reduction in duplication of teaching; new curricula; changes to training patterns, including GP trainees moving to Integrated Training Posts (ITP); and promoting sustainability.

The project team included Medical Education team members, trainee representative and clinical staff involved in education. In the first QIP cycle between March and August 2022, a Medical Education Working Group reviewed teaching content for congruence with GP and Foundation curricula and to reduce duplication with other training settings. Medical education teams from other local mental health trusts were contacted to gather examples of best practice, and teachers and trainee supervisors were consulted. Qualitative trainee feedback for teaching between December 2020 and April 2022 was evaluated. Teaching delivery was revised to half a day fortnightly, and session length standardised to 75 minutes. After the new programme commenced in August 2022, a second QIP cycle evaluated trainee qualitative feedback and there was further engagement with teachers.

Results. First cycle trainee feedback revealed several themes: teaching was too long; content was useful, especially focus on primary care; presenters were engaging. Suggestions for improvements included using interactive teaching tools such as online polls or quizzes, increasing case-based teaching, and small group breakout sessions. Shortening the teaching day preserved clinical exposure, especially for ITP trainees. Online format reduces travel time and expense, promotes sustainability, and reduces impact on clinical experience. Second cycle trainee feedback identified some sessions could be shortened. Consultation with education teams from neighbouring acute trusts identified schedule overlap with other mandatory training, so teaching was condensed to one 75-minute session weekly. Delivering teaching more efficiently releases time for direct patient care.

Conclusion. We used a quality improvement approach to improve a teaching programme offered to GP and foundation trainees in Kent and Medway. Our outcome delivers an efficient teaching strategy, responding to trainee feedback, which meets curriculum objectives more efficiently, preserving time for direct patient care and to implement learning. Additional learning is the importance of liaison with medical education teams in acute trusts to optimise 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.

Poster Presentations

Arranged by the presentation category selected by the submitter and by order of presenting author surname.

Education and Training

Digital Psychoeducation for First Episode Psychosis

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Aims. Young people with their first episode of psychosis can feel lonely and isolated. Psychoeducation has been shown to increase patient insight, reduce the risk of relapse and forms part of the Quality Standards for Early Intervention in Psychosis Services. Our aim was to increase knowledge of psychosis in service users in an urban cohort by delivering psychoeducation in an interactive online format, due to the restrictions on socialising during the COVID-19 pandemic. We hoped this would serve to empower service users, allow them to connect with each other and offer hope through understanding.

Methods. Appropriate service users aged 18–35 years were recruited from the caseload with the support of care coordinators, with 28 participating overall over a period of ten months. One-hour Zoom sessions of 2–4 participants were facilitated by a junior doctor. Each session consisted of a mix of teaching about basic neuroscience, including brain structure and the dopamine hypothesis theory, interspersed with factual quiz questions and opportunities for free-form answers in 'thought clouds'. These explored feelings and experiences associated with psychosis. Data were also collected quantitatively in the form of anonymous self-rated pre- and post- session questionnaires on a 10-point Likert scale. These included self-reported questions about the understanding of the brain, psychosis, symptoms, medications and fear associated with the illness. Engagement was increased through the creation of flyers and reminder messages.

Results. Thought clouds constructed during the sessions described feelings such as 'panic', 'unease', 'dreamy' and 'broken reality'. On average over all sessions, there was an increase of 1.2 points in understanding of the brain, 2.6 points in understanding of 'psychosis', 2 points in understanding of how symptoms relate to the brain, 1.8 points in the belief that psychosis can be managed with therapy, 1.5 points in the belief that psychosis can be managed by medication, and unfortunately a 0.1 point increase in fear of the disease – perhaps associated with increased knowledge of the disease process. Encouragingly, 91% of final responses in the sessions were positive, demonstrating hopefulness.

Conclusion. We have demonstrated that innovative digital psychoeducation sessions provide a highly effective way to deliver information to young people with psychosis whilst also allowing connection with peers. This model represents a great learning opportunity for trainees, and could be easily replicated in other geographical locations, or mental health conditions. We have also invited and encouraged co-production with service users.

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.

Improving the Knowledge, Skills and Confidence of Clinicians Towards Mental Health: An Educational Intervention Based on Reflective Practice

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Aims. Mental illness-related stigma, including that which exists in the healthcare system creates serious barriers to access and quality care. People with lived experience of a mental illness commonly report feeling devalued, dismissed, and dehumanized by many of the health professionals with whom they come into contact. While working in the mental health liaison team in a local general hospital I have experienced first-hand these issues. We decided to organise regular reflective sessions for staff to reflect on what the barriers are to being able to manage patients with mental illness better on the wards, raise mental health awareness, improve staff communication skills, and offer teaching sessions to improve the staff knowledge of psychiatric pathology.

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