adverse effects.

Therefore, this study aimed to introduce a new teaching tool that supplements traditional didactic ECT teaching with simulation-based procedural demonstration thus providing a real-life experience of an ECT room and subsequently evaluate the learning gains conferred by such a curriculum.

Methods. The demonstration was carried out by Clinical teaching Fellow with the help of a high-fidelity manikin and a live actor who played the role of the patient, in the ECT suite in Birmingham.

Participants of the study were fourth year medical students who completed a self-administered questionnaire before and after the simulation session. This survey was designed to explore changes in knowledge, attitudes, and perceptions of the students towards ECT and its side effects.

Results. Within a cohort of 88 students, 52 students successfully completed the pre-session questionnaire, and 43 students completed the post-session questionnaire. Students reported a global improvement in knowledge regarding ECT, when comparing results from both questionnaires. Prior to the simulation, many students used negative terms to describe ECT such as 'torture', 'barbaric' and 'uncontrolled', suggesting outdated stigmas around ECT. However, after the simulation, many students expressed a positive change in opinion, describing ECT as 'controlled', 'beneficial' and 'effective'.

Additionally, students reported improved knowledge about the side effects of ECT, especially regarding pain, memory loss and brain injury. Many students reported that their initial apprehension had been addressed over the course of the ECT simulation. Many noted ECT was more effective and beneficial than originally thought and the process was less extreme and invasive than they believed.

Conclusion. The results of the study reflect that the use of simulated ECT within medical students can help disperse some of the stigma and myths regarding this treatment. Simulation can humanise the process and shift attitudes around ECT by allowing students to become fully immersed into an almost real-life scenario. It can also address knowledge gaps around ECT indications, process, risks, side effects and benefits. This will in turn help educate future clinicians have a better understanding about ECT in the treatment of severe mental illness, thus optimising the utilisation of this effective treatment. Furthermore, such technique can be a useful tool for demonstrating ECT to potentially wider group of students, trainees and other health practitioners.

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Technology Enabled Remote Monitoring in Schools (TERMS): A Case Study Series Using Parallel Testing in Clinical Settings and School Workshops

Dr Hafeesa Sameem^{1,2*}, Dr Alka Ahuja¹, Dr Gemma Johns¹, Mrs Vicky Simmons¹ and Mr Oliver John²

¹Aneurin Bevan University Health Board, Newport, United Kingdom and ²RCPsych Wales, Cardiff, United Kingdom

*Presenting author.

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Aims. The TERMS (Technology Enabled Remote Monitoring in Schools) project aimed to elucidate the operational dynamics of remote monitoring with bluetooth-enabled physical health monitoring devices. The focus was on measuring key parameters such as usage, perceived value, accuracy, and satisfaction among patients, their families, and healthcare staff. Additionally, we sought to explore the potential future integration of remote monitoring in educational settings through school site workshops.

Background. Digital healthcare has become an indispensable part of effective healthcare provision on a global level. Remote monitoring is the use of technology, to monitor patients outside of a clinical setting with the help of medical devices, questionnaires, and clinical dashboards, allowing clinicians to review the data to assist in clinical assessment and decision-making. While this method is already established for conditions like Diabetes and Asthma it is not for other conditions like ADHD. This is especially a challenge for the younger demographic.

Schools are pivotal for promoting student well-being and early interventions, leading to reduced negative outcomes like exclusion and school absence and enhanced academic attainment. The TERMS project strives to bridge the gap between education and healthcare by collaborating with schools and clinicians. This is in alignment with the digital and data strategy for health and social care in Wales as outlined by the Welsh Government(2023).

Methods. This study had 2 parts:

Clinical Site Testing:

Blue tooth-enabled clinical monitoring device readings were obtained after they were monitored first with traditional clinical monitoring devices. Additional qualitative feedback was also obtained.

Educational Workshops:

Workshops were carried out with students and teaching staff to collect qualitative and quantitative feedback on the remote monitoring equipment and patient-facing dashboard. This also set out to determine if remote monitoring in schools is feasible and how it could be implemented.

Results. A total of 47 clinical patient cases were included. The accuracy of the bluetooth-enabled device readings and those of traditional equipment were compared. Analysis of the qualitative data revealed useful domains and subdomains of opinions along with the user-friendliness of the software interface.

Conclusion. Overall, we have identified that patient and family perception of remote monitoring is positive, suggesting an improved/comparable level of care for their condition. Additionally, school workshops highlight that this service could be implemented within a school setting. As long as considerations were made for who would conduct the remote monitoring and what the role of the school would be.

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