Improving Medical Students' Confidence in Performing Mental State Examinations: A Quality Improvement Project Using Creative and Narrative Teaching Methods, Video-Based Learning, and Documentation Practice

Dr Clara Seipt and Dr James Anderson

DPT, Exeter, United Kingdom

Aims: Starting a new role as Clinical Teaching Fellows, early student feedback identified a gap between students' academic understanding of the Mental State Examination (MSE), and confidence in its application and interpretation. Assessors recognised similar uncertainty in students regarding findings in the MSE, and a lack of confidence in presenting. This project aimed to improve medical students' self-reported confidence in the MSE via an interactive workshop. Each PDSA cycle, we aimed to implement feedback suggestions through creative teaching methods, to improve confidence, engagement, and interaction in the MSE teaching.

Methods: Year 3 and 4 medical students attended the MSE workshop during their rotation in Psychiatry. Quantitative and qualitative feedback was gathered via feedback surveys, accessible via a QR code. Using a Likert scale, students rated their confidence performing the MSE before and after the workshop. Thematic analysis of the qualitative feedback was undertaken to explore attitudes, aspects most enjoyed, and suggestions for improvement. The workshop began with simulated videos to explore and develop knowledge on the MSE. In the second PDSA cycle, we added a creative small group task, asking students to perform the MSE on a fictional/famous character and present back to the group. Finally, a documentation task was added whilst students observed a simulated patient interview.

Results: 64 students participated in the MSE Workshop feedback survey. Students reported an average confidence rating of 56.0% prior to the session. After the workshop, the average confidence level increased to 86.8%. Furthermore, 76.6% of students rated the session as "extremely useful" for improving their skills in MSE when compared with previous teaching at medical school. 81.3% would "definitely" recommend the workshop to other medical students.

Qualitative data showed the use of narrative videos was well received by students, with 16 responses highlighting this as a strength of the workshop. "I loved the example videos; helping to clarify and talking through it afterwards was exceedingly helpful!" The opportunity to practice documenting the MSE was another theme within the positive feedback (7 responses). Students highlighted the interactive elements, clarity, and structure as further strengths. Suggestions to improve the session included activities to support phrasing of questions to patients and promoting consolidation using a quiz.

Conclusion: The workshop increased students' confidence in MSE performance. Students appreciated the use of creative elements, video examples, and documentation tasks. Future improvements could be made to support communication skills, question phrasing, and promote engagement via game-based knowledge assessments.

Assessing Medical Students' Perceptions of High-Fidelity Psychiatric Simulation

Dr Sita Shah[1,2], Dr Gabrielle Sanders[2], Dr Anita Stowell[2] and Dr Lucy Evans[2]

[1]Cambridge and Peterborough NHS Foundation Trust, Cambridge, United Kingdom and [2]The Princess Alexandra Hospital, Harlow, United Kingdom

Aims: The use of high-fidelity simulation in psychiatry remains under-utilised. We aimed to evaluate the impact of high-fidelity psychiatric simulation on final-year medical students at two UK medical schools using a mixed-methods approach.

Methods: We delivered psychiatric simulation to final-year medical students using simulated patients, in a simulated medical ward or emergency department. Scenarios provided an integration between physical and mental health. Thirty-four students completed pre- and post-simulation questionnaires, rating their confidence in assessing patients with mental health problems, performing a suicide risk assessment, understanding different sections of the Mental Health Act and recognising bias towards patients with mental health problems on a 10-point Likert scale. Paired Likert data were analysed using Wilcoxon signed rank test, with correction for multiple comparisons with the false discovery rate (FDR). Ethical approval was sought from Queen Mary University of London to undertake a focus group, in which eleven students participated. Data were analysed using a reflexive thematic analysis technique using NVIVO 14.

Results: The simulation resulted in a statistically significant increase in students' confidence in assessing patients with mental health problems (pFDR <0.001), performing suicide risk assessments (pFDR <0.001), recognising bias (pFDR <0.001) and understanding different Mental Health Act sections (pFDR <0.001). 100% of participants enjoyed the integration of physical and mental health and felt the scenarios were realistic. Over 90% wanted to see more psychiatric simulation in the undergraduate curriculum. The following themes were identified from the thematic analysis; 1) Student anxieties relating to psychiatry, 2) Current psychiatry teaching methods, 3) Recognising the utility of simulation and 4) Limitations of psychiatric simulation.

Conclusion: There is a gap in the undergraduate curriculum to incorporate high-fidelity psychiatric simulation. Final-year medical students found the simulation to be enjoyable and beneficial for learning. Future work should involve larger sample sizes, simulation of psychiatric emergencies and expansion into postgraduate teaching programmes. Subsequent curriculum evaluations should distinguish between high and low-fidelity simulation so we can accurately assess its implementation in UK medical schools.

Understanding the Duration and Challenges of Completing Long Case Psychotherapy in Core Psychiatry Training

Dr Shehroz Shakeel, Dr Laura Miller and Dr Alina Vaida

Coventry and Warwickshire Partnership Trust, Coventry, United Kingdom

Aims: Trainees in core psychiatry training are expected to complete at least 20 sessions of long case psychotherapy within 6 months. However, many take significantly longer. This study explores the typical duration of long case psychotherapy and the challenges that contribute to delays.

