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Before and after: Effect of 4-week psychiatry attachment on medical students' attitude to psychiatry as a career choice

O. Adekunle^{1,*}, B. Owen¹, C. Oliver²

¹ Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

² Newcastle University, Medical school, United Kingdom

* Corresponding author.

Background Psychiatry is historically unpopular amongst medical students. The perception that psychiatry is remote from the rest of medicine and not evidence-based has been identified. However, there is evidence that psychiatry placement has positive effects on students. There are reports that medical students experience a positive change of attitude towards psychiatry following their undergraduate psychiatric attachment. There is evidence that medical students experience a positive change of attitude towards psychiatry following their undergraduate psychiatric attachment.

Aim To determine the effect of a four-week psychiatry placement on 3rd year medical students' attitudes towards psychiatry.

Methods Pre- and post-attachment questionnaires were administered to four cohorts of 3rd year students. Responses were anonymised and based on Yes/No, free-text, order of preference and Likert scale. Analysis was by basic statistical methods.

Results A total of 98 pre- and 81 post-placement students responded. Mean positive attitude increased by 6% and the percentage of students choosing psychiatry in their top three career choices increased from 7 to 20%. Ninety percent of students post-attachment thought that psychiatry is relevant to their future jobs, compared to 86% pre-attachment. The percentage of students who think that psychiatry makes little use of medical training decreased from 20% to 16%.

Conclusions The survey showed a period of 4 weeks psychiatry placement has a positive effect on the attitudes of medical students towards psychiatry. It also increases the number of students wanting to pursue a career in psychiatry.

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Evaluation of psychiatry attachment on medical students' attitude to mental illness

C. Oliver¹, O. Adekunle^{2,*}, B. Owen²

¹ Newcastle University, Medical School, United Kingdom

² Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

* Corresponding author.

Background Mental illness is subject to stigma, discrimination and prejudice by both healthcare professionals and public. Fortunately, students are still flexible in their beliefs and there is evidence that education in psychiatry may help to positively alter these beliefs. This survey looks into how psychiatry placement positively influences attitudes of medical students to mental illness.

Aims To elicit the effect of clinical attachment in psychiatry on 3rd year medical students' attitudes toward mental illness.

Methods Questionnaires were administered to four cohorts of students pre- and post-attachment. Responses were anonymised. Responses were based on Yes/No, free text, order of preference and Likert scale. Analysis was with basic statistical analysis.

Results Ninety-eight pre- and 81 post-placement students responded. There was a 4% increase in mean positive attitude scores following the placement. There was no significant difference in the medical students' attitudes to violence in mental illness and

that patients with mental illness do not want you to help them. Students post-attachment were more likely to disagree with the statement, 'Psychiatric patients are difficult to like'. However, 6% more students agreed with the statement 'Alcohol abusers have no self-control' after the placement!

Conclusions and recommendation Following the 4-week attachments, the percentage of students reporting more positive attitudes to mental illness showed only a marginal increase. A possible explanation may be insufficient contacts with patients and a feeling of not been part of the treating team.

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Simulation training - pilot: Psychiatry higher trainees' mental health tribunal report writing, oral presentation and cross-examination by tribunal panel

O. Adekunle^{1,*}, B. Owen¹, C. Burrell²

¹ Northumberland-Tyne and Wear NHS FT, Medical Education, Newcastle, United Kingdom

² Northumbria University, Newcastle Upon Tyne, Northumbria Law School, Newcastle Upon Tyne, United Kingdom

* Corresponding author.

Introduction Simulation provides a non-judgemental environment where trainees learn skills without compromising patients' safety or dignity. It also provides safe environment where anxiety-provoking, real-life clinical situations can be recreated and repeatedly practiced. Mental health review tribunal is an anxiety-provoking experience for higher trainees and use of simulation can alleviate this anxiety.

Aims To develop trainees' skills in writing of tribunal reports and giving oral evidence using simulation technique (ST).

Objective To facilitate trainees' familiarisation with the process of Mental Health tribunal and improve their skills in completing report and giving oral evidence using ST.

Methods There are 2 sessions: one half-day session of interactive teaching providing fundamental details on essential elements of the tribunal process, duties and report. This is followed by 4-weeks gap to allow participants to prepare and submit anonymised patients' reports to the panel. Finally, a second full day of presentation and cross-examination by (real) tribunal panel with 25-minutes of formative feedback.

Results Six trainees participated in the pilot: A high percentage of participants strongly agreed or agreed that ST is an effective learning experience for tribunal report writing and cross-examination by the panel. Similar proportion agreed that ST helped to facilitate familiarisation with the tribunal process and that it is a satisfactory teaching method. Finally, all participants agreed that ST helped to achieve personal objectives for attending the seminar.

Conclusions Simulation in psychiatry is becoming an effective learning experience. The outcome of this pilot on report writing and cross-examination by tribunal panels how its increasing effectiveness and relevance in psychiatry.

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