Methods: Data was collected from the psychotherapy tutor who supervised 16 trainees who had completed their long case. Additionally, a survey was conducted among 12 trainees to identify factors contributing to delays.

Results: Among the 16 trainees, only 4 (25%) completed their long case within 6 months. 3 completed in 7–8 months, 3 in 9–10 months, 3 in 11–12 months and 3 took 13–15 months.

Survey results showed that among 12 respondents, only 2 (16.6%) completed their long case within 6 months, 3 took 8 months, 2 took 9 months, 2 took 10 months, and then 3 required more than 14 months.

Session cancellations emerged as a significant factor in delays. Regarding patient non-attendance, 6 trainees reported 1–3 missed sessions, 2 reported 4–6 missed sessions, 1 reported 7–9 missed sessions, and 2 reported over 10 missed sessions. Trainees themselves cancelled 1–3 sessions (7 trainees), 4–6 sessions (2 trainees), and 7–9 sessions (1 trainee). The reasons for trainee cancellations included out-of-hours commitments (60%), annual leave (80%), sick leave (30%), and study leave (60%).

The longest gap between sessions was reported as 3 weeks by 41.7% of trainees, 4 weeks by 8.3%, and more than 4 weeks by 16.7%. 66.7% of trainees believed breaks affected therapeutic relationships. Furthermore, 63.6% reported that cancellations often led to consecutive missed sessions. To maintain continuity, 75% of trainees had to conduct sessions on their scheduled days off.

However, 72.7% of trainees were satisfied with the therapy they provided, although only 54.5% believed their patients were satisfied with the treatment received.

Conclusion: The expected 6-month completion for long case psychotherapy is rarely achieved, with most trainees requiring longer due to cancellations, scheduling conflicts, and patient non-attendance. Long breaks between sessions negatively impact rapport, and many trainees resort to working on days off to meet requirements. Learning from colleagues that the long case takes considerably longer than initially anticipated, we aim to change the psychotherapy planning to ensure that all psychiatry residents start their long case as early as possible, ideally during CT2, with communication regarding the importance of consistent attendance.

Introduction of a Dedicated Induction Programme for International Medical Graduates in Psychiatry Training at South London and Maudsley National Health Service (NHS) Foundation Trust and Oxleas NHS Foundation Trust

Dr Ajasra Sheokand, Dr Rajakshi Khanna, Dr Dianne Estrada, Dr Shivani Dudha and Dr Ruchika Rathee

South London and Maudsley NHS Trust, London, United Kingdom

Aims: International Medical Graduates (IMG) constitute a significant portion of the NHS workforce and play a vital role in psychiatric care. However, many face challenges in navigating the United Kingdom (UK) healthcare system, medico-legal responsibilities, and cultural differences, particularly when psychiatry training is their first NHS role. Despite these challenges, no dedicated IMG induction programme previously existed at South London and Maudsley (SLaM) and Oxleas NHS Foundation Trusts. Existing induction sessions were not tailored to IMG-specific needs, leaving trainees without structured guidance. Feedback from IMGs highlighted the need for a formal induction to provide essential training and signpost available support.

Methods: A structured International Medical Graduate Induction Programme was introduced as a mandatory, protected-time event for new core and higher psychiatry trainees. The first session, held in August 2024, was delivered by consultants, IMG core and speciality trainees, British Medical Association representatives, and medical indemnity advisors. The programme covered supervision and support in psychiatry training, medico-legal responsibilities, the Mental Health Act assessment, documentation standards, differential attainment, and practical aspects of living in London.

Results: Ten IMGs attended the August 2024 session, with six providing feedback. All respondents (100%) reported that the programme met their expectations. The most valued sessions were Mental Health Act assessment training and documentation in psychiatry. Feedback suggested a need for greater clarity on support services and professional indemnity.

Conclusion: The introduction of a structured IMG induction programme at SLaM and Oxleas NHS Foundation Trust was well received with positive feedback reinforcing its value in supporting IMG trainees' transition into UK psychiatry training, enhancing their confidence and competency. The plan is to integrate this with routine inductions for each new cohort of trainees. The next IMG induction is in February 2025 for which more than 15 new IMG trainees have signed up. Attendance remains mandatory for new core and higher psychiatry trainees. Future sessions will incorporate feedback to further refine the programme, ensuring it remains relevant and responsive to the needs of IMG trainees.

Training the Trainer of an International Medical Graduate

Dr Akshith Shetty[1], Dr Harleen Birgi[2], Dr Ian Hall[1] and Dr Rahul Bhattacharya[1]

[1]ELFT, London, United Kingdom. and [2]ELFT, l, United Kingdom

Aims: More than half of new recruits in the NHS are International Medical Graduates (IMGs). It is recognised that IMG need additional support, however to offer this their supervisors need to be aware of the landscape and resources to effectively support them. We developed a training for supervisors of IMGs using a mix of didactic, group work and simulation training.

Methods: The Faculty Development and IMG tutors surveyed and worked with several IMGs to identify topics for the training learning from their recent lived experiences. They also looked at guidance for IMG induction as published by General Medical Council (GMC) and British Medical Association (BMA). We identified that challenges of IMGs evolve through their journey and developed 3 simulation scenarios targeted at early, mid and later stages of the IMG pathway.

The one day face-to-face course included:

An introduction into current IMG landscape including the identified challenges. AS offered lived experience of IMG journey.